Trinitas Regional Medical Center Obligated Group
Consolidated Balance Sheet
At June 30, 2019 and December 31, 2018
(Unaudited)

	June 2019	December 2018
Assets		
Current Assets:		
Cash and cash equivalents (includes certificates of deposit)	$ 127,712,192	$ 130,800,645
Assets whose use is limited	7,477,891	4,795,508
Patient accounts receivable, net	28,952,590	27,488,727
Other receivables	2,231,513	3,640,921
Other current assets	6,533,072	5,106,329
Total current assets	172,907,258	171,832,130
Assets Whose Use is Limited and Investments		
Assets whose use is limited:		
Internally designated	110,202,838	100,219,111
Other internally designated	9,980,745	8,619,129
Donor restricted	5,402,422	2,980,536
Investments	32,659,491	29,820,118
Total assets whose use is limited and investments	158,245,496	141,638,894
Beneficial Interest in Net Assets of Trinitas Health Foundation	6,503,127	7,590,940
Property and Equipment (net of accumulated depreciation of $269,241,000 and $263,598,000 in 2019 and 2018, respectively)	84,609,673	85,208,492
Right-of-Use Assets	11,163,450	-
Other Assets	7,829,602	7,808,425
Total	$ 441,258,606	$ 414,078,881
Liabilities and Net Assets		
Current Liabilities:		
Current portion of long-term debt	$ 5,315,000	$ 5,315,000
Accounts payable, construction payable and accrued expenses	23,597,503	23,600,591
Deferred revenue	741,503	5,730,237
Accrued bond interest payable	2,047,937	2,114,375
Accrued salaries and wages	7,156,824	6,867,900
Estimated settlements with third-party payors	7,477,432	8,498,718
Total current liabilities	46,336,199	52,126,821
Estimated Settlements with Third-party Payors	55,871,271	50,984,990
Long-Term Debt	88,006,326	88,731,361
Lease Liabilities	11,163,450	-
Other Long-Term Liabilities	21,637,357	20,348,999
Total liabilities	223,014,603	212,192,171
Net Assets		
Without donor restrictions	206,338,449	191,315,229
With donor restrictions	11,905,554	10,571,481
Total net assets	218,244,003	201,886,710
Total	$ 441,258,606	$ 414,078,881

Trinitas Regional Medical Center Obligated Group
Consolidated Statement of Operations
For the Six Months Ended June 30, 2019 and 2018
(Unaudited)

	June 2019	June 2018
Revenues		
Net patient service revenue	$ 117,639,542	$ 113,202,784
Other revenue	32,449,882	32,911,190
Net assets released from restrictions used for operations	362,501	275,322
Total revenues	150,451,925	146,389,296
Expenses		
Salaries and wages	70,222,389	67,960,631
Employee benefits	14,874,994	13,832,199
Supplies and other	58,068,492	57,145,514
Depreciation	5,642,968	5,689,905
Interest and amortization	1,325,193	1,550,957
Total expenses	150,134,036	146,179,206
Operating Income	317,889	210,090
Nonoperating Gains and Losses		
Interest, dividends and other	2,012,440	1,768,551
Net realized gains and losses on investments	276,087	419,412
Gain on bargain purchase	-	148,666
Change in unrealized gains and (losses) on investments	10,813,712	(3,554,921)
Total nonoperating gains and (losses)	13,102,239	(1,218,292)
Revenues and Nonoperating Gains Over (Under) Expenses	$ 13,420,128	$ (1,008,202)

Trinitas Regional Medical Center Obligated Group

Consolidated Statement of Changes in Net Assets

For the Six Months Ended June 30, 2019 and 2018

(Unaudited)

	June 2019	June 2018
Without Donor Restrictions:		
Revenues and nonoperating gains over (under) expenses	$ 13,420,128	$ (1,008,202)
Net assets released from restrictions used for purchase of property and equipment	1,603,092	514,272
Increase (decrease) in without donor restrictions net assets	15,023,220	(493,930)
With Donor Restrictions:		
Contributions	3,440,734	875,416
Grants	870,000	-
Interest and dividends	6,409	6,429
Change in unrealized gains and (losses) on investments	70,337	(42,202)
Net assets released from restrictions	(1,965,594)	(789,594)
Change in beneficial interest in net assets of Trinitas Health Foundation	(1,087,813)	960,084
Increase in with donor restrictions net assets	1,334,073	1,010,133
Increase in Net Assets	16,357,293	516,203
Net Assets		
Beginning of year	201,886,710	197,215,953
End of year	$ 218,244,003	$ 197,732,156

Trinitas Regional Medical Center Obligated Group
Consolidated Statement of Cash Flows
For the Six Months Ended June 30, 2019 and 2018
(Unaudited)

	June 2019	June 2018
Cash Flows from Operating Activities		
Increase (decrease) in net assets	$ 16,357,293	$ 516,203
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation	5,642,968	5,689,905
Lease expense	1,760,710	-
Amortization of deferred financing costs	38,413	39,632
Amortization of deferred bond premium	(763,448)	(666,363)
Restricted contributions for capital additions	(1,603,092)	(514,272)
Gain on bargain purchase	-	(160,036)
Change in net unrealized gains and losses on other than trading securities	(10,813,712)	3,554,921
Net realized gains and losses on investments	(276,087)	(419,412)
Change in beneficial interest in net assets of Trinitas Health Foundation	1,087,813	(960,084)
Change in assets and liabilities:		
Patient accounts receivable	(1,428,434)	778,829
Other receivables	1,373,979	(2,006,421)
Other current assets and other assets	(1,538,796)	(357,898)
Accounts payable, construction payable and accrued expenses	64,285	2,362,427
Deferred revenue	(4,988,734)	(5,399,744)
Accrued bond interest payable	(66,438)	(63,313)
Accrued salaries and wages	288,924	652,854
Estimated settlements with third-party payors	3,864,995	286,617
Other long-term liabilities	1,288,358	352,235
Lease payments	(1,737,207)	-
Net cash provided by operating activities	8,551,790	3,686,080
Cash Flows from Investing Activities		
Acquisition of property and equipment and construction	(5,044,149)	(5,630,467)
Purchases of investments and assets whose use is limited, net	(8,199,186)	(4,392,368)
Net cash used in investing activities	(13,243,335)	(10,022,835)
Cash Flows from Financing Activities		
Restricted contributions for capital additions	1,603,092	514,272
Net cash provided by financing activities	1,603,092	514,272
Net Decrease in Cash and Cash Equivalents	(3,088,453)	(5,822,483)
Cash and Cash Equivalents, Beginning	130,800,645	132,741,105
Cash and Cash Equivalents, Ending	$ 127,712,192	$ 126,918,622
Supplemental Disclosure of Cash Flow Information, Interest paid	$ 2,116,667	$ 2,241,000
Supplemental Disclosure of Non-Cash Investing and Financing Activities,		
Assets acquired through bargain purchase	$ -	$ 239,623
Long-term debt assumed through bargain purchase	$ -	$ 90,957

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.

Elizabeth General Medical Center and St. Elizabeth Hospital in 2000, 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 Marillac and 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 at June 30, 2019 and December 31, 2018, its result of operations and its changes in net assets and cash flows for the six months ended June 30, 2019 and 2018 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, 2018.

3. Net Patient Service Revenue

Patient care service revenues are recognized at the amount that reflects the consideration to which the Medical Center expects to be entitled to in exchange for providing patient care. These amounts are due from patients, third-party payors (including commercial and governmental programs), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews and investigations. Generally, the Medical Center bills the patients and third-party payors several days after the services are performed and/or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Medical Center. Revenue for performance obligations satisfied over time is recognized based on actual services incurred in relation to total expected (or actual) payments. The Medical Center believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients in the Medical Center receiving inpatient acute care services. The Medical Center measures the performance obligation from admission into the facility to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. Revenue for performance obligations satisfied at a point in time are recognized when services are provided and the Medical Center does not believe it is required to provide additional services to the patient.

Generally, because all the Medical Center's performance obligations relate to contracts with a duration of less than one year, the Medical Center has elected to apply the optional exemption provided in Accounting Standard Codification ("ASC") 606-10-50-14(a) and, therefore, the Medical Center is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The Medical Center determines the transaction price based on standard charges for services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Medical Center's policy, and /or implicit price concessions provided to uninsured patients. The Medical Center determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies and historical experience. The Medical Center determines its estimate of implicit price concessions based on its historical collection experience with this class of patients.

The composition of the Medical Center's patient care service revenue by payor (which excludes state subsidies) for the six months ended June 30, 2019 and 2018 is as follows:

	2019	2018
Medicare	$ 44,470,221	$ 43,493,168
Medicaid	43,730,258	40,347,621
Other third party payors	28,268,319	28,273,466
Self-pay and other	1,170,744	1,088,529
Total	$ 117,639,542	$ 113,202,784

The composition of patient care service revenue based on the Medical Center's lines of business (which excludes state subsidies) for six months ended June 30, 2019 and 2018 is as follows:

	2019	2018
Medical Center	$ 111,527,151	$ 107,158,385
Long-term care	3,211,567	3,128,474
Physicians practice	2,900,824	2,915,925
Total	$ 117,639,542	$ 113,202,784

Agreements with third-party payors typically provide for payments at amounts less than established charges. A summary of the payment arrangements with major third-party payors are as follows:

- Medicare: Certain inpatient acute care services are paid at prospectively determined rates per discharge based on clinical, diagnostic and other factors. Certain services are paid based on cost-reimbursement methodologies subject to certain limits. Physician services are paid based upon established fee schedules. Outpatient services are paid using prospectively determined rates. 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, 2015.

- Medicaid: Reimbursements for Medicaid services are generally paid at prospectively determined rates per discharge, per occasion of service or per covered member. Outpatient services are paid based on a cost reimbursement methodology. The Medical Center's Medicaid cost reports have been settled by the Medicaid fiscal intermediary through December 31, 2016.

- Other: Payment agreements with certain commercial managed care, Medicare and Medicaid managed care insurance carriers, health maintenance organizations and preferred provider organizations provide for payment using prospectively determined rates per discharge, or per diem, or discounts from established charges and prospectively determined daily rates.

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. As a result of investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Medical Center's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon the Medical Center. In addition, the contracts the Medical Center has with commercial payors also provide for retroactive audit and review of claims.

Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Medical Center's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews and investigations. Revenue received under third-party arrangements is subject to audit and retroactive adjustments. For the six months ended June 30, 2019 and 2018, respectively, \$489,000 and \$-0- was recorded as a positive transaction price adjustment in net patient service revenue in the consolidated statement of operations related to final settlements of prior year cost reports and other settlements.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Medical Center also provides services to uninsured patients, and offers those uninsured patients a discount, either by policy or law, from standard charges. The Medical Center estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction prices including bad debts is determined by reducing the standard charge by any contractual adjustments, discounts and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue including bad debts in the period of the change. For the six months ended June 30, 2019 and 2018, revenue was increased by $447,492 and decreased by $814,258, respectively, due to changes in estimates of implicit price concessions for performance obligations satisfied in prior years.

Consistent with the Medical Center's mission, care is provided to patients regardless of their ability to pay. Therefore, the Medical Center has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Medical Center expects to collect based on its collection history with those patients.

The Medical Center disaggregates revenue from contracts with customers by type of service and payor source as this depicts the nature, amount, timing and uncertainty of its revenue and cash flows as affected by economic factors.

4. 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.

5. Subsequent Events

The Medical Center evaluated subsequent events for recognition or disclosure through August 1, 2019, the date the financial statements were available to be issued.

6. New Accounting Pronouncements

Revenue Recognition

In 2018, the Medical Center adopted the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2014-09, *Revenue from Contracts with Customers (Topic 606)* using the full retrospective approach. ASU No. 2014-09 supersedes the revenue recognition requirements in Topic 605, Revenue Recognition, and most industry-specific guidance. The core principle under ASU No. 2014-09 is that revenues are recognized to depict the transfer of promised goods or services to customers (patients) in an amount that reflects the consideration at which the entity expects to be entitled in exchange for those goods or services. Additionally, ASU No. 2014-09 requires enhanced disclosures of revenue arrangements.

The most significant impact of adopting the new standard is within the consolidated statements of operations. Certain patient activity where collections was uncertain, previously included as net patient service revenue and separately recorded as the provision for bad debts, no longer meets the criteria for revenue recognition. Accordingly, net patient service revenue has been reduced by the amounts previously reported as the provision for bad debts and accordingly the provision for bad debts has been eliminated. Such patient activity, previously reported as the provision for bad debts (representing approximately $9.0 million and $8.0 million for the six months ended June 30, 2019 and 2018, respectively) is now classified as an implicit price concession. In addition, the Medical Center eliminated the related presentation of the allowance for doubtful accounts (representing approximately $21.6 million and $27.9 million for the six months ended June 30, 2019 and 2018, respectively) on the consolidated balance sheet as a result of the adoption of the new standard.

Financial Assets and Liabilities
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. Finally, ASU 2016-01 requires other specific investment presentation and disclosures in the consolidated financial statements for certain financial instruments. In 2018, the Medical Center adopted ASU No. 2016-01 on its consolidated financial statements. In addition, the Medical Center changed its accounting policy for its debt securities from available for sale to trading securities, whereby, equity and debt securities are combined in unrealized gains and losses in the consolidated statement of operations. As part of the adoption of ASU No. 2016-01 and the change in accounting policy, the Medical Center reported its changes in unrealized gains and (losses) on investments in the amounts of $10,813,712 and ($3,554,921) to be included in non-operating gains (losses) within revenues in excess of expenses for the six months ended June 30, 2019 and 2018, respectively.

Presentation of Financial Statements of Not-for-Profit Entities
In August 2016, the FASB issued ASU No. 2016-14, Not-for-Profit Entities (Topics 958): Presentation of Financial Statements of Not-for-Profit Entities and Liquidity and Availability of Resources. 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. In 2018, the Medical Center adopted ASU No. 2016-14 on its consolidated financial statements. The Medical Center has adjusted the presentation of these consolidated financial statements accordingly. ASU No. 2016-14 has been applied retrospectively to all periods presented. The new standard changes the following aspects of the financial statements:

- The unrestricted net assets class has been renamed Net Assets Without Donor Restrictions;
- The temporarily and permanently restricted net asset classes have been combined into a single net asset class called Net Assets with Donor Restrictions;
- The financial statements include a disclosure about liquidity and availability of resources at June 30, 2019 and 2018 (Note 7).
- The functional expense disclosure for 2019 and 2018 includes expenses reported both by nature and function (Note 9).

Leases

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 has retrospectively adopted the guidance in ASU No. 2016-02 for years beginning after December 15, 2018. The Medical Center has determined that as a result of ASU No. 2016-02, on January 1, 2019, the Medical Center has recorded right-of-use assets and lease liabilities of approximately $13 million on the consolidated balance sheet.

7. Liquidity and Availability

As of June 30, 2019 and 2018, financial assets available for general expenditure within one year of the balance sheet date, consists of the following:

Financial assets available for general expenditures within one year of the balance sheet date, consists of the following:

	2019	2018
Cash and cash equivalents	$ 127,712,192	$ 126,769,956
Accounts receivable, net	28,952,590	26,918,665
Investments	32,659,491	29,380,004
Assets limited to use:		
Board-designated	110,202,838	100,373,409
Total	$ 299,527,111	$ 283,442,034

The Medical Center has certain board-designated assets limited to use which are available for general expenditure within one year in the normal course of operations. Accordingly, these assets have been included in the qualitative information above. The Medical Center has other assets limited to use for donor-restricted purposes, debt service, and for other internally designated funds.

As part of the Medical Center's liquidity management plan, cash in excess of daily requirements are invested in short-term investments and money market funds. The board of trustees established a funded depreciation account for future capital needs of the Medical Center; these funds may be drawn upon, if necessary, to meet unexpected liquidity needs.

Additionally, the Medical Center maintains a $5 million line of credit. As of June 30, 2019, $5 million remained available on the Medical Center's line of credit.

8. Right-of-Use Operating Leases

The Medical Center has operating leases for equipment leases which are for medical equipment to provide medical services and for real estate leases which are for administrative office space and space to provide outpatient medical services. For the equipment leases, the equipment will be returned to the lessor at the end of the respective leases. The leases have remaining lease terms of 1 year to 10 years, some of which include options to extend the leases for up to 5 years.

For the six months ended June 30, 2019, the components of the leases were as follows:

	Equipment Leases	Real Estate Leases	Total
Operating lease expense	$ 757,085	$ 1,003,625	$ 1,760,710

For the six months ended June 30, 2019, supplemental cash flow information related to leases was as follows:

	Equipment Leases	Real Estate Leases	Total
Cash paid for amounts included in the measurement of lease liabilities:			
Operating cash flows from operating leases	$ 753,124	$ 984,083	$ 1,737,207

As of June 30, 2019, supplemental balance sheet information related to leases was as follows:

	Equipment Leases	Real Estate Leases	Total
Operating Leases			
Right-of-use assets	$ 4,858,452	$ 6,304,998	$ 11,163,450
Lease liabilities	$ 4,858,452	$ 6,304,998	$ 11,163,450
Weighted Average Remaining Lease Term			
Operating leases	5 years	5 years	5 years
Weighted Average Discount Rate			
Operating leases	6%	6%	6%

As of June 30, 2019, maturities of lease liabilities were as follows:

	Equipment Leases	Real Estate Leases	Total
Year Ending December 31,			
2019 (six months)	$ 753,124	$ 984,083	$ 1,737,207
2020	1,126,561	1,144,665	2,271,226
2021	1,080,804	986,796	2,067,600
2022	1,047,675	981,844	2,029,519
2023	925,120	996,493	1,921,613
Thereafter	1,024,068	3,063,967	4,088,035
Total lease payments	5,957,352	8,157,848	14,115,200
Less imputed interest	(1,098,900)	(1,852,850)	(2,951,750)
Total	$ 4,858,452	$ 6,304,998	$ 11,163,450

9. Functional Expenses

The financial statements report certain categories of expenses that are attributable to one or more program or supporting functions of the Medical Center. These expenses include depreciation, interest and amortization, administration, communications, media production, information technology, and facilities operations and maintenance. Depreciation is allocated based on square footage and interest is allocated based on usage of space. Costs of other categories were allocated on estimates of time and effort.

Functional expenses for the six months ended June 30, 2019

	Healthcare Services	Medical Office Building	General and Administrative	Total
Salaries and wages	$ 61,138,938	$ -	$ 9,083,451	$ 70,222,389
Employee benefits	12,950,874	-	1,924,120	14,874,994
Supplies and other	45,307,138	407,717	12,353,637	58,068,492
Depreciation	4,800,781	195,976	646,211	5,642,968
Interest and amoritization	1,167,388	-	157,805	1,325,193
Total	$ 125,365,118	$ 603,693	$ 24,165,225	$ 150,134,036

Functional expenses for the six months ended June 30, 2018

	Healthcare Services	Medical Office Building	General and Administrative	Total
Salaries and wages	$ 59,169,744	$ -	$ 8,790,887	$ 67,960,631
Employee benefits	12,042,967	-	1,789,232	13,832,199
Supplies and other	44,597,149	391,084	12,157,281	57,145,514
Depreciation	4,826,297	212,022	651,586	5,689,905
Interest and amoritization	1,366,267	-	184,690	1,550,957
Total	$ 122,002,425	$ 603,106	$ 23,573,675	$ 146,179,206

10. Charity Care and Subsidy Revenue

The Medical Center receives subsidy payments from the State of New Jersey to partially fund charity care and certain other program costs. Subsidy payments included in other revenue for the six months ended June 30, 2019 and 2018 are as follows:

	2019	2018
Charity care	$ 15,117,962	$ 14,572,560
Delivery System Reform Incentive Payment (DSRIP)	2,425,835	3,894,629
Mental health	905,756	905,757
Total	$ 18,449,553	$ 19,372,946

The Medical Center is amortizing the DSRIP incentive payments over the program's respective fiscal years, which end on June 30. For the six months ended June 30, 2019 and 2018, $2,425,835 and $3,894,629 of the incentive payments were recognized in other revenue in the consolidated statement of operations, 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 or partial charge to the uninsured or underinsured.

Patients who meet the State of New Jersey's criteria for charity care are provided care without charge or at amounts less than established rates. Such amounts determined to qualify as charity care are not reported as revenue. Charges for charity care rendered were $72,981,183 and $66,631,172 for the six months ended June 30, 2019 and 2018, respectively.

11. Long-term Debt

The Medical Center has outstanding New Jersey Health Care Facilities Financing Authority (the "Authority") tax exempt Refunding and Revenue Bonds, Series 2016A (the "Series 2016A Bonds"), bearing interest at 5 percent per annum. The initial $13,810,000 in proceeds from the sale of the Series 2016A Bonds were used to refund Series 2006 Bonds and pay for debt issuance costs. 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 Medical Center has outstanding Authority Refunding Bonds, Series 2017A (the "Series 2017A Bonds"), bearing interest at 5 percent per annum. The initial $82,970,000 in 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 Bonds and Series 2007B Bonds were used to refund Series 2007A Bonds and Series 2007B Bonds and pay debt issuance costs. 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.

12. Cogeneration Energy Project

The Medical Center has submitted an application and received approval from the Energy Resilience Bank ("ERB"), for a plant electrical and steam generation project. The project provides 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 consists 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 at 2% payable over 20 years. A portion of the grants, approximately $520,000, has to be repaid over ten years, interest free. Final construction and engineering costs were finalized and approved by ERB and HUD and the transaction closed during the first quarter of 2019. The debt and grants will be drawn down as construction occurs and there is no interest charged during the construction period. At the completion of the project, the loan will be finalized and payment amortization will begin. At June 30, 2019, project costs of $386,376 are reflected in property and equipment, net and in deferred grant revenue, respectively, on the consolidated balance sheet.

13. Administrative Services Building Project

In June of 2019, the Medical Center signed various agreements with a developer subject to various regulatory approvals, for the demolishment of the existing Administration Services Building and construction of an approximately 46,000 rentable square feet (RSF) Medical Office building, to be owned by the developer or designee. Further the Medical Center entered into agreements with the developer for a ground lease, medical office space lease and the construction of a parking garage. The ground lease key terms are a term of 50 years, .6455 of an acre and annual rental income of $47,004, indexed by annual increases of 2.5% for the first ten years then adjusted to market value. The medical office space lease key terms are for a term of 15 years, for approximately 18,000 RSF, at $25.35 RSF indexed by annual increases of 2.5% plus operating expenses and fit out costs of approximately $4.3 million. Lastly, the key terms of the parking garage construction contract are for a four story, 300 spaces garage for $10,188,472. At the commencement date, (completion of construction) a final determination will be made to determine the accounting for the leases. The expected completion date is 12 to 18 months from the date of obtaining all necessary approvals.

14. Clinical and Financial Review

Due to changes in the healthcare industry and, specifically, in the New Jersey market place, the Medical Center is currently engaged in a broad programmatic, operational and strategic planning review. The Medical Center is in the initial phases of this review. The overall goal is to improve access, quality, and address financial challenges. Like many other stand-alone health systems, the Medical Center engages in discussions regarding affiliation with, or becoming part of, a larger health system, and will provide timely disclosure regarding any such developments, as required.

TRINITAS REGIONAL MEDICAL CENTER
JUNE 30, 2019 AND 2018
INPATIENT STATISTICS

	2019 ACTUAL TOTAL	2018 ACTUAL TOTAL
ADMISSIONS		
MEDICAL	2,920	3,248
SURGICAL	730	837
OBSTETRICS	704	764
NEWBORN	653	738
ADULT & ED PSYCH	803	831
ADOLESCENT PSYCH	249	281
DEVELOP DISABLED	139	133
	6,198	6,832
SAME DAY SURGERY	2,101	2,467
	8,299	9,299
INTERMEDIATE PSYCH	85	95
RESIDENTIAL UNIT	5	4
LONG TERM CARE	102	159
	192	258
PATIENT DAYS		
MEDICAL	16,044	17,510
SURGICAL	5,684	5,632
OBSTETRICS	1,922	2,050
NEWBORN	1,897	1,989
ADULT & ED PSYCH	7,643	7,621
ADOLESCENT PSYCH	2,172	2,645
DEVELOP DISABLED	1,582	1,517
	36,944	38,964
SAME DAY SURGERY	2,101	2,467
	39,045	41,431
INTERMEDIATE PSYCH	3,354	3,443
RESIDENTIAL UNIT	2,715	2,654
LONG TERM CARE	20,625	20,387
	26,694	26,484
ALOS		
MEDICAL	5.5	5.4
SURGICAL	7.8	6.7
OBSTETRICS	2.7	2.7
NEWBORN	2.9	2.7
ADULT & ED PSYCH	9.5	9.2
ADOLESCENT PSYCH	8.7	9.4
DEVELOP DISABLED	11.4	11.4
TOTAL W/O SDS	6.0	5.7
INTERMEDIATE PSYCH	39.5	36.2
RESIDENTIAL UNIT	543.0	663.5
LONG TERM CARE	202.2	128.2
	139.0	102.7
CARDIAC CATH LAB I/P		
CARDIAC CATHS	197	186
EMERGENCY ANGIO	26	26
ELECTIVE ANGIO	50	69
OTHER	79	79
TOTAL	352	360

TRINITAS REGIONAL MEDICAL CENTER
JUNE 30, 2019 AND 2018
OUTPATIENT STATISTICS

	2019 ACTUAL YTD	2018 ACTUAL YTD
EMERGENCY ROOM		
NEWPOINT-PSYCH O/P VISITS	890	941
WILLIAMSON O/P VISITS	26,870	26,492
TOTAL O/P	27,760	27,433
NEWPOINT ADMISSIONS	794	880
WILLIAMSON ADMISSIONS	3,227	3,585
TOTAL ADMISSIONS	4,021	4,465
% Total ADMISSIONS FROM ER	64.88%	65.35%
TOTAL EMERGENCY ROOM VISITS	31,781	31,898
OBSERVATION		
WSC OBSERVATON CASES	1,758	1,234
NPC OBSERVATON CASES	73	86
TOTAL OBSERVATION	1,831	1,320
CLINICS		
ADULT OP SERVICES	37,393	37,882
PC (PARTIAL HOSP) SERVICES	3,270	3,845
CHILD/ADOL OP SERVICES	16,797	17,058
YIP (AFTER SCHOOL)	3,618	3,461
IOP SERVICES	1,215	1,340
OTHER CHILD/ADOL SERVICES	37,215	37,706
BAYONNE MH CLINIC	12,922	5,852
TOTAL PSYCH CLINICS	112,430	107,144
D.B.HERSH CLINIC	4,104	4,434
PEDIATRIC HEALTH CENTER	2,322	3,559
WOMENS HEALTH CENTER	10,105	10,290
WOUND HEALING CENTER	1,909	2,058
MEDICAL CLINIC (EID)	757	778
TOTAL MEDICAL CLINICS	19,197	21,119
TOTAL CLINICS	131,627	128,263
CANCER CENTER		
OFFICE VISITS	3,523	3,368
INFUSION TREATMENTS	3,266	3,933
RADIATION TREATMENTS	2,326	2,642
CANCER CENTER TOTAL	9,115	9,943
PRIVATE AMBULATORY		
SLEEP CENTER	698	666
OTHER PRIVATE REFFERRED (1)	27,080	28,307
TOTAL PRIVATE AMBULATORY	27,778	28,973
O/P RENAL TREATMENTS		
O/P HEMODIALYSIS	10,480	9,558
HOME DIALYSIS	859	863
CRANFORD RENAL	38	0
LINDEN SATELLITE	6,254	6,553
TOTAL RENAL TREATMENTS	17,631	16,974
AMBULANCE RUNS	2,977	2,901
SCTU RUNS	127	109
MICU RUNS	1,717	1,820
SDS (FROM IP SCHEDULE)	2,101	2,467
TOTAL O/P VISITS (INCLUDING SDS)	222,664	220,203
PAID PHYSICIAN ENCOUNTERS	82,944	
CARDIAC CATH LAB O/P		
CARDIAC CATHS	241	230
ELECTIVE ANGIOPLASTY	71	49
OTHER	93	51
TOTAL	405	330

Trinitas Regional Medical Center Obligated Group

Debt Service Calculation Certificate

(Twelve Month Rolling Average)

(Unaudited)

		June 2019
Funds Available for Debt Service		
Net increase in unrestricted net assets	$	22,403,987
Reconciling items:		
Depreciation		10,870,945
Interest and amortization		2,876,147
Net assets released from restrictions used for purchase of property and equipment		(6,160,325)
Change in net unrealized gains and losses on investments		(8,857,382)
Total	$	21,133,372
Maximum annual debt service	$	9,628,587
Actual ratio		2.19
Required ratio		1.25

Trinitas Regional Medical Center Obligated Group

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

		June 2019
Cushion Ratio		
Cash and investments	$	157,260,694
Internally designated funds		104,723,437
Total	$	261,984,130
Maximum annual debt service		
Series 2016A and 2017A bonds payable	$	9,549,000
Loan payable		79,587
Total maximum annual debt service	$	9,628,587
Cushion ratio		27.21
Required ratio		1.25