

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2021**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: Address change Name change Initial return Final return/terminating Amended return Application pending	<b>C</b> Name of organization <b>TRINITAS REGIONAL MEDICAL CENTER</b>		<b>D</b> Employer identification number <b>22-3601678</b>
	Doing business as		<b>E</b> Telephone number <b>908-994-8174</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>225 WILLIAMSON STREET</b>		<b>G</b> Gross receipts \$ <b>421,129,552.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>ELIZABETH, NJ 07207</b>		
<b>F</b> Name and address of principal officer: <b>GARY S. HORAN</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b)</b> Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	

**I** Tax-exempt status:  501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527

**J** Website: **WWW.TRINITAS.ORG**

**K** Form of organization:  Corporation Trust Association Other ▶ **L** Year of formation: **2000** **M** State of legal domicile: **NJ**

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TRINITAS - A CATHOLIC TEACHING HOSPITAL - PROVIDES HEALTHCARE TO THE PEOPLE AND COMMUNITY WE SERVE.</b>		
	<b>2</b> Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>6</b>	<b>2948</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>218</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>94,079,898.</b>	<b>80,871,868.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>229,717,984.</b>	<b>249,450,607.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>6,243,725.</b>	<b>8,261,587.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>5,507,504.</b>	<b>7,415,483.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>335,549,111.</b>	<b>345,999,545.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>166,849,059.</b>	<b>160,955,304.</b>
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>155,742,559.</b>	<b>164,595,263.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>322,591,618.</b>	<b>325,550,567.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>12,957,493.</b>	<b>20,448,978.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>496,296,310.</b>	<b>End of Year</b> <b>505,269,561.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>256,150,138.</b>	<b>242,045,907.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>240,146,172.</b>	<b>263,223,654.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <i>Karen Lumpp</i>	Date <b>9-26-22</b>
	Type or print name and title <b>KAREN LUMPP, SENIOR VP &amp; CFO</b>	

<b>Paid Preparer Use Only</b>	Print/preparer's name <b>KERRI N. BOGDA, CPA</b>	Preparer's signature <i>Kerri Bogda</i>	Date <b>9/23/2022</b>	Check if self-employed <input checked="" type="checkbox"/>	PTIN <b>P00760402</b>
	Firm's name <b>BAKER TILLY US, LLP</b>	Firm's EIN <b>39-0859910</b>	Firm's address <b>1570 FRUITVILLE PIKE, SUITE 400 LANCASTER, PA 17601</b>		

Phone no. **717.740.4863**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TRINITAS REGIONAL MEDICAL CENTER IS A CATHOLIC COMMUNITY TEACHING HOSPITAL SPONSORED BY THE SISTERS OF CHARITY OF SAINT ELIZABETH AND ELIZABETHTOWN HEALTHCARE FOUNDATION. AT TRINITAS REGIONAL MEDICAL CENTER, WE DEDICATE OURSELVES TO GOD'S HEALING MISSION. WE STRIVE TO

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expense \$ 285,466,948. including grants of \$ 0. ) (Revenue \$ 249,450,607. ) ESTABLISHED IN JANUARY 2000, FOLLOWING THE CONSOLIDATION OF ST. ELIZABETH HOSPITAL AND ELIZABETH GENERAL MEDICAL CENTER, TRINITAS REGIONAL MEDICAL CENTER IS A FULL-SERVICE HEALTHCARE FACILITY SERVING THOSE IN THE COMMUNITY IN NEED OF HEALTHCARE, REGARDLESS OF THEIR ABILITY TO PAY. TRINITAS REGIONAL MEDICAL CENTER IS PROUD TO OFFER STATE-OF-THE-ART MEDICINE BACKED BY COMPASSION AND COMPETENCE. UTILIZING A FULL SPECTRUM OF SOPHISTICATED INPATIENT, OUTPATIENT AND LONG-TERM CARE SERVICES, TRINITAS REGIONAL MEDICAL CENTER IS PROUD TO HAVE FORGED A LIFELONG PARTNERSHIP WITH FAMILIES, PHYSICIANS AND COMMUNITIES TO PROVIDE THE BEST CARE IN A SUPPORTIVE AND CARING ENVIRONMENT.

4b (Code: ) (Expense \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expense \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expense \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 285,466,948.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule J, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	X	
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O.

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 2948		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.</i>	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3a, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country <i>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</i>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note: See the instructions for additional information the organization must report on Schedule O.</i>		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI  **X**

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	16		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	15		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
<b>6</b> Did the organization have members or stockholders?	6	X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	8a	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a	X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	13	X
<b>13</b> Did the organization have a written whistleblower policy?	14	X
<b>14</b> Did the organization have a written document retention and destruction policy?		
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b> Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NJ**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**FELICIA FORNAROTTO, CONTROLLER - 908-994-8124**  
**225 WILLIAMSON STREET, ELIZABETH, NJ 07207**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Trustee or director	Officer	Key employee	Highest compensated employee	Former			
(1) GARY S. HORAN PRESIDENT & CEO	32.00 8.00	X		X				1,524,581.	0.	217,833.
(2) KAREN LUMPP SENIOR VP & CFO/ASST. TREASURER	35.00 5.00			X				721,344.	0.	52,625.
(3) BARRY SIMPSON LEVINSON, MD PHYSICIAN	40.00					X		574,983.	0.	11,735.
(4) CLARISA HENSON, MD PHYSICIAN	40.00					X		491,504.	0.	18,714.
(5) NAZIMA ABRAROVA, MD PHYSICIAN	40.00					X		499,585.	0.	3,185.
(6) SERGIO BAERGA, MD PHYSICIAN	40.00					X		486,281.	0.	12,935.
(7) GERARDO CAPO, MD PHYSICIAN	40.00					X		492,011.	0.	3,185.
(8) GLENN NACIOM VICE PRESIDENT HUMAN RESOURCES	38.00 2.00					X		433,121.	0.	57,907.
(9) NADINE BRECHNER EXECUTIVE DIRECTOR & CDO (UNTIL 8/21)	8.00 32.00					X		81,609.	326,437.	32,914.
(10) NANCY DILIEGRO VICE PRESIDENT CLINICAL SERVICES	40.00					X		363,288.	0.	50,269.
(11) JUDY COMITTO VP INFORMATION SERV. & CIO (UNTIL 10)	40.00					X		364,533.	0.	36,090.
(12) JAMES MCCREATH VICE PRESIDENT BEHAVIORAL HEALTH	40.00					X		357,535.	0.	23,832.
(13) MARY MCFIGUE VICE PRESIDENT PATIENT CARE SERVICES	40.00					X		336,151.	0.	10,127.
(14) JOHN D'ANGELO VP EMERGENCY ROOM	40.00					X		280,269.	0.	42,093.
(15) DOUGLAS HARRIS VICE PRESIDENT OF MARKETING & PR	40.00					X		275,868.	0.	36,895.
(16) PATRICIA HAJNOSZ VE LEGAL AFFAIRS/GENERAL COUNSEL	40.00					X		238,385.	0.	21,644.
(17) WILLIAM MCHUGH MEDICAL DIRECTOR & CMO	40.00					X		185,388.	0.	2,600.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Included trustee of charity	Included director	Officer	Key employee	Highest compensated employee	Former			
(18) VICTOR M. RICHEL CHAIR	2.00 1.00	X		X				0.	0.	0.
(19) MAUREEN SHAUGHNESSY, SC VICE CHAIR	2.00 1.00	X		X				0.	0.	0.
(20) THOMAS S. KACHELRIESS TREASURER	2.00 2.00	X		X				0.	0.	0.
(21) EDNA FRANCIS HERSINGER, SC SECRETARY (DEPARTED 12/21)	2.00 3.00	X		X				0.	0.	0.
(22) SISTER JACQUELYN BALASIA, SC TRUSTEE	2.00	X						0.	0.	0.
(23) EILEEN CLIFFORD, MD, SC TRUSTEE	2.00 1.00	X						0.	0.	0.
(24) ANADIR E. LIRANZO TRUSTEE	2.00	X						0.	0.	0.
(25) ALFONSO J. LOPEZ TRUSTEE	2.00	X						0.	0.	0.
(26) JAN MARGOLIS TRUSTEE	2.00 1.00	X						0.	0.	0.
<b>1b Subtotal</b>								7,706,436.	326,437.	634,583.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								7,706,436.	326,437.	634,583.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **300**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LANDMARK HEALTHCARE, LLC, 839 N. JEFFERSON STREET, MILWAUKEE, WI 53202	CONSTRUCTION SERVICES	5,694,440.
TRINITAS ANESTHESIA ASSOCIATES 225 WILLIAMSON STREET, ELIZABETH, NJ 07207	PHYSICIAN SERVICES	3,596,663.
AERGO SOLUTIONS, LLC 33 WOOD AVENUE SOUTH, ISELIN, NJ 08830	CHARITY/MEDICAID ENROLLMENT	2,784,069.
THE MARTIN GROUP, LLC 96 FRENEAU AVENUE, MATAWAN, NJ 07747	CONSTRUCTION SERVICES	2,755,722.
UNIVERSITY RADIOLOGY GROUP, PC, 579A CRANBURY ROAD, EAST BRUNSWICK, NJ 08816	PHYSICIAN SERVICES	1,830,523.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **40**

SEE PART VII, SECTION A CONTINUATION SHEETS



Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) RICHARD P. MACKESSY, MD TRUSTEE	2.00 1.00	X					0.	0.	0.	
(28) RONALD PALLANT, MD TRUSTEE	2.00 1.00	X					0.	0.	0.	
(29) PAUL PATTEN TRUSTEE	2.00	X					0.	0.	0.	
(30) ADAM ROWEN, MD TRUSTEE	2.00 1.00	X					0.	0.	0.	
(31) THOMAS MARY SALERNO, SC TRUSTEE	2.00 1.00	X					0.	0.	0.	
(32) RODERICK SPEARMAN TRUSTEE	2.00	X					0.	0.	0.	
(33) MARGARET MCMENAMIN, ED.D SECRETARY	2.00 3.00	X	X				0.	0.	0.	
Total to Part VII, Section A, line 1c										

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations	3,107,963.				
	e	Government grants (contributions)	77,682,065.				
	f	All other contributions, gifts, grants, and similar amounts not included above	81,840.				
	g	Noncash contributions included in lines 1a-1f					
	h	<b>Total.</b> Add lines 1a-1f		80,871,868.			
Program Service Revenue			<b>Business Code</b>				
	2 a	PATIENT SERVICE REVENUE	621990	240258417.	240258417.		
	b	SCHOOL OF NURSING TUITION	611110	6,353,330.	6,353,330.		
	c	STUDENT MEDICAL EDUCATION	900099	2,132,036.	2,132,036.		
	d	ANCILLARY MEDICAL SERVICES	621990	292,432.	292,432.		
	e	SCHOOL PSYCHIATRIC SERVICES	900099	248,452.	248,452.		
	f	All other program service revenue	900099	165,940.	165,940.		
g	<b>Total.</b> Add lines 2a-2f		249450607.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,442,820.		3442820.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
			6b				
	6c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a	79,845,464.	103,310.		
			7b	75,130,007.	0.		
	7c	Gain or (loss)	4,715,457.	103,310.			
d	Net gain or (loss)		4,818,767.		4818767.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		8b					
		8c					
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
9b	Less: direct expenses	9b					
9c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
		10b					
		10c					
10d	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			<b>Business Code</b>				
	11 a	INSURANCE CLAIM	900099	3,301,542.		3301542.	
	b	PHARMACY PROGRAM	900099	1,685,402.		1685402.	
	c	CAFETERIA	722210	713,973.		713,973.	
	d	All other revenue	900099	1,714,566.		1714566.	
e	<b>Total.</b> Add lines 11a-11d		7,415,483.				
12	<b>Total revenue.</b> See instructions		345999545.	249450607.	0.	15677070.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,752,387.	4,875,848.	876,539.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	129,107,901.	109,434,642.	19,673,259.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,890,244.	1,602,211.	288,033.	
9 Other employee benefits	13,883,684.	11,768,110.	2,115,574.	
10 Payroll taxes	10,321,088.	8,748,377.	1,572,711.	
11 Fees for services (nonemployees):				
a Management				
b Legal	828,996.	702,675.	126,321.	
c Accounting	159,798.	135,448.	24,350.	
d Lobbying	61,111.		61,111.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,053,853.		1,053,853.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	33,471,543.	30,323,683.	3,147,860.	
12 Advertising and promotion	456,157.	386,649.	69,508.	
13 Office expenses	780,033.	661,172.	118,861.	
14 Information technology	6,768,906.	5,737,471.	1,031,435.	
15 Royalties				
16 Occupancy	9,363,005.	7,936,285.	1,426,720.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,400,837.	2,035,001.	365,836.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,116,737.	9,422,786.	1,693,951.	
23 Insurance	4,394,894.	3,725,207.	669,687.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>MEDICAL SUPPLIES</b>	38,885,294.	38,885,294.		
b <b>BAD DEBT EXPENSE</b>	17,000,908.	17,000,908.		
c <b>REPAIRS &amp; MAINTENANCE</b>	11,176,312.	9,473,283.	1,703,029.	
d <b>COVID 19 COSTS</b>	4,558,456.	3,863,846.	694,610.	
e All other expenses	22,118,423.	18,748,052.	3,370,371.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	325,550,567.	285,466,948.	40,083,619.	0.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (H) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ARS 958-20)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	4,416.	1	1,300.
	2	Savings and temporary cash investments	161,607,261.	2	140,227,623.
	3	Pledges and grants receivable, net	4,374,531.	3	3,182,250.
	4	Accounts receivable, net	22,889,472.	4	27,216,864.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	325,992.	5	352,169.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	2,150,248.	8	1,927,927.
	9	Prepaid expenses and deferred charges	4,124,966.	9	4,098,310.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 378,419,364.		
	b	Less: accumulated depreciation	10b 273,772,835.	10c	104,646,529.
	11	Investments - publicly traded securities	181,876,482.	11	190,243,560.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	11,588,452.	13	14,881,804.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	17,943,644.	15	18,491,225.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	496,296,310.	16	505,269,561.	
Liabilities	17	Accounts payable and accrued expenses	59,854,681.	17	60,412,949.
	18	Grants payable		18	
	19	Deferred revenue	20,627,387.	19	23,691,281.
	20	Tax-exempt bond liabilities	80,383,547.	20	73,382,009.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	56,847.	23	45,477.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	95,227,676.	25	84,514,191.
	26	<b>Total liabilities.</b> Add lines 17 through 25	256,150,138.	26	242,045,907.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	224,317,978.	27	244,794,927.
	28	Net assets with donor restrictions	15,828,194.	28	18,428,727.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b>	240,146,172.	32	263,223,654.	
33	<b>Total liabilities and net assets/fund balances</b>	496,296,310.	33	505,269,561.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	345,999,545.
2	Total expenses (must equal Part IX, column (A), line 25)	2	325,550,567.
3	Revenue less expenses. Subtract line 2 from line 1	3	20,448,978.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	240,146,172.
5	Net unrealized gains (losses) on investments	5	-664,848.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3,293,352.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	263,223,654.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization <b>TRINITAS REGIONAL MEDICAL CENTER</b>	Employer identification number <b>22-3601678</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)
- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
  - 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
  - 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
  - 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
  - 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
  - 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
  - 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
  - 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
  - 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
  - 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
    - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
    - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
    - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
    - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
    - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations:

**g Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (See instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b (Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975)						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I, if you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and F. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did this organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
<b>B</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7:		
	\$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		



**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **TRINITAS REGIONAL MEDICAL CENTER** Employer identification number **22-3601678**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_

3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No

4a Was a correction made?  Yes  No

b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_

4 Did the filing organization file Form 1120-POL for this year?  Yes  No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2021

LHA

152041 11-03-21

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)															
<b>d</b> Other exempt purpose expenditures															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		61,111.
<b>j</b> Total. Add lines 1c through 1i			61,111.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(c)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	5	

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

THE MEDICAL CENTER ALSO PAYS DUES TO NATIONAL AND STATE HOSPITAL ASSOCIATIONS. A PORTION OF THE DUES ARE USED FOR LOBBYING PURPOSES BY THE HOSPITAL ASSOCIATIONS. CATHOLIC HEALTHCARE PARTNERSHIP OF NEW JERSEY USED 30.00% OF MEMBER DUES FOR LOBBYING PURPOSES FOR A TOTAL OF \$31,415. NEW JERSEY HOSPITAL ASSOCIATION USED 20.00% OF MEMBER DUES FOR



**Part IV** Supplemental Information *(continued)*

LOBBYING PURPOSES FOR A TOTAL OF \$11,216. HOSPITAL ALLIANCE OF NEW  
JERSEY USED 5.00% OF MEMBER DUES FOR LOBBYING PURPOSES FOR A TOTAL OF  
\$3,000. GREATER NEW YORK HOSPITAL ASSOCIATION USED 100.00% OF MEMBER  
DUES FOR LOBBYING PURPOSES FOR A TOTAL OF \$15,480.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**  
Open to Public  
Inspection

Name of the organization **TRINITAS REGIONAL MEDICAL CENTER** Employer identification number **22-3601678**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,783,178.		1,783,178.
b Buildings		166,462,247.	117,365,109.	49,097,138.
c Leasehold improvements		1,889,874.	220,485.	1,669,389.
d Equipment		179,665,247.	152,488,004.	27,177,243.
e Other		28,618,818.	3,699,237.	24,919,581.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				104,646,529.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including terms of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED MALPRACTICE COSTS	1,913,000.
(3) ESTIMATED SETTLEMENTS WITH	
(4) THIRD-PARTY PAYORS	57,536,200.
(5) OPERATING LEASE OBLIGATION	7,108,358.
(6) ADVANCES FOR MEDICARE	17,956,633.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	84,514,191.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	330,573,288.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-664,848.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-14,761,409.
e	Add lines 2a through 2d	2e	-15,426,257.
3	Subtract line 2e from line 1	3	345,999,545.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	345,999,545.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	307,495,806.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	307,495,806.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	18,054,761.
c	Add lines 4a and 4b	4c	18,054,761.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	325,550,567.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

THE MEDICAL CENTER ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT AS TO WHETHER THE UNCERTAINTY WILL BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF FOUNDATION 3,293,352.  
 BAD DEBT -17,000,908.

**Part XIII** Supplemental Information *(continued)*

INVESTMENT MANAGEMENT FEES -1,053,853.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -14,761,409.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT 17,000,908.

INVESTMENT MANAGEMENT FEES 1,053,853.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 18,054,761.

Multiple horizontal lines for additional entries.

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization **TRINITAS REGIONAL MEDICAL CENTER** Employer identification number **22-3601678**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>1b</b> If "Yes," was it a written policy?	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following (based) on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy (that applied to the largest number of its patients during the tax year) provide for free or discounted care to the "medically indigent"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>b</b> If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)		6,663	34748545.	26061978.	8686567.	2.82%
<b>b</b> Medicaid (from Worksheet 3, column a)		20,601	74077151.	70672375.	3404776.	1.10%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs		27,264	108825696	96734353.	12091343.	3.92%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)						
<b>f</b> Health professions education (from Worksheet 5)			7062280.	6185024.	877,256.	.28%
<b>g</b> Subsidized health services (from Worksheet 6)			68414889.	56504127.	11910762.	3.86%
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)						
<b>j Total.</b> Other Benefits			75477169.	62689151.	12788018.	4.14%
<b>k Total.</b> Add lines 7d and 7j		27,264	184302865	159423504	24879361.	8.06%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community building expense, (d) Direct offsetting revenue, (e) Net community building expense, (f) Percent of total expense. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table for Section A. Bad Debt Expense. Question 1: Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? Question 2: Enter the amount of the organization's bad debt expense. Question 3: Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy.

Section B. Medicare

Table for Section B. Medicare. Question 5: Enter total revenue received from Medicare. Question 6: Enter Medicare allowable costs of care relating to payments on line 5. Question 7: Subtract line 6 from line 5. Question 8: Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit.

Section C. Collection Practices

Table for Section C. Collection Practices. Question 9a: Did the organization have a written debt collection policy during the tax year? Question 9b: If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance?

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

Table for Part IV Management Companies and Joint Ventures. Columns: (a) Name of entity, (b) Description of primary activity of entity, (c) Organization's profit % or stock ownership %, (d) Officers, directors, trustees, or key employees' profit % or stock ownership %, (e) Physicians' profit % or stock ownership %.





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.RWJBH.ORG/TRINITAS-REGIONAL-ME</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>HTTP://WWW.RWJBH.ORG/TRINITAS-REGIONAL-MEDICAL-CENTE</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - A

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients? .....	X	
15	Explained the method for applying for financial assistance? .....	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - A

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of those actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input checked="" type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - A

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? ..... If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? ..... If "Yes," explain in Section C.		X

**Part V** Facility Information *(continued)*

Section C. Supplemental information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18a, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

## SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.RWJBH.ORG/DOCUMENTS/TRINITAS/FAP-ENGLISH-VERSION-MARCH-2022.PDF](https://www.rwjbh.org/documents/trinitas/fap-english-version-march-2022.pdf)

## SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.TRINITASRHC.ORG/MISC/FINANCIAL\\_ASSISTANCE\\_POLICY\\_ENGLISH.PDF](https://www.trinitasrhc.org/misc/financial_assistance_policy_english.pdf)

## SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.RWJBH.ORG/DOCUMENTS/TRINITAS/FAP-ENGLISH-VERSION-MARCH-2022.PDF](https://www.rwjbh.org/documents/trinitas/fap-english-version-march-2022.pdf)

## SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

FACILITY REPORTING GROUP A CONSISTS OF:

- FACILITY 1: WILLIAMSON STREET CAMPUS
- FACILITY 2: NEW POINT CAMPUS

## FACILITY REPORTING GROUP - A

PART V, SECTION B, LINE 5: IN CONDUCTING THE CHNA, WE EXAMINED A VARIETY

OF HOUSEHOLD AND HEALTH STATISTICS WITH THE INPUT OF OUR COMMUNITY

PARTNERS TO PORTRAY A FULL PICTURE OF THE HEALTH OF OUR COMMUNITY. WE WILL

USE THESE FINDINGS TO ENSURE THAT OUR COMMUNITY BENEFIT AND HEALTH

IMPROVEMENT INITIATIVES ARE ALIGNED WITH THE HIGHEST NEEDS OF OUR

COMMUNITY.

THE 2019 CHNA WAS LED BY TRMC LEADERSHIP WITH PARTICIPATION OF OUR

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY PARTNERS. WE ARE THANKFUL TO THE MANY HEALTH AND SOCIAL SERVICE EXPERTS WHO LENT EXPERTISE AND INPUT TO THE CHNA PROCESS AND CONTINUE TO PARTNER WITH TRMC TO ADDRESS HEALTH NEEDS IN OUR COMMUNITY. OUR RESEARCH PARTNER, BAKER TILLY, ASSISTED US IN ALL PHASES OF OUR CHNA STUDY.

## COMMUNITY ADVISORY COMMITTEE MEMBERS:

AMPARO AGUIRRE, TRINITAS REGIONAL MEDICAL CENTER

MICHELLE ALI, TRINITAS REGIONAL MEDICAL CENTER

KATHLEEN AZZARELLA, TRINITAS REGIONAL MEDICAL CENTER

TOM BECK, JEWISH FAMILY SERVICES OF CENTRAL NJ

NADINE BRBCHNER, TRINITAS REGIONAL MEDICAL CENTER

IVY CABRERA, TRINITAS REGIONAL MEDICAL CENTER

MARGARET CAMMARIERI, AMERICAN HEART ASSOCIATION

TIM CLYNE, TRINITAS REGIONAL MEDICAL CENTER

YOCASTA CORONA, TRINITAS REGIONAL MEDICAL CENTER

JENNIFER COSTA, ELIZABETH DESTINATION MARKETING ORGANIZATION

CARMEN DE JESUS, PROCEED INC.

JULIE DESIMONE, MAYORS WELLNESS CAMPAIGN (NJ HEALTH CARE QUALITY INSTITUTE)

NANCY DILIEGRO, PHD, FACHE, TRINITAS REGIONAL MEDICAL CENTER

JILL DISPENZA, JEWISH FAMILY SERVICES OF CENTRAL NJ

JAMES DUNLEAVY, TRINITAS REGIONAL MEDICAL CENTER

DAVID FLETCHER, ELIZABETHTOWN HEALTHCARE FOUNDATION

JUANITA FRYAR, TRINITAS REGIONAL MEDICAL CENTER

KRISHNA GARLIC, CITY OF ELIZABETH DEPARTMENT OF HEALTH AND HUMAN SERVICES

HANA HAMDI, NJ COMMUNITY CAPITAL

DOUGLAS HARRIS, TRINITAS REGIONAL MEDICAL CENTER

**Part V Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3, 5, 6a, 6b, 7d, 11, 13b, 13h, 15a, 16j, 18a, 19c, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CARLOS HERRERA, JEWISH FAMILY SERVICES

GARY S. HORAN, TRINITAS REGIONAL MEDICAL CENTER

MICHAEL JOHNSON, SHAPING ELIZABETH/THE GATEWAY FAMILY YMCA

MAUREEN KUHN, AMERICAN CANCER SOCIETY

LISA LISS, TRINITAS REGIONAL MEDICAL CENTER

JIM MCCREATH, TRINITAS REGIONAL MEDICAL CENTER

WILLIAM MCHUGH, MD, TRINITAS REGIONAL MEDICAL CENTER

ANNARELLY MCNAIR, UNION COUNTY OFFICE OF HEALTH MANAGEMENT

MARY MCTIGUE, TRINITAS REGIONAL MEDICAL CENTER

SISTER MARION SCRANTON, TRINITAS REGIONAL MEDICAL CENTER

THERESA SOTO VEGA, PROCEED INC.

MORGAN THOMPSON, PREVENTION LINKS

ANDREA TOPPING, CITY OF ELIZABETH DEPARTMENT OF HEALTH AND HUMAN SERVICES

COREY WU JUNG, SHAPING ELIZABETH/THE GATEWAY FAMILY YMCA

FACILITY REPORTING GROUP - A

PART V, SECTION B, LINE 7D: ANNUAL COMMUNITY MEETING

FACILITY REPORTING GROUP - A

PART V, SECTION B, LINE 11: WE ARE FOCUSING ON FOUR PRIORITIES: CANCER,

CHRONIC DISEASE PREVENTION, MENTAL HEALTH/SUBSTANCE ABUSE AND

MATERNAL/CHILD HEALTH. FOR CANCER, WE ARE PROVIDING FREE SCREENINGS AND

COMMUNITY CANCER-RELATED EDUCATION. FOR CHRONIC DISEASE PREVENTION, WE ARE

PROVIDING EDUCATION ON HEALTHY EATING HABITS AND FOOD SHOPPING AT FARMERS'

MARKETS. IN TERMS OF BEHAVIORAL HEALTH, WE ARE CURRENTLY RAISING FUNDS FOR

EXTENSIVE RENOVATION OF OUR NEWPOINT CAMPUS. FOR SUBSTANCE ABUSE, WE HAVE

MANY PROGRAMS INCLUDING OUR SUBSTANCE USE SCREENING PROGRAM WHICH WAS



**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18a, 19c, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DEVELOPED IN COORDINATION WITH THE FEDERAL DSRIP PROGRAM. FOR

MATERNAL/CHILD HEALTH, WE ARE FOCUSING ON EDUCATION AND EMPHASIZING THE

IMPORTANCE OF PRENATAL CARE.

Multiple horizontal lines for supplemental information.

**Part V** Facility Information *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 7

Name and address	Type of Facility (describe)
1 LINDEN DIALYSIS CENTER 10 N WOOD AVENUE LINDEN, NJ 07036	DIALYSIS CARE
2 TRINITAS MICU 1164 ELIZABETH AVENUE ELIZABETH, NJ 07201	MOBILE CARE UNIT
3 WOMEN'S/PEDIATRIC HEALTH CENTER 65 JEFFERSON AVENUE ELIZABETH, NJ 07201	CLINICS/FAMILY MEDICINE
4 TRINITAS REG MED CTR SCHOOL OF NURSING UNION COUNTY COLLEGE 12 W JERSEY STREE ELIZABETH, NJ 07202	SCHOOL OF NURSING
5 WOMEN, INFANTS & CHILDREN NUTRITION WI 40 PARKER ROAD ELIZABETH, NJ 07208	NUTRITIONAL COUNSELING
6 TRINITAS SLEEP CENTER-HOMEWOOD SUITES 2 JACKSON DRIVE CRANFORD, NJ 07016	SLEEP DISORDER DIAGNOSIS
7 TRINITAS REG MED CTR CRANFORD DIALYSIS 205 BIRCHWOOD AVE. CRANFORD, NJ 07016	DIALYSIS CARE

**Part VI** Supplemental Information

Provide the following information:

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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**PART I, LINE 7:**

**A COST TO CHARGE RATIO WAS CALCULATED BY DIVIDING TOTAL OPERATING EXPENSE BY GROSS REVENUE.**

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**PART I, LINE 7G:**

**NO COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC WERE INCLUDED IN THE SUBSIDIZED HEALTH SERVICES FIGURE.**

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**PART I, LN 7 COL(F):**

**\$17,000,908 OF BAD DEBT EXPENSE WAS SUBTRACTED FROM TOTAL EXPENSES IN ORDER TO CALCULATE THE PERCENT OF TOTAL EXPENSE IN COLUMN (F) OF LINE 7.**

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**PART II, COMMUNITY BUILDING ACTIVITIES:**

**IN OUR COMMUNITY BUILDING ACTIVITIES, WE PROVIDE EDUCATION AND TRAINING TO MEMBERS OF THE COMMUNITY SO THEY WILL MAKE BETTER DECISIONS ABOUT THEIR HEALTH AND MEDICAL CARE.**

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**OUR EFFORTS IN THIS REGARD ARE NOT PROVIDED FOR MARKETING PURPOSES OR TO**

**Part VI** Supplemental Information (Continuation)

INCREASE REFERRALS OF PATIENTS WITH THIRD PARTY INSURANCE COVERAGE, IN FULFILLMENT OF REGULATORY REQUIREMENTS OR CURRENT STANDARD OF CARE, OR TO BENEFIT PERSONS AFFILIATED WITH THE ORGANIZATION. RATHER, ALL OF OUR EFFORTS DESCRIBED HEREIN ARE DESIGNED TO BENEFIT THE PEOPLE IN OUR COMMUNITY.

ALL OF OUR COMMUNITY PROGRAMS ARE GENERALLY AVAILABLE BROADLY IN THE COMMUNITY AND TARGET THOSE PERSONS MOST IN NEED. THESE ACTIVITIES MAKE PEOPLE AWARE OF THEIR HEALTHCARE OPTIONS AND ENCOURAGE THEM TO GET MORE INFORMATION AND TREATMENT, IF NEEDED.

## PART III, LINE 2:

A COST TO CHARGE RATIO WAS CALCULATED BY DIVIDING TOTAL OPERATING EXPENSE BY GROSS REVENUE.

## PART III, LINE 3:

APPROXIMATELY 27% OF OUR BAD DEBT EXPENSE IS RELATED TO CHARITY PATIENTS WITH INSUFFICIENT DOCUMENTATION. MOST PATIENTS WITH BAD DEBT COULD NOT OTHERWISE AFFORD CARE, THEREFORE IT IS A COMMUNITY BENEFIT.

## PART III, LINE 4:

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

**Part VI** Supplemental Information (Continuation)

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 OR PARTIAL INSURANCE (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 THE BILLED RATES AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL COLLECTIONS.

## PART III, LINE 8:

THE ENTIRE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT SINCE THE SHORTFALL IS A RESULT OF OUR LOCATION. PLEASE SEE RESPONSE TO SCHEDULE H, PART VI, LINE 4 REGARDING COMMUNITY INFORMATION. WE PROVIDE CARE TO THOSE IN NEED OF IT, REGARDLESS OF THEIR ABILITY TO PAY.

THE AMOUNT OF MEDICARE ALLOWABLE COSTS WAS ESTIMATED FROM THE COST ACCOUNTING SYSTEM.

## PART III, LINE 9B:

IF A PATIENT QUALIFIES FOR FULL CHARITY CARE, THERE IS NO FURTHER COLLECTION EFFORT. IF A PATIENT QUALIFIES FOR PARTIAL CHARITY CARE, REGULAR COLLECTION PRACTICES ARE FOLLOWED.

**Part VI** Supplemental Information (Continuation)

## PART VI, LINE 2:

OUR ASSESSMENT OF THE HEALTH CARE NEEDS OF THE COMMUNITIES WE SERVE IS DETERMINED THROUGH VARIOUS EFFORTS. FIRST, HOSPITAL PERSONNEL (SUCH AS OUR EMERGENCY DEPARTMENT, CASE MANAGERS AND DISCHARGE PLANNING STAFF) IDENTIFY HEALTH CARE NEEDS BASED ON THE ADMISSIONS/DISCHARGES AND OTHER HOSPITAL DATA. IN ADDITION, THE HOSPITAL COMES TOGETHER WITH OUR COMMUNITY THROUGH OUR ACTIVE INVOLVEMENT AND INTERACTION IN CONNECTION WITH THE NUMEROUS HEALTH INITIATIVES WE SPONSOR. THE INFORMATION WE DETERMINE THROUGH THESE EFFORTS SERVES AS A BASIS TO IDENTIFY HEALTH CARE NEEDS IN OUR COMMUNITY AND TO APPROPRIATELY RESPOND TO THOSE NEEDS. SUCH PROGRAMS INCLUDE, FOR EXAMPLE, COMMUNITY HEALTH EDUCATION, COMMUNITY PARTNERSHIPS, HOSPITAL SERVICES OUTREACH PROGRAMS, HOSPITAL SUPPORT AND SERVICES IN THE COMMUNITY AND COMMUNITY OUTREACH SERVICES.

TRINITAS' BENEFIT TO THE COMMUNITY IN 2021 TOTALED APPROXIMATELY \$25 MILLION IN UNPAID CHARITY CARE, COMMUNITY SERVICE ACTIVITIES, AND LOSSES INCURRED IN CARING FOR MEDICAID BENEFICIARIES.

THESE COSTS ARE OVER AND ABOVE THE VALUE THAT TRINITAS BRINGS TO THE COMMUNITY WHEN ONE CONSIDERS OUR ROLE AS A MAJOR EMPLOYER, A DRIVER OF THE LOCAL ECONOMY, A CHARITABLE INSTITUTION, AN EDUCATOR AND A COMMUNITY ADVOCATE.

EACH YEAR THE HOSPITAL PREPARES A COMMUNITY BENEFITS REPORT WHICH IS MADE AVAILABLE TO THE PUBLIC.

**Part VI** Supplemental Information (Continuation)

## PART VI, LINE 3:

TRINITAS UTILIZES MULTI-LANGUAGE SIGNS AND POSTERS THAT ARE CLEARLY VISIBLE IN ALL OF OUR HOSPITAL PATIENT IN-TAKE AREAS. THESE SIGNS AND POSTERS, WHICH INCLUDE FINANCIAL ASSISTANCE CONTACT INFORMATION, EXPLAIN OUR CHARITY CARE POLICIES AND INCLUDE INFORMATION REGARDING THE ELIGIBILITY REQUIREMENTS FOR GOVERNMENTAL SPONSORED PROGRAMS AVAILABLE TO ASSIST IN PAYING HOSPITAL BILLS. IN ADDITION, OUR FINANCIAL COUNSELORS SCREEN ALL PATIENTS IN ORDER TO DETERMINE THEIR ELIGIBILITY FOR GOVERNMENTAL ASSISTANCE OR REDUCED BILLINGS UNDER OUR CHARITY CARE POLICIES. THIS SCREENING PROCESS INCLUDES A DISCUSSION WITH PATIENTS OF THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS. IN ADDITION, OUR FINANCIAL COUNSELORS ARE CAPABLE OF DISCUSSING THESE MATTERS WITH NON-ENGLISH SPEAKING PATIENTS. TRINITAS PROVIDES A COPY OF ITS FINANCIAL ASSISTANCE POLICY TO PATIENTS UPON ADMISSION TO THE HOSPITAL, AS AN ATTACHMENT TO INVOICES, AND IT IS ALSO MADE AVAILABLE UPON REQUEST. FINALLY, TRINITAS MAKES THIS POLICY ACCESSIBLE THROUGH ITS WEBSITE.

## PART VI, LINE 4:

TRINITAS REGIONAL MEDICAL CENTER IS LOCATED IN THE CITY OF ELIZABETH, NJ AND SERVES THOSE WHO LIVE AND WORK IN ELIZABETH AS WELL AS THOSE IN EASTERN AND CENTRAL UNION COUNTY. ELIZABETH'S POPULATION IS APPROXIMATELY 130,062. THE POPULATION OF UNION COUNTY IS APPROXIMATELY 572,114. TRINITAS REGIONAL MEDICAL CENTER DERIVES 65% OF THE TOTAL VOLUME FROM THE CITY OF ELIZABETH. THE MEDIAN FAMILY INCOME IS LOW IN ELIZABETH AT \$50,647 AND THIS INCOME IS USED TO SUPPORT AN AVERAGE FAMILY SIZE OF 3.45 MEMBERS.

THE UNEMPLOYMENT PERCENTAGE IN ELIZABETH AT 12/31/21 WAS AT 5.5% (COMPARED TO THE NEW JERSEY AVERAGE OF 5.1%).

**Part VI** Supplemental Information (Continuation)

TRINITAS REGIONAL MEDICAL CENTER PAYER MIX IS OVERLY REPRESENTATIVE OF THE CHARITY AND MEDICAID POPULATIONS. TRINITAS REGIONAL MEDICAL CENTER IS PROVIDING 68% OF THE TOTAL NUMBER OF COUNTY-WIDE CHARITY DAYS AND 67% OF THE TOTAL NUMBER OF COUNTY-WIDE MEDICAID DAYS IN CONTRAST TO PROVIDING ONLY 39% OF THE TOTAL COUNTY-WIDE PATIENT DAYS.

TRINITAS REGIONAL MEDICAL CENTER IS A TRUE COMMUNITY HOSPITAL DEDICATED TO SERVING THE POOR AND DISENFRANCHISED IN OUR COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY. WE CONSISTENTLY MAINTAIN THE 7TH LARGEST CHARITY CARE AND MEDICAID PROGRAM IN NEW JERSEY, AND TRINITAS REGIONAL MEDICAL CENTER IS ONE OF THE STATE'S TOP SAFETY-NET HOSPITALS. WE ARE THE ONLY HOSPITAL IN ELIZABETH, A DENSELY POPULATED IMMIGRANT CITY WHERE 23% OF ADULTS DO NOT OWN A CAR, MEANING WE ARE THE ONLY VIABLE HEALTHCARE OPTION FOR A SIGNIFICANT PERCENTAGE OF THE LOCAL POPULATION. POVERTY IS ALSO AN ISSUE: 15% OF INDIVIDUALS LIVE BELOW THE POVERTY LEVEL. MUCH LIKE THE CITY OF ELIZABETH, OUR PATIENT BASE IS 64% HISPANIC AND 20% AFRICAN AMERICAN. OUR TOTAL SERVICE AREA ENCOMPASSES 65% OF ALL UNION COUNTY HOUSEHOLDS AND 80% OF THE COUNTY'S POOREST RESIDENTS.

AS A SAFETY NET HOSPITAL, WE ARE GUIDED BY A MISSION THAT PROMISES ACCESS TO QUALITY MEDICAL CARE FOR ALL, REGARDLESS OF ABILITY TO PAY.

**PART VI, LINE 5:**

A MAJORITY OF THE BOARD OF TRUSTEES OF TRINITAS IS COMPRISED OF PERSONS WHO RESIDE IN OUR PRIMARY AND SECONDARY SERVICE AREA AND ARE NEITHER EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATIONS, NOR FAMILY MEMBERS.



**Part VI** Supplemental Information (Continuation)

WE EXTEND MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN OUR COMMUNITY FOR ALL OF OUR DEPARTMENTS.

TO THE EXTENT THAT WE GENERATE POSITIVE OPERATING MARGINS, SURPLUS FUNDS ARE UTILIZED FOR IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION AND REINVESTED IN OUR BUILDING AND USED TO MEET OUR NEEDS FOR UPDATING REQUIRED EQUIPMENT.

IN ADDITION, TO BETTER SERVE THE VARIETY OF NEEDS OF OUR COMMUNITY, WE HAVE PARTNERED WITH A WIDE ARRAY OF COMMUNITY SERVICE AND OTHER ORGANIZATIONS WHOSE PURPOSE AND INTEREST IS TO PROMOTE THE HEALTH AND WELL BEING OF THE COMMUNITY. THESE GROUPS INCLUDE: COMMUNITY ORGANIZATIONS, FAITH BASED GROUPS, MUNICIPAL AND GOVERNMENT AGENCIES, SENIOR CITIZENS GROUPS, REGIONAL ALLIANCES, NOT-FOR-PROFIT SERVICE ORGANIZATIONS, BUSINESS COMMUNITY AND FOUNDATIONS, SCHOOLS/MENTORING PARTNERSHIPS, MEDICAL CENTER DEPARTMENTS WHICH PROVIDE COMMUNITY ACTIVITIES AND CHILDREN'S THERAPY SERVICES.

## PART VI, LINE 6:

AFFILIATES OF TRINITAS REGIONAL MEDICAL CENTER INCLUDE MARILLAC CORPORATION, A WHOLLY-OWNED SUBSIDIARY OF THE MEDICAL CENTER. MARILLAC, A NOT-FOR-PROFIT, TAX-EXEMPT ORGANIZATION, OWNS AND OPERATES A MEDICAL OFFICE BUILDING IN ELIZABETH, NJ. THE SOLE MEMBER OF THE MEDICAL CENTER IS TRINITAS HEALTH (THE PARENT), ALSO A TAX-EXEMPT ORGANIZATION. OTHER AFFILIATES INCLUDE TRINITAS HEALTHCARE CORPORATION AND SUBSIDIARY, TRINITAS HEALTH SERVICES CORPORATION, AND TRINITAS HEALTH FOUNDATION. ALL OF THESE AFFILIATES ARE NOT-FOR-PROFIT TAX-EXEMPT ORGANIZATIONS, EXCEPT

**Part VI** Supplemental Information (Continuation)

FOR TRINITAS HEALTH SERVICES CORPORATION WHICH IS A TAXABLE, FOR-PROFIT ENTITY.

THE MEDICAL CENTER, A TEACHING HOSPITAL AFFILIATED WITH THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NJ, OFFERS A WIDE ARRAY OF SERVICES INCLUDING ACUTE CARE, LONG-TERM CARE, HOME CARE, HOSPICE AND OTHER COMMUNITY BASED SERVICES. THE MEDICAL CENTER ALSO OPERATES ONE OF THE LARGEST NURSING SCHOOLS IN THE COUNTRY.

THE TRINITAS HEALTH FOUNDATION WAS ESTABLISHED TO SOLICIT CONTRIBUTIONS FROM THE GENERAL PUBLIC SOLELY FOR THE FUNDING OF OPERATIONS AND CAPITAL ACQUISITIONS BY THE MEDICAL CENTER.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

NJ

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**TRINITAS REGIONAL MEDICAL CENTER**

Employer identification number

**22-3601678**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (D)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GARY C. HOBAN PRESIDENT & CEO	(i)	979,901.	416,000.	128,680.	214,973.	2,860.	1,742,414.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KAREN LUMPFF SENIOR VP & CFO/ASST. TREASURER	(i)	562,344.	159,000.	0.	50,610.	2,015.	773,969.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BARRY SIMPSON LEVINSON, MD PHYSICIAN	(i)	574,983.	0.	0.	8,550.	3,185.	586,718.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CLARISA HENSON, MD PHYSICIAN	(i)	491,504.	0.	0.	8,234.	10,480.	510,218.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NAZINA ARRABOVA, MD PHYSICIAN	(i)	499,585.	0.	0.	0.	3,185.	502,770.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SERGIO BAERGA, MD PHYSICIAN	(i)	486,281.	0.	0.	9,750.	3,185.	499,216.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GERARDO CAPO, MD PHYSICIAN	(i)	492,011.	0.	0.	0.	3,185.	495,196.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GLENN NACION VICE PRESIDENT HUMAN RESOURCES	(i)	353,121.	80,000.	0.	52,037.	5,870.	491,028.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MADINE BRECHNER EXECUTIVE DIRECTOR & CDO (UNTIL 8/21)	(i)	58,062.	17,800.	5,747.	6,098.	484.	88,191.	0.
	(ii)	232,251.	71,200.	22,986.	24,394.	1,938.	352,769.	0.
(10) NANCY DILIBERTO VICE PRESIDENT CLINICAL SERVICES	(i)	295,288.	88,000.	0.	44,909.	5,360.	413,557.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JUDY COMITTO VP INFORMATION SERV. & CIO (UNTIL 10)	(i)	275,275.	61,000.	28,258.	34,490.	1,600.	400,623.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JAMES MCCREATH VICE PRESIDENT BEHAVIORAL HEALTH	(i)	299,535.	58,000.	0.	20,885.	2,947.	381,367.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MARY BUTIGUE VICE PRESIDENT PATIENT CARE SERVICES	(i)	274,151.	62,000.	0.	8,112.	2,015.	346,278.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JOHN D'ANGELO VP EMERGENCY ROOM	(i)	280,269.	0.	0.	40,823.	1,270.	322,362.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) DOUGLAS HARRIS VICE PRESIDENT OF MARKETING & PR	(i)	230,868.	45,000.	0.	34,035.	2,860.	312,763.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) PATRICIA MADDOX VP LEGAL AFFAIRS/GENERAL COUNSEL	(i)	191,385.	47,000.	0.	21,644.	0.	260,029.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (E)(i)-(ii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (E) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) WILLIAM HUGHES MEDICAL DIRECTOR & CMO	(i)	155,388.	30,000.	0.	2,600.	0.	187,988.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 2, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 4B:**

THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE MEDICAL CENTER'S 457(F) PLAN

AND RECEIVED A DISTRIBUTION DURING 2021 AS FOLLOWS:

GARY HORAN, PRESIDENT &amp; CEO - \$0

KAREN LUMPP, SENIOR VP &amp; CFO - \$0

JUDY COMITTO, VP OF INFORMATION SERVICES - \$28,257.72

GLENN NACION, VP OF HUMAN RESOURCES - \$0

NADINE BRECHNER, EXECUTIVE DIRECTOR &amp; CDO - \$28,732.60

NANCY DILIEGRO, VICE PRESIDENT CLINICAL SERVICES - \$0

DOUGLAS HARRIS, VICE PRESIDENT OF MARKETING - \$0

JAMES MCCREATH, VICE PRESIDENT BEHAVIORAL HEALTH - \$0

ADDITIONALLY, GARY HORAN RECEIVED A SERP DISTRIBUTION IN THE AMOUNT OF

\$128,679.56 DURING 2021.

**PART I, LINE 7:**

THE ORGANIZATION'S REVIEW AND COMPENSATION COMMITTEE OF THE BOARD OF

TRUSTEES IS CHARGED WITH REVIEWING ALL EXECUTIVE COMPENSATION AND MAKING

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

ANY ANNUAL VARIABLE COMPENSATION DECISIONS. THE COMMITTEE HAS ESTABLISHED  
 BOTH ORGANIZATIONAL AND INDIVIDUAL GOALS (E.G., PATIENT SATISFACTION AND  
 CLINICAL QUALITY SCORES) THAT, IF MET, WILL ENABLE AN EXECUTIVE TO RECEIVE  
 VARIABLE COMPENSATION. THE COMMITTEE WILL REVIEW THE EXECUTIVE'S  
 PERFORMANCE AGAINST THESE GOALS AND MAKE THE ULTIMATE DETERMINATION WHETHER  
 VARIABLE COMPENSATION IS WARRANTED. THE COMMITTEE DOES HAVE THE DISCRETION  
 TO AWARD VARIABLE COMPENSATION EVEN IF CERTAIN ESTABLISHED GOALS ARE NOT  
 MET IF THERE ARE CIRCUMSTANCES BEYOND THE ORGANIZATION'S OR INDIVIDUAL'S  
 CONTROL. THE COMMITTEE IS COMPRISED OF INDEPENDENT INDIVIDUALS WHO HAVE NO  
 CONFLICT OF INTEREST WITH THE PERSONS THEY ARE EVALUATING ON COMPENSATION  
 MATTERS.

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990. ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**  
Open to Public Inspection

Name of the organization: **TRINITAS REGIONAL MEDICAL CENTER** Employer identification number: **22-3601678**

Part I Bond Issues SEE PART VI FOR COLUMN (A) CONTINUATIONS											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Delisted		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A NJ HEALTH CARE FACILITIES FINANCING AUT	22-1987084	645790DF0	10/05/16	16164452.	REFUND SERIES 2006		X		X		X
B NJ HEALTH CARE FACILITIES FINANCING AUT	22-1987084	645790CS3	04/03/17	93748941.	REFUND SERIES 2007A AND 2007B		X		X		X
C											
D											

Part II Proceeds									
	A		B		C		D		
	2016	2017	2016	2017	2016	2017	2016	2017	
1 Amount of bonds retired	3,770,000.		25,195,000.						
2 Amount of bonds legally defeased									
3 Total proceeds of issue	16,164,452.		93,748,941.						
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds									
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds	343,289.		754,078.						
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds									
11 Other spent proceeds	16,164,452.		92,994,863.						
12 Other unspent proceeds									
13 Year of substantial completion	2016		2017						
	Yes	No	Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X						
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X					
16 Has the final allocation of proceeds been made?	X		X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.



Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.00 %		.00 %				%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.00 %		.00 %				%
6 Total of lines 4 and 5		.00 %		.00 %				%
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%				%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are reissued in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8035-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?	X		X					
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: NJ HEALTH CARE FACILITIES FINANCING AUTHORITY

(A) ISSUER NAME: NJ HEALTH CARE FACILITIES FINANCING AUTHORITY

PART I, BOND A, ITEM (C)

THIS BOND HAD ADDITIONAL CUSIP NUMBERS: 645790CC8, 645790CD6, 645790CE4, 645790CF1, 645790CG9, 645790CH7, 645790CJ3, 645790CK0, 645790CL8, 645790CM6, 645790CN4, 645790CP9, 645790CQ7, & 645790CR5.

PART I, BOND B, ITEM (C)

THIS BOND HAD ADDITIONAL CUSIP NUMBERS: 645790CT1, 645790CU8, 645790CV6, 645790CW4, 645790CX2, 645790CY0, 645790CZ7, 645790DA1, 645790DB9, 645790DC7, 645790DD5, 645790DE3, & 645790DF0.

**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2021**  
Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization **TRINITAS REGIONAL MEDICAL CENTER** Employer identification number **22-3601678**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
GARY HORAN	PRESIDENT	SPLIT DO		X	27,166.	352,169.		X	X		X	
<b>Total</b>						▶ \$ 352,169.						

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:**

(A) NAME OF PERSON: GARY HORAN

(B) RELATIONSHIP WITH ORGANIZATION: PRESIDENT & CEO

(C) PURPOSE OF LOAN: SPLIT DOLLAR INSURANCE AGREEMENT

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**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

TRINITAS REGIONAL MEDICAL CENTER

Employer identification number

22-3601678

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDE EXCELLENT, COMPASSIONATE HEALTHCARE TO THE PEOPLE AND  
COMMUNITIES WE SERVE, INCLUDING THOSE AMONG US WHO ARE POOR AND  
VULNERABLE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TRINITAS REGIONAL MEDICAL CENTER OFFERS A NUMBER OF CENTERS OF  
EXCELLENCE AND SPECIALIZED MAJOR SERVICES, INCLUDING BEHAVIORAL HEALTH,  
BLOODLESS MEDICINE, CANCER CARE, CARDIOLOGY, DIABETES MANAGEMENT,  
MATERNAL AND CHILD HEALTH, RENAL SERVICES, SCHOOL OF NURSING, SENIOR  
SERVICES, SLEEP DISORDERS, WOMEN'S SERVICES, WOUND HEALING AND MORE.  
TRINITAS REGIONAL MEDICAL CENTER IS ALSO A CATHOLIC TEACHING HOSPITAL.

IN 2021, TRINITAS SERVED NEARLY 10,000 INPATIENTS, 52,000 EMERGENCY  
PATIENTS, 1,176 NEWBORNS AND 301,000 OUTPATIENTS. THE TRINITAS FAMILY  
INCLUDES MORE THAN 2,700 EMPLOYEES, 500 PHYSICIANS, AND OVER 200  
VOLUNTEERS AND AUXILIANS.

INPATIENT SERVICES:

OPERATING ON TWO MAJOR CAMPUSES, TRINITAS HAS 554 BEDS, INCLUDING A  
124-BED LONG-TERM CARE CENTER. TRINITAS PROVIDES COMPREHENSIVE  
MEDICAL/SURGICAL SERVICES, EMERGENCY SERVICES, SENIOR SERVICES, ADULT  
AND CHILD/ADOLESCENT PSYCHIATRIC CARE, CARDIAC CARE, CANCER SERVICES,  
RENAL SERVICES, MATERNAL/CHILD HEALTH SERVICES INCLUDING A HIGH-RISK  
NEWBORN NURSERY, A WOUND HEALING CENTER, AND A SLEEP DISORDERS CENTER.

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TRINITAS REGIONAL MEDICAL CENTER'S MAIN SERVICE AREA CONSISTS PRIMARILY OF THE CITY OF ELIZABETH, WHICH IS THE FOURTH LARGEST CITY IN NEW JERSEY. ITS 130,000 RESIDENTS REPRESENT A BROAD ETHNIC RANGE - IN FACT, ROUGHLY 64% OF THE CITY'S RESIDENTS ARE OF HISPANIC DESCENT. ADDITIONAL COMMUNITIES SERVED BY TRINITAS INCLUDE LINDEN, HILLSIDE, UNION, ROSELLE, ROSELLE PARK, RAHWAY, CRANFORD, CLARK AND COLONIA. THE MEDICAL CENTER'S PRIMARY AND SECONDARY SERVICE AREAS COMPRISE OVER 650,000 INDIVIDUALS.

TRINITAS IS A TEACHING HOSPITAL, AND SERVES AS A MAJOR CLINICAL SITE FOR THE ACCREDITED THREE-YEAR RESIDENCY PROGRAM OF SETON HALL UNIVERSITY SCHOOL OF GRADUATE MEDICAL EDUCATION INTERNAL MEDICINE. A LEADER IN NURSING EDUCATION, THE TRINITAS SCHOOL OF NURSING ENROLLS OVER 2,000 STUDENTS IN ITS FULL AND PART TIME PROGRAMS OF STUDY. THE SCHOOL OF NURSING IS PART OF A COOPERATIVE EDUCATION PROGRAM WITH UNION COUNTY COLLEGE, AND IS CURRENTLY THE SECOND LARGEST NURSING SCHOOL IN THE NATION.

THE INPATIENT CAPABILITIES OF TRINITAS REGIONAL MEDICAL CENTER ARE ORGANIZED AS FOLLOWS:

#### ACUTE CARE

9 SOUTH NURSING UNIT - 38 BEDS, MIXED MEDICAL/SURGICAL CAPABILITY (GERIATRICS)

8 SOUTH NURSING UNIT - 38 BEDS, MEDICAL/SURGICAL WITH RENAL EMPHASIS; TELEMETRY MONITORING AVAILABLE

7 SOUTH NURSING UNIT - 38 BEDS, TELEMETRY MONITORING AND STEP DOWN

6 SOUTH NURSING UNIT - 38 BEDS, MEDICAL/SURGICAL WITH SURGERY

Name of the organization	TRINITAS REGIONAL MEDICAL CENTER	Employer identification number	22-3601678
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**EMPHASIS**

6 NORTH NURSING UNIT - 31 BEDS, OVERFLOW

4 NORTH NURSING UNIT - 23 BEDS, MEDICAL/SURGICAL WITH ONCOLOGY

**EMPHASIS; TELEMETRY MONITORING AVAILABLE**

INTENSIVE CARE UNIT - 25 BEDS - MEDICAL/SURGICAL/CARDIAC CARE

PLEASE NOTE THAT IN ADDITION TO THE ABOVE BED COMPLIMENT, WE  
TEMPORARILY ADDED 18 MEDICAL/SURGICAL BEDS AND 12 INTENSIVE CARE BEDS  
DUE TO THE CORONAVIRUS PANDEMIC.

OPERATING ROOMS - 6 MIXED ORS, 1 CYSTOSCOPY AND AN AMBULATORY

**SURGICAL CENTER.**

POST ANESTHESIA CARE UNIT (PACU) - 13 BAYS

**COMMUNITY PERINATAL CENTER - INTERMEDIATE:**

5 NORTH - 20 BEDS - MOTHER/BABY

WELL BABY HOLDING NURSERY - ADMITTING NURSERY AND HOLDING - 20

**BASSINETS**

INTERMEDIATE CARE NURSERY - 7 BASSINETS - SICK NEWBORNS, GROWING

**PREEMIES**

LABOR/DELIVERY - 7 LABOR/DELIVERY/RECOVERY ROOMS (LDRS), 2 OPERATING  
ROOMS, 2 POST ANESTHESIA CARE UNIT (PACU) BEDS

**RENAL:**

3 NORTH NURSING UNIT - 15 DIALYSIS STATIONS; PERITONEAL HOME

**TRAINING; PRE-END STAGE RENAL DISEASE PROGRAM**

LINDEN DIALYSIS CENTER - 15 OUTPATIENT DIALYSIS STATIONS

NEW POINT DIALYSIS CENTER - 14 OUTPATIENT DIALYSIS STATIONS

CRANFORD RENAL DIALYSIS CENTER-9 OUTPATIENT DIALYSIS STATIONS

**BEHAVIORAL HEALTH & PSYCHIATRY:**

ADULT INPATIENT UNIT - 48 BEDS

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CHILD INPATIENT UNIT - 40 BEDS

STATEWIDE UNIT FOR DEVELOPMENTALLY DISABLED - 10 BEDS

RESIDENTIAL TREATMENT CENTER - 20 BEDS

## OUTPATIENT SERVICES:

TRINITAS REGIONAL MEDICAL CENTER PROVIDES A NUMBER OF OUTPATIENT  
 CLIENT-SERVICE OFFERINGS. THE MOST NOTABLE IS ITS TRINITAS  
 COMPREHENSIVE CANCER CARE CENTER, WHICH OFFERS OUTPATIENT DIAGNOSTIC,  
 TREATMENT AND ANCILLARY SERVICES IN A COMFORTABLE ENVIRONMENT. THE  
 CENTER'S MULTIDISCIPLINARY, HOLISTIC APPROACH INTEGRATES MEDICAL AND  
 RADIATION ONCOLOGY WITH PAIN MANAGEMENT, NUTRITION, PSYCHIATRY,  
 COMPLEMENTARY MEDICINE AND OTHER SERVICES. OTHER OUTPATIENT SERVICE

## CENTERS INCLUDE:

ENDOSCOPY - 3 PROCEDURE ROOMS

PSYCHIATRY-WIDE RANGING PROGRAM OF BEHAVIORAL HEALTH SERVICES

WOUND CARE CENTER - 3 HYPERBARIC CHAMBERS

WOMEN'S HEALTH CENTER WITH DIABETES MANAGEMENT SESSIONS

PEDIATRIC HEALTH CENTER

DOROTHY B. HERSCH RESIDENCY-BASED MEDICAL CLINIC

TRINITAS REGIONAL MEDICAL CENTER ALSO OPERATES SEVERAL SUBSPECIALTY  
 CLINICS, INCLUDING:

CARDIOLOGY CLINIC

RENAL CLINIC

NEUROLOGY CLINIC

PAIN MANAGEMENT CLINIC



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NUTRITIONAL CLINIC

SURGICAL CLINIC

ORTHOPEDIC CLINIC

INFECTIOUS DISEASE CLINIC

HEMATOLOGY/ONCOLOGY

ALLERGY CLINIC

NEUROSURGICAL CLINIC

ENT CLINIC

RHEUMATOLOGY CLINIC

GI CLINIC

PULMONARY CLINIC

PODIATRY CLINIC

PSYCHIATRIC CLINIC

FINALLY, TRINITAS OPERATES A 124-BED BROTHER BONAVENTURE EXTENDED CARE CENTER THAT PROVIDES HEALTHCARE SERVICES TO THE AGED AND INFIRM.

## EMERGENCY SERVICES:

THE TRINITAS REGIONAL MEDICAL CENTER EMERGENCY DEPARTMENT IS A NEWLY RENOVATED FACILITY THAT HAS 15 ACUTE-CARE BEDS, A SIX-BED OBSERVATION AREA, A SIX-BED "FAST TRACK" AREA FOR PATIENTS WITH MINOR ILLNESSES AND INJURIES, TWO TRIAGE ROOMS AND A DECONTAMINATION SHOWER FACILITY. A DESIGNATED CHEST PAIN CENTER, THE EMERGENCY DEPARTMENT IS OFTEN THE FRONT DOOR FOR MANY PATIENTS WHO EXPERIENCE SUPERIOR CARE THROUGH THE SERVICES OF OUR CARDIOLOGY CENTER OF EXCELLENCE.

MANY PEOPLE HAVE A PERCEPTION THAT AN EMERGENCY ROOM HAS EXTREMELY LONG WAITING TIMES. TRINITAS HAS PUT FORTH A MAJOR EFFORT TO DISPEL THAT

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NOTION IN PATIENTS' MINDS. TRINITAS HAS COMPUTERIZED ITS ENTIRE EMERGENCY SERVICES OPERATIONS, AND CONSTANTLY MONITORS HOW LONG IT TAKES A PERSON TO BE SEEN ONCE THEY ARRIVE IN THE WAITING AREA. THE STAFF OF THE EMERGENCY DEPARTMENT MAKES EVERY EFFORT TO FURNISH TIMELY DIAGNOSIS AND TREATMENT. IT PROVIDES BEDSIDE REGISTRATION, WHICH SAVES TIME FOR MANY PATIENTS. MOST LAB RESULTS ARE TRANSMITTED WITHIN 20 MINUTES OF TESTING. TRINITAS HAS X-RAY FACILITIES IN THE ER FOR FASTER, OR IMMEDIATE, RESPONSE.

COOPERATIVE NURSING PROGRAM:

THE COOPERATIVE NURSING PROGRAM OFFERS A DIPLOMA IN NURSING FROM TRINITAS SCHOOL OF NURSING AND AN ASSOCIATE IN SCIENCE DEGREE FROM UNION COUNTY COLLEGE UPON SUCCESSFUL COMPLETION OF THE CURRICULUM.

FULLY ACCREDITED BY THE NEW JERSEY BOARD OF NURSING AND THE NATIONAL LEAGUE FOR NURSING ACCREDITING COMMISSION, INC., THE PROGRAM OFFERS A BASIC COURSE OF STUDY IN NURSING. IT PROVIDES A SOUND THEORETICAL BASE OF KNOWLEDGE IN THE NURSING, BIOLOGICAL, BEHAVIORAL AND SOCIOLOGICAL SCIENCES AND INTEGRATES THIS KNOWLEDGE INTO ACADEMIC AND PRACTICAL EXPERIENCES WITHIN THE HEALTH AND ILLNESS CONTINUUM OF CLIENT CARE. UTILIZATION OF A VARIETY OF HEALTH CARE AGENCIES FACILITATES THE APPLICATION OF ALL ASPECTS OF THE STUDENTS' LEARNING.

STUDENTS CAN EARN 75 CREDITS IN THE COOPERATIVE NURSING PROGRAM. UPON GRADUATION, STUDENTS ARE ELIGIBLE TO SIT FOR THE NATIONAL COUNCIL LICENSING EXAMINATION (NCLEX) FOR REGISTERED NURSE LICENSURE.

SCIENCE AND LIBERAL ARTS COURSES (GENERAL EDUCATION) MAY BE COMPLETED

Name of the organization TRINITAS REGIONAL MEDICAL CENTER	Employer identification number 22-3601678
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AT THE ELIZABETH, PLAINFIELD, OR CRANFORD CAMPUS OF UNION COUNTY COLLEGE. NURSING COURSES ARE CONDUCTED AT THE ELIZABETH CAMPUS BY THE SCHOOL OF NURSING.

STUDENTS MAY BE GRANTED UP TO 22 COLLEGE CREDITS OF ADVANCED STANDING TOWARD THE ASSOCIATE DEGREE. STUDENTS WITH AN ASSOCIATE, BACHELOR'S AND/OR MASTER'S DEGREE MAY BE ELIGIBLE FOR THE DIPLOMA OPTION. INDIVIDUALS WISHING TO RECEIVE TRANSFER CREDIT FOR COLLEGE COURSES REQUIRE GRADES OF "C" OR BETTER.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE OF THE MEDICAL CENTER'S BOARD HAS THE POWER TO TRANSACT ALL REGULAR BUSINESS DURING THE PERIOD BETWEEN MEETINGS OF ITS RELATED BOARD OF TRUSTEES, PROVIDED THAT NO ACTION SHALL CONFLICT WITH THE EXPRESS POLICIES OF THE BOARD AND FURTHER PROVIDED THAT ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE SHALL BE REPORTED AT THE NEXT REGULAR MEETING OF THE BOARD. THE EXECUTIVE COMMITTEE MEMBERS CONSIST OF THE FOLLOWING OFFICERS OF THE BOARD OF TRUSTEES: CHAIRPERSON, VICE CHAIRPERSON, SECRETARY, TREASURER AND THE PRESIDENT OF THE MEDICAL CENTER. OTHER EXECUTIVE COMMITTEE MEMBERS MAY BE SELECTED BY THE CHAIRPERSON AND APPROVED BY THE BOARD OF TRUSTEES IN ACCORDANCE WITH ITS BYLAWS.

FORM 990, PART VI, SECTION A, LINE 6:

TRINITAS HEALTH IS THE SOLE MEMBER OF TRINITAS REGIONAL MEDICAL CENTER.

FORM 990, PART VI, SECTION A, LINE 7A:

TRINITAS HEALTH IS THE SOLE MEMBER OF TRINITAS REGIONAL MEDICAL CENTER. THERE ARE CLASS A AND CLASS B MEMBERS OF TRINITAS HEALTH. THEY HAVE EQUAL

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RIGHTS TO THE ELECTION AND REMOVAL OF TRUSTEES OF THE MEDICAL CENTER.

FORM 990, PART VI, SECTION A, LINE 7B:

TRINITAS HEALTH IS THE SOLE MEMBER OF TRINITAS REGIONAL MEDICAL CENTER.

THERE ARE CLASS A AND CLASS B MEMBERS OF TRINITAS HEALTH. THEY HAVE EQUAL RIGHTS TO:

I) THE AMENDMENT OF THE CERTIFICATE OF INCORPORATION OR THE BYLAWS OF THE CORPORATION;

II) THE MERGER OR CONSOLIDATION OF THE CORPORATION WITH ANY OTHER CORPORATION;

III) VOLUNTARY DISSOLUTION OR VOLUNTARY LIQUIDATION OF THE CORPORATION OR THE SALE, LEASE, TRANSFER OR EXCHANGE OF ALL OR SUBSTANTIALLY ALL OF ITS PROPERTY OR ASSETS;

IV) THE SALE, LEASE, TRANSFER, EXCHANGE, OR ENCUMBRANCE OF ANY LAND, BUILDINGS OR OTHER IMMOVABLE GOODS OR FIXED ASSETS OF THE CORPORATION OR IN WHICH THE CORPORATION HAS OR WILL HAVE EQUITABLE OR LEGAL TITLE IN EXCESS OF \$5,341,000 (DOLLAR AMOUNTS IN ACCORDANCE WITH THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS REGULATIONS);

V) THE INCURRENCE OF ANY DEBT (INCLUDING ANY REFINANCING OF INDEBTEDNESS AND ANY LEASES THAT HAVE NOMINAL RESIDUAL VALUE AT THE END OF THEIR TERM AND ARE USED TO FINANCE THE ACQUISITION OF CAPITAL ITEMS) IN EXCESS OF \$5,341,000 (DOLLAR AMOUNTS IN ACCORDANCE WITH THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS REGULATIONS);

VI) THE APPOINTMENT OR REMOVAL OF THE CORPORATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER;

VII) THE ACQUISITION OF ALL OR SUBSTANTIALLY ALL THE ASSETS OF ANOTHER CORPORATION, PARTNERSHIPS, OR OTHER LEGAL ENTITIES OR THE CORPORATION BECOMING THE CONTROLLING MEMBER OR THE CONTROLLING SHAREHOLDER OF ANOTHER

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CORPORATION, AND;

VIII) ANY OTHER MATTER THAT REQUIRES THE APPROVAL OF THE MEMBERS OF A  
NONPROFIT CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CURRENT BOARD OF TRUSTEES OF THIS FACILITY HAS BEEN REFORMATTED AFTER  
YEAR END; THEREFORE, WE CANNOT REVIEW THE FORM 990 WITH THE PAST BOARD OF  
TRUSTEES. IN THE PAST, A COPY OF THE FORM 990 WAS PROVIDED TO EACH MEMBER  
OF THE EXECUTIVE COMMITTEE OF THE TRINITAS REGIONAL MEDICAL CENTER BOARD OF  
TRUSTEES PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

TRINITAS REGIONAL MEDICAL CENTER REQUIRES ALL OF ITS BOARD OF TRUSTEES, KEY  
EMPLOYEES AND OFFICERS TO COMPLETE AN ANNUAL CONFLICT OF INTEREST  
DISCLOSURE QUESTIONNAIRE. THIS QUESTIONNAIRE IS REVIEWED BY THE MEDICAL  
CENTER'S COMPLIANCE OFFICE TO ENSURE THAT NO MATERIAL CONFLICTS EXIST. TO  
THE EXTENT THAT ANY CONFLICTS ARE DISCOVERED, THEY ARE RESOLVED  
EXPEDITIOUSLY.

ANY BOARD MEMBER OR OFFICER HAVING AN ACTUAL OR POTENTIAL CONFLICT OF  
INTEREST SHALL NOT BE PRESENT DURING THE DISCUSSION OF, AND THE VOTE ON,  
THE TRANSACTION OR ARRANGEMENT INVOLVING THE CONFLICT OF INTEREST. THE  
CHAIRPERSON OF THE GOVERNING BOARD SHALL, IF APPROPRIATE, APPOINT A  
DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE  
PROPOSED TRANSACTION. AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD  
SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN, WITH REASONABLE  
EFFORTS, A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR  
ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE

Name of the organization TRINITAS REGIONAL MEDICAL CENTER	Employer identification number 22-3601678
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ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER THE CIRCUMSTANCES NOT GIVING RISE TO A CONFLICT OF INTEREST, THE GOVERNING BOARD SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER THE PROPOSED TRANSACTION IS FAIR AND REASONABLE.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES DETERMINES EXECUTIVE SALARY AND THE SENIOR ADMINISTRATOR DETERMINES STAFF SALARY. THE EXECUTIVE COMPENSATION COMMITTEE IS COMPRISED OF INDEPENDENT BOARD MEMBERS, AND DECISIONS REGARDING COMPENSATION ARE DOCUMENTED IN THE COMMITTEE MEETING MINUTES. AN INDEPENDENT COMPENSATION CONSULTING FIRM REVIEWS THE APPROPRIATENESS OF EXECUTIVE COMPENSATION ANNUALLY AND ENSURES THAT COMPENSATION IS WITHIN FAIR MARKET VALUE FOR THE INDUSTRY. THIS PROCESS INCLUDES THE USE OF A SALARY SURVEY/STUDY.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

DIETARY:

PROGRAM SERVICE EXPENSES	2,844,090.
MANAGEMENT AND GENERAL EXPENSES	511,287.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,355,377.

Name of the organization TRINITAS REGIONAL MEDICAL CENTER	Employer identification number 22-3601678
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PURCHASED PATIENT TESTS:

PROGRAM SERVICE EXPENSES	1,575,662.
MANAGEMENT AND GENERAL EXPENSES	283,260.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,858,922.

COLLECTION AGENCY FEES:

PROGRAM SERVICE EXPENSES	458,478.
MANAGEMENT AND GENERAL EXPENSES	82,421.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	540,899.

TRANSCRIPTION SERVICES:

PROGRAM SERVICE EXPENSES	217,729.
MANAGEMENT AND GENERAL EXPENSES	39,142.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	256,871.

LINEN SERVICES:

PROGRAM SERVICE EXPENSES	932,979.
MANAGEMENT AND GENERAL EXPENSES	167,723.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,100,702.

OTHER PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	10,734,672.
MANAGEMENT AND GENERAL EXPENSES	1,929,791.
FUNDRAISING EXPENSES	0.

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TOTAL EXPENSES	12,664,463.
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CONSULTING FEES:

PROGRAM SERVICE EXPENSES	431,706.
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MANAGEMENT AND GENERAL EXPENSES	77,608.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	509,314.
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OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	314,998.
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MANAGEMENT AND GENERAL EXPENSES	56,628.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	371,626.
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PHYSICIAN FEES:

PROGRAM SERVICE EXPENSES	12,813,369.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	12,813,369.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	33,471,543.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF FOUNDATION	3,293,352.
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SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**  
Open to Public Inspection

Name of the organization:

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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 513(b)(13) controlled entity?	
						Yes	No
TRINITAS HEALTH FOUNDATION - 22-2353773 225 WILLIAMSON STREET ELIZABETH, NJ 07207	FUNDRAISING	NEW JERSEY	501(C)(3)	LINE 7	TRINITAS HEALTH		X
AUXILIARY OF TRINITAS REGIONAL MEDICAL CENTER - 22-6060739, 225 WILLIAMSON STREET, ELIZABETH, NJ 07207	FUNDRAISING	NEW JERSEY	501(C)(3)	LINE 10	TRINITAS HEALTH FOUNDATION		X
TRINITAS HEALTHCARE CORPORATION - 22-2473652 225 WILLIAMSON STREET ELIZABETH, NJ 07207	HEALTHCARE	NEW JERSEY	501(C)(3)	LINE 10	TRINITAS HEALTH		X
TRINITAS HEALTH - 22-3601680 225 WILLIAMSON STREET ELIZABETH, NJ 07207	HOLDING CO.	NEW JERSEY	501(C)(3)	LINE 12B, II	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021



**Part III. Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (State or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Is a partnership (partner)?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managerial partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV. Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (State or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Is a 501(c)(3) controlled entity?	
								Yes	No
TRINITAS HEALTH SERVICES CORPORATION - 22-2557627, 225 WILLIAMSON STREET, BLISSAHEIM, NJ 07207	HEALTHCARE	NJ	N/A	C CORP	N/A	N/A	N/A		X

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Part II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses	X	
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MARILLAC CORPORATION	J	537,338.	COST
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

FORM 990, SCHEDULE R, PART VII

TRINITAS PHYSICIAN PRACTICE, LLC (EIN: 46-0961495, 240 WILLIAMSON STREET, ELIZABETH, NJ 0720) IS CURRENTLY STRUCTURED AS A SINGLE MEMBER LIMITED LIABILITY COMPANY WHOSE OWNERSHIP IS RESIDENT WITH DR. WILLIAM J. MCHUGH, MEDICAL DIRECTOR OF TRINITAS REGIONAL MEDICAL CENTER ("TRMC"). HOWEVER THE TRMC CONTROLS WHO HOLDS THE OWNERSHIP IN THE ENTITY. THEREFORE, FOR PURPOSES OF COMPLETE TRANSPARENCY, TRMC IS DISCLOSING THE RELATIONSHIP WITH TRINITAS PHYSICIAN PRACTICE, LLC AS A RELATED ORGANIZATION.