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

	December 2017	December 2016
Assets		
Current Assets:		
Cash and cash equivalents (includes certificates of deposit)	$ 132,741,105	$ 130,023,301
Assets whose use is limited	4,789,990	8,436,557
Patient accounts receivable (less allowance for doubtful collections of $26,589,000 in 2017 and $32,631,000 in 2016)	20,602,274	26,770,713
Other receivables	2,596,572	3,384,131
Other current assets	6,105,115	5,641,062
Total current assets	166,835,056	174,255,764
Assets Whose Use is Limited and Investments		
Assets whose use is limited:		
Internally designated	101,660,141	95,474,057
Other internally designated	8,451,871	6,711,884
Held by trustee under bond indentures	-	13,068,545
Donor restricted	3,028,167	3,084,982
Investments	29,829,519	28,597,341
Total assets whose use is limited and investments	142,969,698	146,936,809
Beneficial Interest in Net Assets of Trinitas Health Foundation	9,759,389	7,062,702
Property and Equipment (net of accumulated depreciation of $252,944,000 in 2017 and $242,451,000 in 2016)	86,120,548	87,230,946
Other Assets	5,851,315	5,484,628
Total	$ 411,536,006	$ 420,970,849
Liabilities and Net Assets		
Current Liabilities:		
Current portion of long-term debt	$ 5,065,000	$ 6,055,000
Accounts payable, construction payable and accrued expenses	24,496,220	26,308,168
Deferred revenue	7,330,546	5,542,064
Accrued bond interest payable	2,241,000	3,026,454
Accrued salaries and wages	5,994,526	5,992,441
Estimated settlements with third-party payors	13,071,014	16,501,567
Total current liabilities	58,198,306	63,425,694
Estimated Settlements with Third-party Payors	42,523,171	46,892,222
Long-Term Debt	95,220,237	118,532,642
Other Long-Term Liabilities	18,378,339	16,223,842
Total liabilities	214,320,053	245,074,400
Net Assets		
Unrestricted	184,428,392	165,748,761
Temporarily restricted	9,514,673	7,006,894
Permanently restricted	3,272,888	3,140,794
Total net assets	197,215,953	175,896,449
Total	$ 411,536,006	$ 420,970,849

Trinitas Regional Medical Center Obligated Group
Consolidated Statement of Operations
For the Years Ended December 31, 2017 and 2016
(Unaudited)

	December 2017	December 2016
Revenues		
Net patient service revenue (net of contractual allowances, charity care and discounts)	$ 246,122,448	$ 243,847,105
Provision for bad debts	(16,907,577)	(15,961,302)
Net patient service revenue less provision for bad debts	229,214,871	227,885,803
Other revenue	66,787,624	68,606,506
Net assets released from restrictions used for operations	749,362	1,026,473
Total revenues	296,751,857	297,518,782
Expenses		
Salaries and wages	137,453,014	136,253,521
Employee benefits	27,281,250	27,488,850
Supplies and other	111,810,524	112,041,432
Depreciation	10,492,885	10,830,287
Interest and amortization	4,605,166	6,540,570
Total expenses	291,642,839	293,154,660
Operating Income	5,109,018	4,364,122
Nonoperating Gains and Losses		
Interest, dividends and other	3,423,425	3,580,134
Net realized gains and losses on investments	2,277,397	692,290
Loss on bond refinancing	(1,238,343)	(655,153)
Total nonoperating gains and losses	4,462,479	3,617,271
Revenues in excess of expenses before medicare/medicaid meaningful use funds	9,571,497	7,981,393
Medicare/medicaid meaningful use funds	-	645,094
Revenues in excess of expenses	9,571,497	8,626,487
Change in Net Unrealized Gains and (Losses) on Investments Other Than Trading Securities	3,251,228	2,564,554
Net Assets Released From Restrictions Used for Purchase of Property and Equipment	5,856,906	6,271,604
Increase in Unrestricted Net Assets	$ 18,679,631	$ 17,462,645

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

	December 2017	December 2016
Unrestricted Net Assets		
Revenues in excess of expenses	$ 9,571,497	$ 8,626,487
Change in net unrealized gains and losses on investments other than trading securities	3,251,228	2,564,554
Net assets released from restrictions used for purchase of property and equipment	5,856,906	6,271,604
Increase (decrease) in unrestricted net assets	18,679,631	17,462,645
Temporarily Restricted Net Assets		
Contributions	6,520,726	7,060,073
Interest and dividends	10,332	14,465
Net assets released from restrictions	(6,606,268)	(7,298,077)
Change in beneficial interest in net assets of Trinitas Health Foundation	2,582,989	(657,370)
Increase (decrease) in temporarily restricted net assets	2,507,779	(880,909)
Permanently Restricted Net Assets		
Change in beneficial interest in net assets of Trinitas Health Foundation	113,698	73,168
Change in net unrealized gains and losses on investments other than trading securities	18,396	32,462
Increase (decrease) in permanently restricted net assets	132,094	105,630
Increase (Decrease) in Net Assets	21,319,504	16,687,366
Net Assets		
Beginning of year	175,896,449	159,209,083
End of year	$ 197,215,953	$ 175,896,449

Trinitas Regional Medical Center Obligated Group
Consolidated Statement of Cash Flows
For the Years Ended December 31, 2017 and 2016
(Unaudited)

	December 2017	December 2016
Cash Flows from Operating Activities		
Increase in net assets	$ 21,319,504	$ 16,687,366
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Provision for bad debts	16,907,577	15,961,302
Depreciation	10,492,885	10,830,287
Loss from bond refinancing	1,238,343	655,153
Amortization of deferred financing costs	127,514	181,457
Amortization of deferred bond premium	(1,136,402)	(129,468)
Restricted contributions for capital additions	(5,856,906)	(6,271,604)
Change in net unrealized gains and losses on other than trading securities	(3,251,228)	(2,564,554)
Net realized gains and losses on investments	(2,277,397)	(692,290)
Change in beneficial interest in net assets of Trinitas Health Foundation	(2,696,687)	584,202
Change in assets and liabilities:		
Patient accounts receivable	(10,739,138)	(18,367,383)
Other receivables	787,559	(757,881)
Other current assets and other assets	(1,063,802)	(123,403)
Accounts payable, construction payable and accrued expenses	(1,578,887)	2,033,571
Deferred revenue	1,788,482	346,899
Accrued bond interest payable	(1,738,012)	26,938
Accrued salaries and wages	2,085	798,344
Estimated settlements with third-party payors	(7,799,604)	4,518,817
Other long-term liabilities	2,154,497	(3,161,239)
Net cash provided by (used in) operating activities	16,680,383	20,556,514
Cash Flows from Investing Activities		
Acquisition of property and equipment and construction	(9,382,487)	(11,214,695)
Purchases of investments and assets whose use is limited, net	13,142,303	(6,519,000)
Net cash provided by (used in) investing activities	3,759,816	(17,733,695)
Cash Flows from Financing Activities		
Restricted contributions for capital additions	5,856,906	6,271,604
Repayment of long-term debt	(7,140,000)	(7,339,132)
Payment of debt issuance costs	(182,529)	(541,515)
Proceeds from refunding and revenue bonds	93,418,228	16,016,795
Repayment of Series 2007 bonds	(109,675,000)	(12,365,000)
Net cash Provided by (used in) financing activities	(17,722,395)	2,042,752
Net Increase (Decrease) in Cash and Cash Equivalents	2,717,804	4,865,571
Cash and Cash Equivalents, Beginning	130,023,301	125,157,730
Cash and Cash Equivalents, Ending	$ 132,741,105	$ 130,023,301
Supplemental Disclosure of Cash Flow Information, Interest paid	$ 4,378,113	$ 6,430,884

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, Trinitas Health Services Corporation and subsidiary, and Trinitas Health Foundation and Affiliate (the "Foundation"). Only the Medical Center's financial statements and its subsidiaries including Trinitas Physicians Practice, 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, 2017 and 2016, its result of operations and its changes in net assets and cash flows for the years ended December 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 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 was 92.5% of self-pay accounts receivable at December 31, 2017 and 2016, respectively. 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 December 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
December 31, 2017	$ 74,921,850	$ 87,852,420	$ 63,758,070	$ 19,590,108	$ 246,122,448
December 31, 2016	$ 71,258,753	$ 89,460,734	$ 64,773,749	$ 18,353,869	$ 243,817,105

5. Healthcare Payment Proposals

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.

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 12, 2018, 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 January 2016, the FASB issued ASU No. 2016-01, *Recognition and Measurement of Financial Assets and Liabilities (Subtopic 825-10)*. The new guidance requires equity investments (except equity method investments or those that result in consolidation) to be measured at fair value with changes in fair value recognized in net income. ASU 2016-01 further eliminates the requirement for public business entities to disclose the methods and significant assumptions used to estimate the fair value that is required to be disclosed for financial instruments measured at amortized costs on the balance sheet. Finally, ASU 2016-01 requires other specific investment presentation and disclosures in the financial statements for certain financial instruments. ASU 2016-01 is effective for the fiscal year ending December 31, 2018. The Medical Center has not yet determined the impact of adoption of ASU No. 2016-01 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.

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, 2014.

Revenue received under third-party arrangements is subject to audit and retroactive adjustments. Net patient service revenue on the consolidated statement of operations includes a positive adjustment of $1,447,643 and $0 for the years ended December 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 years ended December 31, 2017 and 2016 are as follows:

	2017	2016
Charity care	$ 30,744,894	$ 32,925,120
Delivery System Reform Incentive Payment	6,339,569	5,342,374
Mental health	1,811,511	1,781,590
Total	$ 38,895,974	$ 40,049,084

The Medical Center received a bonus incentive in the amount of $7,789,257 for Year 5 and an appeal for Year 4 in October 2017 and a bonus incentive in the amount of $2,602,760 for Year 4 in July 2016 for the Delivery System Reform Incentive Payment (DSRIP), whereby, the amount is amortized over the DSRIP fiscal year ending June 30, 2018 and 2017, respectively.

For the years ended December 31, 2017 and 2016, the bonus incentive payment in the amount of $3,894,629 and $1,041,104 was recognized in other revenue in the consolidated statement of operations, respectively, and the remainder in the amount of $3,894,628 and $1,561,656 was recognized as deferred revenue in balance sheet, respectively.

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. Long-term Debt

On April 3, 2017, the Authority issued, on behalf of the Medical Center, $82,970,000 in Refunding Bonds, Series 2017A (the "Series 2017A Bonds"), at an interest rate of 5% percent. The proceeds from the sale of the Series 2017A Bonds combined with the debt service reserve funds were released by the trustee relating to the Series 2007A Bonds and Series 2007B Bonds, and used to refund Series 2007A Bonds and Series 2007B Bonds and pay debt issuance costs. The Medical Center will be required to fund the principal and interest payments on the bonds. The principal amounts are payable annually on July 1, and interest is payable semiannually on January 1 and July 1 through 2030. The Series 2017A Bonds are collateralized by substantially all of the Obligated Group's property and equipment and gross receipts. The 2017A Bonds refinanced and extinguished the 2007 Bonds resulting in a loss on bond refinancing in the amount of $1,238,343 reflected in the consolidated statement of operations.

In October 2016, the Authority issued, on behalf of the Medical Center, $13,810,000 of tax-exempt Refunding and Revenue Bonds, Series 2016A (the "Series 2016A Bonds"), bearing interest rates between 4% (for July 2017 only) and 5% (for all other maturities) . The proceeds from the sale of the Series 2017A Bonds were used to refund the Series 2006 Bonds and pay for debt issuance costs. The Medical Center will be required to fund the principal and interest payments on the bonds. The principal amounts are payable annually on July 1, and interest is payable semiannually on January 1 and July 1 through 2030. The Series 2016A Bonds are collateralized by substantially all of the Obligated Group's property and equipment and gross receipts. The 2016A Bonds refinanced and extinguished the 2016 Bonds resulting in a loss on bond refinancing in the amount of $655,153 reflected in the consolidated statement of operations.

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 December 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 $3.3 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, 2017 and 2016, $0 and $645,094 were recognized as non-operating revenue, 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 years ended December 31, 2017 and 2016, the Medical Center incurred costs for the project in the amount of $5,425,443 and $6,961,756, respectively. The Emergency Room department construction began in the summer of 2015 and was completed, other than for the elevators, on August 31, 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 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.

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 are being finalized for approval, from ERB and HUD, which is expected in 2018.

15. Connie Dwyer Breast Center

The Medical Center will begin construction of a donor funded $3 million state-of-the-art breast center in 2018. The Connie Dwyer Breast Center will provide an atmosphere, whereby, women of all cultures will be comfortable with a focus on helping insured, underinsured and underserved receive the best state-of-the-art care available.

16. Community Mental Health Center

The Medical Center has signed a non-binding letter of intent to acquire a community mental health center with the intention of further expanding its behavioral health services. The community mental health center operates an outpatient mental health clinic, outpatient addiction treatment center, adult partial care services program and employee assistance program. The Medical Center is currently conducting due diligence and expects, subject to the outcome, completion of the transaction is scheduled for 2018.

TRINITAS REGIONAL MEDICAL CENTER
2017 BUDGET COMPARATIVE
INPATIENT STATISTICS

	2017 ACTUAL TOTAL	2016 ACTUAL TOTAL
ADMISSIONS		
MEDICAL	6,926	7,806
SURGICAL	1,597	1,824
OBSTETRICS	1,720	2,139
NEWBORN	1,665	2,047
ADULT & ED PSYCH	1,699	1,638
ADOLESCENT PSYCH	500	481
DEVELOP DISABLED	300	302
	14,407	16,237
SAME DAY SURGERY	4,999	5,352
	19,406	21,589
INTERMEDIATE PSYCH	207	194
RESIDENTIAL UNIT	10	5
LONG TERM CARE	314	373
	531	572
PATIENT DAYS		
MEDICAL	34,711	36,078
SURGICAL	11,580	12,887
OBSTETRICS	4,721	5,920
NEWBORN	5,062	5,901
ADULT & ED PSYCH	16,224	15,911
ADOLESCENT PSYCH	4,770	4,137
DEVELOP DISABLED	3,161	3,070
	80,229	83,904
SAME DAY SURGERY	4,999	5,352
	85,228	89,256
INTERMEDIATE PSYCH	7,473	6,807
RESIDENTIAL UNIT	5,362	5,178
LONG TERM CARE	41,805	43,533
	54,640	55,518
ALOS		
MEDICAL	5.0	4.6
SURGICAL	7.3	7.1
OBSTETRICS	2.7	2.8
NEWBORN	3.0	2.9
ADULT & ED PSYCH	9.5	9.7
ADOLESCENT PSYCH	9.5	8.6
DEVELOP DISABLED	10.5	10.2
TOTAL W/O SDS	5.6	5.2
INTERMEDIATE PSYCH	36.1	35.1
RESIDENTIAL UNIT	536.2	1,035.6
LONG TERM CARE	133.1	116.7
	102.9	97.1
CARDIAC CATH LAB I/P		
CARDIAC CATHS	341	
EMERGENCY ANGIO	50	
ELECTIVE ANGIO	110	
VASCULAR	50	
TOTAL	551	

TRINITAS REGIONAL MEDICAL CENTER
2017 BUDGET COMPARATIVE
OUTPATIENT STATISTICS

	2017 ACTUAL YTD	2016 ACTUAL YTD
EMERGENCY ROOM		
NEWPOINT-PSYCH O/P VISITS	1,726	1,755
WILLIAMSON O/P VISITS	54,224	58,762
TOTAL O/P	55,950	60,517
NEWPOINT ADMISSIONS	1,806	1,736
WILLIAMSON ADMISSIONS	7,346	8,033
TOTAL ADMISSIONS	9,152	9,769
% Total ADMISSIONS FROM ER	63.52%	60.17%
TOTAL EMERGENCY ROOM VISITS	65,102	70,286
OBSERVATION		
WSC OBSERVATON CASES	1,807	1,590
NPC OBSERVATON CASES	227	325
TOTAL OBSERVATION	2,034	1,915
CLINICS		
ADULT OP SERVICES	76,392	79,670
PC (PARTIAL HOSP) SERVICES	8,056	6,561
CHILD/ADOL OP SERVICES	33,673	29,341
YIP (AFTER SCHOOL)	6,611	4,799
CO-OCCURRING SVCS	1,942	4,201
IOP SERVICES	2,305	3,100
OTHER SVCS. (NON ANNEX B)	69,647	72,731
TOTAL PSYCH CLINICS (1)	198,626	200,403
D.B.HERSH CLINIC	8,749	8,944
PEDIATRIC HEALTH CENTER	6,785	7,752
WOMENS HEALTH CENTER	20,873	21,139
WOUND HEALING CENTER	4,665	4,277
MEDICAL CLINIC (EID)	1,565	1,513
TOTAL MEDICAL CLINICS	42,637	43,625
TOTAL CLINICS	241,263	244,028
CANCER CENTER		
OFFICE VISITS	7,099	7,366
INFUSION TREATMENTS	7,995	8,616
RADIATION TREATMENTS	5,505	4,972
CANCER CENTER TOTAL	20,599	20,954
PRIVATE AMBULATORY		
SLEEP CENTER	1,277	1,296
OTHER PRIVATE REFFERRED (2)	57,264	58,786
TOTAL PRIVATE AMBULATORY	58,541	60,082
O/P RENAL TREATMENTS		
O/P HEMODIALYSIS	20,799	20,622
HOME DIALYSIS	1,587	443
LINDEN SATELLITE	12,633	13,083
TOTAL RENAL TREATMENTS	35,019	34,148
AMBULANCE RUNS	6,134	6,034
SCTU RUNS	242	0
MICU RUNS	3,706	3,605
SDS (FROM IP SCHEDULE)	4,999	5,352
TOTAL O/P VISITS (INCLUDING SDS)	428,487	436,635
CARDIAC CATH LAB O/P		
CARDIAC CATHS	453	
ELECTIVE ANGIOPLASTY	121	
VASCULAR CASES	16	
TOTAL	590	

Trinitas Regional Medical Center Obligated Group

Debt Service Calculation Certificate

(Twelve Month Rolling Average)

(Unaudited)

		December 2017
Funds Available for Debt Service		
Net increase in unrestricted net assets	$	18,679,631
Reconciling items:		
Depreciation		10,492,885
Interest and amortization		4,605,166
Net assets released from restrictions used for purchase of property and equipment		(5,856,906)
Loss on bond refinancing		1,238,343
Change in net unrealized gains and losses on investments other than trading securities		(3,251,228)
Total	$	25,907,891
Maximum annual debt service	$	9,549,000
Actual ratio		2.71
Required ratio		1.25

Trinitas Regional Medical Center Obligated Group

Cushion Ratio Calculation Certificate

(Twelve Month Rolling Average)

(Unaudited)

		December 2017
Cushion Ratio		
Cash and investments	$	151,579,036
Internally designated funds		99,290,915
Total	$	250,869,951
Maximum annual debt service		
Series 2016A and 2017A bonds payable	$	9,549,000
Total maximum annual debt service	$	9,549,000
Cushion ratio		26.27
Required ratio		1.25