

Trinitas Regional Medical Center Obligated Group
Consolidated Balance Sheet
At September 30, 2015 and December 31, 2014
(Unaudited)

	September 2015	December 2014
Assets		
Current Assets:		
Cash and cash equivalents (includes certificates of deposit)	\$ 122,334,822	\$ 97,959,973
Assets whose use is limited	8,235,257	8,102,938
Patient accounts receivable (less allowance for doubtful collections of \$30,812,000 in 2015 and \$28,726,000 in 2014)	21,499,808	27,481,532
Other receivables	4,918,935	2,357,469
Other current assets	7,680,721	5,142,127
Total current assets	164,669,543	141,044,039
Assets Whose Use is Limited and Investments		
Assets whose use is limited:		
Internally designated	88,691,344	92,104,617
Other internally designated	6,037,345	6,061,263
Held by trustee under bond indentures	7,629,310	10,556,845
Donor restricted	3,379,510	3,804,049
Investments	27,282,672	27,773,653
Total assets whose use is limited and investments	133,020,181	140,300,427
Beneficial Interest in Net Assets of Trinitas Health Foundation		
	5,648,283	6,133,359
Property and Equipment (net of accumulated depreciation of \$235,260,000 in 2015 and \$225,834,000 in 2014)		
	84,832,170	90,718,915
Deferred Financing Costs (net of accumulated amortization of \$1,818,000 in 2015 and \$1,731,000 in 2014)		
	1,599,256	1,730,376
Other Assets		
	6,362,996	6,363,379
Total	\$ 396,132,429	\$ 386,290,495
Liabilities and Net Assets		
Current Liabilities:		
Current portion of long-term debt	\$ 7,393,264	\$ 7,516,528
Accounts payable and accrued expenses	21,145,109	19,371,480
Deferred revenue	7,554,914	3,010,262
Accrued bond interest payable	1,567,315	3,127,938
Accrued salaries and wages	7,381,665	4,498,150
Estimated settlements with third-party payors	12,612,847	13,511,611
Total current liabilities	57,655,114	51,035,969
Estimated Settlements with Third-party Payors	41,026,698	35,180,528
Long-Term Debt	123,305,673	130,265,299
Other Long-Term Liabilities	20,088,646	20,112,714
Total liabilities	242,076,131	236,594,510
Net Assets		
Unrestricted	145,028,500	139,758,573
Temporarily restricted	6,017,159	6,961,762
Permanently restricted	3,010,639	2,975,650
Total net assets	154,056,298	149,695,985
Total	\$ 396,132,429	\$ 386,290,495

Trinitas Regional Medical Center Obligated Group
Consolidated Statement of Operations
For the Nine Months Ended September 30, 2015 and 2014
(Unaudited)

	<u>September 2015</u>	<u>September 2014</u>
Revenues		
Net patient service revenue (net of contractual allowances, charity care and discounts)	\$ 176,694,886	\$ 173,160,952
Provision for bad debts	(13,668,127)	(14,558,184)
Net patient service revenue less provision for bad debts	<u>163,026,759</u>	<u>158,602,768</u>
Other revenue	57,495,139	63,872,862
Net assets released from restrictions used for operations	732,961	529,553
Total revenues	<u>221,254,859</u>	<u>223,005,183</u>
Expenses		
Salaries and wages	100,566,366	101,190,161
Employee benefits	19,909,132	19,743,417
Supplies and other	83,099,277	84,307,015
Depreciation and amortization	9,506,963	9,507,141
Interest	5,212,953	5,725,791
Total expenses	<u>218,294,691</u>	<u>220,473,525</u>
Operating Income	<u>2,960,168</u>	<u>2,531,658</u>
Nonoperating Gains and Losses		
Interest, dividends and other	2,884,131	2,681,378
Contributions	-	3,400,000
Net realized gains and losses on investments	2,915,772	960,827
Gain on sale of building	1,653,941	-
Change in fair value of interest rate swaps	(90,597)	(390,926)
Total nonoperating gains and losses	<u>7,363,247</u>	<u>6,651,279</u>
Revenues in Excess of Expenses	10,323,415	9,182,937
Change in Net Unrealized Gains and (Losses) on Investments Other Than Trading Securities	(7,546,303)	(113,136)
Net Assets Released From Restrictions Used for Purchase of Property and Equipment	<u>2,492,815</u>	<u>881,438</u>
Increase in Unrestricted Net Assets	<u>\$ 5,269,927</u>	<u>\$ 9,951,239</u>

Trinitas Regional Medical Center Obligated Group
Consolidated Statement of Changes in Net Assets
For the Nine Months Ended September 30, 2015 and 2014
(Unaudited)

	September 2015	September 2014
Unrestricted Net Assets		
Revenues in excess of expenses	\$ 10,323,415	\$ 9,182,937
Change in net unrealized gains and losses on investments other than trading securities	(7,546,303)	(113,136)
Net assets released from restrictions used for purchase of property and equipment	2,492,815	881,438
Increase in unrestricted net assets	5,269,927	9,951,239
Temporarily Restricted Net Assets		
Contributions	2,812,588	1,581,273
Interest and dividends	30,852	50
Net assets released from restrictions	(3,225,776)	(1,410,991)
Change in beneficial interest in net assets of Trinitas Health Foundation	(562,265)	159,005
Increase (decrease) in temporarily restricted net assets	(944,601)	329,337
Permanently Restricted Net Assets		
Change in beneficial interest in net assets of Trinitas Health Foundation	77,191	95,803
Change in net unrealized gains and losses on investments other than trading securities	(42,202)	54,626
Increase in permanently restricted net assets	34,989	150,429
Increase in Net Assets	4,360,315	10,431,005
Net Assets		
Beginning of year	149,695,983	133,272,849
End of period	\$ 154,056,298	\$ 143,703,854

Trinitas Regional Medical Center Obligated Group
Consolidated Statement of Cash Flows
For the Nine Months Ended September 30, 2015 and 2014
(Unaudited)

	September 2015	September 2014
Cash Flows from Operating Activities		
Increase in net assets	\$ 4,360,315	\$ 10,431,005
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Provision for bad debts	13,668,127	14,558,184
Depreciation and amortization	9,426,332	9,371,088
Amortization of deferred financing costs	131,121	136,053
Amortization of deferred bond discount and premium	(50,490)	(50,490)
Restricted contributions for capital additions	(2,492,815)	(881,438)
Change in fair value of interest rate swaps	90,597	390,926
Change in net unrealized gains and losses on other than trading securities	7,546,303	113,136
Net realized gains and losses on investments	(2,915,772)	(960,827)
Gain from sale of building	(1,653,941)	-
Change in beneficial interest in net assets of Trinitas Health Foundation	485,074	(254,808)
Change in assets and liabilities:		
Patient accounts receivable	(7,686,403)	(11,530,882)
Other receivables	(2,561,466)	(5,933,585)
Other current assets and other assets	(2,592,394)	110,184
Accounts payable and accrued expenses	1,827,811	(906,108)
Deferred revenue	4,544,652	1,521,069
Accrued bond interest payable	(1,560,623)	(1,707,284)
Accrued salaries and wages	2,883,515	3,146,690
Estimated settlements with third-party payors	4,947,406	6,205,790
Other long-term liabilities	(114,665)	479,715
Net cash provided by operating activities	28,282,684	24,238,418
Cash Flows from Investing Activities		
Acquisition of property and equipment	(4,385,646)	(4,419,286)
Proceeds from sale of building	2,500,000	-
(Purchases) sales of short-term investments, net	-	20,059,049
(Purchases) sales of investments and assets whose use is limited, net	2,517,396	(1,297,619)
Net cash provided by investing activities	631,750	14,342,144
Cash Flows from Financing Activities		
Restricted contributions for capital additions	2,492,815	881,438
Repayment of long-term debt and capitalized lease obligations	(7,032,400)	(6,492,400)
Net cash used in financing activities	(4,539,585)	(5,610,962)
Net Increase in Cash and Cash Equivalents	24,374,849	32,969,600
Cash and Cash Equivalents, Beginning	97,959,973	60,229,852
Cash and Cash Equivalents, Ending	\$ 122,334,822	\$ 93,199,452
Supplemental Disclosure of Cash Flow Information,		
Interest paid	\$ 6,748,155	\$ 7,051,352

Trinitas Regional Medical Center Obligated Group
Notes to Consolidated Financial Statements
September 30, 2015

1. Reporting Organizations

The consolidated financial statements include the accounts of Trinitas Regional Medical Center (the "Medical Center"), Marillac Corporation ("Marillac"), a wholly owned subsidiary of the Medical Center and Trinitas Physicians Practice, LLC. In 2000, Elizabeth General Medical Center and St. Elizabeth Hospital merged to form Trinitas Hospital, a not-for-profit, tax-exempt, voluntary, acute health care provider located in Elizabeth, New Jersey. Trinitas Hospital officially changed its name to Trinitas Regional Medical Center as of October 2008. The Medical Center provides inpatient, outpatient, and emergency care services for local residents. Admitting physicians are primarily practitioners from the local area.

Marillac, a not-for-profit, tax-exempt corporation pursuant to Section 501(c)(3) of the Internal Revenue Code, owns and operates a medical office building in Elizabeth, New Jersey.

Trinitas Physicians Practice, LLC, (TPP, LLC) a New Jersey professional limited liability company (LLC), a for-profit taxable entity.

The sole member of the Medical Center is Trinitas Health (the "Parent"), a tax-exempt holding company. Both the Parent and the Medical Center are tax-exempt organizations, pursuant to Section 501(c)(3) of the Internal Revenue Code.

The Medical Center is an affiliated member of the Parent, the controlling entity. Other affiliates of Trinitas Health include: Trinitas Healthcare Corporation and subsidiary, Trinitas Health Services Corporation, and Trinitas Health Foundation and Affiliate (the "Foundation"). Only the Medical Center's financial statements and its subsidiaries and TPP, LLC are presented herein. The Parent's affiliates, with the exception of Trinitas Health Services Corporation, are not-for-profit, tax-exempt organizations. Trinitas Health Services Corporation is a for-profit, taxable entity.

2. Presentation

The consolidated financial statements are unaudited and include all adjustments which are, in the opinion of Management, necessary for a fair presentation of the Obligated Group's financial position as of September 30, 2015 and December 31, 2014, its result of operations and its changes in net assets and cash flows for the nine months ended September 30, 2015 and 2014 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, 2014.

3. Patient Accounts Receivable

Patient accounts receivable are reported at net realizable value. Accounts are written off when they are determined to be uncollectible based upon management's assessment of individual accounts. In evaluating the collectability of patient accounts receivable, the Medical Center analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful collections and provision for doubtful collections. For receivables associated with services provided to patients with third party insurance coverage (partial or complete) and patients with no coverage (partial or none), the Medical Center analyzes contractually due amounts and provides an allowance for doubtful collections and a provision for doubtful collections, if necessary. For receivables associated with patients with no insurance

(partial or complete) (which includes both patients without insurance and patients with deductible and copayment balances due), the Medical Center records a significant provision for doubtful collections in the period of service on the basis of its past experience, which indicates that many patients are unable to pay the portion of their bill for which they are financially responsible. The difference between billed rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful collections.

The Medical Center's allowance for doubtful collections for self-pay patients decreased to 91.1% of self-pay accounts receivable at September 30, 2015 from 96.9% of self-pay accounts receivable at December 31, 2014. The Medical Center had not changed its financial assistance policy in 2015.

4. Net Patient Service Revenue

The Medical Center reports net patient service revenue at the estimated net realizable amounts from patients, third party payors, and others for services rendered, including an estimate for retroactive adjustments that may occur as a result of future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, review and investigations. Net patient service revenue as reported in the consolidated statements of operations is reduced both by (1) estimated allowances for the excess of charges over anticipated patient or third party payor payments and (2) a provision for doubtful collections. Certain of the health care services provided by the Medical Center are reimbursed by third party payors on the basis of the lower of cost or charges, with costs subject to certain imposed limitations.

Patient accounts receivable are reported at net realizable value and include charges for accounts due from Medicare, Medicaid, other commercial and managed care insurers, and self-paying patients (Note 3). Patient accounts receivable also includes management's estimate of the impact of certain undercharges to be recouped or overcharges to be paid back for inpatient and outpatient services in subsequent years rates as discussed above. Deducted from patient accounts receivable are estimates of doubtful collections related to patients and allowances for the excess of charges over the payments to be received from third party payors.

The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates. The Medical Center recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of these established rates for the services rendered. For uninsured patients that do not qualify for charity care, the Medical Center recognizes revenues on the basis of its standard rates, discounted in accordance with the Medical Center's policy. On the basis of historical experience, a significant portion of the Medical Center's uninsured patients will be unable to pay for the services provided. Thus, the Medical Center records a significant provision for doubtful collections related to uninsured patients in the period the services are provided. Patient service revenues, net of contractual allowances and discounts (but before the provision for doubtful collections), recognized in September 30, 2015 and 2014 from these major payor sources, are as follows:

	Patient Service Revenues (Net of Contractual Allowances and Discounts)				
	Medicare	Medicaid	Other Third Party Payors	Self Pay and Other	Total
September 30, 2015	\$ 53,396,624	\$ 61,538,166	\$ 46,308,511	\$ 15,451,585	\$ 176,694,886
September 30, 2014	\$ 54,496,906	\$ 52,763,583	\$ 49,295,640	\$ 16,604,823	\$ 173,160,952

5. Subsequent Events

The Medical Center evaluated subsequent events for recognition or disclosure through October 30, 2015, the date the financial statements were available to be issued.

6. New Accounting Pronouncement

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.

7. Net Patient Service Revenues

The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates. A significant portion of the Medical Center's net patient service revenue is derived from these third-party payor programs. A summary of the principal payment arrangements with major third-party payors follows:

- Medicare: Inpatient acute care and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to patient classification systems that are based on clinical, diagnostic, and other factors. Certain items, such as Medicare bad debts, are paid based on a cost reimbursement methodology. Reimbursements for cost reimbursable items are received at tentative interim rates, with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicare fiscal intermediary. The Medical Center's Medicare cost reports have been settled by the Medicare fiscal intermediary through December 31, 2009, except for December 31, 2005.
- Medicaid: Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Outpatient services are paid based on a cost reimbursement methodology. The Hospital's Medicaid cost reports have been settled by the Medicaid fiscal intermediary through December 31, 2012.

Revenue received under third-party arrangements is subject to audit and retroactive adjustments. Net patient service revenues include adjustments of \$-0- for the nine months ended September 30, 2015 and 2014, respectively, related to tentative and final settlements of prior year cost reports and other settlements.

The Medical Center also has entered into payment agreements with certain managed care organizations, commercial insurance carriers, and preferred provider organizations. The basis for payment to the Medical Center under these agreements includes daily rates, rates per discharge, and discounts from established charges

8. Charity Care and Subsidy Payments

The Medical Center receives subsidy payments from the State of New Jersey to partially fund charity care and certain other program costs. Subsidy payments included in other revenue for the six months ended September 30, 2015 and 2014 are as follows:

	<u>2015</u>	<u>2014</u>
Charity care	\$ 29,477,066	\$ 32,600,682
Delivery system reform incentive payment (DSRIP) / Hospital relief	4,888,845	6,850,452
Mental health	<u>1,223,985</u>	<u>1,223,984</u>
 Total	 <u>\$ 35,589,896</u>	 <u>\$ 40,675,118</u>

The Medical Center, as part of its mission, provides medical care without charge or at reduced charges to residents of its community through the provision of charity care. The Medical Center's definition of charity care is in accordance with state regulations and includes services provided at no charge to the uninsured or underinsured.

9. Derivative Financial Instrument

In June 2006, the Medical Center entered into an interest rate swap with a start date of July 1, 2006, and expiration date of July 1, 2035, based on the notional amount of approximately fifty percent (50%) of the principal amount of the Series 2006 Bonds \$7,430,000. At September 30, 2015 and December 31, 2014, the Medical Center's interest rate swap agreement had a notional principal amount of \$6,345,000 and \$6,497,500, respectively. According to the terms of the swap contract, the Medical Center will pay a 5.826% rate in return for receiving one month LIBOR rate.

The fair value of the swap at September 30, 2015 and December 31, 2014 was a liability of \$2,662,309 and \$2,571,713, respectively, and is included in other long-term liabilities in the accompanying consolidated balance sheet. For the nine months ended September 30, 2015 and 2014, the change in the fair value of the interest rate swap resulted in an unrealized loss of \$90,597 and \$390,926, respectively, and is included in non-operating gains and losses in the consolidated statement of operations.

10. Meaningful Use

Under certain provisions of the American Recovery and Reinvestment Act of 2009, federal incentive payments are available to hospitals, physicians and certain other professionals ("providers") when they adopt certified electronic health record ("EHR") technology or become "meaningful users" of EHRs in ways that demonstrate improved quality, safety and effectiveness of care. Medicare and Medicaid providers can receive their initial incentive payment by adopting implementing or upgrading certified EHR technology, but must demonstrate meaningful use of EHRs in subsequent years in order to qualify for additional payments. Hospitals may be eligible for both Medicare and Medicaid EHR incentive payments. The Medical Center accounts for EHR payments using the contingency method, whereby revenue is recognized when all contingencies are satisfied. At September 30, 2015 and 2014, the Medical Center had recorded EHR incentive payments from the Medicare and Medicaid programs as deferred revenue on the balance sheet in the amounts of \$2.7 million and \$2.9 million, respectively, which will be recognized as non-operating revenue when the Medical Center has satisfied the statutory and regulatory requirements. For the nine months ended September 30, 2015 and 2014, no amounts were recognized in the consolidated statement of operations, respectively.

11. Letter of Credit

The bank issued letter of credit, which backs the Series 2006 Variable Rate Demand Bonds, expiration date has been extended to February of 2017. If the annual renewal of Letter of Credit is not extended by the bank, the reimbursement Agreement provides for one additional year after the expiration date before the actual termination of the Letter of Credit.

12. Sale of Jersey Street Campus

In June 2015, the Medical Center sold the Jersey Street Campus and received \$2.5 million in cash proceeds that resulted in a gain on the sale of building and land in the amount of \$1.7 million which is reflected in the non-operating gains and losses on the consolidated statement of operations for the nine months ended September 30, 2015.

13. Emergency Room Department

The Medical Center's Board approved the updating and renovating of the Medical Center's emergency room department and adding additional ICU beds. The project also involves architectural, engineering, mechanical studies, relocation of various departments, demolition, purchasing a new CT scan, renovation and new construction. The expected costs for the project are approximately \$18 million. The project was started in the summer of 2015 and will take eighteen to twenty four months to complete.

**TRINITAS REGIONAL MEDICAL CENTER
2015 BUDGET COMPARATIVE
INPATIENT STATISTICS**

	YTD-SEP					2014	2015-	ACTUAL	2015-
	NEWPOINT	WILLIAM	ACTUAL	BUDGET	VARIANCE	ACTUAL TOTAL	2014 VARIANCE	TO BUDGET PCT VAR	2014 PCT VAR
ADMISSIONS									
MEDICAL	0	5,867	5,867	6,428	(561)	6,441	(574)	-8.73%	-8.91%
SURGICAL	0	1,526	1,526	1,614	(88)	1,595	(69)	-5.45%	-4.33%
OBSTETRICS	0	1,684	1,684	1,754	(70)	1,741	(57)	-3.99%	-3.27%
NEWBORN	0	1,590	1,590	1,654	(64)	1,645	(55)	-3.87%	-3.34%
ADULT & ED PSYCH	1,090	0	1,090	1,028	62	1,024	66	6.03%	6.45%
ADOLESCENT PSYCH	370	0	370	319	51	328	42	15.99%	12.80%
DEVELOP DISABLED	224	0	224	216	8	219	5	3.70%	2.28%
	1,684	10,667	12,351	13,013	(662)	12,993	(642)	-5.09%	-4.94%
SAME DAY SURGERY	0	4,113	4,113	3,274	839	3,597	516	25.63%	14.35%
	1,684	14,780	16,464	16,287	177	16,590	(126)	1.09%	-0.76%
INTERMEDIATE PSYCH	143	0	143	167	(24)	157	(14)	-14.37%	-8.92%
RESIDENTIAL UNIT	14	0	14	7	7	8	6	100.00%	75.00%
LONG TERM CARE	268	0	268	244	24	245	23	9.84%	9.39%
	425	0	425	418	7	410	15	1.67%	3.66%
PATIENT DAYS									
MEDICAL	0	29,266	29,266	32,491	(3,225)	32,293	(3,027)	-9.93%	-9.37%
SURGICAL	0	10,796	10,796	11,599	(803)	11,638	(842)	-6.92%	-7.23%
OBSTETRICS	0	4,547	4,547	4,748	(201)	4,714	(167)	-4.23%	-3.54%
NEWBORN	0	4,747	4,747	4,505	242	4,537	210	5.37%	4.63%
ADULT & ED PSYCH	11,308	0	11,308	10,208	1,100	10,604	704	10.78%	6.64%
ADOLESCENT PSYCH	3,159	0	3,159	2,995	164	3,048	111	5.48%	3.64%
DEVELOP DISABLED	2,423	0	2,423	2,350	73	2,353	70	3.11%	2.97%
	16,890	49,356	66,246	68,896	(2,650)	69,187	(2,941)	-3.85%	-4.25%
SAME DAY SURGERY	0	4,113	4,113	3,274	839	3,597	516	25.63%	14.35%
	16,890	53,469	70,359	72,170	(1,811)	72,784	(2,425)	-2.51%	-3.33%
INTERMEDIATE PSYCH	6,238	0	6,238	6,547	(309)	6,185	53	-4.72%	0.86%
RESIDENTIAL UNIT	3,820	0	3,820	4,061	(241)	4,064	(244)	-5.93%	-6.00%
LONG TERM CARE	32,094	0	32,094	32,938	(844)	33,129	(1,035)	-2.56%	-3.12%
	42,152	0	42,152	43,546	(1,394)	43,378	(1,226)	-3.20%	-2.83%
ALOS									
MEDICAL	0.0	5.0	5.0	5.1	(0.1)	5.0	0.0		
SURGICAL	0.0	7.1	7.1	7.2	(0.1)	7.3	(0.2)		
OBSTETRICS	0.0	2.7	2.7	2.7	0.0	2.7	0.0		
NEWBORN	0.0	3.0	3.0	2.7	0.3	2.8	0.2		
ADULT & ED PSYCH	10.4	0.0	10.4	9.9	0.5	10.4	0.0		
ADOLESCENT PSYCH	8.5	0.0	8.5	9.4	(0.9)	9.3	(0.8)		
DEVELOP DISABLED	10.8	0.0	10.8	10.9	(0.1)	10.7	0.1		
TOTAL W/O SDS	10.0	4.6	5.4	5.3	0.1	5.3	0.1		
INTERMEDIATE PSYCH	43.6	0.0	43.6	39.2	4.4	39.4	4.2		
RESIDENTIAL UNIT	272.9	0.0	272.9	580.1	(307.2)	508.0	(235.1)		
LONG TERM CARE	119.8	0.0	119.8	135.0	(15.2)	135.2	(15.4)		
	99.2	0.0	99.2	104.2	(5.0)	105.8	(6.6)		
CARDIAC CATH LAB I/P									
CARDIAC CATHS	0	289	289	284	5				
EMERGENCY ANGIO	0	4	4	3	1				
ELECTIVE ANGIO	0	85	85	44	41				
VASCULAR	0	27	27	30	(3)				
TOTAL	0	405	405	361	44				

**TRINITAS REGIONAL MEDICAL CENTER
2015 BUDGET COMPARATIVE
OUTPATIENT STATISTICS**

	YTD-SEP			2014	2015-
	ACTUAL	BUDGET	VARIANCE	ACTUAL	2014
				TOTAL	VARIANCE
EMERGENCY ROOM					
NEWPOINT-PSYCH O/P VISITS	1,401	1,599	(198)	1,519	(118)
WILLIAMSON O/P VISITS	45,533	45,383	150	45,221	312
TOTAL O/P	46,934	46,982	(48)	46,740	194
NEWPOINT ADMISSIONS	1,277	1,148	129	1,160	117
WILLIAMSON ADMISSIONS	6,090	6,757	(667)	6,822	(732)
TOTAL ADMISSIONS	7,367	7,905	(538)	7,982	(615)
% Total ADMISSIONS FROM ER	59.65%	60.75%		61.43%	
TOTAL EMERGENCY ROOM VISITS	54,301	54,887	(586)	54,722	(421)
OBSERVATION					
WSC OBSERVATION CASES	1,041	888	153	861	180
NPC OBSERVATION CASES	241	197	44	213	28
TOTAL OBSERVATION	1,282	1,085	197	1,074	208
CLINICS					
ALCOHOL CLINIC	27,513	30,039	(2,526)	31,691	(4,178)
PSYCH PARTIAL HOSP ADULT FEE	2,581	1,090	1,491	1,336	1,245
PSYCH PARTIAL HOSP ADULT CHG	1,296	2,500	(1,204)	2,080	(784)
PSYCH PARTIAL HOSPITAL ADOL	1,450	3,031	(1,581)	2,742	(1,292)
O/P PSYCH VISITS ADULT FEE	7,155	5,012	2,143	5,088	2,067
O/P PSYCH VISITS ADULT CHG	25,516	28,892	(3,376)	25,021	495
O/P PSYCH VISITS ADOLESCENT	83,794	95,736	(11,942)	97,904	(14,110)
TOTAL PSYCH CLINICS (1)	149,305	166,300	(16,995)	165,862	(16,557)
D.B.HERSH CLINIC	6,422	7,154	(732)	7,029	(607)
PEDIATRIC HEALTH CENTER	6,278	6,581	(303)	6,590	(312)
WOMENS HEALTH CENTER	17,086	16,701	385	16,824	262
WOUND HEALING CENTER	3,404	3,107	297	3,059	345
MEDICAL CLINIC (EID)	1,211	1,244	(33)	1,253	(42)
TOTAL MEDICAL CLINICS	34,401	34,787	(386)	34,755	(354)
TOTAL CLINICS	183,706	201,087	(17,381)	200,617	(16,911)
CANCER CENTER					
OFFICE VISITS	5,527	5,220	307	5,296	231
INFUSION TREATMENTS	5,937	5,739	198	5,812	125
RADIATION TREATMENTS	4,680	4,518	162	4,576	104
CANCER CENTER TOTAL(1)	16,144	15,477	667	15,684	460
PRIVATE AMBULATORY					
SLEEP CENTER	940	853	87	917	23
OTHER PRIVATE REFERRED (2)	43,659	36,600	7,059	39,265	4,394
TOTAL PRIVATE AMBULATORY	44,599	37,453	7,146	40,182	4,417
O/P RENAL TREATMENTS					
O/P HEMODIALYSIS	14,931	14,841	90	15,304	(373)
HOME DIALYSIS	0	255	(255)	227	(227)
LINDEN SATELLITE	9,602	8,140	1,462	8,263	1,339
TOTAL RENAL TREATMENTS	24,533	23,236	1,297	23,794	739
MICU RUNS	2,547	2,666	(119)	2,673	(126)
AMBULANCE RUNS	3,863	3,561	302	3,347	516
TOTAL O/P VISITS (INCLUDING SDS)	327,721	334,821	(7,100)	337,708	(9,987)
CARDIAC CATH LAB O/P					
CARDIAC CATHS (3)	385	393	(8)		
EMERGENCY ANGIOPLASTY	25	35	(10)		
ELECTIVE ANGIOPLASTY	125	132	(7)		
VASCULAR CASES	8	7	1		
TOTAL	543	567	(24)		

(1) CORRECTIONS HAVE BEEN MADE IN THE YEAR TO DATE TOTALS FOR REALLOCATION BETWEEN SERVICES

(2) PRIVATE O/P REFERRALS INCLUDES THE FOLLOWING:
OTHER O/P PROCEDURES (MONTH & YTD): ACTUAL=130 & 1238
O/P ENDOSCOPY (MONTH & YTD): ACTUAL=245 & 3218
HYPERBARIC (MONTH & YTD): ACTUAL=100 & 897

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

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

		September 2015
Funds Available for Debt Service		
Net increase in unrestricted net assets	\$	11,474,160
Reconciling items:		
Depreciation and amortization		12,916,638
Interest		6,652,634
Net assets released from restrictions used for purchase of property and equipment		(2,880,004)
Change in beneficial interest in unrestricted net assets of Trinitas Health Foundation		(800,000)
Change in fair value of interest rate swaps		424,320
Change in net unrealized gains and losses on investments other than trading securities		7,070,591
Total	\$	34,858,339
Maximum annual debt service	\$	14,550,366
Actual ratio		2.40
Required ratio		1.25

Trinitas Regional Medical Center Obligated Group

Cushion Ratio Calculation Certificate

(Twelve Month Rolling Average)

	<u>September 2015</u>
Cushion Ratio	
Cash and investments	\$ 138,957,808
Internally designated funds	<u>91,016,602</u>
Total	<u>229,974,410</u>
Maximum Annual Debt Service	
Series 2007A, 2007B, and 2006 bonds payable	\$ 12,373,838
Notes payable	<u>2,176,528</u>
Total Maximum Annual Debt Service	<u>\$ 14,550,366</u>
Cushion ratio	15.81
Required ratio	1.25