

**Trinitas Regional Medical Center Obligated Group**  
Consolidated Balance Sheet  
At June 30, 2016 and December 31, 2015  
(Unaudited)

	June 2016	December 2015
<b>Assets</b>		
Current Assets:		
Cash and cash equivalents (includes certificates of deposit)	\$ 128,794,426	\$ 125,157,730
Assets whose use is limited	8,253,708	5,618,861
Patient accounts receivable (less allowance for doubtful collections of \$28,345,000 in 2016 and \$30,032,000 in 2015)	22,883,627	24,364,632
Other receivables	3,322,637	2,626,250
Other current assets	6,433,277	5,257,856
Total current assets	169,687,675	163,025,329
<b>Assets Whose Use is Limited and Investments</b>		
Assets whose use is limited:		
Internally designated	94,558,411	90,045,927
Other internally designated	6,418,017	6,237,518
Held by trustee under bond indentures	13,060,954	13,047,329
Donor restricted	3,114,795	3,276,058
Investments	28,538,102	27,371,829
Total assets whose use is limited and investments	145,690,279	139,978,661
<b>Beneficial Interest in Net Assets of Trinitas Health Foundation</b>		
	7,245,748	7,646,904
<b>Property and Equipment</b> (net of accumulated depreciation of \$240,433,000 in 2016 and \$231,658,000 in 2015)		
	85,501,984	86,846,538
<b>Other Assets</b>		
	5,895,153	5,821,303
Total	\$ 414,020,839	\$ 403,318,735
<b>Liabilities and Net Assets</b>		
Current Liabilities:		
Current portion of long-term debt	\$ 6,425,000	\$ 7,339,132
Accounts payable, construction payable and accrued expenses	23,546,331	24,351,469
Deferred revenue	5,286,423	5,195,165
Accrued bond interest payable	2,931,522	2,999,516
Accrued salaries and wages	6,314,432	5,194,097
Estimated settlements with third-party payors	13,997,671	14,320,000
Total current liabilities	58,501,379	59,399,379
<b>Estimated Settlements with Third-party Payors</b>		
	46,201,330	44,554,972
<b>Long-Term Debt</b>		
	121,314,603	121,303,293
<b>Other Long-Term Liabilities</b>		
	19,534,657	18,852,008
Total liabilities	245,551,969	244,109,652
<b>Net Assets</b>		
Unrestricted	158,108,322	148,286,116
Temporarily restricted	7,233,385	7,887,803
Permanently restricted	3,127,163	3,035,164
Total net assets	168,468,870	159,209,083
Total	\$ 414,020,839	\$ 403,318,735

**Trinitas Regional Medical Center Obligated Group**  
Consolidated Statement of Operations  
For the Six Months June 30, 2016 and 2015  
(Unaudited)

	June 2016	June 2015
<b>Revenues</b>		
Net patient service revenue (net of contractual allowances, charity care and discounts)	\$ 119,166,767	\$ 116,378,851
Provision for bad debts	(7,881,561)	(9,295,865)
Net patient service revenue less provision for bad debts	111,285,206	107,082,986
Other revenue	35,395,045	39,640,664
Net assets released from restrictions used for operations	504,479	460,616
Total revenues	147,184,730	147,184,266
<b>Expenses</b>		
Salaries and wages	67,719,749	66,818,147
Employee benefits	13,177,497	13,233,268
Supplies and other	55,229,737	55,619,520
Depreciation	5,943,403	6,289,119
Interest	3,295,901	3,612,456
Total expenses	145,366,287	145,572,510
<b>Operating Income</b>	1,818,443	1,611,756
<b>Nonoperating Gains and Losses</b>		
Interest, dividends and other	1,963,063	2,002,138
Net realized gains and losses on investments	224,227	2,462,287
Gain on sale of building and land	-	1,653,941
Change in fair value of interest rate swaps	(549,508)	211,567
Total nonoperating gains and losses	1,637,782	6,329,933
<b>Medicare / Medicaid meaningful use funds</b>	645,094	-
<b>Revenues in Excess of Expenses</b>	4,101,319	7,941,689
<b>Change in Net Unrealized Gains and (Losses) on Investments Other Than Trading Securities</b>	3,433,600	(3,683,931)
<b>Net Assets Released From Restrictions Used for Purchase of Property and Equipment</b>	2,287,287	1,170,868
<b>Increase in Unrestricted Net Assets</b>	\$ 9,822,206	\$ 5,428,626

**Trinitas Regional Medical Center Obligated Group**  
 Consolidated Statement of Changes in Net Assets  
 For the Six Months June 30, 2016 and 2015  
 (Unaudited)

	June 2016	June 2015
<b>Unrestricted Net Assets</b>		
Revenues in excess of expenses	\$ 4,101,319	\$ 7,941,689
Change in net unrealized gains and losses on investments other than trading securities	3,433,600	(3,683,931)
Net assets released from restrictions used for purchase of property and equipment	2,287,287	1,170,868
Increase (decrease) in unrestricted net assets	9,822,206	5,428,626
<b>Temporarily Restricted Net Assets</b>		
Contributions	2,583,973	1,416,902
Interest and dividends	-	30,849
Net assets released from restrictions	(2,791,766)	(1,631,483)
Change in beneficial interest in net assets of Trinitas Health Foundation	(446,625)	405,409
Increase (decrease) in temporarily restricted net assets	(654,418)	221,677
<b>Permanently Restricted Net Assets</b>		
Change in beneficial interest in net assets of Trinitas Health Foundation	45,469	49,259
Change in net unrealized gains and losses on investments other than trading securities	46,530	(19,477)
Increase (decrease) in permanently restricted net assets	91,999	29,782
<b>Increase (Decrease) in Net Assets</b>	9,259,787	5,680,085
<b>Net Assets</b>		
Beginning of year	159,209,083	149,695,983
End of year	\$ 168,468,870	\$ 155,376,068

**Trinitas Regional Medical Center Obligated Group**

Consolidated Statement of Cash Flows  
For the Six Months June 30, 2016 and 2015  
(Unaudited)

	June 2016	June 2015
<b>Cash Flows from Operating Activities</b>		
Increase in net assets	\$ 9,259,787	\$ 5,680,085
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Provision for bad debts	7,881,561	9,295,865
Depreciation	5,943,403	6,289,119
Amortization of deferred financing costs	83,970	87,414
Amortization of deferred bond discount and premium	(33,660)	(33,660)
Restricted contributions for capital additions	(2,287,287)	(1,170,868)
Change in fair value of interest rate swaps	549,508	(211,567)
Change in net unrealized gains and losses on other than trading securities	(3,433,600)	3,683,931
Net realized gains and losses on investments	(224,227)	(2,462,287)
Gain from sale of building and land	-	(1,653,941)
Change in beneficial interest in net assets of Trinitas Health Foundation	401,156	(454,668)
Change in assets and liabilities:		
Patient accounts receivable	(6,400,556)	(5,304,080)
Other receivables	(696,387)	(452,537)
Other current assets and other assets	(1,406,931)	(1,592,514)
Accounts payable, construction payable and accrued expenses	(647,478)	3,456,457
Deferred revenue	91,258	1,862,908
Accrued bond interest payable	(67,994)	84,866
Accrued salaries and wages	1,120,335	872,308
Estimated settlements with third-party payors	1,324,029	3,424,022
Other long-term liabilities	133,141	173,434
Net cash provided by (used in) operating activities	<u>11,590,028</u>	<u>21,574,287</u>
<b>Cash Flows from Investing Activities</b>		
Acquisition of property and equipment and construction	(4,598,849)	(2,742,133)
Proceeds from sale of building and land	-	2,500,000
Purchases of investments and assets whose use is limited, net	(4,688,638)	(2,765,415)
Net cash provided by (used in) investing activities	<u>(9,287,487)</u>	<u>(3,007,548)</u>
<b>Cash Flows from Financing Activities</b>		
Restricted contributions for capital additions	2,287,287	1,170,868
Repayment of long-term debt and capitalized lease obligations	(953,132)	(968,267)
Net cash Provided by (used in) financing activities	<u>1,334,155</u>	<u>202,601</u>
<b>Net Increase (Decrease) in Cash and Cash Equivalents</b>	3,636,696	18,769,340
<b>Cash and Cash Equivalents, Beginning</b>	<u>125,157,730</u>	<u>97,959,973</u>
<b>Cash and Cash Equivalents, Ending</b>	<u>\$ 128,794,426</u>	<u>\$ 116,729,313</u>
<b>Supplemental Disclosure of Cash Flow Information,</b>		
Interest paid	<u>\$ 3,293,518</u>	<u>\$ 3,459,907</u>

**Trinitas Regional Medical Center Obligated Group**

Notes to Consolidated Financial Statements

June 30, 2016

**1. Reporting Organizations**

The consolidated financial statements include the accounts of Trinitas Regional Medical Center (the "Medical Center"), Marillac Corporation ("Marillac"), a wholly owned subsidiary of the Medical Center and Trinitas Physicians Practice, LLC. In 2000, Elizabeth General Medical Center and St. Elizabeth Hospital merged to form Trinitas Hospital, a not-for-profit, tax-exempt, voluntary, acute health care provider located in Elizabeth, New Jersey. Trinitas Hospital officially changed its name to Trinitas Regional Medical Center as of October 2008. The Medical Center provides inpatient, outpatient, and emergency care services for local residents. Admitting physicians are primarily practitioners from the local area.

Marillac, a not-for-profit, tax-exempt corporation pursuant to Section 501(c)(3) of the Internal Revenue Code, owns and operates a medical office building in Elizabeth, New Jersey.

Trinitas Physicians Practice, LLC, (TPP, LLC) a New Jersey professional limited liability company (LLC), a for-profit taxable entity.

The sole member of the Medical Center is Trinitas Health (the "Parent"), a tax-exempt holding company. Both the Parent and the Medical Center are tax-exempt organizations, pursuant to Section 501(c)(3) of the Internal Revenue Code.

The Medical Center is an affiliated member of the Parent, the controlling entity. Other affiliates of Trinitas Health include: Trinitas Healthcare Corporation and subsidiary, Trinitas Health Services Corporation, and Trinitas Health Foundation and Affiliate (the "Foundation"). Only the Medical Center's financial statements and its subsidiaries and TPP, LLC are presented herein. The Parent's affiliates, with the exception of Trinitas Health Services Corporation, are not-for-profit, tax-exempt organizations. Trinitas Health Services Corporation is a for-profit, taxable entity.

**2. Presentation**

The consolidated financial statements are unaudited and include all adjustments which are, in the opinion of Management, necessary for a fair presentation of the Obligated Group's financial position as of June 30, 2016 and December 31, 2015, its result of operations and its changes in net assets and cash flows for the six months ended June 30, 2016 and 2015 in conformity with accounting principles generally accepted in the United States of America. Certain information and footnote disclosures normally included in financial statements prepared in accordance with such accounting principles have been omitted.

These consolidated financial statements should be read in conjunction with Trinitas Regional Medical Center's audited consolidated financial statements and notes thereto for the years ended December 31, 2015.

**3. Patient Accounts Receivable**

Patient accounts receivable are reported at net realizable value. Accounts are written off when they are determined to be uncollectible based upon management's assessment of individual accounts. In evaluating the collectability of patient accounts receivable, the Medical Center analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful collections and provision for doubtful collections. For receivables associated with services provided to patients with third party insurance coverage (partial or complete) and patients with no coverage (partial or none), the Medical Center analyzes contractually due amounts and provides an allowance for doubtful collections and a provision for doubtful collections, if necessary. For receivables associated with patients with no insurance

(partial or complete) (which includes both patients without insurance and patients with deductible and copayment balances due), the Medical Center records a significant provision for doubtful collections in the period of service on the basis of its past experience, which indicates that many patients are unable to pay the portion of their bill for which they are financially responsible. The difference between billed rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful collections.

The Medical Center's allowance for doubtful collections for self-pay patients decreased to 92.3% of self-pay accounts receivable at June 30, 2016 from 92.8% of self-pay accounts receivable at December 31, 2015. The Medical Center had not changed its financial assistance policy in 2016.

**4. Net Patient Service Revenue**

The Medical Center reports net patient service revenue at the estimated net realizable amounts from patients, third party payors, and others for services rendered, including an estimate for retroactive adjustments that may occur as a result of future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, review and investigations. Net patient service revenue as reported in the consolidated statements of operations is reduced both by (1) estimated allowances for the excess of charges over anticipated patient or third party payor payments and (2) a provision for doubtful collections. Certain of the health care services provided by the Medical Center are reimbursed by third party payors on the basis of the lower of cost or charges, with costs subject to certain imposed limitations.

Patient accounts receivable are reported at net realizable value and include charges for accounts due from Medicare, Medicaid, other commercial and managed care insurers, and self-paying patients (Note 3). Patient accounts receivable also includes management's estimate of the impact of certain undercharges to be recouped or overcharges to be paid back for inpatient and outpatient services in subsequent years rates as discussed above. Deducted from patient accounts receivable are estimates of doubtful collections related to patients and allowances for the excess of charges over the payments to be received from third party payors.

The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates. The Medical Center recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of these established rates for the services rendered. For uninsured patients that do not qualify for charity care, the Medical Center recognizes revenues on the basis of its standard rates, discounted in accordance with the Medical Center's policy. On the basis of historical experience, a significant portion of the Medical Center's uninsured patients will be unable to pay for the services provided. Thus, the Medical Center records a significant provision for doubtful collections related to uninsured patients in the period the services are provided. Patient service revenues, net of contractual allowances and discounts (but before the provision for doubtful collections), recognized in June 30, 2016 and 2015 from these major payor sources, are as follows:

	<b>Patient Service Revenues (Net of Contractual Allowances and Discounts)</b>				
	<b>Medicare</b>	<b>Medicaid</b>	<b>Other Third Party Payors</b>	<b>Self Pay and Other</b>	<b>Total</b>
June 30, 2016	\$ 35,675,149	\$ 41,964,026	\$ 31,477,184	\$ 10,050,408	\$ 119,166,767
June 30, 2015	\$ 36,834,711	\$ 37,381,208	\$ 31,969,405	\$ 10,193,527	\$ 116,378,851

**5. Subsequent Events**

The Medical Center evaluated subsequent events for recognition or disclosure through August 8, 2016, the date the financial statements were available to be issued.

**6. New Accounting Pronouncements**

In May 2014, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*. ASU No. 2014-09 supersedes the revenue recognition requirements in Topic 605, Revenue Recognition, and most industry-specific guidance. Under the requirements of ASU No. 2014-09, the core principle is that entities should recognize revenue to depict the transfer of promised goods or services to customers (residents) in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The Medical Center will be required to retrospectively adopt the guidance in ASU No. 2014-09 for the years beginning after December 15, 2017. The Medical Center has not yet determined the impact of adoption of ASU No. 2014-09 on its financial statements.

In April 2015, the Financial Accounting Standards Board ("FASB") issued ASU 2015-03 (*Interest – Imputation of Interest: Simplifying the Presentation of Debt Issuance Costs*). ASU 2015-03 is part of FASB's Simplification Initiative, a FASB initiative to reduce complexity in its accounting standards. ASU 2015-03 is effective for fiscal years beginning after December 15, 2015 for all entities (i.e. December 2016). The new authoritative guidance requires entities to report debt issuance costs in their balance sheet as a reduction of its related debt. Entities are also required to report the amortization of debt issuance costs as interest expense in the income statement. As a result of adopting the new authoritative guidance, the Medical Center reclassified its debt issuance costs as of June 30, 2016 and 2015, by \$1,472,000 and \$1,644,000, respectively, as a reduction of its long-term debt, and its amortization of debt issuance costs by \$84,000 and \$87,000, respectively, as interest expense. No other reclassifications or modifications have been made to the Medical Center's 2016 financial statements as a result of adoption ASU 2015-03.

In February 2016, the FASB issued Accounting Standards Update ASU No. 2016-02, *Leases (Topic 842)*. ASU No. 2016-02 was issued to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities on the balance sheet and disclosing key information about leasing arrangements. Under the provisions of ASU No. 2016-02, a lessee is required to recognize a right-to-use asset and lease liability, initially measured at the present value of the lease payments, in the balance sheet. In addition, lessees are required to provide qualitative and quantitative disclosures that enable users to understand more about the nature of the Medical Center's leasing activities. The Medical Center will be required to retrospectively adopt the guidance in ASU No. 2016-02 for years beginning after December 15, 2018. The Medical Center has not yet determined the impact of adoption of ASU No. 2016-02 on its financial statements.

**7. Net Patient Service Revenues**

The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates. A significant portion of the Medical Center's net patient service revenue is derived from these third-party payor programs. A summary of the principal payment arrangements with major third-party payors follows:

- Medicare: Inpatient acute care and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to patient classification systems that are based on clinical, diagnostic, and other factors. Certain items, such as Medicare bad debts, are paid based on a cost reimbursement methodology. Reimbursements for cost reimbursable items are received at tentative interim rates, with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicare fiscal intermediary. The Medical Center's Medicare cost

reports have been settled by the Medicare fiscal intermediary through December 31, 2009, except for December 31, 2005.

- Medicaid: Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Outpatient services are paid based on a cost reimbursement methodology. The Hospital's Medicaid cost reports have been settled by the Medicaid fiscal intermediary through December 31, 2013.

Revenue received under third-party arrangements is subject to audit and retroactive adjustments. Net patient service revenues include no adjustments for the six months ended June 30, 2016 and 2015, respectively, related to tentative and final settlements of prior year cost reports and other settlements.

The Medical Center also has entered into payment agreements with certain managed care organizations, commercial insurance carriers, and preferred provider organizations. The basis for payment to the Medical Center under these agreements includes daily rates, rates per discharge, and discounts from established charges.

**8. Charity Care and Subsidy Payments**

The Medical Center receives subsidy payments from the State of New Jersey to partially fund charity care and certain other program costs. Subsidy payments included in other revenue for the six months ended June 30, 2016 and 2015 are as follows:

	<u>2016</u>	<u>2015</u>
Charity care	\$ 16,752,786	\$ 21,101,441
Delivery System Reform Incentive Payment	3,417,986	3,179,832
Mental health	<u>875,834</u>	<u>815,990</u>
Total	<u>\$ 21,046,606</u>	<u>\$ 25,097,263</u>

The Medical Center, as part of its mission, provides medical care without charge or at reduced charges to residents of its community through the provision of charity care. The Medical Center's definition of charity care is in accordance with state regulations and includes services provided at no charge to the uninsured or underinsured.

**9. Derivative Financial Instrument**

In June 2006, the Medical Center entered into an interest rate swap with a start date of July 1, 2006, and expiration date of July 1, 2035, based on the notional amount of approximately fifty percent (50%) of the principal amount of the Series 2006 Bonds \$7,430,000. At June 30, 2016 and December 31, 2015, the Medical Center's interest rate swap agreement had a notional principal amount of \$6,345,000, respectively. According to the terms of the swap contract, the Medical Center will pay a 5.826% rate in return for receiving one month LIBOR rate.

The fair value of the swap at June 30, 2016 and December 31, 2015 was a liability of \$3,076,608 and \$2,527,099, respectively, and is included in other long-term liabilities in the accompanying consolidated balance sheet. For the six months ended June 30, 2016 and 2015, the change in the fair value of the interest rate swap resulted in an unrealized loss of \$549,508 and an unrealized gain of \$211,567, respectively, and is included in non-operating gains and losses in the consolidated statement of operations.



**10. Meaningful Use**

Under certain provisions of the American Recovery and Reinvestment Act of 2009, federal incentive payments are available to hospitals, physicians and certain other professionals ("providers") when they adopt certified electronic health record ("EHR") technology or become "meaningful users" of EHRs in ways that demonstrate improved quality, safety and effectiveness of care. Medicare and Medicaid providers can receive their initial incentive payment by adopting implementing or upgrading certified EHR technology, but must demonstrate meaningful use of EHRs in subsequent years in order to qualify for additional payments. Hospitals may be eligible for both Medicare and Medicaid EHR incentive payments. The Medical Center accounts for EHR payments using the contingency method, whereby, revenue is recognized when all contingencies are satisfied. At June 30, 2016 and 2015, the EHR incentive payments received from the Medicare and Medicaid programs is reflected in estimated settlements with third party payors on the balance sheet in the amount of \$3.3 million and \$2.7 million, respectively, which will be recognized as non-operating revenue when the Medical Center has satisfied the statutory and regulatory requirements. For the six months ended June 30, 2016 and 2015, the amounts recognized as non-operating revenue were \$645,094 and \$0, respectively, in the consolidated statement of operations.

**11. Letter of Credit**

The bank issued letter of credit, which backs the Series 2006 Variable Rate Demand Bonds, expiration date has been extended to February of 2018. If the annual renewal of Letter of Credit is not extended by the bank, the reimbursement Agreement provides for one additional year after the expiration date before the actual termination of the Letter of Credit.

**12. Emergency Room Department**

In 2014 the Medical Center's Board approved the updating and renovating of the Medical Center's emergency room department and adding additional ICU beds. The project involved architectural, engineering, mechanical studies, relocation of various departments, demolition, purchasing a new CT scan, renovation and new construction. Estimated costs for the project are approximately \$18 million. For the six months ended June 30, 2016 and 2015, the monies spent year to date for the project amounted to \$3,050,609 and \$519,557, respectively. The project began in the summer of 2015 and the expected completion date is mid-2017.

**13. Real Estate Taxes**

As a not-for-profit corporation in New Jersey, the Medical Center is an organization which has historically qualified for an exemption from real property taxes; however, a number of cities and municipalities in New Jersey have challenged and continue to challenge such exemption. The City of Elizabeth has advised the Medical Center of its intentions to remove all of the Medical Center's properties from the current tax exempt status and will place the properties on the real estate property tax rolls. The Medical Center signed an agreement with the City of Elizabeth, whereby, the Medical Center will pay a community service contribution in the amount of \$250,000 per year for each of the next four years.

**TRINITAS REGIONAL MEDICAL CENTER  
2016 BUDGET COMPARATIVE  
INPATIENT STATISTICS**

	YTD-JUN					2015	2016-
	NEWPOINT	WILLIAM	ACTUAL	BUDGET	VARIANCE	ACTUAL	2015
						TOTAL	VARIANCE
<b>ADMISSIONS</b>							
MEDICAL	0	4,002	4,002	4,141	(139)	4,038	(36)
SURGICAL	0	895	895	1,064	(169)	1,022	(127)
OBSTETRICS	0	1,106	1,106	1,068	38	1,095	11
NEWBORN	0	1,058	1,058	1,004	54	1,025	33
ADULT & ED PSYCH	817	0	817	762	55	715	102
ADOLESCENT PSYCH	260	0	260	293	(33)	278	(18)
DEVELOP DISABLED	163	0	163	137	26	141	22
	1,240	7,061	8,301	8,469	(168)	8,314	(13)
SAME DAY SURGERY	0	2,774	2,774	2,744	30	2,673	101
	1,240	9,835	11,075	11,213	(138)	10,987	88
INTERMEDIATE PSYCH	102	0	102	89	13	95	7
RESIDENTIAL UNIT	3	0	3	8	(5)	10	(7)
LONG TERM CARE	189	0	189	161	28	172	17
	294	0	294	258	36	277	17
<b>PATIENT DAYS</b>							
MEDICAL	0	18,629	18,629	20,156	(1,527)	20,382	(1,753)
SURGICAL	0	6,153	6,153	7,183	(1,030)	7,048	(895)
OBSTETRICS	0	3,087	3,087	2,894	193	2,970	117
NEWBORN	0	3,098	3,098	2,852	246	3,045	53
ADULT & ED PSYCH	7,605	0	7,605	7,786	(181)	7,510	95
ADOLESCENT PSYCH	2,231	0	2,231	2,362	(131)	2,247	(16)
DEVELOP DISABLED	1,547	0	1,547	1,645	(98)	1,625	(78)
	11,383	30,967	42,350	44,878	(2,528)	44,827	(2,477)
SAME DAY SURGERY	0	2,774	2,774	2,744	30	2,673	101
	11,383	33,741	45,124	47,622	(2,498)	47,500	(2,376)
INTERMEDIATE PSYCH	3,753	0	3,753	3,939	(186)	4,196	(443)
RESIDENTIAL UNIT	2,691	0	2,691	2,591	100	2,612	79
LONG TERM CARE	21,786	0	21,786	21,517	269	21,458	328
	28,230	0	28,230	28,047	183	28,266	(36)
<b>ALOS</b>							
MEDICAL	0.0	4.7	4.7	4.9	(0.2)	5.0	(0.3)
SURGICAL	0.0	6.9	6.9	6.8	0.1	6.9	0.0
OBSTETRICS	0.0	2.8	2.8	2.7	0.1	2.7	0.1
NEWBORN	0.0	2.9	2.9	2.8	0.1	3.0	(0.1)
ADULT & ED PSYCH	9.3	0.0	9.3	10.2	(0.9)	10.5	(1.2)
ADOLESCENT PSYCH	8.6	0.0	8.6	8.1	0.5	8.1	0.5
DEVELOP DISABLED	9.5	0.0	9.5	12.0	(2.5)	11.5	(2.0)
TOTAL W/O SDS	9.2	4.4	5.1	5.3	(0.2)	5.4	(0.3)
INTERMEDIATE PSYCH	36.8	0.0	36.8	44.3	(7.5)	44.2	(7.4)
RESIDENTIAL UNIT	897.0	0.0	897.0	323.9	573.1	261.2	635.8
LONG TERM CARE	115.3	0.0	115.3	133.6	(18.3)	124.8	(9.5)
	96.0	0.0	96.0	108.7	(12.7)	102.0	(6.0)
<b>CARDIAC CATH LAB I/P</b>							
CARDIAC CATHS	0	178	178	185	(7)		
EMERGENCY ANGIO	0	1	1	3	(2)		
ELECTIVE ANGIO	0	55	55	39	16		
VASCULAR	0	22	22	20	2		
TOTAL	0	256	256	247	9		

**TRINITAS REGIONAL MEDICAL CENTER  
2016 BUDGET COMPARATIVE  
OUTPATIENT STATISTICS**

	YTD-JUN			2015	2016-
	ACTUAL	BUDGET	VARIANCE	ACTUAL	2015
				TOTAL	VARIANCE
<b>EMERGENCY ROOM</b>					
NEWPOINT-PSYCH O/P VISITS	904	1,047	(143)	1,020	(116)
WILLIAMSON O/P VISITS	30,179	30,637	(458)	30,093	86
TOTAL O/P	31,083	31,684	(601)	31,113	(30)
NEWPOINT ADMISSIONS	885	861	24	881	4
WILLIAMSON ADMISSIONS	4,073	4,274	(201)	4,238	(165)
TOTAL ADMISSIONS	4,958	5,135	(177)	5,119	(161)
% Total ADMISSIONS FROM ER	59.73%	60.63%		61.57%	
TOTAL EMERGENCY ROOM VISITS	36,041	36,819	(778)	36,232	(191)
<b>OBSERVATION</b>					
WSC OBSERVATION CASES	774	722	52	639	135
NPC OBSERVATION CASES	159	174	(15)	146	13
TOTAL OBSERVATION	933	896	37	785	148
<b>CLINICS</b>					
ALCOHOL CLINIC	17,900	21,888	(3,988)	19,000	(1,100)
PSYCH PARTIAL HOSP ADULT FEE	1,629	2,103	(474)	1,829	(200)
PSYCH PARTIAL HOSP ADULT CHG	826	741	85	848	(22)
PSYCH PARTIAL HOSPITAL ADOL	1,188	1,479	(291)	947	241
O/P PSYCH VISITS ADULT FEE	4,814	6,407	(1,593)	4,801	13
O/P PSYCH VISITS ADULT CHG	20,007	15,301	4,706	16,146	3,861
O/P PSYCH VISITS ADOLESCENT	65,147	69,056	(3,909)	62,345	2,802
TOTAL PSYCH CLINICS (1)	111,511	116,975	(5,464)	105,916	5,595
D.B.HERSH CLINIC	4,507	4,350	157	4,307	200
PEDIATRIC HEALTH CENTER	4,432	4,142	290	4,236	196
WOMENS HEALTH CENTER	11,161	11,483	(322)	11,424	(263)
WOUND HEALING CENTER	2,198	2,167	31	2,161	37
MEDICAL CLINIC (EID)	746	830	(84)	798	(52)
TOTAL MEDICAL CLINICS	23,044	22,972	72	22,926	118
TOTAL CLINICS	134,555	139,947	(5,392)	128,842	5,713
<b>CANCER CENTER</b>					
OFFICE VISITS	3,884	3,613	271	3,600	284
INFUSION TREATMENTS	4,324	4,223	101	4,207	117
RADIATION TREATMENTS	2,329	3,208	(879)	3,108	(779)
CANCER CENTER TOTAL(1)	10,537	11,044	(507)	10,915	(378)
<b>PRIVATE AMBULATORY</b>					
SLEEP CENTER	654	542	112	624	30
OTHER PRIVATE REFERRED (2)	29,870	28,780	1,090	28,705	1,165
TOTAL PRIVATE AMBULATORY	30,524	29,322	1,202	29,329	1,195
<b>O/P RENAL TREATMENTS</b>					
O/P HEMODIALYSIS	9,941	10,078	(137)	9,954	(13)
HOME DIALYSIS	30	0	30	0	30
LINDEN SATELLITE	6,360	6,203	157	6,197	163
TOTAL RENAL TREATMENTS	16,331	16,281	50	16,151	180
MICU RUNS	1,899	1,665	234	1,690	209
AMBULANCE RUNS	2,985	2,926	59	2,572	413
TOTAL O/P VISITS (INCLUDING SDS)	231,621	236,509	(4,888)	224,070	7,551
<b>CARDIAC CATH LAB O/P</b>					
CARDIAC CATHS (3)	291	244	47		
EMERGENCY ANGIOPLASTY	31	25	6		
ELECTIVE ANGIOPLASTY	69	79	(10)		
VASCULAR CASES	26	5	21		
TOTAL	417	353	64		

(1) CORRECTIONS HAVE BEEN MADE IN THE YEAR TO DATE TOTALS FOR REALLOCATION BETWEEN SERVICES

(2) PRIVATE O/P REFERRALS INCLUDES THE FOLLOWING:  
OTHER O/P PROCEDURES (MONTH & YTD); ACTUAL=114 & 728  
O/P ENDOSCOPY (MONTH & YTD); ACTUAL=388 & 2207  
HYPERBARIC (MONTH & YTD); ACTUAL=100 & 369

(3) OP CATH LAB CASES ARE ALREADY INCLUDED IN PRIVATE REFERRED STATISTICS

**Trinitas Regional Medical Center Obligated Group**  
 Debt Service Calculation Certificate  
 (Twelve Month Rolling Average)

		June 2016
<b>Funds Available for Debt Service</b>		
Net increase in unrestricted net assets	\$	12,921,123
Reconciling items:		
Depreciation and amortization		11,191,800
Interest		6,608,678
Net assets released from restrictions used for purchase of property and equipment		(3,824,472)
Gain on sale of building		(1,519)
Change in fair value of interest rate swaps		716,462
Change in net unrealized gains and losses on investments other than trading securities		250,408
<b>Total</b>	<b>\$</b>	<b>27,862,480</b>
<b>Maximum annual debt service</b>	<b>\$</b>	<b>13,279,246</b>
<b>Actual ratio</b>		2.10
<b>Required ratio</b>		1.25

**Trinitas Regional Medical Center Obligated Group**  
**Cushion Ratio Calculation Certificate**  
**(Twelve Month Rolling Average)**

		June 2016
<b>Cushion Ratio</b>		
Cash and investments	\$	152,290,659
Internally designated funds		91,366,175
<b>Total</b>		<b>243,656,834</b>
 <b>Maximum Annual Debt Service</b>		
Series 2007A, 2007B, and 2006 bonds payable	\$	12,373,838
Notes payable		905,408
<b>Total Maximum Annual Debt Service</b>	<b>\$</b>	<b>13,279,246</b>
 <b>Cushion ratio</b>		 18.35
 <b>Required ratio</b>		 1.25