

**Trinitas Regional Medical Center Obligated Group**  
Consolidated Balance Sheet  
At March 31, 2017 and December 31, 2016  
(Unaudited)

	March 2017	December 2016
<b>Assets</b>		
Current Assets:		
Cash and cash equivalents (includes certificates of deposit)	\$ 114,806,672	\$ 130,023,301
Assets whose use is limited	11,335,393	8,436,557
Patient accounts receivable (less allowance for doubtful collections of \$32,969,000 in 2017 and \$32,631,000 in 2016)	28,151,519	26,770,713
Other receivables	4,681,473	3,384,131
Other current assets	6,648,231	5,641,062
Total current assets	165,623,288	174,255,764
<b>Assets Whose Use is Limited and Investments</b>		
Assets whose use is limited:		
Internally designated	96,926,799	95,474,057
Other internally designated	7,185,441	6,711,884
Held by trustee under bond indentures	13,057,282	13,068,545
Donor restricted	3,055,391	3,084,982
Investments	28,847,736	28,597,341
Total assets whose use is limited and investments	149,072,649	146,936,809
<b>Beneficial Interest in Net Assets of Trinitas Health Foundation</b>		
	9,902,044	7,062,702
<b>Property and Equipment</b> (net of accumulated depreciation of \$245,398,000 in 2017 and \$242,451,000 in 2016)		
	86,916,203	87,230,946
<b>Other Assets</b>		
	5,484,148	5,484,628
Total	\$ 416,998,332	\$ 420,970,849
<b>Liabilities and Net Assets</b>		
Current Liabilities:		
Current portion of long-term debt	\$ 6,055,000	\$ 6,055,000
Accounts payable, construction payable and accrued expenses	24,329,376	26,308,168
Deferred revenue	4,237,477	5,542,064
Accrued bond interest payable	1,764,907	3,026,454
Accrued salaries and wages	3,411,033	5,992,441
Estimated settlements with third-party payors	13,538,476	16,501,567
Total current liabilities	53,336,269	63,425,694
<b>Estimated Settlements with Third-party Payors</b>	46,404,543	46,892,222
<b>Long-Term Debt</b>	118,507,678	118,532,642
<b>Other Long-Term Liabilities</b>	16,646,422	16,223,842
Total liabilities	234,894,912	245,074,400
<b>Net Assets</b>		
Unrestricted	169,145,980	165,748,761
Temporarily restricted	9,799,543	7,006,894
Permanently restricted	3,157,897	3,140,794
Total net assets	182,103,420	175,896,449
Total	\$ 416,998,332	\$ 420,970,849

**Trinitas Regional Medical Center Obligated Group**  
Consolidated Statement of Operations  
For the Three Months Ended March 31, 2017 and 2016  
(Unaudited)

	March 2017	March 2016
<b>Revenues</b>		
Net patient service revenue (net of contractual allowances, charity care and discounts)	\$ 61,363,185	\$ 59,571,622
Provision for bad debts	(3,995,383)	(4,094,566)
Net patient service revenue less provision for bad debts	57,367,802	55,477,056
Other revenue	16,412,723	17,558,688
Net assets released from restrictions used for operations	153,756	284,145
Total revenues	73,934,281	73,319,889
<b>Expenses</b>		
Salaries and wages	34,221,524	34,001,577
Employee benefits	7,004,164	6,468,916
Supplies and other	27,594,735	27,575,147
Depreciation	2,946,706	3,062,237
Interest	1,571,127	1,640,871
Total expenses	73,338,256	72,748,748
<b>Operating Income</b>	596,025	571,141
<b>Nonoperating Gains and Losses</b>		
Interest, dividends and other	947,798	995,325
Net realized gains and losses on investments	475,076	(59,417)
Change in fair value of interest rate swaps	-	(363,128)
Total nonoperating gains and losses	1,422,874	572,780
<b>Revenues in Excess of Expenses</b>	2,018,899	1,143,921
<b>Change in Net Unrealized Gains and (Losses) on Investments Other Than Trading Securities</b>	403,620	1,793,729
<b>Net Assets Released From Restrictions Used for Purchase of Property and Equipment</b>	974,700	1,230,132
<b>Increase in Unrestricted Net Assets</b>	\$ 3,397,219	\$ 4,167,782

**Trinitas Regional Medical Center Obligated Group**  
 Consolidated Statement of Changes in Net Assets  
 For the Three Months Ended March 31, 2017 and 2016  
 (Unaudited)

	March 2017	March 2016
<b>Unrestricted Net Assets</b>		
Revenues in excess of expenses	\$ 2,018,899	\$ 1,143,921
Change in net unrealized gains and losses on investments other than trading securities	403,620	1,793,729
Net assets released from restrictions used for purchase of property and equipment	974,700	1,230,132
Increase (decrease) in unrestricted net assets	3,397,219	4,167,782
<b>Temporarily Restricted Net Assets</b>		
Contributions	1,093,455	1,367,307
Net assets released from restrictions	(1,128,456)	(1,514,277)
Change in beneficial interest in net assets of Trinitas Health Foundation	2,827,650	(526,264)
Increase (decrease) in temporarily restricted net assets	2,792,649	(673,234)
<b>Permanently Restricted Net Assets</b>		
Change in beneficial interest in net assets of Trinitas Health Foundation	11,692	3,493
Change in net unrealized gains and losses on investments other than trading securities	5,411	19,478
Increase (decrease) in permanently restricted net assets	17,103	22,971
<b>Increase (Decrease) in Net Assets</b>	6,206,971	3,517,519
<b>Net Assets</b>		
Beginning of year	175,896,449	159,209,083
End of year	\$ 182,103,420	\$ 162,726,602

**Trinitas Regional Medical Center Obligated Group**  
Consolidated Statement of Cash Flows  
For the Three Months Ended March 31, 2017 and 2016  
(Unaudited)

	March 2017	March 2016
<b>Cash Flows from Operating Activities</b>		
Increase in net assets	\$ 6,206,971	\$ 3,517,519
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Provision for bad debts	3,995,383	4,094,566
Depreciation	2,946,694	3,062,237
Amortization of deferred financing costs	53,706	41,985
Amortization of deferred bond premium	(78,669)	(16,830)
Restricted contributions for capital additions	(974,700)	(1,230,132)
Change in beneficial interest in unrestricted net assets of		
Change in fair value of interest rate swaps	-	363,128
Change in net unrealized gains and losses on other than trading securities	(403,620)	(1,793,729)
Net realized gains and losses on investments	(475,076)	59,417
Change in beneficial interest in net assets of Trinitas Health Foundation	(2,839,342)	522,771
Change in assets and liabilities:		
Patient accounts receivable	(5,376,189)	(2,957,462)
Other receivables	(1,297,342)	(2,044,171)
Other current assets and other assets	(1,064,728)	(1,060,011)
Accounts payable, construction payable and accrued expenses	(1,920,753)	(1,241,800)
Deferred revenue	(1,304,587)	(1,709,938)
Accrued bond interest payable	(1,261,547)	(1,531,267)
Accrued salaries and wages	(2,581,408)	(2,030,984)
Estimated settlements with third-party payors	(3,450,770)	2,273,742
Other long-term liabilities	422,580	(48,343)
Net cash provided by (used in) operating activities	(9,403,397)	(1,729,302)
<b>Cash Flows from Investing Activities</b>		
Acquisition of property and equipment and construction	(2,631,951)	(1,777,937)
Purchases of investments and assets whose use is limited, net	(4,155,980)	(635,314)
Net cash provided by (used in) investing activities	(6,787,931)	(2,413,251)
<b>Cash Flows from Financing Activities</b>		
Restricted contributions for capital additions	974,699	1,230,132
Repayment of long-term debt	-	(484,132)
Net cash Provided by (used in) financing activities	974,699	746,000
<b>Net Increase (Decrease) in Cash and Cash Equivalents</b>	(15,216,629)	(3,396,553)
<b>Cash and Cash Equivalents, Beginning</b>	130,023,301	125,157,730
<b>Cash and Cash Equivalents, Ending</b>	\$ 114,806,672	\$ 121,761,177
<b>Supplemental Disclosure of Cash Flow Information,</b>		
Interest paid	\$ 2,857,706	\$ 3,138,175

**Trinitas Regional Medical Center Obligated Group**

Notes to Consolidated Financial Statements

March 31, 2017

(Unaudited)

**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 March 31, 2017 and December 31, 2016, its result of operations and its changes in net assets and cash flows for the three months ended March 31, 2017 and 2016 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, 2016.

**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

**Trinitas Regional Medical Center Obligated Group**

Notes to Consolidated Financial Statements

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(Unaudited)

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 91.3% of self-pay accounts receivable at March 31, 2017 from 92.5% of self-pay accounts receivable at December 31, 2016. The Medical Center had not changed its financial assistance policy in 2017.

**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 March 31, 2017 and 2016 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
March 31, 2017	\$ 18,278,103	\$ 21,557,190	\$ 16,519,688	\$ 5,008,204	\$ 61,363,185
March 31, 2016	\$ 18,051,115	\$ 20,697,044	\$ 15,736,909	\$ 5,086,554	\$ 59,571,622

**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

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President of the United States signed an executive order stating the administration's 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 statutes 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 April 28, 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 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.

In August 2016, the FASB issued ASU No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. The new guidance is intended to improve and simplify the current net asset classification requirements and information presented in financial statements and notes that is useful in assessing a not-for-profit's liquidity, financial performance and cash flows. ASU 2016-14 is effective for the fiscal year beginning July 1, 2018, with early adoption permitted. ASU 2016-14 is to be applied retroactively with transition provisions. The Medical Center has not yet determined the impact of adoption of ASU No. 2016-14 on its financial statements.

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Notes to Consolidated Financial Statements

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**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 three months ended March 31, 2017 and 2016, 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 three months ended March 31, 2017 and 2016 are as follows:

	<u>2017</u>	<u>2016</u>
Charity care	\$ 8,086,167	\$ 8,376,393
Delivery System Reform Incentive Payment	1,115,489	1,709,010
Mental health	452,878	422,956
Total	<u>\$ 9,654,534</u>	<u>\$ 10,508,359</u>

In July 2016, the Medical Center received \$2,602,760 as the bonus incentive for the Delivery System Reform Incentive Payment. Management has reviewed the data used in the calculation and has filed an appeal in March 2017. The outcome of the appeal is not known.

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

**Trinitas Regional Medical Center Obligated Group**

Notes to Consolidated Financial Statements

March 31, 2017

(Unaudited)

definition of charity care is in accordance with state regulations and includes services provided at no charge to the uninsured or underinsured.

**10. Forward Delivery Agreement**

In October 2016, the Medical Center entered into a Forward Delivery Agreement. On April 3, 2017, as part of this agreement, the Medical Center issued \$82,970,000 in Series 2017A, Refunding Bonds. 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 were used to refund Series 2007A and Series 2007B bonds.

**11. 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 March 31, 2017 and 2016, 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 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 three months ended March 31, 2017 and 2016, the amounts recognized as non-operating revenue were \$0, respectively, in the consolidated statement of operations.

**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 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 three months ended March 31, 2017 and 2016, the Medical Center incurred costs for the project in the amount of \$1,519,175 and \$1,971,631, respectively. The project began in the summer of 2015 and is expected to be completed, other than elevators, in 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, effective January 2016. However, if applicable State legislation is approved, the Medical Center will be required to pay the higher amount of the legislation or agreement.

***Trinitas Regional Medical Center Obligated Group***

Notes to Consolidated Financial Statements

March 31, 2017

(Unaudited)

**14. Cogeneration Energy Project**

The Medical Center has submitted an application and has received preliminary approval from the Energy Resilience Bank ("ERB"), for a plant electrical and steam generation project. The project would provide additional energy production which will be powered by natural gas during prolonged electrical outages. The project has an estimated cost of \$10.1 million. The financing of the project would consist of a combination of grants for \$6.6 million and a loan from the Department of Housing and Urban Development ("HUD") for approximately \$3.5 million. A portion of the grants, approximately \$520,000 will have to be repaid over ten years, interest free. Final construction and engineering costs have not yet been obtained as well as final approval, from ERB and HUD, which is expected in the second half of 2017.

**TRINITAS REGIONAL MEDICAL CENTER  
2017 BUDGET COMPARATIVE  
INPATIENT STATISTICS**

	2017 ACTUAL TOTAL	2016 ACTUAL TOTAL
<b>ADMISSIONS</b>		
MEDICAL	1,909	2,046
SURGICAL	416	436
OBSTETRICS	483	532
NEWBORN	471	507
ADULT & ED PSYCH	413	415
ADOLESCENT PSYCH	152	131
DEVELOP DISABLED	71	79
	<u>3,915</u>	<u>4,146</u>
SAME DAY SURGERY	1,260	1,403
	<u>5,175</u>	<u>5,549</u>
INTERMEDIATE PSYCH	48	52
RESIDENTIAL UNIT	3	3
LONG TERM CARE	101	85
	<u>152</u>	<u>140</u>
<b>PATIENT DAYS</b>		
MEDICAL	9,742	9,881
SURGICAL	3,056	3,144
OBSTETRICS	1,360	1,471
NEWBORN	1,469	1,498
ADULT & ED PSYCH	4,034	3,634
ADOLESCENT PSYCH	1,214	1,105
DEVELOP DISABLED	785	789
	<u>21,660</u>	<u>21,522</u>
SAME DAY SURGERY	1,260	1,403
	<u>22,920</u>	<u>22,925</u>
INTERMEDIATE PSYCH	1,838	1,996
RESIDENTIAL UNIT	1,326	1,326
LONG TERM CARE	10,631	10,894
	<u>13,795</u>	<u>14,216</u>
<b>ALOS</b>		
MEDICAL	5.1	4.8
SURGICAL	7.3	7.2
OBSTETRICS	2.8	2.8
NEWBORN	3.1	3.0
ADULT & ED PSYCH	9.8	8.8
ADOLESCENT PSYCH	8.0	8.4
DEVELOP DISABLED	11.1	10.0
TOTAL W/O SDS	<u>5.5</u>	<u>5.2</u>
INTERMEDIATE PSYCH	38.3	38.4
RESIDENTIAL UNIT	442.0	442.0
LONG TERM CARE	105.3	128.2
	<u>90.8</u>	<u>101.5</u>
<b>CARDIAC CATH LAB I/P</b>		
CARDIAC CATHS	95	
EMERGENCY ANGIO	14	
ELECTIVE ANGIO	28	
VASCULAR	10	
TOTAL	<u>147</u>	

**TRINITAS REGIONAL MEDICAL CENTER  
2017 BUDGET COMPARATIVE  
OUTPATIENT STATISTICS**

	2017 ACTUAL YTD	2016 ACTUAL YTD
<b>EMERGENCY ROOM</b>		
NEWPOINT-PSYCH O/P VISITS	514	431
WILLIAMSON O/P VISITS	13,960	15,106
TOTAL O/P	<u>14,474</u>	<u>15,537</u>
NEWPOINT ADMISSIONS	433	476
WILLIAMSON ADMISSIONS	1,942	2,104
TOTAL ADMISSIONS	<u>2,375</u>	<u>2,580</u>
% Total ADMISSIONS FROM ER	60.66%	62.23%
TOTAL EMERGENCY ROOM VISITS	<u>16,849</u>	<u>18,117</u>
<b>OBSERVATION</b>		
WSC OBSERVATON CASES	343	392
NPC OBSERVATON CASES	66	82
TOTAL OBSERVATION	<u>409</u>	<u>474</u>
<b>CLINICS</b>		
ALCOHOL CLINIC	7,602	9,266
PSYCH PARTIAL HOSP ADULT FEE	440	601
PSYCH PARTIAL HOSP ADULT CHG	1,091	425
PSYCH PARTIAL HOSPITAL ADOL	366	572
O/P PSYCH VISITS ADULT FEE	5,132	2,736
O/P PSYCH VISITS ADULT CHG	6,282	10,002
O/P PSYCH VISITS ADOLESCENT	33,323	30,594
TOTAL PSYCH CLINICS	<u>54,236</u>	<u>54,196</u>
D.B.HERSH CLINIC	2,200	2,284
PEDIATRIC HEALTH CENTER	1,707	2,279
WOMENS HEALTH CENTER	5,111	5,558
WOUND HEALING CENTER	1,002	1,179
MEDICAL CLINIC (EID)	372	375
TOTAL MEDICAL CLINICS	<u>10,392</u>	<u>11,675</u>
TOTAL CLINICS	<u>64,628</u>	<u>65,871</u>
<b>CANCER CENTER</b>		
OFFICE VISITS	1,851	1,997
INFUSION TREATMENTS	2,135	2,183
RADIATION TREATMENTS	1,170	1,224
CANCER CENTER TOTAL	5,156	5,404
<b>PRIVATE AMBULATORY</b>		
SLEEP CENTER	330	317
OTHER PRIVATE REFERRED (1)	13,865	14,146
TOTAL PRIVATE AMBULATORY	14,195	14,463
<b>O/P RENAL TREATMENTS</b>		
O/P HEMODIALYSIS	5,093	4,629
HOME DIALYSIS	288	0
LINDEN SATELLITE	3,122	3,125
TOTAL RENAL TREATMENTS	<u>8,503</u>	<u>7,754</u>
AMBULANCE RUNS	1,620	1,388
SCTU RUNS	49	0
MICU RUNS	934	914
SDS (FROM IP SCHEDULE)	1,260	1,403
TOTAL O/P VISITS (INCLUDING SDS)	<u>111,228</u>	<u>113,208</u>
<b>CARDIAC CATH LAB O/P</b>		
CARDIAC CATHS	117	
ELECTIVE ANGIOPLASTY	29	
VASCULAR CASES	9	
TOTAL	<u>155</u>	

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

		March 2017
<b>Funds Available for Debt Service</b>		
Net increase in unrestricted net assets	\$	16,692,082
Reconciling items:		
Depreciation and amortization		10,714,756
Interest		6,470,826
Net assets released from restrictions used for purchase of property and equipment		(6,016,172)
Loss on bond refinancing		655,153
Change in fair value of interest rate swaps		(363,128)
Change in net unrealized gains and losses on investments other than trading securities		(1,174,445)
<b>Total</b>	<b>\$</b>	<b>26,979,072</b>
<b>Maximum annual debt service</b>	<b>\$</b>	<b>12,649,113</b>
<b>Actual ratio</b>		2.13
<b>Required ratio</b>		1.25

**Trinitas Regional Medical Center Obligated Group**

Cushion Ratio Calculation Certificate

(Twelve Month Rolling Average)

(Unaudited)

	<u>March 2017</u>
<b>Cushion Ratio</b>	
Cash and investments	\$ 154,235,027
Internally designated funds	<u>95,379,420</u>
<b>Total</b>	<u>\$ 249,614,446</u>
<b>Maximum annual debt service</b>	
Series 2007A, 2007B, and 2016A bonds payable	<u>\$ 12,649,113</u>
<b>Total maximum annual debt service</b>	<u>\$ 12,649,113</u>
<b>Cushion ratio</b>	19.73
<b>Required ratio</b>	1.25