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

	December 2016	December 2015
Assets		
Current Assets:		
Cash and cash equivalents (includes certificates of deposit)	$ 130,023,301	$ 125,157,730
Assets whose use is limited	8,436,557	5,618,861
Patient accounts receivable (less allowance for doubtful collections of $32,631,000 in 2016 and $30,032,000 in 2015)	26,770,713	24,364,632
Other receivables	3,383,891	2,626,250
Other current assets	5,641,062	5,257,856
Total current assets	174,255,524	163,025,329
Assets Whose Use is Limited and Investments		
Assets whose use is limited:		
Internally designated	95,474,057	90,045,927
Other internally designated	6,711,884	6,237,518
Held by trustee under bond indentures	13,068,545	13,047,329
Donor restricted	3,084,982	3,276,058
Investments	28,597,341	27,371,829
Total assets whose use is limited and investments	146,936,809	139,978,661
Beneficial Interest in Net Assets of Trinitas Health Foundation	7,062,702	7,646,904
Property and Equipment (net of accumulated depreciation of $242,451,000 in 2016 and $231,658,000 in 2015)	87,230,946	86,846,538
Other Assets	5,484,868	5,821,303
Total	$ 420,970,849	$ 403,318,735
Liabilities and Net Assets		
Current Liabilities:		
Current portion of long-term debt	$ 6,055,000	$ 7,339,132
Accounts payable, construction payable and accrued expenses	26,308,168	24,351,469
Deferred revenue	5,542,064	5,195,165
Accrued bond interest payable	3,026,454	2,999,516
Accrued salaries and wages	5,992,441	5,194,097
Estimated settlements with third-party payors	16,501,567	14,320,000
Total current liabilities	63,425,694	59,399,379
Estimated Settlements with Third-party Payors	46,892,222	44,554,972
Long-Term Debt	118,532,642	121,303,293
Other Long-Term Liabilities	16,223,842	18,852,008
Total liabilities	245,074,400	244,109,652
Net Assets		
Unrestricted	165,748,761	148,286,116
Temporarily restricted	7,006,894	7,887,803
Permanently restricted	3,140,794	3,035,164
Total net assets	175,896,449	159,209,083
Total	$ 420,970,849	$ 403,318,735

Trinitas Regional Medical Center Obligated Group

Consolidated Statement of Operations

For the Years Ended December 31, 2016 and 2015

(Unaudited)

	December 2016	December 2015
Revenues		
Net patient service revenue (net of contractual allowances, charity care and discounts)	$ 243,847,105	$ 235,724,411
Provision for bad debts	(15,961,302)	(17,404,925)
Net patient service revenue less provision for bad debts	227,885,803	218,319,486
Other revenue	68,606,506	76,252,049
Net assets released from restrictions used for operations	1,026,473	917,128
Total revenues	297,518,782	295,488,663
Expenses		
Salaries and wages	136,253,521	135,324,437
Employee benefits	27,488,850	25,620,500
Supplies and other	112,041,432	111,780,575
Depreciation	10,830,287	11,537,516
Interest	6,540,570	6,925,233
Total expenses	293,154,660	291,188,261
Operating Income	4,364,122	4,300,402
Nonoperating Gains and Losses		
Interest, dividends and other	3,580,134	4,128,385
Net realized gains and losses on investments	692,290	3,058,569
Loss on bond refinancing	(122,080)	-
Gain on sale of building and land	-	1,655,460
Change in fair value of interest rate swaps	(533,073)	44,613
Total nonoperating gains and losses	3,617,271	8,887,027
Medicare / Medicaid meaningful use funds	645,094	-
Revenues in Excess of Expenses	8,626,487	13,187,429
Change in Net Unrealized Gains and (Losses) on Investments Other Than Trading Securities	2,564,554	(7,367,939)
Net Assets Released From Restrictions Used for Purchase of Property and Equipment	6,271,604	2,708,053
Increase in Unrestricted Net Assets	$ 17,462,645	$ 8,527,543

Trinitas Regional Medical Center Obligated Group
Consolidated Statement of Changes in Net Assets
For the Years Ended December 31, 2016 and 2015
(Unaudited)

	December 2016	December 2015
Unrestricted Net Assets		
Revenues in excess of expenses	$ 8,626,487	$ 13,187,429
Change in net unrealized gains and losses on investments other than trading securities	2,564,554	(7,367,939)
Net assets released from restrictions used for purchase of property and equipment	6,271,604	2,708,053
Increase (decrease) in unrestricted net assets	17,462,645	8,527,543
Temporarily Restricted Net Assets		
Contributions	7,060,073	3,113,118
Interest and dividends	14,465	37,094
Net assets released from restrictions	(7,298,077)	(3,625,181)
Change in beneficial interest in net assets of Trinitas Health Foundation	(657,370)	1,401,010
Increase (decrease) in temporarily restricted net assets	(880,909)	926,041
Permanently Restricted Net Assets		
Change in beneficial interest in net assets of Trinitas Health Foundation	73,168	112,537
Change in net unrealized gains and losses on investments other than trading securities	32,462	(53,023)
Increase (decrease) in permanently restricted net assets	105,630	59,514
Increase (Decrease) in Net Assets	16,687,366	9,513,098
Net Assets		
Beginning of year	159,209,083	149,695,985
End of year	$ 175,896,449	$ 159,209,083

Trinitas Regional Medical Center Obligated Group
Consolidated Statement of Cash Flows
For the Years Ended December 31, 2016 and 2015
(Unaudited)

	December 2016	December 2015
Cash Flows from Operating Activities		
Increase in net assets	$ 16,687,366	$ 9,513,098
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Provision for bad debts	15,961,302	17,404,925
Depreciation	10,830,287	11,537,516
Loss from bond refinancing	122,080	-
Amortization of deferred financing costs	181,457	174,827
Amortization of deferred bond premium	(129,468)	(67,325)
Restricted contributions for capital additions	(6,271,604)	(2,708,053)
Change in fair value of interest rate swaps	533,073	(44,613)
Change in net unrealized gains and losses on other than trading securities	(2,564,554)	7,367,939
Net realized gains and losses on investments	(692,290)	(3,058,569)
Gain from sale of building and land	-	(1,655,460)
Change in beneficial interest in net assets of Trinitas Health Foundation	584,202	(1,513,545)
Change in assets and liabilities:		
Patient accounts receivable	(18,367,383)	(14,288,025)
Other receivables	(757,881)	(268,781)
Other current assets and other assets	(123,403)	368,661
Accounts payable, construction payable and accrued expenses	2,033,571	5,023,088
Deferred revenue	346,899	2,199,490
Accrued bond interest payable	26,938	(128,422)
Accrued salaries and wages	798,344	695,947
Estimated settlements with third-party payors	4,518,817	10,182,833
Other long-term liabilities	(3,161,239)	(1,216,093)
Net cash provided by (used in) operating activities	20,556,514	39,519,438
Cash Flows from Investing Activities		
Acquisition of property and equipment and construction	(11,214,695)	(8,509,679)
Proceeds from sale of building and land	-	2,500,000
Purchases of investments and assets whose use is limited, net	(6,519,000)	(1,509,204)
Net cash provided by (used in) investing activities	(17,733,695)	(7,518,883)
Cash Flows from Financing Activities		
Restricted contributions for capital additions	6,271,604	2,708,053
Repayment of long-term debt	(4,228,852)	(7,516,528)
Payment of debt issuance costs	(552,882)	-
Payment of capital expenditures	(3,068,000)	-
Proceeds from refunding and revenue bonds	16,016,795	-
Repayment of Series 2006 bonds	(12,395,913)	-
Net cash Provided by (used in) financing activities	2,042,752	(4,808,475)
Net Increase (Decrease) in Cash and Cash Equivalents	4,865,571	27,192,080
Cash and Cash Equivalents, Beginning	125,157,730	97,965,650
Cash and Cash Equivalents, Ending	$ 130,023,301	$ 125,157,730
Supplemental Disclosure of Cash Flow Information, Interest paid	$ 6,430,884	$ 6,905,259

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 December 31, 2016 and 2015, its result of operations and its changes in net assets and cash flows for the years ended December 31, 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 92.5% of self-pay accounts receivable at December 31, 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 December 31, 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
December 31, 2016	$ 71,258,753	$ 89,460,734	$ 64,773,749	$ 18,353,869	$ 243,847,105
December 31, 2015	$ 71,751,800	$ 82,437,330	$ 61,856,267	$ 19,679,014	$ 235,724,411

5. Affordable Care Act

The healthcare industry is subject to numerous laws and regulations of federal, state and local governments. Compliance with these laws and regulations is subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. In 2017, the president of the United States signed an executive order stating the administrations intention to repeal the Affordable Care Act. The executive order also gives federal and state agencies the authority to grant waivers, exemptions and delays of provisions in the Affordable Care Act. The significance of the impact of the executive order and any potential future changes to the Affordable Care Act on the Medical Center's operations, specifically revenue for Medicaid and Charity Care patients, if any, is not presently determinable.

Government activity continues to increase with respect to investigations and allegations concerning possible violations by healthcare providers of fraud and abuse statues and regulations, which could result in the imposition of significant fines and penalties as well as significant repayments for patient services previously billed. Management is not aware of any material incidents of noncompliance that have not been provided for in the accompanying financial statements; however, the possible future financial effects of this matter on the Medical Center, if any, are not presently determinable.

6. Subsequent Events

The Medical Center evaluated subsequent events for recognition or disclosure through February 13, 2017, the date the financial statements were available to be issued.

7. 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 December 31, 2016 and 2015, by $1,794,000 and $1,556,000, respectively, as a reduction of its long-term debt, and its amortization of debt issuance costs by $181,000 and $175,000, 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.

8. 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.

- 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 years ended December 31, 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.

9. 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 years ended December 31, 2016 and 2015 are as follows:

	2016	2015
Charity care	$ 32,925,120	$ 37,854,227
Delivery System Reform Incentive Payment	5,342,374	6,597,856
Mental health	1,781,590	1,661,905
Total	$ 40,049,084	$ 46,113,985

In July 2016, the Medical Center received $2,602,760 as the bonus incentive for the Delivery System Reform Incentive Payment. Management is reviewing data used in the calculation to verify the accuracy of the calculation which may result in an appeal.

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.

10. 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 December 31, 2016 and 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 years ended December 31, 2016 and 2015, the change in the fair value of the interest rate swap resulted in an unrealized loss of $533,073 and an unrealized gain of $44,613, respectively, and is included in non-operating gains and losses in the consolidated statement of operations.

11. Letter of Credit

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

12. Forward Delivery Agreement

In October 2016, the Medical Center entered into a Forward Delivery Agreement. This agreement requires the Medical Center to issue $82,970,000 in Series 2017A, Refunding Bonds, on April 3, 2017, at an interest rate of approximately 3.08 percent. The proceeds from the sale of the Series 2017A bonds combined with the debt service reserve funds released by the trustee relating to the Series 2007A and Series 2007B, Revenue Bonds will be used to refund Series 2007A and Series 2007B bonds.

13. 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 December 31, 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 $3.4 million, respectively, which will be recognized as non-operating revenue when the Medical Center has satisfied the statutory and regulatory requirements. For the years ended December 31, 2016 and 2015, the amounts recognized as non-operating revenue were $645,094 and $0, respectively, in the consolidated statement of operations.

14. 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 intensive care unit beds. The project involved architectural, engineering, mechanical studies, relocation of various departments, demolition, purchasing a new computerized tomography scan, renovation and new construction. Estimated costs for the project are approximately $18 million. For the years ended December 31, 2016 and 2015, the monies spent year to date for the project amounted to $6,961,756 and $3,764,118, respectively. The project began in the summer of 2015 and is expected to be completed in mid-2017.

15. 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, effective January 1, 2016.

TRINITAS REGIONAL MEDICAL CENTER
2016 INPATIENT STATISTICS
(Unaudited)

	YTD-DEC		
	NEWPOINT	WILLIAM	ACTUAL
ADMISSIONS			
MEDICAL	0	7,806	7,806
SURGICAL	0	1,824	1,824
OBSTETRICS	0	2,139	2,139
NEWBORN	0	2,047	2,047
ADULT & ED PSYCH	1,638	0	1,638
ADOLESCENT PSYCH	481	0	481
DEVELOP DISABLED	302	0	302
	2,421	13,816	16,237
SAME DAY SURGERY	0	5,352	5,352
	2,421	19,168	21,589
INTERMEDIATE PSYCH	194	0	194
RESIDENTIAL UNIT	5	0	5
LONG TERM CARE	373	0	373
	572	0	572
PATIENT DAYS			
MEDICAL	0	36,078	36,078
SURGICAL	0	12,887	12,887
OBSTETRICS	0	5,920	5,920
NEWBORN	0	5,901	5,901
ADULT & ED PSYCH	15,911	0	15,911
ADOLESCENT PSYCH	4,137	0	4,137
DEVELOP DISABLED	3,070	0	3,070
	23,118	60,786	83,904
SAME DAY SURGERY	0	5,352	5,352
	23,118	66,138	89,256
INTERMEDIATE PSYCH	6,807	0	6,807
RESIDENTIAL UNIT	5,178	0	5,178
LONG TERM CARE	43,533	0	43,533
	55,518	0	55,518
ALOS			
MEDICAL	0.0	4.6	4.6
SURGICAL	0.0	7.1	7.1
OBSTETRICS	0.0	2.8	2.8
NEWBORN	0.0	2.9	2.9
ADULT & ED PSYCH	9.7	0.0	9.7
ADOLESCENT PSYCH	8.6	0.0	8.6
DEVELOP DISABLED	10.2	0.0	10.2
TOTAL W/O SDS	9.5	4.4	5.2
INTERMEDIATE PSYCH	35.1	0.0	35.1
RESIDENTIAL UNIT	1,035.6	0.0	1,035.6
LONG TERM CARE	116.7	0.0	116.7
	97.1	0.0	97.1
CARDIAC CATH LAB I/P			
CARDIAC CATHS	0	371	371
EMERGENCY ANGIO	0	53	53
ELECTIVE ANGIO	0	109	109
VASCULAR	0	52	52
TOTAL	0	585	585

TRINITAS REGIONAL MEDICAL CENTER
2016 OUTPATIENT STATISTICS
(Unaudited)

	YTD-DEC ACTUAL
EMERGENCY ROOM	
NEWPOINT-PSYCH O/P VISITS	1,755
WILLIAMSON O/P VISITS	58,762
TOTAL O/P	60,517
NEWPOINT ADMISSIONS	1,736
WILLIAMSON ADMISSIONS	8,033
TOTAL ADMISSIONS	9,769
% Total ADMISSIONS FROM ER	60.17%
TOTAL EMERGENCY ROOM VISITS	70,286
OBSERVATION	
WSC OBSERVATON CASES	1,590
NPC OBSERVATON CASES	325
TOTAL OBSERVATION	1,915
CLINICS	
ALCOHOL CLINIC	32,319
PSYCH PARTIAL HOSP ADULT FEE	3,123
PSYCH PARTIAL HOSP ADULT CHG	1,491
PSYCH PARTIAL HOSPITAL ADOL	1,947
O/P PSYCH VISITS ADULT FEE	9,558
O/P PSYCH VISITS ADULT CHG	37,793
O/P PSYCH VISITS ADOLESCENT	114,172
TOTAL PSYCH CLINICS	200,403
D.B.HERSH CLINIC	8,944
PEDIATRIC HEALTH CENTER	7,752
WOMENS HEALTH CENTER	21,139
WOUND HEALING CENTER	4,277
MEDICAL CLINIC (EID)	1,513
TOTAL MEDICAL CLINICS	43,625
TOTAL CLINICS	244,028
CANCER CENTER	
OFFICE VISITS	7,366
INFUSION TREATMENTS	8,616
RADIATION TREATMENTS	4,972
CANCER CENTER TOTAL	20,954
PRIVATE AMBULATORY	
SLEEP CENTER	1,296
OTHER PRIVATE REFFERRED (1)	58,786
TOTAL PRIVATE AMBULATORY	60,082
O/P RENAL TREATMENTS	
O/P HEMODIALYSIS	20,622
HOME DIALYSIS	443
LINDEN SATELLITE	13,083
TOTAL RENAL TREATMENTS	34,148
MICU RUNS	3,605
AMBULANCE RUNS	6,034
TOTAL O/P VISITS (INCLUDING SDS)	436,635
CARDIAC CATH LAB O/P	
CARDIAC CATHS (2)	585
EMERGENCY ANGIOPLASTY (3)	0
ELECTIVE ANGIOPLASTY	165
VASCULAR CASES	44
TOTAL	794

Trinitas Regional Medical Center Obligated Group

Debt Service Calculation Certificate

(Twelve Month Rolling Average)

(Unaudited)

		December 2016
Funds Available for Debt Service		
Net increase in unrestricted net assets	$	17,462,645
Reconciling items:		
Depreciation and amortization		10,830,287
Interest		6,540,570
Net assets released from restrictions used for purchase of property and equipment		(6,271,604)
Loss on bond refinancing		122,080
Change in fair value of interest rate swaps		533,073
Change in net unrealized gains and losses on investments other than trading securities		(2,564,554)
Total	$	26,652,497
Maximum annual debt service	$	12,649,113
Actual ratio		2.11
Required ratio		1.25

Trinitas Regional Medical Center Obligated Group

Cushion Ratio Calculation Certificate
(Twelve Month Rolling Average)
(Unaudited)

		December 2016
Cushion Ratio		
Cash and investments	$	155,742,188
Internally designated funds		94,189,974
Total		249,932,162
Maximum Annual Debt Service		
Series 2007A, 2007B, and 2016A bonds payable	$	12,649,113
Notes payable		-
Total Maximum Annual Debt Service	$	12,649,113
Cushion ratio		19.76
Required ratio		1.25