Trinitas Regional Medical Center Obligated Group

Consolidated Balance Sheet

At September 30, 2016 and December 31,2015

(Unaudited)

	September 2016	December 2015
Assets		
Current Assets:		
Cash and cash equivalents (includes certificates of deposit)	$ 120,150,746	$ 125,157,730
Assets whose use is limited	2,837,135	5,618,861
Patient accounts receivable (less allowance for doubtful collections of $32,124,000 in 2016 and $30,032,000 in 2015)	25,995,217	24,364,632
Other receivables	5,821,660	2,626,250
Other current assets	6,457,235	5,257,856
Total current assets	161,261,993	163,025,329
Assets Whose Use is Limited and Investments		
Assets whose use is limited:		
Internally designated	96,109,404	90,045,927
Other internally designated	6,672,033	6,237,518
Held by trustee under bond indentures	13,052,326	13,047,329
Donor restricted	3,126,046	3,276,058
Investments	28,840,413	27,371,829
Total assets whose use is limited and investments	147,800,222	139,978,661
Beneficial Interest in Net Assets of Trinitas Health Foundation	7,273,461	7,646,904
Property and Equipment (net of accumulated depreciation of $240,541,000 in 2016 and $231,658,000 in 2015)	85,605,076	86,846,538
Other Assets	5,893,458	5,821,303
Total	$ 407,834,210	$ 403,318,735
Liabilities and Net Assets		
Current Liabilities:		
Current portion of long-term debt	$ 6,295,000	$ 7,339,132
Accounts payable, construction payable and accrued expenses	23,044,434	24,351,469
Deferred revenue	8,342,959	5,195,165
Accrued bond interest payable	1,401,078	2,999,516
Accrued salaries and wages	3,040,451	5,194,097
Estimated settlements with third-party payors	14,094,941	14,320,000
Total current liabilities	56,218,863	59,399,379
Estimated Settlements with Third-party Payors	47,346,700	44,554,972
Long-Term Debt	115,474,758	121,303,293
Other Long-Term Liabilities	16,632,673	18,852,008
Total liabilities	235,672,994	244,109,652
Net Assets		
Unrestricted	161,761,704	148,286,116
Temporarily restricted	7,265,036	7,887,803
Permanently restricted	3,134,476	3,035,164
Total net assets	172,161,216	159,209,083
Total	$ 407,834,210	$ 403,318,735

Trinitas Regional Medical Center Obligated Group

Consolidated Statement of Operations
For the Nine Months September 30, 2016 and 2015
(Unaudited)

	September 2016	September 2015
Revenues		
Net patient service revenue (net of contractual allowances, charity care and discounts)	$ 181,659,969	$ 176,694,886
Provision for bad debts	(11,944,573)	(13,668,127)
Net patient service revenue less provision for bad debts	169,715,396	163,026,759
Other revenue	51,358,861	57,495,139
Net assets released from restrictions used for operations	756,384	732,961
Total revenues	221,830,641	221,254,859
Expenses		
Salaries and wages	101,442,199	100,566,366
Employee benefits	20,614,386	19,909,132
Supplies and other	83,269,111	83,099,277
Depreciation	8,882,721	9,426,332
Interest	4,931,440	5,293,584
Total expenses	219,139,857	218,294,691
Operating Income	2,690,784	2,960,168
Nonoperating Gains and Losses		
Interest, dividends and other	2,825,890	2,884,131
Net realized gains and losses on investments	698,733	2,915,772
Gain on sale of building and land	-	1,653,941
Change in fair value of interest rate swaps	(533,073)	(90,597)
Total nonoperating gains and losses	2,991,550	7,363,247
Medicare / Medicaid meaningful use funds	645,094	-
Revenues in Excess of Expenses	6,327,428	10,323,415
Change in Net Unrealized Gains and (Losses) on Investments Other Than Trading Securities	4,038,386	(7,546,303)
Net Assets Released From Restrictions Used for Purchase of Property and Equipment	3,109,774	2,492,815
Increase in Unrestricted Net Assets	$ 13,475,588	$ 5,269,927

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

	September 2016	September 2015
Unrestricted Net Assets		
Revenues in excess of expenses	$ 6,327,428	$ 10,323,415
Change in net unrealized gains and losses on investments other than trading securities	4,038,386	(7,546,303)
Net assets released from restrictions used for purchase of property and equipment	3,109,774	2,492,815
Increase (decrease) in unrestricted net assets	13,475,588	5,269,927
Temporarily Restricted Net Assets		
Contributions	3,642,518	2,812,588
Interest and dividends	11,949	30,852
Net assets released from restrictions	(3,866,159)	(3,225,776)
Change in beneficial interest in net assets of Trinitas Health Foundation	(411,075)	(562,265)
Increase (decrease) in temporarily restricted net assets	(622,767)	(944,601)
Permanently Restricted Net Assets		
Change in beneficial interest in net assets of Trinitas Health Foundation	37,632	77,191
Change in net unrealized gains and losses on investments other than trading securities	61,680	(42,202)
Increase (decrease) in permanently restricted net assets	99,312	34,989
Increase (Decrease) in Net Assets	12,952,133	4,360,315
Net Assets		
Beginning of year	159,209,083	149,695,983
End of year	$ 172,161,216	$ 154,056,298

Trinitas Regional Medical Center Obligated Group

Consolidated Statement of Cash Flows

For the Nine Months September 30, 2016 and 2015

(Unaudited)

	September 2016	September 2015
Cash Flows from Operating Activities		
Increase in net assets	$ 12,952,133	$ 4,360,315
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Provision for bad debts	11,944,573	13,668,127
Depreciation	8,882,721	9,426,332
Amortization of deferred financing costs	125,955	131,121
Amortization of deferred bond discount and premium	(50,490)	(50,490)
Restricted contributions for capital additions	(3,109,774)	(2,492,815)
Change in fair value of interest rate swaps	533,073	90,597
Change in net unrealized gains and losses on other than trading securities	(4,038,386)	7,546,303
Net realized gains and losses on investments	(698,733)	(2,915,772)
Gain from sale of building and land	-	(1,653,941)
Change in beneficial interest in net assets of Trinitas Health Foundation	373,443	485,074
Change in assets and liabilities:		
Patient accounts receivable	(13,575,158)	(7,686,403)
Other receivables	(3,195,410)	(2,561,466)
Other current assets and other assets	(1,387,373)	(2,592,394)
Accounts payable, construction payable and accrued expenses	(1,191,197)	1,827,811
Deferred revenue	3,147,794	4,544,652
Accrued bond interest payable	(1,598,438)	(1,560,623)
Accrued salaries and wages	(2,153,646)	2,883,515
Estimated settlements with third-party payors	2,566,669	4,947,406
Other long-term liabilities	(2,752,408)	(114,665)
Net cash provided by (used in) operating activities	6,775,348	28,282,684
Cash Flows from Investing Activities		
Acquisition of property and equipment and construction	(7,641,258)	(4,385,646)
Proceeds from sale of building and land	-	2,500,000
Purchases of investments and assets whose use is limited, net	(302,716)	2,517,396
Net cash provided by (used in) investing activities	(7,943,974)	631,750
Cash Flows from Financing Activities		
Restricted contributions for capital additions	3,109,774	2,492,815
Repayment of long-term debt and capitalized lease obligations	(6,948,132)	(7,032,400)
Net cash Provided by (used in) financing activities	(3,838,358)	(4,539,585)
Net Increase (Decrease) in Cash and Cash Equivalents	(5,006,984)	24,374,849
Cash and Cash Equivalents, Beginning	125,157,730	97,959,973
Cash and Cash Equivalents, Ending	$ 120,150,746	$ 122,334,822
Supplemental Disclosure of Cash Flow Information, Interest paid	$ 6,439,740	$ 6,748,155

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 September 30, 2016 and December 31, 2015, its result of operations and its changes in net assets and cash flows for the nine months ended September 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 91.5% of self-pay accounts receivable at September 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 September 30, 2016 and 2015 from these major payor sources, are as follows:

	Patient Service Revenues (Net of Contractual Allowances and Discounts)				
	Medicare	**Medicaid**	**Other Third Party Payors**	**Self Pay and Other**	**Total**
September 30, 2016	$ 54,066,400	$ 64,965,339	$ 49,165,972	$ 13,462,258	$ 181,659,969
September 30, 2015	$ 53,396,624	$ 61,538,166	$ 46,308,511	$ 15,451,585	$ 176,694,886

5. **Subsequent Events**

The Medical Center evaluated subsequent events for recognition or disclosure through November 4, 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 September 30, 2016 and 2015, by $1,430,000 and $1,600,000, respectively, as a reduction of its long-term debt, and its amortization of debt issuance costs by $126,000 and $131,000, 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 nine months ended September 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 nine months ended September 30, 2016 and 2015 are as follows:

	2016	2015
Charity care	$ 24,838.953	$ 29,477,066
Delivery System Reform Incentive Payment	4,119,904	4,888,845
Mental health	1,328,712	1,223,985
Total	$ 30,287,569	$ 35,589,896

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 September 2016, the interest rate swap agreement was retired in the amount of $3,068,000 which had been reflected on the balance sheet as a liability. Hence, the fair value of the swap at September 30, 2016 and December 31, 2015 was a liability of $0 and $2,527,099, respectively, and was included in other long-term liabilities in the accompanying consolidated balance sheet. For the nine months ended September 30, 2016 and 2015, the change in the fair value of the interest rate swap resulted in an unrealized loss of $533,073 and $90,597, 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 September 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 nine months ended September 30, 2016 and 2015, the amounts recognized as non-operating revenue were $645,094 and $0, respectively, in the consolidated statement of operations.

11. 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 nine months ended September 30, 2016 and 2015, the monies spent year to date for the project amounted to $4,994,447 and $1,604,554, respectively. The project began in the summer of 2015 and is expected to be completed in mid-2017.

12 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.

13. Letter of Credit

In October 2016, the Medical Center refinanced its existing debt on the Series 2006, 2007A and 2007B bonds and the bank issued letter of credit was cancelled.

The bank issued letter of credit, which backed the Series 2006 Variable Rate Demand Bonds, expiration date had 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.

TRINITAS REGIONAL MEDICAL CENTER
2016 BUDGET COMPARATIVE
INPATIENT STATISTICS

	YTD-SEP					2015 ACTUAL	2016-2015
	NEWPOINT	WILLIAM	ACTUAL	BUDGET	VARIANCE	TOTAL	VARIANCE
ADMISSIONS							
MEDICAL	0	5,929	5,929	6,130	(201)	5,855	74
SURGICAL	0	1,398	1,398	1,610	(212)	1,533	(135)
OBSTETRICS	0	1,644	1,644	1,677	(33)	1,684	(40)
NEWBORN	0	1,588	1,588	1,576	12	1,590	(2)
ADULT & ED PSYCH	1,238	0	1,238	1,159	79	1,090	148
ADOLESCENT PSYCH	357	0	357	403	(46)	370	(13)
DEVELOP DISABLED	228	0	228	213	15	224	4
	1,823	10,559	12,382	12,768	(386)	12,346	36
SAME DAY SURGERY	0	4,129	4,129	4,227	(98)	4,113	16
	1,823	14,688	16,511	16,995	(484)	16,459	52
INTERMEDIATE PSYCH	144	0	144	132	12	143	1
RESIDENTIAL UNIT	4	0	4	12	(8)	14	(10)
LONG TERM CARE	291	0	291	243	48	268	23
	439	0	439	387	52	425	14
PATIENT DAYS							
MEDICAL	0	27,557	27,557	29,466	(1,909)	29,187	(1,630)
SURGICAL	0	9,484	9,484	10,925	(1,441)	10,866	(1,382)
OBSTETRICS	0	4,567	4,567	4,531	36	4,547	20
NEWBORN	0	4,579	4,579	4,493	86	4,747	(168)
ADULT & ED PSYCH	11,860	0	11,860	11,849	11	11,308	552
ADOLESCENT PSYCH	3,045	0	3,045	3,350	(305)	3,159	(114)
DEVELOP DISABLED	2,350	0	2,350	2,487	(137)	2,423	(73)
	17,255	46,187	63,442	67,101	(3,659)	66,237	(2,795)
SAME DAY SURGERY	0	4,129	4,129	4,227	(98)	4,113	16
	17,255	50,316	67,571	71,328	(3,757)	70,350	(2,779)
INTERMEDIATE PSYCH	5,266	0	5,266	5,930	(664)	6,238	(972)
RESIDENTIAL UNIT	3,923	0	3,923	3,900	23	3,820	103
LONG TERM CARE	32,693	0	32,693	32,394	299	32,094	599
	41,882	0	41,882	42,224	(342)	42,152	(270)
ALOS							
MEDICAL	0.0	4.6	4.6	4.8	(0.2)	5.0	(0.4)
SURGICAL	0.0	6.8	6.8	6.8	0.0	7.1	(0.3)
OBSTETRICS	0.0	2.8	2.8	2.7	0.1	2.7	0.1
NEWBORN	0.0	2.9	2.9	2.9	0.0	3.0	(0.1)
ADULT & ED PSYCH	9.6	0.0	9.6	10.2	(0.6)	10.4	(0.8)
ADOLESCENT PSYCH	8.5	0.0	8.5	8.3	0.2	8.5	0.0
DEVELOP DISABLED	10.3	0.0	10.3	11.7	(1.4)	10.8	(0.5)
TOTAL W/O SDS	9.5	4.4	5.1	5.3	(0.2)	5.4	(0.3)
INTERMEDIATE PSYCH	36.6	0.0	36.6	44.9	(8.3)	43.6	(7.0)
RESIDENTIAL UNIT	980.8	0.0	980.8	325.0	655.8	272.9	707.9
LONG TERM CARE	112.3	0.0	112.3	133.3	(21.0)	119.8	(7.5)
	95.4	0.0	95.4	109.1	(13.7)	99.2	(3.8)
CARDIAC CATH LAB I/P							
CARDIAC CATHS	0	268	268	284	(16)		
EMERGENCY ANGIO	0	45	45	38	7		
ELECTIVE ANGIO	0	76	76	59	17		
VASCULAR	0	39	39	29	10		
TOTAL	0	428	428	410	18		

TRINITAS REGIONAL MEDICAL CENTER
2016 BUDGET COMPARATIVE
OUTPATIENT STATISTICS

	YTD-SEP			2015	2016-2015
	ACTUAL	BUDGET	VARIANCE	ACTUAL TOTAL	VARIANCE
EMERGENCY ROOM					
NEWPOINT-PSYCH O/P VISITS	1,277	1,440	(163)	1,403	(126)
WILLIAMSON O/P VISITS	44,788	46,258	(1,470)	45,437	(649)
TOTAL O/P	46,065	47,698	(1,633)	46,840	(775)
NEWPOINT ADMISSIONS	1,334	1,275	59	1,305	29
WILLIAMSON ADMISSIONS	6,098	6,141	(43)	6,090	8
TOTAL ADMISSIONS	7,432	7,416	16	7,395	37
% Total ADMISSIONS FROM ER	60.02%	58.08%		59.90%	
TOTAL EMERGENCY ROOM VISITS	53,497	55,114	(1,617)	54,235	(738)
OBSERVATION					
WSC OBSERVATON CASES	1,169	1,087	82	1,050	119
NPC OBSERVATON CASES	238	262	(24)	241	(3)
TOTAL OBSERVATION	1,407	1,349	58	1,291	116
CLINICS					
ALCOHOL CLINIC	25,407	31,696	(6,289)	27,513	(2,106)
PSYCH PARTIAL HOSP ADULT FEE	2,359	2,968	(609)	2,581	(222)
PSYCH PARTIAL HOSP ADULT CHG	1,141	1,133	8	1,296	(155)
PSYCH PARTIAL HOSPITAL ADOL	1,563	2,264	(701)	1,450	113
O/P PSYCH VISITS ADULT FEE	7,083	9,548	(2,465)	7,155	(72)
O/P PSYCH VISITS ADULT CHG	29,501	24,180	5,321	25,516	3,985
O/P PSYCH VISITS ADOLESCENT	86,370	92,814	(6,444)	83,794	2,576
TOTAL PSYCH CLINICS	153,424	164,603	(11,179)	149,305	4,119
D.B.HERSH CLINIC	6,688	6,486	202	6,422	266
PEDIATRIC HEALTH CENTER	6,026	6,139	(113)	6,278	(252)
WOMENS HEALTH CENTER	16,488	17,205	(717)	17,078	(590)
WOUND HEALING CENTER	3,291	3,413	(122)	3,404	(113)
MEDICAL CLINIC (EID)	1,140	1,259	(119)	1,211	(71)
TOTAL MEDICAL CLINICS	33,633	34,502	(869)	34,393	(760)
TOTAL CLINICS	187,057	199,105	(12,048)	183,698	3,359
CANCER CENTER					
OFFICE VISITS	5,686	5,548	138	5,527	159
INFUSION TREATMENTS	6,523	6,029	494	5,937	586
RADIATION TREATMENTS	3,594	4,756	(1,162)	4,680	(1,086)
CANCER CENTER TOTAL	15,803	16,333	(530)	16,144	(341)
PRIVATE AMBULATORY					
SLEEP CENTER	972	817	155	940	32
OTHER PRIVATE REFFERRED (1)	44,960	43,781	1,179	43,659	1,301
TOTAL PRIVATE AMBULATORY	45,932	44,598	1,334	44,599	1,333
O/P RENAL TREATMENTS					
O/P HEMODIALYSIS	15,381	15,118	263	14,931	450
HOME DIALYSIS	185	0	185	0	185
LINDEN SATELLITE	9,727	9,611	116	9,602	125
TOTAL RENAL TREATMENTS	25,293	24,729	564	24,533	760
MICU RUNS	2,739	2,510	229	2,547	192
AMBULANCE RUNS	4,630	4,393	237	3,861	769
TOTAL O/P VISITS (INCLUDING SDS)	333,055	344,942	(11,887)	327,626	5,429
CARDIAC CATH LAB O/P					
CARDIAC CATHS (2)	453	393	60		
EMERGENCY ANGIOPLASTY (3)	0	0	0		
ELECTIVE ANGIOPLASTY	121	117	4		
VASCULAR CASES	36	7	29		
TOTAL	610	517	93		

(1) PRIVATE O/P REFERRALS INCLUDES THE FOLLOWING:
OTHER O/P PROCEDURES (MONTH & YTD): ACTUAL=110 & 1118
O/P ENDOSCOPY (MONTH & YTD): ACTUAL=355 & 3342
HYPERBARIC (MONTH & YTD): ACTUAL=120 & 656

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

(3) EMERGENCY ANGIOPLASTIES HAVE BEEN RECLASSED TO INPATIENT

Trinitas Regional Medical Center Obligated Group

Debt Service Calculation Certificate

(Twelve Month Rolling Average)

		September 2016
Funds Available for Debt Service		
Net increase in unrestricted net assets	$	16,733,204
Reconciling items:		
Depreciation and amortization		10,993,905
Interest		6,563,089
Net assets released from restrictions used for purchase of property and equipment		(3,325,012)
Gain on sale of building		(1,519)
Change in fair value of interest rate swaps		397,863
Change in net unrealized gains and losses on investments other than trading securities		(4,216,750)
Total	$	27,144,780
Maximum annual debt service	$	12,826,542
Actual ratio		2.12
Required ratio		1.25

Trinitas Regional Medical Center Obligated Group

Cushion Ratio Calculation Certificate

(Twelve Month Rolling Average)

		September 2016
Cushion Ratio		
Cash and investments	$	154,219,417
Internally designated funds		92,832,942
Total		247,052,359
Maximum Annual Debt Service		
Series 2007A, 2007B, and 2006 bonds payable	$	12,373,838
Notes payable		452,704
Total Maximum Annual Debt Service	$	12,826,542
Cushion ratio		19.26
Required ratio		1.25