

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)

2014

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TRINITAS REGIONAL MEDICAL CENTER		D Employer identification number 22-3601678
	Doing business as		E Telephone number 908-994-8174
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	225 WILLIAMSON STREET		G Gross receipts \$ 390,683,236.
	City or town, state or province, country, and ZIP or foreign postal code ELIZABETH, NJ 07207		
F Name and address of principal officer: KAREN LUMPP SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

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

J Website: **WWW.TRINITAS.ORG** **H(c)** Group exemption number

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	1 Briefly describe the organization's mission or most significant activities: TRINITAS - A CATHOLIC TEACHING HOSPITAL - PROVIDES HEALTHCARE TO THE PEOPLE AND COMMUNITY WE SERVE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	3186
	6 Total number of volunteers (estimate if necessary)	6	252
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	334,554.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-218,135.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	73,193,968.	74,986,138.
	9 Program service revenue (Part VIII, line 2g)	236,514,287.	239,386,275.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,696,556.	5,332,729.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,083,360.	8,027,314.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	320,488,171.	327,732,456.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	159,693,871.	160,429,994.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 60,205.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	149,040,589.	150,600,923.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	308,734,460.	311,030,917.	
19 Revenue less expenses. Subtract line 18 from line 12	11,753,711.	16,701,539.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 362,362,789.	End of Year 378,630,047.
	21 Total liabilities (Part X, line 26)	236,568,508.	236,361,539.
	22 Net assets or fund balances. Subtract line 21 from line 20	125,794,281.	142,268,508.

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.

Sign Here	Signature of officer	Date			
	KAREN LUMPP, SENIOR VP/CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JULIUS C. GREEN, CPA, JD	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00350393
	Firm's name BAKER TILLY VIRCHOW KRAUSE, LLP	Firm's EIN 39-0859910	Phone no. (215) 972-0701		
Firm's address 1650 MARKET STREET, SUITE 4500 PHILADELPHIA, PA 19103					

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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:) (Expenses \$ 264,311,918. including grants of \$ 0.) (Revenue \$ 240,313,821.) 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:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses 264,311,918.

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
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 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in 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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	219		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	3186		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
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: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	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
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
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?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. 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	Section 501(c)(12) organizations. 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	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 18 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 in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17		
2	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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	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 in Schedule O		X

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

	Yes	No
10a		X
b		
10b		
11a	X	
b		
11b		
12a	X	
b	X	
12b	X	
c	X	
12c	X	
13	X	
14	X	
15		
a	X	
15a	X	
b	X	
15b	X	
16a		X
b		
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 (or 1024 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 in Schedule O)
- 19 Describe in 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 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	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	4,284,235.			
	e Government grants (contributions)	1e	68,208,367.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,493,536.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		74,986,138.			
Program Service Revenue	2 a PATIENT SERVICE REVENUE	Business Code 621990	230,266,090.	230,266,090.		
	b SCHOOL OF NURSING TUITION	611110	6,352,229.	6,352,229.		
	c ANCILLARY MEDICAL SERVICES	621990	1,514,751.	1,514,751.		
	d MC/MA MEANINGFUL USE	621990	1,253,205.	1,253,205.		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		239,386,275.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,488,405.	739.	3,487,666.
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6 a Gross rents		(i) Real	18,117.			
		(ii) Personal				
		b Less: rental expenses	40,347.			
		c Rental income or (loss)	-22,230.			
d Net rental income or (loss)			-22,230.		-22,230.	
7 a Gross amount from sales of assets other than inventory		(i) Securities	64,535,034.			
		(ii) Other	219,723.			
		b Less: cost or other basis and sales expenses	62,907,021.	3,412.		
		c Gain or (loss)	1,628,013.	216,311.		
d Net gain or (loss)			1,844,324.		1,844,324.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a				
		b Less: direct expenses	b			
	c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a PHARMACY PROGRAM		900099	3,131,536.		3,131,536.	
	b CAFETERIA	722210	1,210,773.		1,210,773.	
	c OTHER REVENUE EXCLUDED FROM TAX	900099	800,000.		800,000.	
	d All other revenue	900099	2,907,235.	927,546.	333,815.	
	e Total. Add lines 11a-11d		8,049,544.			
12 Total revenue. See instructions.		327,732,456.	240,313,821.	334,554.	12,097,943.	

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	4,906,918.	4,121,160.	725,553.	60,205.
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	129,802,197.	110,420,441.	19,381,756.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,658,332.	1,411,374.	246,958.	
9 Other employee benefits	14,258,347.	12,124,138.	2,134,209.	
10 Payroll taxes	9,804,200.	8,336,511.	1,467,689.	
11 Fees for services (non-employees):				
a Management				
b Legal	786,173.	668,483.	117,690.	
c Accounting	256,800.	218,357.	38,443.	
d Lobbying	185,432.		185,432.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	37,140,430.	31,580,508.	5,559,922.	
12 Advertising and promotion	492,712.	418,953.	73,759.	
13 Office expenses	1,084,260.	921,946.	162,314.	
14 Information technology	5,925,097.	5,038,110.	886,987.	
15 Royalties				
16 Occupancy	9,182,241.	7,807,660.	1,374,581.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	7,165,473.	6,092,802.	1,072,671.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,457,739.	10,592,816.	1,864,923.	
23 Insurance	3,230,373.	2,746,786.	483,587.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	36,636,168.	31,151,734.	5,484,434.	
b BAD DEBT EXPENSE	19,459,208.	16,546,165.	2,913,043.	
c REPAIRS & MAINTENANCE	9,208,169.	7,829,706.	1,378,463.	
d FEES, DUES & LICENSES	4,016,164.	3,414,944.	601,220.	
e All other expenses	3,374,484.	2,869,324.	505,160.	
25 Total functional expenses. Add lines 1 through 24e	311,030,917.	264,311,918.	46,658,794.	60,205.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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	4,391.	1	4,391.
	2	Savings and temporary cash investments	58,095,484.	2	95,346,773.
	3	Pledges and grants receivable, net	3,879,344.	3	4,151,231.
	4	Accounts receivable, net	27,133,907.	4	27,225,873.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	135,830.	5	162,996.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	2,065,878.	8	2,126,014.
	9	Prepaid expenses and deferred charges	3,054,436.	9	2,769,067.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 304,752,128.		
	b	Less: accumulated depreciation	10b 219,239,309.		
			91,143,652.	10c	85,512,819.
	11	Investments - publicly traded securities	161,012,868.	11	147,961,293.
	12	Investments - other securities. See Part IV, line 11	434,685.	12	436,395.
	13	Investments - program-related. See Part IV, line 11	6,098,179.	13	6,133,359.
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	9,304,135.	15	6,799,836.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	362,362,789.	16	378,630,047.	
Liabilities	17	Accounts payable and accrued expenses	40,089,046.	17	40,180,851.
	18	Grants payable		18	
	19	Deferred revenue	7,675,450.	19	5,435,009.
	20	Tax-exempt bond liabilities	124,640,000.	20	119,890,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	18,932,188.	23	17,005,660.
	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	45,231,824.	25	53,850,019.
	26	Total liabilities. Add lines 17 through 25	236,568,508.	26	236,361,539.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	116,124,532.	27	132,331,096.
	28	Temporarily restricted net assets	6,928,133.	28	6,961,762.
	29	Permanently restricted net assets	2,741,616.	29	2,975,650.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	125,794,281.	33	142,268,508.
	34	Total liabilities and net assets/fund balances	362,362,789.	34	378,630,047.

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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	327,732,456.
2	Total expenses (must equal Part IX, column (A), line 25)	2	311,030,917.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,701,539.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	125,794,281.
5	Net unrealized gains (losses) on investments	5	462,896.
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 in Schedule O)	9	-690,208.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	142,268,508.

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 in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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	X	
c	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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

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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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 five 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 2014 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. 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 - 2013. 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 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 in 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 five 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 2014 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18		%

19a **33 1/3% support tests - 2014.** 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 - 2013.** 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in 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 in line 9(a)) 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 in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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.)		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		

Section C. Type II Supporting Organizations

	Yes	No
1 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)? 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).		

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions):

a The organization satisfied the Activities Test. Complete line 2 below.

b The organization is the parent of each of its supported organizations. Complete line 3 below.

c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a 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? 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.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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. 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	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

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	Total (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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (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 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

TRINITAS REGIONAL MEDICAL CENTER

Employer identification number

22-3601678

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization TRINITAS REGIONAL MEDICAL CENTER	Employer identification number 22-3601678
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>4,284,235.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>33,590.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>34,598.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TRINITAS REGIONAL MEDICAL CENTER	Employer identification number 22-3601678
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Part I : Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TRINITAS REGIONAL MEDICAL CENTER	Employer identification number 22-3601678
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization TRINITAS REGIONAL MEDICAL CENTER	Employer identification number 22-3601678
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

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.
- ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to 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," to 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," to 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 expenditures ▶ \$ _____
3 Volunteer hours _____

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 or 990-EZ) 2014

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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												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f 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.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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)).

	(a)		(b)
	Yes	No	Amount
1 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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		196,046.
j Total. Add lines 1c through 1i			196,046.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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	
5 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 PAID OUTSIDE ORGANIZATIONS TO LOBBY ON ITS BEHALF REGARDING HEALTHCARE ISSUES. OPTIMUS PARTNERS WAS PAID \$144,000 FOR THIS PURPOSE. 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. GREATER NEW YORK HOSPITAL

Part IV Supplemental Information (continued)

ASSOCIATION USED 61.06% OF MEMBER DUES FOR LOBBYING PURPOSES FOR A
TOTAL OF \$5,931. THE AMERICAN HOSPITAL ASSOCIATION USED 22.80% OF
MEMBER DUES FOR LOBBYING PURPOSES FOR A TOTAL OF \$10,614. CATHOLIC
HEALTHCARE PARTNERSHIP OF NEW JERSEY USED 30.00% OF MEMBER DUES FOR
LOBBYING PURPOSES FOR A TOTAL OF \$22,383. NEW JERSEY HOSPITAL
ASSOCIATION USED 20.00% OF MEMBER DUES FOR LOBBYING PURPOSES FOR A
TOTAL OF \$13,118.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

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" to 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" to 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 (e.g., 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 8/17/06, 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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 in 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 SFAS 116 (ASC 958) relating to these items:

a Revenue included in 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 are a 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 programs
- 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" to 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 in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 Temporarily restricted endowment %

The percentages in 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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" to 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		2,397,450.		2,397,450.
b Buildings		148,624,011.	95,312,030.	53,311,981.
c Leasehold improvements				
d Equipment		147,898,696.	120,819,583.	27,079,113.
e Other		5,831,971.	3,107,696.	2,724,275.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				85,512,819.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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	1,700,000.
(3) ESTIMATED SETTLEMENTS WITH	
(4) THIRD-PARTY PAYORS	48,692,139.
(5) UNAMORTIZED BOND PREMIUM	886,167.
(6) INTEREST RATE SWAP AGREEMENT	2,571,713.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	53,850,019.

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 FIN 48 (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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	308,086,283.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	462,896.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-20,148,677.	
e	Add lines 2a through 2d	2e		-19,685,781.
3	Subtract line 2e from line 1	3		327,772,064.
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	-39,608.	
c	Add lines 4a and 4b	4c		-39,608.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		327,732,456.

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

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

1	Total expenses and losses per audited financial statements		1	291,612,056.
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	40,347.	
e	Add lines 2a through 2d	2e		40,347.
3	Subtract line 2e from line 1	3		291,571,709.
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	19,459,208.	
c	Add lines 4a and 4b	4c		19,459,208.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		311,030,917.

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 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.

THE MEDICAL CENTER'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS FOR 2011, 2012, AND 2013 REMAIN SUBJECT TO EXAMINATION BY THE IRS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

432054
10-01-14

Part XIII Supplemental Information (continued)

CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF FOUNDATION	35,180.
CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS	-724,649.
PROVISION OF BAD DEBT	-19,459,208.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-20,148,677.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

UNRELATED BUSINESS INCOME FROM K-1 NOT BOOKED	739.
RENTAL EXPENSES	-40,347.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-39,608.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	40,347.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

PROVISION OF BAD DEBT	19,459,208.
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**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.

▶ Attach to Form 990.

▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

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
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
1b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 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		
3 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.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> 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 _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> 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 _____ %	<input checked="" type="checkbox"/>	
c 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.		
4 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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
c 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?		
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

	(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
7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		11,536	36,314,403.	34,180,562.	2,133,841.	.73%
b Medicaid (from Worksheet 3, column a)		30,139	88,342,799.	87,678,766.	664,033.	.23%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		41,675	124,657,202.	121,859,328.	2,797,874.	.96%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			7,153,890.	3,702,573.	3,451,317.	1.18%
g Subsidized health services (from Worksheet 6)		27,408	22,637,276.	13,529,895.	9,107,381.	3.12%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits		27,408	29,791,166.	17,232,468.	12,558,698.	4.30%
k Total. Add lines 7d and 7j		69,083	154,448,368.	139,091,796.	15,356,572.	5.26%

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
Community Health Needs Assessment		
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"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</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>WWW.TRINITASRMC.ORG/COMMUNITY_HEALTH_NEED</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>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>WWW.TRINITASRMC.ORG/COMMUNITY_HEALTH_NEEDS.HTM</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
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	Included measures to publicize the policy 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 type="checkbox"/> The FAP was widely available on a website (list url): _____		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
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 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"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

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 non-payment?	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"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

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

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?

	Yes	No
19		X

If "Yes", check all actions in which the hospital facility or a third party engaged:

- a Reporting to credit agency(ies)
- b Selling an individual's debt to another party
- c Actions that require a legal or judicial process
- d 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 Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)
- f 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?

	Yes	No
21	X	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d Other (describe in Section C)

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

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 The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Section C)

	Yes	No
22		
23		X
24		X

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.

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.

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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

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: BEGINNING IN JANUARY 2011, TRINITAS REGIONAL MEDICAL CENTER CONDUCTED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT AS A MEMBER OF THE COMMUNITY HEALTH ALLIANCE OF NORTH CENTRAL (CHANCE) NEW JERSEY, A COLLABORATION OF NINE HOSPITALS AND HEALTH SYSTEMS SPANNING THREE COUNTIES IN CENTRAL AND NORTHWEST NEW JERSEY. THE CHANCE COLLABORATIVE WORKED TOGETHER TO COLLECT PRIMARY AND SECONDARY DATA REGARDING THE HEALTH STATUS OF RESIDENTS IN THE REGION. FOLLOWING DATA COLLECTION, THE HOSPITALS COLLABORATED AT THE COUNTY-LEVEL TO IDENTIFY PARTNERS AND PRIORITIZE COMMUNITY HEALTH NEEDS. EACH HOSPITAL CREATED AN INDEPENDENT IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED HEALTH PRIORITIES IN THEIR SERVICE AREA.

THE PURPOSE OF THE CHNA WAS TO GATHER INFORMATION ABOUT LOCAL HEALTH NEEDS AND HEALTH BEHAVIORS. THE ASSESSMENT EXAMINED A VARIETY OF INDICATORS INCLUDING RISKY HEALTH BEHAVIORS AND CHRONIC HEALTH CONDITIONS. THE CHNA WAS COMPRISED OF BOTH QUANTITATIVE AND QUALITATIVE RESEARCH COMPONENTS. A BRIEF SYNOPSIS OF THE RESEARCH COMPONENTS IS INCLUDED BELOW:

QUANTITATIVE DATA:

-A SECONDARY STATISTICAL DATA PROFILE WAS COMPILED, DEPICTING POPULATION AND HOUSEHOLD STATISTICS, EDUCATION AND ECONOMIC MEASURES, MORBIDITY AND

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

MORTALITY RATES, INCIDENCE RATES, AND OTHER HEALTH STATISTICS FOR UNION COUNTY.

-A HOUSEHOLD TELEPHONE SURVEY WAS CONDUCTED WITH 621 RANDOMLY-SELECTED COMMUNITY RESIDENTS. THE SURVEY WAS MODELED AFTER THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) WHICH ASSESSES HEALTH STATUS, HEALTH RISK BEHAVIORS, PREVENTIVE HEALTH PRACTICES, AND HEALTH CARE ACCESS PRIMARILY RELATED TO CHRONIC DISEASE AND INJURY.

QUALITATIVE DATA:

-KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH KEY COMMUNITY LEADERS IN ELIZABETH, NEW JERSEY. IN TOTAL, 16 COMMUNITY REPRESENTATIVES PARTICIPATED, REPRESENTING A VARIETY OF SECTORS INCLUDING PUBLIC HEALTH AND MEDICAL SERVICES, NON-PROFIT AND SOCIAL ORGANIZATIONS, CHILDREN AND YOUTH AGENCIES, AND THE BUSINESS COMMUNITY.

-A PRIORITIZATION SESSION WAS HELD WITH APPROXIMATELY 20 INDIVIDUALS, INCLUDING HEALTH AND HUMAN SERVICES PROVIDERS, PUBLIC HEALTH EXPERTS, REPRESENTATIVES OF UNDERSERVED POPULATIONS, AND OTHER COMMUNITY LEADERS, TO DETERMINE KEY COMMUNITY NEEDS THAT THE HEALTH SYSTEM AND COMMUNITY PARTNERS SHOULD ADDRESS.

FACILITY REPORTING GROUP - A

PART V, SECTION B, LINE 6A: TRINITAS REGIONAL MEDICAL CENTER COLLABORATED WITH OVERLOOK MEDICAL CENTER AND ROBERT WOOD JOHNSON HOSPITAL AT RAHWAY, AS WELL AS OTHER HEALTH AND HUMAN SERVICE PROVIDERS, COMMUNITY AGENCIES, AND REPRESENTATIVES OF UNDERSERVED POPULATIONS TO REVIEW RESEARCH FINDINGS AND EVALUATE HEALTH PRIORITIES IN UNION COUNTY.

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

FACILITY REPORTING GROUP - A

PART V, SECTION B, LINE 6B: TRINITAS REGIONAL MEDICAL CENTER COLLABORATED WITH OVERLOOK MEDICAL CENTER AND ROBERT WOOD JOHNSON HOSPITAL AT RAHWAY, AS WELL AS OTHER HEALTH AND HUMAN SERVICE PROVIDERS, COMMUNITY AGENCIES, AND REPRESENTATIVES OF UNDERSERVED POPULATIONS TO REVIEW RESEARCH FINDINGS AND EVALUATE HEALTH PRIORITIES IN UNION COUNTY.

FACILITY REPORTING GROUP - A

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

FACILITY REPORTING GROUP - A

PART V, SECTION B, LINE 11: AS NOTED IN PART VI, LINE 2, THE FIVE PRIORITY AREAS FOR UNION COUNTY THAT WERE IDENTIFIED WERE AS FOLLOWS: OBESITY WITH FOCUS ON PREVENTION OF CHRONIC DISEASES/METABOLIC SYNDROME ILLNESSES INCLUDING DIABETES & CARDIOVASCULAR DISEASE, MENTAL HEALTH & SUBSTANCE ABUSE, CANCER, ACCESS TO CARE FOR UNINSURED & UNDERINSURED, AND HISPANIC/LATINO HEALTH DISPARITIES. TRINITAS REGIONAL MEDICAL CENTER REPRESENTATIVES REVIEWED FEEDBACK FROM THE PRIORITIZATION SESSION, IN CONJUNCTION WITH THE MEDICAL CENTER'S SERVICES AND PROGRAMS, AREAS OF EXPERTISE, RESOURCES, AND EXISTING COMMUNITY ASSETS TO DETERMINE WHICH PRIORITY AREAS IT COULD BEST ADDRESS. TRINITAS REGIONAL MEDICAL CENTER LEADERSHIP DETERMINED IT WOULD FOCUS ON THE FOLLOWING HEALTH ISSUES FOR THE FOLLOWING THREE-YEAR CYCLE: OBESITY WITH A FOCUS ON PREVENTION OF CHRONIC DISEASES/METABOLIC SYNDROME ILLNESSES, MENTAL HEALTH & SUBSTANCE ABUSE, AND CANCER. WHILE THESE THREE AREAS WERE PRIORITIZED AND ADOPTED BY TRINITAS REGIONAL MEDICAL CENTER AS PART OF ITS IMPLEMENTATION PLAN, THE

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

MEDICAL CENTER CONTINUES TO WORK ACROSS THE OTHER IDENTIFIED COMMUNITY NEEDS. AS THE NEEDS IDENTIFIED ARE NOT MUTUALLY EXCLUSIVE FROM ONE ANOTHER, IT IS THE MEDICAL CENTER'S THOUGHTS THAT BY ADEQUATELY ADDRESSING THE THREE PRIORITIZED AREAS, THE OTHER NEEDS WILL BE INDIRECTLY IMPACTED AS WELL.

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? 5

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 1124 EAST JERSEY STREET ELIZABETH, NJ 07201	NUTRITIONAL COUNSELING

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.

PART I, LINE 7:

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

PART I, LINE 7G:

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

PART I, LN 7 COL(F):

\$19,459,208 OF BAD DEBT EXPENSE WAS SUBTRACTED FROM TOTAL EXPENSES IN ORDER TO CALCULATE THE PERCENT OF TOTAL EXPENSE IN COLUMN (F) OF LINE 7.

PART II, COMMUNITY BUILDING ACTIVITIES:

BASED ON OUR COMMUNITY BUILDING ACTIVITIES AND THE FINDINGS OF OUR NEEDS ASSESSMENT, TRINITAS IS ABLE TO IDENTIFY THE HEALTH NEEDS OF OUR COMMUNITY AND PROMOTE THE HEALTH OF THE COMMUNITIES WE SERVE. THE MORE SIGNIFICANT OF THE IDENTIFIED NEEDS INCLUDE DIABETES AND WEIGHT MANAGEMENT, PRE-NATAL AND NEWBORN CARE, HEART DISEASE TREATMENT, CANCER CARE AND KIDNEY DISEASE.

Part VI Supplemental Information (Continuation)

THESE NEEDS ARE PARTICULARLY RELEVANT TO THE POPULATION WE SERVE AND ARE CONSIDERED A PUBLIC HEALTH PRIORITY.

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

PART III, LINE 2:

A COST TO CHARGE RATIO WAS CALCULATED BY DIVIDING TOTAL OPERATING EXPENSE BY GROSS REVENUE. MOST PATIENTS WITH BAD DEBT CANNOT AFFORD CARE.

PART III, LINE 3:

ANY DISCOUNTS ARE CALCULATED BEFORE BAD DEBT EXPENSE.

PART III, LINE 4:

FOOTNOTE FROM FINANCIAL STATEMENTS: 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

Part VI Supplemental Information (Continuation)

COLLECTIONS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WITH THIRD PARTY INSURANCE COVERAGE (PARTIAL OR COMPLETE) AND PATIENTS WITH NO COVERAGE (PARTIAL OR NONE), THE MEDICAL CENTER ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL COLLECTIONS AND A PROVISION FOR DOUBTFUL COLLECTIONS, IF NECESSARY. FOR RECEIVABLES ASSOCIATED WITH PATIENTS WITH NO INSURANCE (PARTIAL OR COMPLETE) (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE), THE MEDICAL CENTER RECORDS A SIGNIFICANT PROVISION FOR DOUBTFUL COLLECTIONS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN 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.

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

PART III, LINE 9B:

IF 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:

THE COMPLETION OF THE CHNA ENABLED TRINITAS REGIONAL MEDICAL CENTER TO TAKE AN IN-DEPTH LOOK AT THE HEALTH NEEDS OF THE COMMUNITY IT SERVES AND ALIGN COMMUNITY HEALTH IMPROVEMENT EFFORTS WITH COMMUNITY HEALTH PRIORITIES. TRINITAS REGIONAL MEDICAL CENTER IS COMMITTED TO THE PEOPLE IT SERVES AND THE COMMUNITIES THEY LIVE IN. HEALTHY COMMUNITIES LEAD TO LOWER HEALTH CARE COSTS, ROBUST COMMUNITY PARTNERSHIPS, AND AN OVERALL ENHANCED QUALITY OF LIFE.

ON NOVEMBER 16, 2012, 20 REPRESENTATIVES FROM UNION COUNTY HEALTHCARE ORGANIZATIONS, HEALTH DEPARTMENTS, COMMUNITY AGENCIES, AND AREA AND SOCIAL SERVICE ORGANIZATIONS, GATHERED TO REVIEW THE RESULTS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT. THE PLANNING MEETING WAS INITIATED BY THREE COUNTY HOSPITALS: TRINITAS REGIONAL MEDICAL CENTER REGIONAL MEDICAL CENTER, OVERLOOK MEDICAL CENTER, AND ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT RAHWAY. THE GOAL OF THE SESSION WAS TO DISCUSS AND PRIORITIZE KEY FINDINGS FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT IN REGARD TO UNION COUNTY.

THE PRIORITIZATION MEETING WAS FACILITATED BY HOLLERAN CONSULTING. THE MEETING BEGAN WITH AN ABBREVIATED RESEARCH OVERVIEW. THIS OVERVIEW PRESENTED THE RESULTS OF THE PRIMARY AND SECONDARY RESEARCH AND KEY FINDINGS OF THE CHNA.

FOLLOWING THE RESEARCH OVERVIEW, PARTICIPANTS WERE PROVIDED WITH INFORMATION REGARDING THE PRIORITIZATION PROCESS, CRITERIA TO CONSIDER WHEN EVALUATING KEY AREAS OF FOCUS, AND OTHER ASPECTS OF HEALTH IMPROVEMENT PLANNING, SUCH AS GOAL SETTING AND DEVELOPING STRATEGIES AND

Part VI Supplemental Information (Continuation)

MEASURES. IN A LARGE-GROUP FORMAT, ATTENDEES WERE THEN ASKED TO SHARE OPENLY WHAT THEY PERCEIVED TO BE THE NEEDS AND AREAS OF OPPORTUNITY IN THE COUNTY. THROUGH FACILITATED DISCUSSION, ATTENDEES DEVELOPED THE FOLLOWING "MASTER LIST" OF POTENTIAL PRIORITY AREAS FOR THE IMPLEMENTATION PLAN.

THE MASTER LIST OF COMMUNITY PRIORITIES INCLUDED: ACCESS TO CARE, ASTHMA, CANCER, DIABETES, DRUGS & ALCOHOL, LATINO/HISPANIC DISPARITIES, MENTAL HEALTH, OBESITY, SUPPORT FOR SINGLE MOTHERS, AND STROKE.

ONCE THE MASTER LIST WAS COMPILED, PARTICIPANTS WERE ASKED TO RATE EACH NEED BASED ON TWO CRITERIA. THE TWO CRITERIA INCLUDED SERIOUSNESS OF THE ISSUE AND THE COMMUNITY'S ABILITY TO IMPACT THE ISSUE. ATTENDEES REVIEWED THE VOTING RESULTS AND DISCUSSED CROSS-CUTTING APPROACHES TO FURTHER HONE THE PRIORITY AREAS. ULTIMATELY, THE FOLLOWING FIVE PRIORITY AREAS FOR UNION COUNTY WERE ADOPTED AS FOLLOWS: OBESITY WITH FOCUS ON PREVENTION OF CHRONIC DISEASES/METABOLIC SYNDROME ILLNESSES INCLUDING DIABETES & CARDIOVASCULAR DISEASE, MENTAL HEALTH & SUBSTANCE ABUSE, CANCER, ACCESS TO CARE FOR UNINSURED & UNDERINSURED, AND HISPANIC/LATINO HEALTH DISPARITIES.

OUTSIDE OF THE CHNA, THE MEDICAL CENTER HAS ADDITIONAL WAYS OF ASSESSING NEEDS. THE 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 GATHERED THROUGH THESE EFFORTS SERVES AS A BASIS TO IDENTIFY OTHER HEALTH CARE NEEDS IN OUR COMMUNITY THAT MAY NEED TO BE ADDRESSED. SUCH PROGRAMS INCLUDE, FOR EXAMPLE, COMMUNITY HEALTH

Part VI Supplemental Information (Continuation)

EDUCATION, COMMUNITY PARTNERSHIPS, HOSPITAL SERVICES OUTREACH PROGRAMS,
HOSPITAL SUPPORT AND SERVICES IN THE COMMUNITY AND COMMUNITY OUTREACH
SERVICES.

TRINITAS' BENEFIT TO THE COMMUNITY IN 2014 TOTALED OVER \$38 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, 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

Part VI Supplemental Information (Continuation)

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 125,000. THE POPULATION OF UNION COUNTY IS APPROXIMATELY 536,000.

TRINITAS REGIONAL MEDICAL CENTER DERIVES 65% OF THE TOTAL VOLUME FROM THE CITY OF ELIZABETH. THE MEDIAN FAMILY INCOME IS LOW IN ELIZABETH AT \$43,770 AND THIS INCOME IS USED TO SUPPORT AN AVERAGE FAMILY SIZE OF 3.45 MEMBERS.

THE NUMBER UNEMPLOYED IN ELIZABETH IS CURRENTLY AT 9.1% (COMPARED TO THE NEW JERSEY AVERAGE OF 6.6%). TO FURTHER COMPOUND THIS PROBLEM, FAMILIES THAT OWN PROPERTIES IN ELIZABETH HAVE SEEN THE VALUE DECLINE BY 50% SINCE A HIGH IN 2006.

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

Part VI Supplemental Information (Continuation)

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: 16% OF FAMILIES AND 20% OF INDIVIDUALS LIVE BELOW THE POVERTY LEVEL. MUCH LIKE THE CITY OF ELIZABETH, OUR PATIENT BASE IS 60% HISPANIC AND 21% 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 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.

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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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 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

Part VI Supplemental Information (Continuation)

ACQUISITIONS BY THE MEDICAL CENTER AND OTHER AFFILIATES. THE FOUNDATION RAISES FUNDS THROUGH A NUMBER OF ACTIVITIES, INCLUDING ANNUAL APPEALS, SPECIAL APPEALS, SPECIAL EVENTS SUCH AS GOLF OUTINGS AND GALAS, MEMORIAL AND TRIBUTE GIVING, PRIVATE AND CORPORATE FOUNDATION GRANTS, AND PLANNED GIVING VEHICLES SUCH AS BEQUESTS, THE POOLED INCOME FUND AND CHARITABLE TRUSTS.

TRINITAS HEALTHCARE CORPORATION PROVIDES SERVICES FOR CHILDREN WITH A VARIETY OF MEDICAL DIAGNOSES FROM BIRTH TO 21 YEARS OF AGE. SERVICES INCLUDE EVALUATIONS, DIRECT INTERVENTIONS, CONSULTING SERVICES AND FUN THERAPEUTIC SUMMER PROGRAMS. THE SERVICES PROVIDED ARE ABLE TO PROVIDE A COMPREHENSIVE APPROACH TO ASSIST CHILDREN WITH SPECIAL NEEDS IN REACHING THEIR OPTIMAL CAPABILITIES.

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

NJ

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. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I Bond Issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeated		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
	NJ HEALTH CARE FACILITIES FINANCING AUT22-198708464579FQK2			05/17/07	66,441,107.	REFUND SERIES 1997 AND SERIES 2		X		X		X
	NJ HEALTH CARE FACILITIES FINANCING AUT22-198708464579FZM8			04/02/10	65,350,000.	REFUND SERIES 2007B ISSUED 05-0		X		X		X
C												
D												

Part II Proceeds	Description	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Amount of bonds retired				4,750,000.				
2	Amount of bonds legally defeased								
3	Total proceeds of issue		66,441,107.		65,350,000.				
4	Gross proceeds in reserve funds		6,506,259.		6,536,264.				
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows		1,066,949.		1,121,884.				
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds		1,767.		1,685.				
12	Other unspent proceeds								
13	Year of substantial completion		2007		2010				
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of 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					

Part III Private Business Use	Description	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				

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
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?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
c Are there any research agreements that may result in private business use of bond-financed property?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
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?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
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		%		%		%		%
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		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
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?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
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 remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
b Exception to rebate?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
c No rebate due?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
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?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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 is not 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

(F) DESCRIPTION OF PURPOSE: REFUND SERIES 1997 AND SERIES 2000 ISSUED 2-13-1997 AND 1-6-2000

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

(F) DESCRIPTION OF PURPOSE: REFUND SERIES 2007B ISSUED 05-01-2007

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

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

DATE THE REBATE COMPUTATION WAS PERFORMED: 05/17/2012

PART I, BOND A, ITEM (C)

THIS BOND HAD AN ADDITIONAL CUSIP NUMBER: 64579FQJ5.

PART I, BOND B, ITEM (C)

THIS BOND HAD ADDITIONAL CUSIP NUMBERS: 64579FZL0; 64579FZK2; 64579FZJ5.

PART I, BOND B

THIS BOND WAS ORIGINALLY ISSUED ON MAY 17, 2007 AS TAXABLE. IT WAS CONVERTED TO A TAX-EXEMPT BOND ON APRIL 2, 2010.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 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.	162,996.		X	X		X	
Total						▶ \$ 162,996.						

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

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

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 2014, TRINITAS SERVED NEARLY 15,500 INPATIENTS, 72,400 EMERGENCY
PATIENTS, 2,203 NEWBORNS AND 391,000 OUTPATIENTS. THE TRINITAS FAMILY
INCLUDES MORE THAN 2,700 EMPLOYEES, 502 PHYSICIANS, AND OVER 200
VOLUNTEERS AND AUXILIANS.

INPATIENT SERVICES:

OPERATING ON TWO MAJOR CAMPUSES, TRINITAS HAS 553 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
432211
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization TRINITAS REGIONAL MEDICAL CENTER	Employer identification number 22-3601678
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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 125,000 RESIDENTS REPRESENT A BROAD ETHNIC RANGE - IN FACT, ROUGHLY HALF 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 300,000 INDIVIDUALS.

TRINITAS IS A TEACHING HOSPITAL, AND SERVES AS A MAJOR CLINICAL SITE FOR THE SETON HALL UNIVERSITY SCHOOL OF GRADUATE MEDICAL EDUCATION INTERNAL MEDICINE RESIDENCY PROGRAM. THE ACCREDITED, THREE-YEAR PROGRAM IS PART OF A ROTATION THAT INCLUDES ST. MICHAELS MEDICAL CENTER. 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

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

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 - 22 BEDS - MEDICAL/SURGICAL/CARDIAC CARE

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

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

BEHAVIORAL HEALTH & PSYCHIATRY:

ADULT INPATIENT UNIT - 45 BEDS

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CHILD INPATIENT UNIT - 40 BEDS

STATEWIDE UNIT FOR DEVELOPMENTALLY DISABLED - 10 BEDS

RESIDENTIAL TREATMENT CENTER - 15 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

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

Name of the organization TRINITAS REGIONAL MEDICAL CENTER	Employer identification number 22-3601678
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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 MODERN 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 OF AN EMERGENCY ROOM WITH 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 EARN A TOTAL OF 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

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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 1:

THE EXECUTIVE COMMITTEE OF THE MEDICAL CENTER'S BOARD HAS THE POWER TO
TRANSACTION 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. THEY HAVE EQUAL RIGHTS TO THE

Name of the organization TRINITAS REGIONAL MEDICAL CENTER	Employer identification number 22-3601678
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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. 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 CORPORATION, AND;

Name of the organization

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

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

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. THE FORM 990 WAS PRESENTED
IN DETAIL TO THE EXECUTIVE COMMITTEE BY THE MEDICAL CENTER'S TAX PREPARER.
COMMENTS, QUESTIONS AND/OR SUGGESTIONS FROM THAT MEETING WERE INCORPORATED
INTO THE FINAL FORM 990 PRIOR TO ITS FILING. THE EXECUTIVE COMMITTEE
APPROVED THE FORM 990 FOR FILING AFTER A FINAL REVIEW OF THE RETURN. AN
OVERVIEW ON THE FINAL VERSION OF THE FORM 990 WAS PRESENTED TO THE FULL
BOARD OF TRUSTEES.

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

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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 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 3,280,226.

MANAGEMENT AND GENERAL EXPENSES 577,502.

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Schedule O (Form 990 or 990-EZ) (2014)

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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	3,857,728.
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PURCHASED PATIENT TESTS:

PROGRAM SERVICE EXPENSES	1,133,423.
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MANAGEMENT AND GENERAL EXPENSES	199,545.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	1,332,968.
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COLLECTION AGENCY FEES:

PROGRAM SERVICE EXPENSES	396,137.
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MANAGEMENT AND GENERAL EXPENSES	69,742.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	465,879.
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TRANSCRIPTION SERVICES:

PROGRAM SERVICE EXPENSES	304,348.
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MANAGEMENT AND GENERAL EXPENSES	53,582.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	357,930.
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LINEN SERVICES:

PROGRAM SERVICE EXPENSES	1,217,773.
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MANAGEMENT AND GENERAL EXPENSES	214,396.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	1,432,169.
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OTHER PURCHASED SERVICES:

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Schedule O (Form 990 or 990-EZ) (2014)

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PROGRAM SERVICE EXPENSES	10,627,054.
MANAGEMENT AND GENERAL EXPENSES	1,870,951.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,498,005.

CONSULTING FEES:

PROGRAM SERVICE EXPENSES	736,010.
MANAGEMENT AND GENERAL EXPENSES	129,579.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	865,589.

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	841,100.
MANAGEMENT AND GENERAL EXPENSES	148,080.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	989,180.

CONTRACTED LABOR FEES:

PROGRAM SERVICE EXPENSES	1,974,579.
MANAGEMENT AND GENERAL EXPENSES	347,635.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,322,214.

PHYSICIAN FEES:

PROGRAM SERVICE EXPENSES	11,069,858.
MANAGEMENT AND GENERAL EXPENSES	1,948,910.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,018,768.

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08-27-14

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 Parts II, III, or IV of this schedule.

1 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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	
d Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
f Dividends from related organization(s)		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input checked="" type="checkbox"/>	
l Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input checked="" type="checkbox"/>	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

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	K	297,872.	FAIR MARKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)	83		

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.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2014

For calendar year 2014 or other tax year beginning _____, and ending _____

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) TRINITAS REGIONAL MEDICAL CENTER Number, street, and room or suite no. If a P.O. box, see instructions. 225 WILLIAMSON STREET City or town, state or province, country, and ZIP or foreign postal code ELIZABETH, NJ 07207	<p>D Employer identification number (Employees' trust, see instructions.) 22-3601678</p> <p>E Unrelated business activity codes (See instructions.) 541800</p>
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C Book value of all assets at end of year: **378,630,047.**

F Group exemption number (See instructions.)

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **FELICIA FORNAROTTO, CONTROLLER** Telephone number ▶ **908-994-8124**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5	739.	STMT 2
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11	333,815.	552,689.
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	334,554.	552,689. -218,135.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-218,135.
31 Net operating loss deduction (limited to the amount on line 30)	31	SEE STATEMENT 3
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-218,135.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-218,135.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: 37 Proxy tax. See instructions 38 Alternative minimum tax 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40b Other credits (see instructions) 40c General business credit. Attach Form 3800 40d Credit for prior year minimum tax (attach Form 8801 or 8827) 40e Total credits. Add lines 40a through 40d 41 Subtract line 40e from line 39 42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 43 Total tax. Add lines 41 and 42 44a Payments: A 2013 overpayment credited to 2014 44b 2014 estimated tax payments 44c Tax deposited with Form 8868 44d Foreign organizations: Tax paid or withheld at source (see instructions) 44e Backup withholding (see instructions) 44f Credit for small employer health insurance premiums (Attach Form 8941) 44g Other credits and payments: Form 2439 Form 4136 Other Total 45 Total payments. Add lines 44a through 44g 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want: Credited to 2015 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year 2 Purchases 3 Cost of labor 4a Additional section 263A costs (att. schedule) 4b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 6 Inventory at end of year 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge. Signature of officer Date Title SENIOR VP/CFO May the IRS discuss this return with the preparer shown below (see instructions)? Yes No Paid Preparer Use Only Print/Type preparer's name JULIUS C. GREEN, CPA, JD Preparer's signature Date Check if self-employed PTIN P00350393 Firm's name BAKER TILLY VIRCHOW KRAUSE, LLP Firm's EIN 39-0859910 Firm's address 1650 MARKET STREET, SUITE 4500 PHILADELPHIA, PA 19103 Phone no. (215) 972-0701

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ...
		0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			0.	0.	
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) HEALTHY EDGE	333,815.	552,689.	-218,874.			
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	333,815.	552,689.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

