



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

## Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

## A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization ST BARNABAS HOSPITAL	D Employer identification number 13-1740122
Doing Business As	
Number and street (or P O box if mail is not delivered to street address) 183RD STREET AND THIRD AVENUE	
Room/suite	
City or town, state or country, and ZIP + 4 BRONX, NY 10457	

F Name and address of principal officer  
SCOTT COOPER MD THE PRESIDENT  
183RD STREET AND THIRD AVENUE  
BRONX, NY 10457

H(a) Is this a group return for affiliates?  Yes  No

H(b) Are all affiliates included?  Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

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

J Website: ► www.stbarnabashospital.org

K Form of organization  Corporation  Trust  Association  Other ►

L Year of formation 1877

M State of legal domicile NY

## Part I Summary

1	Briefly describe the organization's mission or most significant activities PROVISION OF HEALTHCARE SEE DETAILS ON SCHEDULE O
2	Check this box ► 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) . . . . .
4	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .
5	Total number of employees (Part V, line 2a) . . . . .
6	Total number of volunteers (estimate if necessary) . . . . .
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .
7b	Net unrelated business taxable income from Form 990-T, line 34 . . . . .

8	Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 3,199,055	Current Year 3,735,968
9	Program service revenue (Part VIII, line 2g) . . . . .	301,624,421	304,595,697
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	359,587	-12,879,490
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,781,337	2,711,850
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	307,964,400	298,164,025

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	2,557,840	2,539,875
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)	168,683,913	173,399,950
16a	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ► <sup>0</sup>		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .	148,735,260	147,509,407
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	319,977,013	323,449,232
19	Revenue less expenses Subtract line 18 from line 12 . . . . .	-12,012,613	-25,285,207

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16) . . . . .	401,516,434	385,446,975
21	Total liabilities (Part X, line 26) . . . . .	226,831,949	196,260,438
22	Net assets or fund balances Subtract line 21 from line 20 . . . . .	174,684,485	189,186,537

## 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			
Signature of officer	2010-11-08	Date	
TODD GORLEWSKI SR VICE PRESIDENT/CFO			

Preparer's signature	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	PricewaterhouseCoopers LLP 300 Madison Avenue New York, NY 10017	EIN ►	Phone no ► (646) 471-3000

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

**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission

PROVISION OF HEALTHCARE SEE DETAILS ON SCHEDULE O

**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  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  No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 145,899,443 including grants of \$ ) (Revenue \$ 165,705,810 )

ST. BARNABAS HOSPITAL PROVIDED COMPASSIONATE AND COMPREHENSIVE HEALTH CARE SERVICES TO THE PEOPLE OF THE BRONX COMMUNITY IN THE CITY OF NEW YORK DURING 2009, THE HOSPITAL PROVIDED INPATIENT HEALTHCARE SERVICES TO 23,074 PATIENTS SEE SCHEDULE O FOR DETAILS

**4b** (Code ) (Expenses \$ 107,862,839 including grants of \$ 2,539,875 ) (Revenue \$ 119,993,863 )

DURING 2009, THE HOSPITAL PROVIDED 308,660 OUTPATIENT HEALTH CARE SERVICES TO PEOPLE IN THE NEIGHBORHOOD THESE SERVICES INCLUDED 100,700 EMERGENCY ROOM VISITS WITH 21,995 ADMISSIONS, 31,908 DIALYSIS TREATMENTS, 26,924 METHADONE MAINTENANCE CLINIC VISITS, 21,001 DENTAL VISITS, 5,578 AMBULATORY SURGERY PROCEDURES, 144,544 AMBULATORY CARE VISITS SEE SCHEDULE O FOR DETAILS

**4c** (Code ) (Expenses \$ 13,318,674 including grants of \$ ) (Revenue \$ 19,105,040 )

FORDHAM TREMONT COMMUNITY MENTAL HEALTH CENTER PROVIDES TREATMENT FOR SERIOUSLY AND PERSISTENTLY MENTALLY ILL ADULTS, SERIOUSLY EMOTIONALLY DISTURBED CHILDREN AND MENTALLY ILL CHEMICAL ABUSERS THE CENTER PROVIDED HEALTHCARE SERVICES TO 120,083 PATIENTS SEE SCHEDULE O FOR DETAILS

**4d** Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** **Total program service expenses** \$ 267,080,956

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	2 Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 Yes	
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
<b>11</b> Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>• 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? If "Yes," complete Schedule D, Part VII.</li> <li>• 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? If "Yes," complete Schedule D, Part VIII.</li> <li>• 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? If "Yes," complete Schedule D, Part IX.</li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>• 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? If "Yes," complete Schedule D, Part X.</li> </ul>	11 Yes	
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 Yes	
<b>12a</b> Was the organization included in consolidated, independent audited financial statements for the tax year?	12a Yes	No
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II	15	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III	16	No
<b>17</b> 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? If "Yes," complete Schedule G, Part I	17	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 Yes	

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

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)	28a	Yes	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	29		No
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	<b>1a</b> 142	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 2,182	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	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)?		
<b>4b</b>	If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b> No	
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b> No	
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	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?	<b>6a</b> No	
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?	<b>7a</b> No	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b> No	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b> No	
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b> No	
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b> No	
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b> No	
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b> No	
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b> No	
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b> No	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders	<b>11a</b> No	
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>11b</b> No	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b> No	
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b> No	

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

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	21
b	Enter the number of voting members that are independent . . .	1b	20
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? . . . . .	2	No
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? . . . . .	3	No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5	No
6	Does the organization have members or stockholders? . . . . .	6	Yes
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
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 . . . . .	9	No

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

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

### Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ► NY

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►  
 TODD GORLEWSKI VP OF FINANCE  
 183RD STREET AND 3RD AVE  
 BRONX, NY 10457  
 (718) 960-9000

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee.

<b>1b Total</b>	4,758,752	164,792	374,596
-----------------	-----------	---------	---------

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **251**

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

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
NY BRONX PEDIATRICS PC 4422 THIRD AVE BRONX, NY 10457	PHYSICIAN SERVICES	4,513,795
ST BARNABAS ANESTHESIA ASSOCIATES 4422 THIRD AVE BRONX, NY 10087	PHYSICIAN SERVICES	4,048,211
ST BARNABAS OBGYN PO BOX 26835 GPO NEW YORK, NY 10087	PHYSICIAN SERVICES	3,718,390
BRONX INTERNAL MEDICINE ASSOCIATES 4422 THIRD AVENUE BRONX, NY 10457	PHYSICIAN SERVICES	3,668,079
BRONX SURGICAL SERVICES 4422 THIRD AVENUE BRONX, NY 10457	PHYSICIAN SERVICES	2,747,580
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>41</b>		

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	3,529,521				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	206,447				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		3,735,968				
Program Service Revenue	Business Code						
			<b>2a</b> NET PATIENT REVENUE	621,110	271,900,185	271,900,185	
			<b>b</b> FORDHAM TREMONT	621,110	18,126,175	18,126,175	
			<b>c</b> HIP SOUTHERN REVENUE	621,110	13,799,488	13,799,488	
			<b>d</b> SHARED SERVICES	900,099	600,000	600,000	
			<b>e</b> HANYS SI PAYOUT	900,099	130,649	130,649	
			<b>f</b> All other program service revenue		39,200	39,200	
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		304,595,697				
Other Revenue	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .		2,693,061		2,693,061		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0				
	<b>5</b> Royalties . . . . .		0				
	<b>6a</b> Gross Rents	(I) Real	(II) Personal				
	<b>b</b> Less rental expenses	2,237,667					
	<b>c</b> Rental income or (loss)	1,004,804					
	<b>d</b> Net rental income or (loss) . . . . .	1,232,863				1,232,863	
	<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
<b>b</b> Less cost or other basis and sales expenses	153,354,099	-95,612					
<b>c</b> Gain or (loss)	168,831,038						
<b>d</b> Net gain or (loss) . . . . .	-15,476,939	-95,612	-15,572,551		-15,572,551		
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .							
<b>b</b> Less direct expenses . . . . .	<b>b</b>		0				
<b>c</b> Net income or (loss) from fundraising events . . . . .			0				
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>		0				
<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>		0				
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				
Miscellaneous Revenue		Business Code					
<b>11a</b> CAFETERIA INCOME		721,110	388,145		388,145		
<b>b</b> VENDOR DISCOUNTS		900,099	579,861		579,861		
<b>c</b> REIMBURSEMENT FROM NY DEPT OF FINANCE		900,099	187,276		187,276		
<b>d</b> All other revenue . . . . .		323,705	209,016		114,689		
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		1,478,987					
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		298,164,025	304,804,713		-10,376,656		

**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) but are not required to complete columns (B), (C), and (D).**

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 governments and organizations in the U S See Part IV, line 21	2,539,875	2,539,875		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	3,786,591	2,915,675	870,916	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages	125,460,704	96,604,742	28,855,962	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	8,927,314	6,874,032	2,053,282	
9 Other employee benefits . . . . .	24,929,805	19,195,950	5,733,855	
10 Payroll taxes . . . . .	10,295,536	7,927,563	2,367,973	
11 Fees for services (non-employees)				
a Management . . . . .	15,129,053	11,649,371	3,479,682	
b Legal . . . . .	1,174,401	904,289	270,112	
c Accounting . . . . .	341,525		341,525	
d Lobbying . . . . .	0			
e Professional fundraising See Part IV, line 17 . . . . .	0			0
f Investment management fees . . . . .	0			
g Other . . . . .	35,388,540	35,388,540		
12 Advertising and promotion . . . . .	85,687	65,979	19,708	
13 Office expenses . . . . .	39,216,170	35,050,584	4,165,586	
14 Information technology . . . . .	0			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	1,800,308	1,386,237	414,071	
17 Travel . . . . .	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	243,424	187,436	55,988	
20 Interest . . . . .	3,413,321	2,628,257	785,064	
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	18,899,088	14,552,298	4,346,790	
23 Insurance . . . . .	8,543,741	6,597,494	1,946,247	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a PROVISION FOR BAD DEBT	10,400,001	10,400,001		
b HIP CLAIMS EXPENSES	9,113,789	9,113,789		
c TEMPORARY SERVICES	1,942,548	1,942,548		
d AMORTIZATION	316,128		316,128	
e FORDHAM TREMONT	1,501,683	1,156,296	345,387	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	323,449,232	267,080,956	56,368,276	0
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	<b>8,136,850</b>	<b>20,937,706</b>
	<b>3</b> Pledges and grants receivable, net . . . . .	<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	<b>31,054,209</b>	<b>27,895,166</b>
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .	<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	<b>1,928,745</b>	<b>1,609,989</b>
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>	485,046,223
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b>	283,299,424
		198,777,789	<b>10c</b> 201,746,799
	<b>11</b> Investments—publicly traded securities . . . . .	<b>99,343,013</b>	<b>69,457,341</b>
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	<b>13</b>	
	<b>14</b> Intangible assets . . . . .	<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	<b>62,275,828</b>	<b>63,799,974</b>
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	<b>401,516,434</b>	<b>385,446,975</b>
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	<b>59,867,156</b>	<b>62,167,678</b>
	<b>18</b> Grants payable . . . . .	<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	<b>99,735,448</b>	<b>82,513,066</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	<b>24</b>	
	<b>25</b> Other liabilities Complete Part X of Schedule D . . . . .	<b>67,229,345</b>	<b>51,579,694</b>
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	<b>226,831,949</b>	<b>196,260,438</b>
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	<b>27</b> Unrestricted net assets . . . . .	<b>152,586,487</b>	<b>165,054,625</b>
	<b>28</b> Temporarily restricted net assets . . . . .	<b>3,689,441</b>	<b>3,577,149</b>
	<b>29</b> Permanently restricted net assets . . . . .	<b>18,408,557</b>	<b>20,554,763</b>
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	<b>174,684,485</b>	<b>189,186,537</b>
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	<b>401,516,434</b>	<b>385,446,975</b>

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990       Cash  Accrual  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? . . . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**c** If "Yes," to 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 . . . . .

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  
 Separate basis       Consolidated basis       Both consolidated and separated basis

**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? . . . . .

**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 . . . . .

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

2009

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury  
Internal Revenue Service  
  
Name of the organization  
ST BARNABAS HOSPITAL

Employer identification number

13-1740122

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)

10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h  Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 <b>Total.</b> 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 <b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 <b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

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

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
b <b>33 1/3% support test—2008.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
17a <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b <b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 <b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		►

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

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

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2008 Schedule A, Part III, line 15	16

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

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>b 33 1/3% support tests—2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

---

**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2009****Open to Public  
Inspection****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. ► See separate instructions.

**If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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) or Form 990-EZ, line 35a (regarding proxy tax), then**

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

Name of the organization  
ST BARNABAS HOSPITAL

Employer identification number

13-1740122

**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 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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-

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

**4-Year Averaging Period Under Section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

**Lobbying Expenditures During 4-Year Averaging Period**

<b>Calendar year (or fiscal year beginning in)</b>	<b>(a) 2006</b>	<b>(b) 2007</b>	<b>(c) 2008</b>	<b>(d) 2009</b>	<b>(e) Total</b>
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	
	Amount		
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities? If "Yes," describe in Part IV	Yes		157,287
<b>j</b> Total lines 1c through 1i			157,287
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

		Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
<b>3</b> Did the organization agree to carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

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

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1I	OTHER ACTIVITIES	ST BARNABAS HOSPITAL HAS PAID MEMBERSHIP DUES TO GREATER NEW YORK HOSPITAL ASSOCIATION (GNYHA) AND HOSPITAL ASSOCIATION OF NEW YORK STATE(HANYS) IN 2009, GNYHA AND HANYS SPENT \$81,400 AND \$75,887, RESPECTIVELY, TO INFLUENCE LEGISLATION IN THE STATE OF NEW YORK

2009

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

Department of the Treasury  
Internal Revenue Service**Name of the organization**  
ST BARNABAS HOSPITAL**Employer identification number**

13-1740122

**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 contributions to (during year)		
3 Aggregate 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?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?  Yes  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 pleasure)  Preservation of an historically importantly land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-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 Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, 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, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues 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 relating to these items

a Revenues 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 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 XIV

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 XIV and complete the following table

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

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

	<b>(a) Current Year</b>	<b>(b) Prior Year</b>	<b>(c) Two Years Back</b>	<b>(d) Three Years Back</b>	<b>(e) Four Years Back</b>
<b>1a</b> Beginning of year balance . . . . .	70,103,476	98,154,551			
<b>b</b> Contributions . . . . .	35,550	43,226			
<b>c</b> Investment earnings or losses . . . . .	4,757,241	-19,383,915			
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	31,506,001	8,634,988			
<b>f</b> Administrative expenses . . . . .	87,083	105,509			
<b>g</b> End of year balance . . . . .	43,303,183	70,073,365			

2 Provide the estimated percentage of the year end balance held as

**a** Board designated or quasi-endowment ► 67 000 % %

**b** Permanent endowment ► 33 000 % %

**c** Term endowment ► %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

**(i)** unrelated organizations . . . . .  Yes  No

**(ii)** related organizations . . . . .  Yes  No

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

<b>Yes</b>	<b>No</b>
3a(i)	
3a(ii)	
3b	

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

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	<b>Description of investment</b>	<b>(a) Cost or other basis (investment)</b>	<b>(b) Cost or other basis (other)</b>	<b>(c) Accumulated depreciation</b>	<b>(d) Book value</b>
<b>1a</b> Land . . . . .		12,814,890			12,814,890
<b>b</b> Buildings . . . . .		267,943,728	124,206,900		143,736,828
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .		184,197,951	159,092,525		25,105,426
<b>e</b> Other . . . . .		20,089,655			20,089,655
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					201,746,799

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12

<b>(a) Description of security or category (including name of security)</b>	<b>(b) Book value</b>	<b>(c) Method of valuation Cost or end-of-year market value</b>
Financial derivatives		
Closely-held equity interests		
Other		

---

**Total.** (Column (b) should equal Form 990, Part X, col (B) line 12)

**Part VIII: Investments—Program Related.** See Form 990, Part X, line 13

---

**Total.** (Column (b) should equal Form 990, Part X, col (B) line 13)

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
See Additional Data Table	

---

**Total** (Column (b)) should equal Form 990, Part X, col (B) line 15.

**Part X Other Liabilities** See Form 990, Part X, line 25

<b>Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )</b>	<b>51,579,694</b>
----------------------------------------------------------------------------	-------------------

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	298,164,025
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	323,449,232
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-25,285,207
4	Net unrealized gains (losses) on investments	4	21,593,767
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	18,193,492
9	Total adjustments (net) Add lines 4 - 8	9	39,787,259
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	14,502,052

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	321,503,077
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	21,593,767
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	740,481
e	Add lines 2a through 2d . . . . .	2e	22,334,248
3	Subtract line 2e from line 1 . . . . .	3	299,168,829
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 XIV) . . . . .	4b	-1,004,804
c	Add lines 4a and 4b . . . . .	4c	-1,004,804
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	298,164,025

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements . . . . .	1	324,454,036
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 XIV) . . . . .	2d	1,004,804
e	Add lines 2a through 2d . . . . .	2e	1,004,804
3	Subtract line 2e from line 1 . . . . .	3	323,449,232
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 XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	323,449,232

**Part XIV Supplemental Information**

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
SCHEDULE D, PART XI, LINE 8	OTHER CHANGES OF NET ASSETS	1) CHANGE IN PENSION AND POSTRETIREMENT BENEFITS \$15,419,097 IN MARCH 2005, THE FASB ISSUED FASB INTERPRETATION NO 47, "ACCOUNTING FOR CONDITIONAL ASSET RETIREMENT OBLIGATIONS" (FIN 47), WHICH IS EFFECTIVE FOR THE HOSPITAL AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2009. FIN 47 WAS ISSUED TO PROVIDE CLARITY SURROUNDING THE RECOGNITION OF CONDITIONAL ASSET RETIREMENT OBLIGATIONS, AS REFERRED TO IN FASB STATEMENT NO 143, "ACCOUNTING FOR ASSET RETIREMENT OBLIGATIONS". FIN 47 DEFINES A CONDITIONAL ASSET RETIREMENT OBLIGATION AS A LEGAL OBLIGATION TO PERFORM AN ASSET RETIREMENT ACTIVITY IN WHICH THE TIMING AND (OR) METHOD OF SETTLEMENT ARE CONDITIONAL ON A FUTURE EVENT THAT MAY OR MAY NOT BE WITHIN THE CONTROL OF THE ENTITY. UNCERTAINTY WITH RESPECT TO THE TIMING AND/OR METHOD OF SETTLEMENT OF THE ASSET RETIREMENT OBLIGATION, DOES NOT DEFER RECOGNITION OF A LIABILITY. THE OBLIGATION TO PERFORM THE ASSET RETIREMENT ACTIVITY IS UNCONDITIONAL, AND ACCORDINGLY, A LIABILITY SHOULD BE RECOGNIZED. FIN 47 ALSO PROVIDES GUIDANCE WITH RESPECT TO THE CRITERIA TO BE USED TO DETERMINE WHETHER SUFFICIENT INFORMATION EXISTS TO REASONABLY ESTIMATE THE FAIR VALUE OF AN ASSET RETIREMENT OBLIGATION. BASED ON THE GUIDANCE IN FIN 47, MANAGEMENT OF THE HOSPITAL DETERMINED THAT SUFFICIENT INFORMATION WAS AVAILABLE TO REASONABLY ESTIMATE THE FAIR VALUE OF KNOWN ASSET RETIREMENT OBLIGATIONS. FIN 47 REQUIRES THE INITIAL APPLICATION OF THE INTERPRETATION TO BE RECOGNIZED AS A CUMULATIVE EFFECT OF A CHANGE IN ACCOUNTING PRINCIPLE. SPECIFICALLY, FIN 47 REQUIRES THE RECOGNITION, AS A CUMULATIVE EFFECT, THE CUMULATIVE ACCRETION AND ACCUMULATED DEPRECIATION FOR THE TIME PERIOD FROM THE DATE THE LIABILITY WOULD HAVE BEEN RECOGNIZED HAD THE PROVISIONS OF THE INTERPRETATION BEEN IN EFFECT WHEN THE LIABILITY WAS INCURRED TO THE DATE OF ADOPTION OF THIS INTERPRETATION. THE LIABILITY INCURRED DATE IS PRESUMED TO BE THE DATE UPON WHICH THE LEGAL REQUIREMENT TO PERFORM THE ASSET RETIREMENT ACTIVITY WAS ENACTED.
SCHEDULE D, PART XI, LINE 8	OTHER CHANGES OF NET ASSETS	CHANGE IN RESTRICTED NET ASSETS \$740,481
SCHEDULE D, PART XI, LINE 8	OTHER CHANGES OF NET ASSETS	PERMANENTLY RESTRICTED UNREALIZED GAINS ON INVESTMENTS \$2,146,206
SCHEDULE D, PART XI, LINE 8	OTHER CHANGES OF NET ASSETS	TEMPORARILY RESTRICTED INTEREST AND DIVIDEND INCOME \$263,333
SCHEDULE D, PART XI, LINE 8	OTHER CHANGES OF NET ASSETS	TEMPORARILY RESTRICTED GIFTS AND BEQUESTS \$364,856
SCHEDULE D, PART XI, LINE 8	OTHER CHANGES OF NET ASSETS	TEMPORARILY RESTRICTED NET ASSETS RELEASED FROM RESTRICTION FOR OPERATING PURPOSES (\$740,481)
SCHEDULE D, PART XII, LINE 2D	OTHER BOOK INCOME NOT INCLUDED IN RETURN	NET ASSETS RELEASED FROM RESTRICTIONS (\$740,481)
SCHEDULE D, PART XII, LINE 4B	OTHER REVENUE	RENTAL EXPENSES (\$1,004,804)
SCHEDULE D, PART XIII, LINE 2D	OTHER EXPENSES	RENTAL EXPENSES \$1,004,804
SCHEDULE D, PART V, LINE 4	INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS	CONSISTENT WITH INDUSTRY PRACTICE, MANAGEMENT AND THE HOSPITAL'S BOARD OF TRUSTEES FURTHER UNDERSTAND THAT EXPENDITURES FROM A DONOR-RESTRICTED FUNDS IS LIMITED TO THE USES AND PURPOSES FOR WHICH THE ENDOWMENT FUND IS ESTABLISHED AND THE USE OF NET APPRECIATION, REALIZED GAINS (WITH RESPECT TO ALL ASSETS) AND UNREALIZED GAINS (WITH RESPECT ONLY TO READILY MARKETABLE ASSETS) IS LIMITED TO THE EXTENT THAT THE FAIR VALUE OF A DONOR-RESTRICTED FUND EXCEEDS THE HISTORIC DOLLAR VALUE OF THE FUND (UNLESS THE APPLICABLE GIFT INSTRUMENT INDICATES THAT NET APPRECIATION SHALL NOT BE EXPENDED), TO THE EXTENT THAT SUCH EXPENDITURE IS PRUDENT, CONSIDERING THE LONG AND SHORT TERM NEEDS OF THE HOSPITAL IN CARRYING OUT ITS PURPOSES, ITS PRESENT AND ANTICIPATED FINANCIAL REQUIREMENTS, EXPECTED TOTAL RETURN ON ITS INVESTMENTS AND GENERAL ECONOMIC CONDITIONS.

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 13-1740122  
**Name:** ST BARNABAS HOSPITAL

### Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
DUE FROM NYC AND OTHER PAYORS	956,205
FUNDS HELD IN TRUST BY OTHERS	15,901,930
DUE FROM PHYSICIANS GROUPS	1,266,191
GRANTS RECEIVABLE	1,150,893
DUE FROM RELATED PARTIES	3,615,429
MEDICARE/MEDICAID RECEIVABLE	1,394,418
HIP & MISCELLANEOUS RECEIVABLE	715,727
DUE FROM PAYOR REIMBRS PRGRM	19,277,330
DUE FROM UCHC	12,441,425
HIP ESCROW RECEIVABLE	0
DEFERRED MORTGAGE COSTS	7,080,426

SCHEDULE H  
(Form 990)

## Hospitals

OMB No 1545-0047

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceName of the organization  
ST BARNABAS HOSPITAL

Employer identification number

13-1740122

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
 ► Attach to Form 990.  
 ► See separate instructions.

## Part I Charity Care and Certain Other Community Benefits at Cost

1a Does the organization have a charity care policy? If "No," skip to question 6a . . . . .

b If "Yes," is it a written policy? . . . . .

2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals

Applied uniformly to all hospitals  Applied uniformly to most hospitals  
 Generally tailored to individual hospitals

3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients

a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care

100%  150%  200%  Other 300 %

b Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care

200%  250%  300%  350%  400%  Other \_\_\_\_\_

c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care

4 Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .

5a Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . . .

b If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .

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 Does the organization prepare an annual community benefit report? . . . . .

6b If "Yes," does the organization make it available to the public? . . . . .

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

	Yes	No
1a	Yes	
1b	Yes	
3a	Yes	
3b	Yes	
4	Yes	
5a	Yes	
5b	Yes	
5c		No
6a	Yes	
6b	Yes	

## 7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2) . . . . .			18,657,513	11,835,702	6,821,811	2 110 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . . . .			181,776,550	170,104,516	11,672,034	3 610 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Charity Care and Means-Tested Government Programs . . . . .			200,434,063	181,940,218	18,493,845	5 720 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .						
f Health professions education (from Worksheet 5) . . . . .			34,537,760	16,207,788	18,329,972	5 670 %
g Subsidized health services (from Worksheet 6) . . . . .			35,744,776	25,593,874	9,150,902	2 830 %
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions to community groups (from Worksheet 8) . . . . .						
j Total Other Benefits . . . . .			70,282,536	41,801,662	27,480,874	8 500 %
k Total. Add lines 7d and 7j . . . . .			270,716,599	223,741,880	45,974,719	0

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
<b>10 Total</b>						

**Part III Bad Debt, Medicare, & Collection Practices**
**Section A. Bad Debt Expense**

1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? . . . . .

2 Enter the amount of the organization's bad debt expense (at cost) . . . . .

3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy . . . . .

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit

	Yes	No
1	Yes	
2	4,053,525	
3		
5	42,561,530	
6	24,710,420	
7	17,851,110	
9a	Yes	
9b	Yes	

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .

6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .

7 Subtract line 6 from line 5 This is the surplus or (shortfall) . . . . .

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used

Cost accounting system

Cost to charge ratio

Other

**Section C. Collection Practices**

9a Does the organization have a written debt collection policy? . . . . .

9b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI . . . . .

**Part IV Management Companies and Joint Ventures**

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

**Part V Facility Information**

Name and address

Other  
(Describe)

ST BARNABAS HOSPITAL  
183RD STREET AND THIRD AVENUE  
BRONX, NY 10457

X

ER-other
ER-24 hours
Research facility
Critical access hospital
Teaching hospital
Children's hospital
General medical & surgical
Licensed hospital

**Part VI Supplemental Information**

Complete this part to provide the following information

**1** Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V. See Instructions**N/A - THE HOSPITAL USES FPG TO DETERMINE ELIGIBILITY****THE HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT WHICH IS ALWAYS AVAILABLE TO THE PUBLIC**

SUBSIDIZED HEALTH SERVICES ARE IDENTIFIED AS THOSE SERVICES WHICH ARE ESSENTIAL TO THE COMMUNITY AND HOSPITAL IS INCURRING LOSSES WHILE PROVIDING THESE SERVICES TO THE COMMUNITY. COST OF SUBSIDIZED HEALTH SERVICES WAS CALCULATED BY APPLYING HOSPITAL RATIO OF COST TO CHARGE TO THE GROSS CHARGES FOR SUBSIDIZED SERVICES AND THE COST WAS OFFSET BY THE REVENUE RECEIVED FROM THE THIRD PAYERS. NET COMMUNITY BENEFIT EXPENSE WAS CALCULATED AFTER REDUCING THE COST FOR BAD DEBT EXPENSES, COST FOR MEDICAID PROGRAMS AND CHARITY CARE COST ASSOCIATED WITH THE SUBSIDIZED HEALTH SERVICES

**\$10,400,001**

PERCENT OF TOTAL EXPENSE WAS CALCULATED AFTER DIVIDING THE NET COMMUNITY BENEFIT EXPENSE BY THE TOTAL EXPENSES OF THE ORGANIZATION FROM FROM 990, PART IX, LINE 25, COLUMN A

COST OF BAD DEBT EXPENSE WAS CALCULATED BY APPLYING THE RATIO COST OF CHARGE TO THE BAD DEBT EXPENSES. FOOTNOTE IS IN AFS PAGE 9 NET PATIENT REVENUE, ACCOUNTS RECEIVABLE, ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS

ST. BARNABAS HOSPITAL DOES NOT REPORT ANY SHORTFALL ON LINE 7 DUE TO THE FACT THAT THE HOSPITAL RECEIVES SIGNIFICANT AMOUNT OF MONIES FROM DISPROPORTIONATED SHARE AND GRADUATE MEDICAL EDUCATION. THE HOSPITAL SERVES A LARGE INDIGENT POPULATION AND HAS AN EXTENSIVE TEACHING PROGRAM CONSISTING OF 270 RESIDENTS AND INCURS LOSSES IN PROVIDING CARE TO THE INDIGENT POPULATIONS AND TRAINING HEALTHCARE PROFESSIONALS

POLICY SELF-PAY FOLLOW-UP SHALL BE PERFORMED IMMEDIATELY BASED ON INSURANCE PAYMENTS AND THE RECEIPTS OF THE EXPLANATION OF BENEFITS PROCEDURE AS SOON AS THE EXPLANATION OF BENEFITS AND/OR THE REMITTANCE SUMMARY NOTING PAYMENT IS RECEIVED, THE INPATIENT ACCOUNT SHOULD BE ADJUSTED AND THE SELF PAY PORTION OF THE BALANCE SHOULD BE MOVED TO PATIENT'S RESPONSIBILITY. A BILL MUST BE GENERATED DISPLAYING THE INSURANCE PAYMENT AND THE PATIENT RESPONSIBILITY ALONG WITH ANY ADJUSTMENTS MADE ON THE ACCOUNT. THE BILL MUST BE MAILED AS SOON AS POSSIBLE WHEN THE PATIENT APPEARS ON THE NEXT TRIAL BALANCE REPORT. A SECOND BILL IS GENERATED. IT DOES NOT MATTER IF THE INITIAL BILL WAS JUST SENT OUT. THE TRIAL IS YOUR INDICATOR TO SEND A SECOND BILL. IF PAYMENT HAS NOT BEEN RECEIVED, OR THE PATIENT HAS NOT MADE CONTACT, WHEN THE NEXT TRIAL BALANCE REPORT IS DISTRIBUTED A THIRD AND FINAL BILL SHOULD BE SENT TO THE PATIENT. FOLLOW-UP ON THESE ACCOUNTS SHOULD NOT EXCEED 90 DAYS. THE SYSTEM WILL CONTINUE TO GENERATE PATIENT BILLS EACH MONTH. ONCE THE THIRD BILL IS SENT TO THE PATIENT THE ACCOUNT IS FORWARDED TO THE COLLECTIONS AREA. A FINAL TELEPHONE ATTEMPT IS MADE TO THE PATIENT TO OBTAIN PAYMENT WHEN ALL ATTEMPTS ARE MADE WITHOUT RECEIVING PAYMENT IN FULL, THE ACCOUNT WILL BE ASSIGNED TO A COLLECTION AGENCY. THE ASSIGNMENT OF ACCOUNTS TO AGENCIES IS BASED ON THE PATIENT'S LAST NAME. POLICY THIS POLICY SHOULD BE UTILIZED IN CONJUNCTION WITH THE OUTPATIENT SELF PAY FOLLOW-UP PROCEDURE. 1 IF THE ACCOUNT IS DENIED BECAUSE THE PATIENT DOES NOT HAVE INSURANCE ELIGIBILITY THE BILLER SHOULD CONTINUE WITH FOLLOW-UP PROCEDURES. 2 FOLLOW-UP PROCEDURE "OUTPATIENT SELF-PAY FOLLOW-UP" SELF-PAY FOLLOW-UP - INVESTIGATE ACCOUNT(S) FOR POSSIBLE TELEPHONE NUMBERS - MAKE CONTACT WITH PATIENT AND/OR LEAVE MESSAGE - IF CONTACT IS MADE EXPLAIN HISTORY OF ACCOUNTS TO PATIENT AND EXPLORE POSSIBLE MEANS OF RESOLVING UNPAID BALANCE (MONEY FIRST) - SET UP A PAYMENT PLAN THAT IS AFFORDABLE TO THE PATIENT AND ACCEPTABLE TO THE FACILITY - BE FIRM WITH A QUICK FIRST PAYMENT AND STRESS THE IMPORTANCE OF MAINTAINING PAYMENTS. EXPLAIN TO PATIENT IF FIRST OR ANY PAYMENTS ARE NOT RECEIVED WITHIN A DESIRED TIMEFRAME THE ACCOUNT MAY BE REFERRED TO A COLLECTION AGENCY - IF PATIENT DOES NOT HAVE THE MEANS OF PAYING AND WAS NOT DEEMED MEDICAID ELIGIBLE, EXPLAIN CHARITY CARE/SLIDING SCALE OPTIONS - PROPER DOCUMENTATION SHOULD BE RECEIVED WITHIN 5 TO 7 BUSINESS DAYS, OTHERWISE, THE COLLECTIONS ASPECT APPLIES - PATIENT WILL ALSO HAVE LITERATURE SENT TO THE PATIENT PERTAINING TO THEIR SITUATION. ALL ACTIONS TAKEN ON AN ACCOUNT SHOULD BE DOCUMENTED IN THE HBO WITHOUT ANY HESITATION - IF THERE IS NO MEANS OF CONTACTING THE PATIENT, BILLS ARE TO BE MAILED TO THEIR LAST KNOWN ADDRESS. THREE BILLS ARE TO BE SENT WITHIN A MONTH'S TIME AND IF NO RESPONSE THE ACCOUNT IS TO BE FLAGGED TO COLLECTIONS. IF THERE IS RETURN MAIL ACCOUNT IS FLAGGED FOR COLLECTIONS. POLICY SELF-PAY FOLLOW-UP SHALL BE PERFORMED IMMEDIATELY BASED ON INSURANCE PAYMENTS AND THE RECEIPTS OF THE EXPLANATION OF BENEFITS PROCEDURE. 1 AS SOON AS THE EXPLANATION OF BENEFITS AND/OR THE REMITTANCE SUMMARY NOTING PAYMENT IS RECEIVED, THE OUTPATIENT ACCOUNT SHOULD BE ADJUSTED AND THE SELF PAY PORTION OF THE BALANCE SHOULD BE MOVED TO THE PATIENT'S RESPONSIBILITY. 1A UPDATING ACCOUNT TO SELF-PAY (FC 10) - IF THE ACCOUNT IS DENIED BECAUSE THE PATIENT DOES NOT HAVE INSURANCE ELIGIBILITY THE PROCEDURES REGARDING REVISION OF THE FOLLOW-UP SCHEDULE TO SELF-PAY STATUS SHOULD BE FOLLOWED - PRINT A COPY OF THE ITEMIZED BILL AND MAIL IT TO THE PATIENT - THE ACCOUNT WILL BE SENT TO HUDSON VALLEY IN AN ATTEMPT TO COLLECT THE BALANCE AFTER THE 90 DAYS IT WILL BE REFERRED TO "BAD DEBT-COLLECTION" 2 A BILL SHOULD BE GENERATED DISPLAYING THE INSURANCE PAYMENT AND PATIENT RESPONSIBILITY ALONG WITH ANY ADJUSTMENTS MADE ON THE ACCOUNT. \* 3 THE BILL SHOULD BE MAILED AS SOON AS POSSIBLE. 4 WHEN THE PATIENT APPEARS ON THE NEXT TRIAL BALANCE REPORT A SECOND BILL IS GENERATED. IT DOES NOT MATTER IF THE INITIAL BILL WAS JUST SENT OUT. THE TRIAL IS YOUR INDICATOR TO SEND A SECOND BILL. 5 IF PAYMENT HAS NOT BEEN RECEIVED, OR THE PATIENT HAS NOT MADE CONTACT, WHEN THE NEXT TRIAL BALANCE REPORT IS DISTRIBUTED A THIRD AND FINAL BILL SHOULD BE SENT TO THE PATIENT. FOLLOW-UP ON THESE ACCOUNTS SHOULD NOT EXCEED 90 DAYS. 6 ONCE THE THIRD BILL IS SENT TO THE PATIENT THE ACCOUNT IS FORWARDED TO THE COLLECTIONS AREA VIA THE PRELIST. 7 IF 120 DAYS HAS LAPSED FROM THE FINAL PAYMENT FROM THE INSURER, THE ACCOUNT IS FORWARDED TO THE COLLECTION AGENCY ASSIGNED TO THAT PORTION OF THE ALPHA. 8 REFERRAL TO THE COLLECTION AGENCY SHOULD NOT EXCEED 130 DAYS. \*THIS PROCESS WILL REMAIN IN PLACE UNTIL THE DATA MAILERS ARE SET UP BY INFORMATION SERVICES AT SUCH TIME, WHEN THE BALANCE IS MOVED TO THE PATIENT LIABILITY BUCKET, A DATA MAILER WILL GENERATE AUTOMATICALLY

**GENERAL CARE TEACHING HOSPITAL****2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

THE ST. BARNABAS HOSPITAL COMMUNITY SERVICE PLAN WORKGROUP CONDUCTED ASSESSMENTS OF ITS CONSTITUENCIES WHEN CONSIDERING BOTH SHORT AND LONG TERM NEEDS. THIS WAS DONE UTILIZING A VARIETY OF GOVERNMENT AND PRIVATE SOURCES, INCLUDING NYS PERFORMANCE QUALITY INDICATORS, NYC COMMUNITY PROFILES FOR 2006, THE 2000 U.S. CENSUS INFORMATION AND NYC DEPARTMENT OF CITY PLANNING REPORTS AS WELL AS HEALTH REPORTS AND REGULAR INTERNAL HOSPITAL STATISTICAL ABSTRACTS. THE ANALYSIS OF NEED FOCUSED ON THE IMMEDIATE GEOGRAPHIC SERVICE AREA SURROUNDING THE HOSPITAL, ITS AFFILIATED LOCATIONS AND OUR DIVERSE PATIENT POPULATION. HOSPITAL SERVICE AREA SUBSTANTIAL INEQUALITIES REMAIN AMONG NEW YORKERS OF DIFFERENT ECONOMIC AND RACIAL/ETHNIC GROUPS. POOR NEW YORKERS, AS WELL AS AFRICAN-AMERICAN AND HISPANIC NEW YORKERS, BEAR A DISPROPORTIONATE BURDEN OF ILLNESS AND PREMATURE DEATH. POOR HEALTH IS CONCENTRATED IN CERTAIN NEW YORK NEIGHBORHOODS. FACTORS ASSOCIATED WITH POOR HEALTH, SUCH AS POOR ACCESS TO MEDICAL CARE, UNHEALTHY BEHAVIORS, AND POOR LIVING CONDITIONS, ARE MORE COMMON AMONG CERTAIN ECONOMIC AND RACIAL/ETHNIC GROUPS. THE BRONX IS RACIALLY AND ETHNICALLY DIVERSE. ACCORDING TO THE 2000 CENSUS, 48% OF ALL BRONXITES ARE HISPANIC, 31% ARE BLACK OR AFRICAN AMERICAN, 14.5% ARE WHITE AND 5% "OTHER", AND 32% OF ALL BRONX CITIZENS ARE FOREIGN BORN. LOW SOCIO-ECONOMIC STATUS AMONG BRONX RESIDENTS HAS SEVERE HEALTH IMPLICATIONS. THE 2005 AMERICAN COMMUNITY SURVEY REPORTS THAT 29% OF BRONXITES LIVE BELOW THE POVERTY LEVEL. A "TAKE CARE NEW YORK" REPORT ISSUED BY THE NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE ADVISES THAT BRONX RESIDENTS ARE TWICE AS LIKELY TO LACK A "MEDICAL HOME" WHEN COMPARED TO OTHERS IN NYC. THE BRONX HAS THE HIGHEST AIDS DEATH RATE OF ALL FIVE BOROUGHS AND SUFFERS EPIDEMIC RATES OF DIABETES, PEDIATRIC ASTHMA, OBESITY AND TEEN PREGNANCY. AT THE TIME OF THIS WRITING, THE BRONX HAS THE HIGHEST UNEMPLOYMENT RATE OF THE 5 NYC COUNTIES. ST. BARNABAS HOSPITAL IS A CENSUS PARTNER TO THE 2010 US CENSUS RECOGNIZING THE ROLE OF IMMIGRATION AND THE CHANGING DEMOGRAPHICS OF THE BRONX, WHICH IS EVIDENT IN THE MULTITUDE OF LANGUAGES SPOKEN BY HOSPITAL PATIENTS AT ANY TIME.

**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 charity care policy

ST. BARNABAS IS COMMITTED TO ENSURING THAT EVERYONE VISITING THE FACILITY IS AWARE OF ITS FINANCIAL AID POLICY AND FINANCIAL AID PROGRAM FOR UNINSURED AND UNDERINSURED PATIENTS. IN THIS VEIN, THE HOSPITAL PUBLISHES A FINANCIAL AID BROCHURE, ACCESS BEST CARE, IN BOTH ENGLISH AND SPANISH. THE PREDOMINANT LANGUAGES OF THE HOSPITAL COMMUNITY. IN ADDITION, HOSPITAL FINANCIAL AID DOCUMENTS AND APPLICATIONS ARE AVAILABLE IN FIVE LANGUAGES (ENGLISH, SPANISH, ALBANIAN, FRENCH AND CHINESE). COLLECTION AGENCY VENDORS ARE REQUIRED TO ACKNOWLEDGE IN WRITING THEIR AWARENESS AND COMPLIANCE WITH HOSPITAL COLLECTION POLICIES AS THEY REPRESENT AN EXTENSION OF THE HOSPITAL FINANCE OFFICE.

**4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

ST. BARNABAS HOSPITAL IS LOCATED IN BRONX COMMUNITY BOARD #6, AN AREA REFERRED TO IN THE NYC DOH-MH "TAKE CARE NEW YORK" REPORT AS THE CENTRAL BRONX AND FORDHAM/BRONX PARK NEIGHBORHOODS. A REVIEW OF THE AREA REVEALS THAT - 23.4% OF RESIDENTS ARE FOREIGN-BORN, - ENGLISH IS SPOKEN BY 68.7% OF THE COMMUNITY, - THE DOMINANT LANGUAGE (92.1%) FOR THE NOT-PROFICIENT-IN-ENGLISH RESIDENT IS SPANISH (OR SPANISH CREOLE) [U.S. CENSUS BUREAU, 2000 SPECIAL TABULATION]. PUBLIC EDUCATION SYSTEM INCLUDES 16 ELEMENTARY SCHOOLS, 8 MIDDLE SCHOOLS, 2 JUNIOR/SENIOR HIGH SCHOOLS, 7 HIGH SCHOOLS, AND 1 SPECIAL SCHOOL. IN THE PRIVATE SCHOOL SYSTEM, THERE ARE 4 ELEMENTARY, 2 HIGH SCHOOLS AND ONE POST-SECONDARY DEGREE. THERE ARE OVER 20 DAY CARE AND HEAD START CENTERS, 2 SENIOR CENTERS, 3 LIBRARIES AND 2 CITY-OWNED CULTURAL INSTITUTIONS. IN 2000, THIS COMMUNITY DISTRICT EXPERIENCED AN 11.2% GROWTH. COMMUNITY BOARD #5, WHICH CONSISTS OF THE NYC DOH-MH NEIGHBORHOODS DESIGNATED CENTRAL BRONX AND HIBRIDGE/MORRISANIA AS WELL AS PORTIONS OF FORDHAM/BRONX PARK. AN AREA REVIEW REVEALS THAT - 34.8% OF RESIDENTS ARE FOREIGN-BORN, - ENGLISH IS SPOKEN BY 65.8% OF THE COMMUNITY, - THE DOMINANT LANGUAGE (93%) FOR THE NOT-PROFICIENT-IN-ENGLISH RESIDENT IS SPANISH (OR SPANISH CREOLE). PUBLIC EDUCATION SYSTEM INCLUDES 17 ELEMENTARY SCHOOLS, 7 MIDDLE SCHOOLS, 1 JUNIOR/SENIOR HIGH SCHOOL, 1 HIGH SCHOOL, AND 1 SPECIAL SCHOOL. IN THE PRIVATE SCHOOL SYSTEM, THERE ARE 6 ELEMENTARY, NO HIGH SCHOOLS AND 1 POST-SECONDARY DEGREE. THERE ARE OVER 31 DAY CARE AND HEAD START CENTERS, 3 SENIOR CENTERS, AND 2 LIBRARIES. IN 2000, THIS COMMUNITY DISTRICT EXPERIENCED AN 8% GROWTH. COMMUNITY BOARD #1, IN OUR SOUTHERN MEDICAL GROUP LOCAL MEDICAL OFFICE, OUR SERVICE PROVIDERS ARE LOCATED IN BRONX COMMUNITY BOARD #1, THE NYC DOH-MH "TAKE CARE NEW YORK" NEIGHBORHOODS OF HUNTS POINT/MOTT HAVEN. THE AREA REVIEW REVEALS THAT - 27% OF RESIDENTS ARE FOREIGN-BORN, - ENGLISH IS SPOKEN BY 65% OF THE COMMUNITY, - THE DOMINANT LANGUAGE (97%) FOR THE NOT-PROFICIENT-IN-ENGLISH RESIDENT IS SPANISH (OR SPANISH CREOLE). PUBLIC EDUCATION SYSTEM INCLUDES 17 ELEMENTARY SCHOOLS, 4 MIDDLE SCHOOLS, 6 JUNIOR/SENIOR HIGH SCHOOLS, 11 HIGH SCHOOLS, AND 2 SPECIAL SCHOOLS. IN THE PRIVATE SCHOOL SYSTEM, THERE ARE 7 ELEMENTARY, 1 HIGH SCHOOL AND 2 POST-SECONDARY DEGREE. THERE ARE OVER 35 DAY CARE AND HEAD START CENTERS, 10 SENIOR CENTERS, AND 2 LIBRARIES. IN 2000, THIS COMMUNITY DISTRICT EXPERIENCED A 6% GROWTH. PUBLIC EDUCATION SYSTEM INCLUDES 17 ELEMENTARY SCHOOLS, 4 MIDDLE SCHOOLS, 6 JUNIOR/SENIOR HIGH SCHOOLS, 11 HIGH SCHOOLS, AND 2 SPECIAL SCHOOLS. IN THE PRIVATE SCHOOL SYSTEM, THERE ARE 7 ELEMENTARY, 1 HIGH SCHOOL AND 2 POST-SECONDARY DEGREE. THERE ARE OVER 35 DAY CARE AND HEAD START CENTERS, 10 SENIOR CENTERS, AND 2 LIBRARIES. IN 2000, THIS COMMUNITY DISTRICT EXPERIENCED A 6% GROWTH.

**5 Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

IN KEEPING WITH OUR STATED MISSION, ST. BARNABAS HOSPITAL STRIVES TO BE AN ACTIVE MEMBER OF THE COMMUNITY. THE HOSPITAL PROVIDES SUPPORT TO THE LOCAL ECONOMY AS A HEALTH RESOURCE AND CONTRIBUTES MIGHTILY TO THE SOCIAL AND CULTURAL LIFE OF THE COMMUNITIES IT HAS SERVED FOR THE PAST 144 YEARS. ST. BARNABAS REMAINS ALERT TO OPPORTUNITIES TO EXPAND ITS ACTIVITIES IN ORDER TO BEST ADDRESS THE COMPLEX HEALTH AND HUMAN SERVICE NEEDS OF A MEDICALLY UNDERSERVED POPULATION. TO THAT END, THE HOSPITAL WORKS IN CLOSE COLLABORATION WITH EXISTING COMMUNITY ORGANIZATIONS AND AREA SERVICE PROVIDERS. IN THAT WE SHARE COMMON GOALS PROVIDING HIGH-QUALITY CARE, ENHANCING THE HEALTH STATUS OF THE COMMUNITIES SERVED BY THE HOSPITAL, EMPHASIZING EFFICIENCY, RESPECTING HEALTH CARE CONSUMERS AND AN UNYIELDING COMMITMENT TO RENDERING COMPETENT AND COMPASSIONATE MEDICAL CARE. WE CONSIDER COMMUNITY BUILDING TO BE SYNONYMOUS WITH CAPACITY BUILDING. ST. BARNABAS MAKES A CONCERTED EFFORT TO FORGE IMPORTANT PARTNERSHIPS IN THE SURROUNDING COMMUNITIES, BECAUSE, AS EXPERIENCE HAS SHOWN, FOSTERING AND MAINTAINING ONGOING RELATIONSHIPS WITH A BROADER BASE OF AGENCIES WILL RESULT IN SIGNIFICANTLY INCREASING THE ACCESSIBILITY OF QUALITY CARE FOR A LARGER NUMBER OF HEALTH CARE CONSUMERS. IT IS FOR THIS PURPOSE THAT ST. BARNABAS HAS DEVELOPED AN EXTENSIVE SERVICE DELIVERY NETWORK OVER THE YEARS, REPRESENTATIVE OF A WEALTH OF HEALTH AND HUMAN SERVICES. ST. BARNABAS HAS PLAYED A PIVOTAL ROLE IN DEVELOPING COOPERATIVE ARRANGEMENTS WITH THESE ORGANIZATIONS IN ORDER TO CONDUCT AN ASSESSMENT OF COMMUNITY NEEDS THAT ACCURATELY REFLECTS THE HEALTH PRIORITIES OF THE HOSPITAL'S PRIMARY AND SECONDARY SERVICE AREAS. THIS IS INDEED A COLLABORATIVE EFFORT, INVOLVING THE INVALUABLE STRATEGIC PLANNING AND COOPERATION OF THE A HOST OF ORGANIZATIONS AND AGENCIES, INCLUDING THE BRONX DISTRICT PUBLIC HEALTH OFFICE, THE AMERICAN CANCER SOCIETY, THE AMERICAN DIABETES ASSOCIATION, ISLAND PEER REVIEW ORGANIZATION (IPRO), A NATIONAL ORGANIZATION PROVIDING HEALTH ASSESSMENT AND IMPROVEMENT SERVICES, AS WELL AS LOCAL COMMUNITY BOARDS, PLANNING COUNCILS AND COMMUNITY BASED ORGANIZATIONS AS A LEAD ORGANIZATION. ST. BARNABAS MARSHALS THESE IMPORTANT RESOURCES TO IDENTIFY HEALTH PRIORITIES AND CREATE MECHANISMS THAT ADDRESS THEM. ALL OF THESE ACTIVITIES ARE DEDICATED TO IMPROVING THE HEALTH AND WELL-BEING FOR THE AREA RESIDENTS WHO STRONGLY RELY ON ST. BARNABAS AND ITS EXTENSIVE HEALTH SERVICE DELIVERY NETWORK AS THEIR PRIMARY SOURCE OF MEDICAL CARE. AND SOCIAL SERVICES IN KEEPING WITH OUR BELIEF THAT HEALTH PROMOTION AND EDUCATION ARE ESSENTIAL TO THE MISSION OF ST. BARNABAS, THE HOSPITAL HAS DEVELOPED AND CURRENTLY MAINTAINS A NUMBER OF PROGRAMS AND INITIATIVES IN THESE AREAS. IN ADDITION, ST. BARNABAS ACTIVELY PARTICIPATES AS A MEMBER OF A NUMBER OF HEALTH CARE ORGANIZATIONS IN THE BOROUGH, PRINCIPAL AMONG THEM A UNIQUE PARTNERSHIP, THE BRONX HEALTH LINK. THE BRONX HEALTH LINK WORKS CLOSELY WITH MORE THAN 140 COMMUNITY ORGANIZATIONS TO IDENTIFY HEALTH CONCERN AND DEVELOP PROGRAMS TO MEET THESE NEEDS. ESPECIALLY THOSE DIRECTOR OF COMMUNITY AFFAIRS OF ST. BARNABAS SERVES AS THE CHAIR OF THE HEALTH & HUMAN SERVICES COMMITTEE OF THE COMMUNITY PLANNING BOARD #6. AND IN THIS CAPACITY, CONVENES MONTHLY MEETINGS AT WHICH MEMBERS DISCUSS ALL ASPECTS OF HEALTH CARE DELIVERY IN THE DISTRICT AND MAKE RECOMMENDATIONS FOR IMPROVEMENT. RENDERING A SATELLITE OF THE NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE, REPRESENTATIVES OF THE SIX COMMUNITY PLANNING BOARDS SERVING THE SOUTH BRONX ATTEND THESE IMPORTANT SUMMITS TO DISCUSS THE HEALTH STATUS OF THEIR RESPECTIVE DISTRICTS AND FOCUS ON HEALTH PRIORITIES AND MEASURES TO BE TAKEN TO ADDRESS THEM. NEW YORK STATE PREPARES AND SUBMITS A COMMUNITY SERVICE PLAN ALONG THE NEW YORK STATE DEPARTMENT OF HEALTH. THESE PLANS, INCLUDE THE HOSPITAL'S STRATEGIC PLAN INDICATING THE COMPREHENSIVE ASSESSMENT OF THE HEALTH NEEDS AND SERVICE PRIORITIES AND A COMMUNITY SERVICE WORKGROUP, REPRESENTATIVE OF ALL OF THE MEMBERS OF THE HOSPITAL'S SERVICE DELIVERY NETWORK. IN THE PREPARATION OF THIS DOCUMENT, THE HEALTH AND WELL-BEING OF THE COMMUNITY ARE OF PARAMOUNT IMPORTANCE TO ST. BARNABAS HOSPITAL. OUR FOCUS HAS BEEN ON REFORMING AND RESHAPING THE CURRENT HEALTH CARE DELIVERY SYSTEM IN A CONCERTED EFFORT TO MAKE IT MORE RESPONSIVE TO THE EVER-CHANGING AND EVER-INCREASING HEALTH AND HUMAN SERVICE NEEDS OF HEALTH CARE CONSUMERS. OUR EFFORTS IN THIS REGARD WOULD NOT ENJOY THE SUCCESS THAT THEY HAVE WITHOUT THE INVALUABLE EXPERTISE, INSPIRATION AND COMMITMENT OF THOSE COMMUNITY ORGANIZATIONS THAT PARTNER WITH ST. BARNABAS TO BRING OUR PLANS TO FRUIT.

**6** Provide any other information important to describing how the organization's hospital 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.)**7** 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**8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**Schedule I  
(Form 990)****2009****Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

**Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
ST BARNABAS HOSPITALEmployer identification number  
13-1740122**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ►

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNION COMMUNITY HEALTH CENTER INC 260 EAST 188 STREET BRONX, NY 10458	134074478	501(C)(3)	2,500,000		FMV		GENERAL SUPPORT
UNITED HOSPITAL 350 FIFTH AVENUE NEW YORK, NY 10118	131562656	501(C)(3)	13,000		FMV		GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ► 2

3 Enter total number of other organizations . . . . . ► 14

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

<b>(a) Type of grant or assistance</b>	<b>(b) Number of recipients</b>	<b>(c) Amount of cash grant</b>	<b>(d) Amount of non-cash assistance</b>	<b>(e) Method of valuation (book, FMV, appraisal, other)</b>	<b>(f) Description of non-cash assistance</b>

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

**Name of the organization**  
ST BARNABAS HOSPITAL**Employer identification number**

13-1740122

**Part I Questions Regarding Compensation**

Yes No

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

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

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

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

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

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

**a** Receive a severance payment or change-of-control payment?

No

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

No

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

No

**a** The organization?

No

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

No

**a** The organization?

No

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

No

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

No

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

No

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
SCHEDULE J, PART III	OFFICERS' COMPENSATION	ST BARNABAS HOSPITAL SHARES PROFESSIONAL, PERSONNEL AND OTHER ANCILLARY SERVICES WITH ITS RELATED ENTITIES FOR NORMAL BUSINESS OPERATIONS TOTAL COMPENSATION FOR OFFICERS DISCLOSED IN SCHEDULE J IS PAID BY ST BARNABAS HOSPITAL HOWEVER, SALARY EXPENSE IS ALLOCATED TO RELATED ORGANIZATION ST BARNABAS NURSING HOME, INC BASED ON THE EMPLOYEE'S TIME DEVOTED TO THE ORGANIZATION THE ALLOCATED COMPENSATION IS TREATED AS IF PAID DIRECTLY BY ST BARNABAS NURSING HOME AND WAS REPORTED ON FORM 990 OF SBNH FOR TAX YEAR 2009

**Software ID:**  
**Software Version:**  
**EIN:** 13-1740122  
**Name:** ST BARNABAS HOSPITAL

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
SCOTT COOPER MD	(i) 712,500 (ii) 37,500	0 0	0 0	19,740 1,039	9,908 521	742,148 39,060	0 0
RICHARD J RANK	(i) 321,910 (ii) 35,768	0 0	0 0	13,581 1,509	7,456 828	342,947 38,105	0 0
LEONARD WALSH	(i) 299,250 (ii) 15,750	33,250 1,750	0 0	14,230 749	7,554 398	354,284 18,647	0 0
NOAH CALDWELL	(i) 426,055 (ii) 8,695	49,000 1,000	0 0	16,594 339	9,246 189	500,895 10,223	0 0
PATRICIA S BELAIR	(i) 281,377 (ii) 0	0 0	0 0	13,984 0	8,158 0	303,519 0	0 0
CATHERINE GRAHAM	(i) 217,787 (ii) 24,199	0 0	0 0	12,071 1,341	7,108 790	236,966 26,330	0 0
KEITH D WOLF	(i) 270,000 (ii) 30,000	0 0	0 0	12,828 1,425	6,587 732	289,415 32,157	0 0
JERRY R VALENTINE MD	(i) 432,600 (ii) 0	0 0	0 0	16,176 0	7,872 0	456,648 0	0 0
PATRICIA CUNNINGHAM	(i) 192,462 (ii) 10,130	0 0	0 0	12,199 642	7,256 382	211,917 11,154	0 0
JOHN DIGIROLIMO	(i) 185,400 (ii) 0	0 0	0 0	12,592 0	7,524 0	205,516 0	0 0
TODD GORLEWSKI	(i) 185,000 (ii) 0	15,000 0	0 0	12,804 0	6,995 0	219,799 0	0 0
MARTHA SULLIVAN	(i) 165,000 (ii) 0	0 0	0 0	12,296 0	7,389 0	184,685 0	0 0
ROSA A MANUEL	(i) 179,822 (ii) 0	0 0	0 0	12,511 0	6,818 0	199,151 0	0 0
DARA ROSENBERG MD	(i) 249,244 (ii) 0	0 0	0 0	13,518 0	7,946 0	270,708 0	0 0
JAMES HELLERMAN	(i) 185,000 (ii) 0	0 0	0 0	12,586 0	7,894 0	205,480 0	0 0
JUDITH BERGER	(i) 190,000 (ii) 0	0 0	0 0	12,659 0	7,555 0	210,214 0	0 0
ARLENE ORTIZ- ALLENDE	(i) 168,095 (ii) 0	0 0	0 0	12,341 0	7,736 0	188,172 0	0 0

**Schedule L**  
(Form 990 or 990-EZ)**Transactions with Interested Persons**

OMB No 1545-0047

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Name of the organization**  
ST BARNABAS HOSPITAL**Employer identification number**

13-1740122

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) 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) Description of transaction	(c) Corrected?
			Yes      No

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?	(c) Original principal amount	(d) Balance due	(e) In default?	(f) Approved by board or committee?	(g) Written agreement?
	To      From			Yes      No	Yes      No	Yes      No

Total . . . . . ► \$ \_\_\_\_\_

**Part III Grants or Assistance Benefitting 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 grant or type of assistance
-------------------------------	-----------------------------------------------------------------	-------------------------------------------

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?
				Yes      No
BRONX PARK PULMONARY MEDICINE	SERVICE PROVIDER	150,000	SEE SCHEDULE O	No
STROOCK STROOCK AND LAVAN LLP	LEGAL SERVICE PROVIDER	92,533	SEE SCHEDULE O	No

2009

Open to Public  
InspectionSCHEDULE O  
(Form 990)Department of the Treasury  
Internal Revenue Service

## Supplemental Information to Form 990

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

► Attach to Form 990.

Name of the organization  
ST BARNABAS HOSPITAL

Employer identification number

13-1740122

Identifier	Return Reference	Explanation
FORM 990, PART III	MISSION STATEMENT	ST BARNABAS HOSPITAL IS THE FLAGSHIP OF THE ST BARNABAS HOSPITAL HEALTHCARE NETWORK, A MAJOR HEALTHCARE SYSTEM SERVICING THE BRONX COMMUNITY. ST BARNABAS TRACES ITS ORIGIN TO A HOME FOR INCURABLES FOUNDED IN THE BRONX IN 1866. TODAY, AS A HIGH-TECH, 461-BED ACUTE CARE HOSPITAL AND LEVEL I TRAUMA CENTER, ST BARNABAS RETAINS DEEP ROOTS IN THE COMMUNITY. A NONSECTARIAN, NOT-FOR-PROFIT HOSPITAL, ST BARNABAS PROVIDES HIGH QUALITY INPATIENT, OUTPATIENT, AND EMERGENCY MEDICAL, MENTAL HEALTH, AND DENTAL SERVICES AT MULTIPLE LOCATIONS THROUGHOUT THE BOROUGH OF THE BRONX. ST BARNABAS HOSPITAL IS DEDICATED TO PROVIDING COMPASSIONATE AND COMPREHENSIVE HEALTH CARE TO THE PEOPLE OF THE BRONX COMMUNITY, ASSURING THE SICK, INJURED AND DISABLED HAVE COMPLETE AND OPEN ACCESS TO THE HIGHEST QUALITY OF CARE, REGARDLESS OF AGE, SEX, SEXUAL PREFERENCE, RACE, COLOR, NATIONALITY, CREED, OR ABILITY TO PAY. DURING 2009, THE HOSPITAL PROVIDED HEALTH CARE SERVICES TO 23,074 INPATIENTS AND 308,660 OUTPATIENTS. THESE OUTPATIENT SERVICES INCLUDED 100,700 EMERGENCY ROOM VISITS WITH 21,995 ADMISSIONS, 31,908 DIALYSIS TREATMENTS, 26,924 METHADONE MAINTENANCE CLINIC VISITS, 21,001 DENTAL CLINIC VISITS, 5,578 AMBULATORY SURGERY PROCEDURES, 144,544 AMBULATORY CARE AND 120,083 MENTAL HEALTH CLINIC VISITS. THE HOSPITAL, IN KEEPING WITH ITS MISSION AND PHILOSOPHY TO EXTEND QUALITY AND COMPASSIONATE HEALTHCARE, RECOGNIZES THAT SOME PATIENTS ARE UNABLE TO COMPENSATE THE HOSPITAL FOR THEIR TREATMENT EITHER THROUGH THIRD-PARTY COVERAGE, OR THEIR OWN RESOURCES. THE HOSPITAL PROVIDES FREE CARE TO PATIENTS WHO ARE FINANCIALLY UNABLE TO PAY FOR SERVICES RENDERED. THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER THE HOSPITAL'S CHARITY CARE POLICY AGGREGATED APPROXIMATELY \$41,458,000 IN 2009. IN ADDITION, ST BARNABAS HOSPITAL IS GUIDED BY THESE PRINCIPLES: 1. ST BARNABAS HOSPITAL SERVICES ARE DETERMINED LARGELY BY THE HEALTH CARE NEEDS AND PRIORITIES OF THE COMMUNITIES IT SERVES. WITHIN THE RESTRICTIONS AND ACCOMMODATIONS DEMANDED BY LAW, REGULATION, TECHNOLOGY, AND AVAILABLE RESOURCES, ST BARNABAS HOSPITAL CONTINUES TO DEVELOP AND EXPAND ITS MEDICAL AND HUMAN SERVICES NETWORK THROUGHOUT THE BRONX. 2. ST BARNABAS HOSPITAL IS ALERT TO OPPORTUNITIES TO EXPAND ITS ACTIVITIES TO MEET THE NEEDS OF PEOPLE IN ITS SERVICE AREA WHO ARE PRESENTLY UNDERSERVED AND WHO WOULD BENEFIT FROM THE HOSPITAL'S RESOURCES AND PROGRAMS. THE HOSPITAL, WHEREVER APPROPRIATE, COOPERATES WITH OTHER HOSPITALS AND AGENCIES IN MEETING THESE NEEDS. 3. ST BARNABAS STRIVES TO SERVE AS AN ACTIVE MEMBER OF THE COMMUNITY. IT PROVIDES SUPPORT TO THE LOCAL ECONOMY AS A HEALTH RESOURCE AND CONTRIBUTES TO THE SOCIAL AND CULTURAL LIFE OF THE COMMUNITY. ST BARNABAS STRIVES TO SERVE AS A RESPONSIBLE AND CONCERNED EMPLOYER BY PROVIDING A SUITABLE WORK ENVIRONMENT AS A CORPORATE MEMBER OF THE COMMUNITY. ST BARNABAS SEEKS TO CONTRIBUTE ITS SHARE TO COMMUNITY DEVELOPMENT AND MAINTENANCE OF THE ENVIRONMENT CONSONANT WITH ITS RESOURCES AND IN KEEPING WITH ITS MISSION. 4. ST BARNABAS HOSPITAL WORKS CLOSELY WITH EXISTING COMMUNITY ORGANIZATIONS IN THE PROMOTION OF GOOD HEALTH OF PERSONS BY PROVIDING EDUCATION REGARDING PHYSICAL AND MENTAL HEALTH, SCREENING AND PREVENTIVE HEALTH PROGRAMS THAT WILL DETECT THE EARLY STAGES OF UNHEALTHY CONDITIONS OR DISEASES, AND BY MAKING HOSPITAL STAFF AVAILABLE TO THE COMMUNITY FOR EDUCATIONAL PROGRAMS. 5. ST BARNABAS HOSPITAL RESPONDS TO THE GROWING DEMAND FOR AMBULATORY CARE PROGRAMS, PARTICULARLY FOR COMPREHENSIVE AND CONTINUOUS PRIMARY CARE, AND A COMPREHENSIVE EMERGENCY CARE SYSTEM. THE HOSPITAL'S TRADITIONAL FOCUS ON PRIMARY CARE CLINICS WILL CONTINUE TO EVOLVE INTO COMPREHENSIVE CASE MANAGED AMBULATORY GROUP PRACTICES BY CREATING NEW MODELS OF PRIMARY CARE AND PHYSICIAN RECRUITMENT IN RESPONSE TO CHANGING FEDERAL AND STATE LAWS AND REGULATIONS. 6. THROUGHOUT ITS EVOLUTION, THE ST BARNABAS TRADITION OF COMPLETE AND OPEN ACCESS TO THE SICK, INJURED, DISABLED, AND INFIRM, REGARDLESS OF AGE, SEX, SEXUAL PREFERENCE, RACE, COLOR, CREED, NATIONALITY, AND ECONOMIC STATUS, REMAINS ITS CHIEF OPERATING PRINCIPLE.
FORM 990, PART VI, LINE 1	EXECUTIVE COMMITTEE	THE EXECUTIVE COMMITTEE CONSISTS ONLY OF MEMBERS OF THE GOVERNING BODY. IT IS AUTHORIZED TO ACT ON BEHALF OF THE CORPORATION BETWEEN MEETINGS OF THE BOARD AND TO TAKE ANY ACTION OTHER THAN THOSE ITEMS SPECIFICALLY PROHIBITED BY NEW YORK LAW.
FORM 990, PART VI, LINE 6	MEMBERS OF THE ORGANIZATION	THE ORGANIZATION HAS A SINGLE CORPORATE MEMBER, ST BARNABAS COMMUNITY ENTERPRISES, INC. WHICH IS A NOT-FOR-PROFIT 501(C)(3) CORPORATION.
FORM 990, PART VI, LINE 7A	ELECTION OF THE GOVERNING BODY	THE SOLE CORPORATE MEMBER ELECTS THE GOVERNING BODY OF THE ORGANIZATION.
FORM 990, PART VI, LINE 7B	DECISIONS OF THE GOVERNING BODY	THE MEMBER MUST APPROVE ANY AMENDMENTS TO THE BYLAWS OF THE ORGANIZATION.
FORM 990, PART VI, LINE 8	DOCUMENTATION OF MEETINGS	BOARD MEETING MINUTES AND BOARD SUBCOMMITTEE MINUTES ARE KEPT ON FILE.
FORM 990, PART VI, LINE 11A	REVIEW PROCESS FOR FORM 990	THE TAX RETURN WAS REVIEWED BY THE FINANCE COMMITTEE PRIOR TO THE NOVEMBER 15TH FILING DATE.
FORM 990, PART VI, LINE 12C	CONFLICT OF INTEREST POLICY	ST BARNABAS HOSPITAL'S ("SBH") CONFLICT OF INTEREST POLICIES APPLY TO ITS GOVERNING BOARD, CORPORATE OFFICERS, EMPLOYEES AND ANY OTHERS REPRESENTING THE ORGANIZATION. SBH'S BYLAWS REQUIRE THAT MEMBERS OF ITS GOVERNING BOARD AND ITS CORPORATE OFFICERS DISCLOSE ALL CONFLICTS OF INTEREST PROMPTLY AT THE TIME THEY ARISE, AND ANNUALLY VIA A WRITTEN DISCLOSURE PROCESS. THE GOVERNING BOARD IS IN CHARGE OF REVIEWING CONFLICT OF INTEREST TRANSACTIONS AND ASSOCIATED DECISIONS, AND MAKING A DETERMINATION REGARDING ANY RESTRICTIONS TO BE IMPOSED ON THE TRANSACTION. THEIR DETERMINATION AND ALL MATERIAL FACTS ARE RECORDED IN MEETING MINUTES. SBH'S EMPLOYEES ARE LIKEWISE REQUIRED TO DISCLOSE TO THEIR SUPERVISORS PROMPTLY, AND IN WRITING, ALL CONFLICTS OF INTEREST THAT ARISE AND UPPER-LEVEL MANAGERS ADDITIONALLY COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT. AN EMPLOYEE'S SUPERVISOR IS CHARGED WITH REVIEWING A REPORTED CONFLICT OF INTEREST AND ENSURING THAT THE EMPLOYEE IS NOT INVOLVED IN DECISIONS RELATED TO THE CONFLICT.

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 15A & 15B	COMPENSATION POLICY	THE COMPENSATION COMMITTEE OF THE BOARD CONDUCTS AN ANNUAL REVIEW OF THE PRESIDENT/CEO'S COMPENSATION. AS PART OF THIS REVIEW, THE COMMITTEE REFERENCES AVAILABLE MARKET DATA FOR COMPARABLE POSITIONS AND INTERNAL EQUITY CONSIDERATIONS, AND IT UTILIZES AN ANALYSIS OF THE CEO'S SALARY PREPARED BY ERNST AND YOUNG, LLP, AN INDEPENDENT EXTERNAL ADVISOR, USING INDUSTRY BENCHMARKING DATA FOR THE REVIEW PROCESS FOR THE PRESIDENT/CEO.

FORM 990, PART VI, LINE 19 DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON GUIDESTAR OTHER GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST FORM 990, PART VII AVERAGE HOURS THE AVERAGE HOURS PER WEEK DEVOTED BY THE REPORTED INDIVIDUALS TO THE RELATED ORGANIZATION ARE SCOTT COOPER MD - 2 5 LEONARD WALSH - 2 5 NOAH CALDWELL - 1 CATHERINE GRAHAM - 5 KEITH D WOLF - 5 PATRICIA CUNNINGHAM - 2 5 RICHARD RANK - 5 SCHEDULE L, PART IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS 1) DR SCOTT COOPER IS A PARTNER OF BRONX PARK PULMONARY MEDICINE DURING 2009, DR SCOTT COOPER WAS NOT PAID BY BRONX PARK PULMONARY MEDICINE FOR SALARY OR PENSION BENEFIT PLAN HOWEVER, BRONX PARK PULMONARY MEDICINE PAID HEALTH AND DISABILITY INSURANCE PLAN FOR DR SCOTT COOPER DURING 2009 IN ADDITION, BUSINESS-RELATED EXPENSES, SUCH AS GAS AND PARKING FEES WERE PAID FOR DR SCOTT COOPER DURING 2009 ST BARNABAS PAID \$150,000 FOR SERVICES PROVIDED BY BRONX PARK PULMONARY MEDICINE DURING 2009 2) STROOCK, STROOCK AND LAVAN, LLP, 180 MAIDEN LANE, NEW YORK, NY 10038, LAW FIRM, ASSISTS ST BARNABAS HOSPITAL WITH VARIOUS LEGAL WORK THAT IN THE PAST TWO YEARS HAS INCLUDED REAL ESTATE TAX EXEMPTION MATTERS, REZONING PROCESSES REGARDING OFF-SITE PROPERTY AS WELL AS A TAX-EXEMPT BOND FINANCING THROUGH THE NEW YORK CITY CAPITAL RESOURCE CORPORATION ("CRC") THROUGH AN AFFILIATE OF THE HOSPITAL, ARTHUR MANAGEMENT CORPORATION IN 2009, THE HOSPITAL HAS PAID STROOCK, STROOCK AND LAVAN, LLP \$92,533 FOR LEGAL SERVICES WHICH THE HOSPITAL REPORTED IN FORM 1099 CHARLES MOERDLER, ESQ, MEMBER OF THE ST BARNABAS HOSPITAL BOARD OF TRUSTEES, IS A PARTNER OF THIS LAW FIRM CHARLES MOERDLER RECEIVES NO COMPENSATION FOR ANY HOURS HE SPENDS ON THE AFOREMENTIONED LEGAL MATTERS ANY TIME HE USES IS VOLUNTARY IN CONJUNCTION WITH HIS ROLE AS BOARD TRUSTEE OTHER PARTNERS AND STAFF THAT PROVIDE LEGAL SERVICES FROM STROOCK, STROOCK AND LAVAN LLP BILL FOR THEIR SERVICES ACCORDINGLY AND ALL LEGAL INVOICES ARE REVIEWED BY HOSPITAL'S IN-HOUSE COUNSEL AND THE CHIEF FINANCIAL OFFICER CHARLES MOERDLER DID NOT PROVIDE BILLABLE LEGAL SERVICES FOR ST BARNABAS HOSPITAL FORM 990, PART X INVESTMENTS AND ASSETS LIMITED TO USE EXTERNALLY LIMITED SECURITIES (BY ACCOUNTS) 1) "UNDER MALPRACTICE FUNDING REQUIREMENTS" WERE AT 12/31/2008 \$14,113,389 AND AT 12/31/2009 \$10,150,807 2) "UNDER FINANCING AGREEMENTS" WERE AT 12/31/2008 \$18,948,530 AND AT 12/31/2009 \$19,987,811 3) "FUNDS HELD IN TRUST OF OTHERS" WERE AT 12/31/2008 \$13,755,724 AND AT 12/31/2009 \$15,901,930 4) "INTERNALLY LIMITED SECURITIES" WERE AT 12/31/2008 \$55,762,175 AND AT 12/31/2009 \$25,044,941 5) "REQUIRED FOR CURRENT LIABILITIES" WERE AT 12/31/2008 \$7,383,383 AND AT 12/31/2009 \$7,838,043 6) "MARKETABLE SECURITIES" WERE AT 12/31/2008 \$10,518,919 AND AT 12/31/2009 \$14,273,782 TOTAL INVESTMENT AND ASSETS LIMITED TO USE WERE AT 12/31/2008 \$120,482,120 AND AT 12/31/2009 \$93,197,314

Identifier	Return Reference	Explanation
FORM 990, PART III	PROGRAM SERVICE ACCOMPLISHMENTS	1) SERVICE AREA THE ST BARNABAS HOSPITAL COMMUNITY SERVICE PLAN WORKGROUP CONDUCTED ASSESSMENTS OF ITS CONSTITUENCIES WHEN CONSIDERING BOTH SHORT- AND LONG-TERM NEEDS THIS WAS DONE UTILIZING A VARIETY OF GOVERNMENT AND PRIVATE SOURCES, INCLUDING NY'S PERFORMANCE QUALITY INDICATORS, NYC COMMUNITY HEALTH PROFILES FOR 2006, THE 2000 U.S CENSUS INFORMATION AND NYC DEPARTMENT OF CITY PLANNING REPORTS AS WELL AS OTHER HEALTH REPORTS AND REGULAR INTERNAL HOSPITAL STATISTICAL ABSTRACTS THE ANALYSIS OF NEED FOCUSED ON THE IMMEDIATE GEOGRAPHIC SERVICE AREA SURROUNDING THE HOSPITAL, ITS AFFILIATED LOCATIONS AND OUR DIVERSE PATIENT POPULATION 2) PUBLIC PARTICIPATION ST BARNABAS IS WELL REPRESENTED ON LOCAL COMMUNITY BOARDS AND MAINTAINS AN ACTIVE PRESENCE IN THE COMMUNITY THROUGH STRONG RELATIONSHIPS WITH GOVERNMENTAL AGENCIES, COMMUNITY-BASED ORGANIZATIONS, AND CULTURAL INSTITUTIONS AS WELL AS LOCAL SCHOOLS, FAITH-BASED ORGANIZATIONS, PUBLIC HOUSING FACILITIES AND SENIOR CENTERS THE HOSPITAL LEADERSHIP IS VERY MUCH AWARE THAT IN ORDER TO EFFECT POSITIVE CHANGE, HEALTH-CARE LEADERS MUST PRIORITIZE POLICY ISSUES, DEVELOP EFFECTIVE COLLABORATIONS, AND INCREASE DIVERSITY 3) ASSESSMENT OF PUBLIC HEALTH PRIORITIES THE ST BARNABAS HOSPITAL CSP FOCUSES ON COMPELLING MATERIAL THAT INFORMS ON THE HEALTH CONDITIONS OF OUR COMMUNITIES PROFESSIONAL EXPERIENCE AND STATE AND CITY DEPARTMENT OF HEALTH COMMUNITY HEALTH INDICATORS WERE PRIMARY DETERMINANTS FOR THE PUBLIC HEALTH PRIORITY RATINGS THE CSP WORKGROUP RELIED HEAVILY ON THE DIRECTION AND TECHNICAL ASSISTANCE PROVIDED BY THE LOCAL DISTRICT PUBLIC HEALTH OFFICE STAFF IN GATHERING AND REVIEWING THE DATA AS A RESULT OF THIS FOCUSED REVIEW, THE TWO PUBLIC HEALTH MEASURES CHOSEN WERE (1) ACCESS TO QUALITY HEALTH CARE AND (2) TOBACCO USE THIS DETERMINATION WAS PRECEDED BY SIGNIFICANT GROUP DISCUSSION AND ALSO INCLUDED CONSIDERATION OF A CITY DEPARTMENT OF HEALTH INFORMAL RECOMMENDATION TO GIVE SERIOUS CONSIDERATION TO TOBACCO USE AS A MEASURE, AS WELL AS THE FACT THAT ST BARNABAS HOSPITAL RECENTLY CELEBRATED ITS 1ST ANNIVERSARY AS A SMOKE-FREE HOSPITAL 4) THREE-YEAR PLAN OF ACTION A SIGNIFICANT AMOUNT OF TIME AND EFFORT HAS BEEN SPENT IN DEVELOPING AND CULTIVATING THE COMMUNITY SERVICE PLAN WORKGROUP, IN PUBLIC PARTICIPATION DISCUSSION AND IN THE ASSESSMENT PROCESS AS WELL AS IN DETERMINING THE TARGETED POPULATIONS GIVEN OUR RESPECTIVE AND MUTUAL OBLIGATIONS AND BOUNDARIES THIS COMMUNITY SERVICE PLAN TARGETS RESOURCES AND INTERVENTIONS TO THE NEIGHBORHOODS IN OUR COMMUNITY MOST AT RISK DUE TO POOR SOCIAL, ECONOMIC AND HEALTH CONDITIONS THE WORKGROUP DETERMINED A TIMELINE THAT WOULD ALLOW FOR PLAN IMPLEMENTATION WITHIN ONE COMMUNITY DISTRICT FOR THE FIRST YEAR FOLLOWED BY SUBSEQUENT ADDITIONS, INCORPORATING MODIFICATIONS AND REVISIONS DEEMED NECESSARY TO THE PLAN IN THE YEARS 2 AND 3 AS OF SEPTEMBER 2009, FORMAL PLANNING GROUPS HAVE BEEN ESTABLISHED FOR EACH PUBLIC HEALTH MEASURE AND INDICATOR EACH GROUP HAS BEEN CHARGED WITH IDENTIFYING GOALS, DEVELOPING STRATEGIES, AND ESTABLISHING THE MEASUREMENTS FOR EFFECTIVENESS TO BE PROPOSED TO THE ENTIRE WORKGROUP IN NOVEMBER 2009 IT IS ANTICIPATED THAT THESE WORK PLANS WILL REPRESENT AN ASSET-BASED FRAMEWORK AS THE PARTNERS HAVE BEEN EXPOSED TO EACH OTHER OVER A SIGNIFICANT PERIOD OF TIME AND HAVE AN UNDERSTANDING OF THEIR RESPECTIVE STRENGTHS AND WEAKNESSES 5) FINANCIAL AID PROGRAM ST BARNABAS HOSPITAL IS COMMITTED TO ENSURING THAT EVERYONE VISITING THE FACILITY IS AWARE OF ITS FINANCIAL AID POLICY AND OF ITS FINANCIAL AID PROGRAM FOR UNINSURED AND UNDERINSURED PATIENTS IN THIS VEIN, THE HOSPITAL PUBLISHES A FINANCIAL AID BROCHURE, ACCESS BEST CARE, IN BOTH ENGLISH AND SPANISH, THE PREDOMINANT LANGUAGES OF THE HOSPITAL COMMUNITY A COPY OF THIS BROCHURE IS FOUND IN APPENDIX D IN ADDITION, HOSPITAL FINANCIAL AID DOCUMENTS AND APPLICATIONS ARE AVAILABLE IN FIVE LANGUAGES [ENGLISH, SPANISH, ALBANIAN, FRENCH, AND CHINESE] COLLECTION AGENCY VENDORS ARE REQUIRED TO ACKNOWLEDGE IN WRITING THEIR AWARENESS AND COMPLIANCE WITH HOSPITAL COLLECTION POLICIES AS THEY REPRESENT AN EXTENSION OF THE HOSPITAL FINANCE OFFICE 6) CHANGES IMPACTING COMMUNITY HEALTH/PROVISION OF CHARITY CARE/ACCESS TO SERVICES ST BARNABAS HOSPITAL CONTINUES TO PROVIDE A GENEROUS CHARITY CARE PROGRAM TO OUR COMMUNITY THAT IS DESIGNED TO PROVIDE MEDICAL CARE TO ALL INDIVIDUALS REGARDLESS OF THEIR ABILITY TO PAY IN SPITE OF A 2009 OPERATING LOSS OF \$11.2 MILLION, THE HOSPITAL'S FINANCIAL AID POLICIES HAVE NOT CHANGED AND THE HOSPITAL CONTINUES TO PROVIDE A HIGH LEVEL OF CHARITY CARE (\$41.5 MILLION IN 2009) THESE POLICIES ARE BASED ON PATIENTS MAKING UP TO 300% OF THE FEDERAL POVERTY LEVEL THE HOSPITAL HAS MAINTAINED OUR POLICIES TO BE AS COMPASSIONATE AS POSSIBLE BECAUSE THE HOSPITAL RECOGNIZES THE IMPACT THAT THE ECONOMY HAS HAD ON ITS PATIENTS THE HOSPITAL HAS AN OPERATING LOSS FOR THE FIRST SEVEN MONTHS OF 2010 OF APPROXIMATELY \$9.1 MILLION AND CONTINUE TO MAINTAIN CHARITY CARE AT HISTORIC LEVELS THE HOSPITAL WILL ASSESS THIS LEVEL OF CHARITY CARE CONSIDERING THE IMPACT SUCH LOSSES HAVE ON ITS ABILITY TO PROVIDE THIS CARE

Identifier	Return Reference	Explanation
FORM 990, PART X, LINE 23	SECURED MORTGAGES AND NOTES PAYABLE TO UNRELATED THIRD PARTIES	<p>A LONG-TERM DEBT A SUMMARY OF LONG-TERM DEBT AND CAPITAL LEASE OBLIGATIONS AT DECEMBER 31, 2009 AND 2008 IS AS FOLLOWS 1) 5 53% MORTGAGE NOTE, COLLATERALIZED BY A MORTGAGE ON CERTAIN PROPERTY AND EQUIPMENT FOR 2008 WAS \$18,592,198 AND FOR 2009 WAS \$17,505,269 2) 5 14% MORTGAGE NOTE, COLLATERALIZED BY A MORTGAGE ON CERTAIN PROPERTY AND EQUIPMENT FOR 2008 WAS \$62,727,400 AND FOR 2009 WAS 61,038,828 3) 46% MORTGAGE NOTE, COLLATERALIZED BY CERTAIN PROPERTY AND EQUIPMENT FOR 2008 WAS \$5,015,850 AND FOR 2009 WAS \$3,968,969 4) LINE OF CREDIT FOR 2008 WAS \$13,400,000 AND FOR 2009 WAS \$NONE TOTAL FOR 2008 WAS \$99,735,448 AND FOR 2009 \$82,513,066 5) LESS CURRENT PORTION FOR 2008 \$17,222,383 AND FOR 2009 \$3,984,461 TOTAL FOR 2008 \$82,513,065 AND FOR 2009 \$78,528,605 B SCHEDULED PRINCIPAL REPAYMENTS ON THE LONG-TERM DEBT IS AS FOLLOWS FOR 2010 TOTAL OF \$3,984,461, FOR YEAR 2011 \$4,140,192, FOR YEAR 2012 \$4,303,680, FOR YEAR 2013 \$4,226,232, FOR YEAR 2014 \$3,602,195 AND THEREAFTER TOTAL OF \$62,256,306 TOTAL FOR ABOVE YEARS \$82,513,066 (1) IN DECEMBER 1997, THE HOSPITAL ENTERED INTO A MORTGAGE NOTE FOR \$40,973,100 THROUGH THE DORMITORY AUTHORITY OF NEW YORK STATE ("DASNY") THE DEBT BEARS INTEREST AT 5 53% PER ANNUM THE PROCEEDS OF THE DEBT WERE USED TO SATISFY THE HOSPITAL'S OUTSTANDING MORTGAGE BALANCE OF APPROXIMATELY \$13 MILLION AND THE REMAINING BALANCE WAS USED TO FINANCE CERTAIN HOSPITAL CONSTRUCTION PROJECTS, WHICH BEGAN IN 1997 UNDER THE TERMS OF THE DASNY FINANCING, THE PROCEEDS REMAINING AFTER THE SATISFACTION OF THE OLD MORTGAGE WERE PLACED IN AN ESCROW ACCOUNT TO BE REQUISITIONED FOR REIMBURSEMENT DURING THE CONSTRUCTION PERIOD AT DECEMBER 31, 2009 UNREQUISITIONED FUNDS IN THE AMOUNT OF APPROXIMATELY \$827,000 WERE HELD IN ESCROW THE MONTHLY INTEREST PAYMENT IS BASED ON THE AMOUNT OF FUNDS REQUISITIONED UNDER THE DEBT AGREEMENT WHICH WAS APPROXIMATELY \$40,147,100 AT DECEMBER 31, 2009 AND 2008 BEGINNING OCTOBER 1, 1999, MONTHLY PRINCIPAL AND INTEREST PAYMENTS OF \$365,962 ARE DUE UNTIL SEPTEMBER 1, 2006 BEGINNING IN OCTOBER 2006, THE MONTHLY INTEREST AND PRINCIPAL PAYMENTS REDUCE TO \$170,148 UNTIL MATURITY IN SEPTEMBER 2024 IN CONNECTION WITH THE 1997 DASNY FINANCING, THE HOSPITAL WAS REQUIRED TO ESTABLISH A LETTER OF CREDIT WITH A BANK IN THE AMOUNT EQUAL TO THE REMAINING OWNERS EQUITY COMPONENT OF THE PROJECT THE REQUIRED BALANCE AS OF DECEMBER 31, 2009 IS \$1,439,000 THE HOSPITAL IS REQUIRED TO COMPLY WITH THE TERMS, COVENANTS, PROVISIONS, OR CONDITIONS OF THE HUD SUPPLEMENT AGREEMENT IN CONNECTION WITH THE FHA-INSURED MORTGAGE HOSPITAL REVENUE BONDS, SERIES 1997, DATED DECEMBER 10, 1997 IN 2009 THE HOSPITAL DID NOT MEET CERTAIN RATIO REQUIREMENTS THIS DOES NOT RESULT IN ACCELERATION OF THE DEBT, ONLY NON-PAYMENT OF PRINCIPAL AND/OR INTEREST WOULD RESULT IN ACCELERATION OF THE DEBT (THE HOSPITAL HAS NOT DEFALTED ON ANY PRINCIPAL OR INTEREST PAYMENTS) NON-COMPLIANCE WITH THESE FINANCIAL RATIO REQUIREMENTS PLACES OTHER RESTRICTIONS ON THE HOSPITAL SUCH AS REQUIRING APPROVAL FOR ADDITIONAL BORROWINGS OR DISPOSAL OF ASSETS (2) IN DECEMBER 2002, THE HOSPITAL ENTERED INTO A MORTGAGE NOTE FOR \$68,489,000 THROUGH DASNY THE PROCEEDS OF THE MORTGAGE WILL BE USED TO FINANCE THE COSTS OF CERTAIN CAPITAL ADDITIONS ON THE PROPERTY OF THE HOSPITAL THE DEBT BEARS INTEREST OF 7 5% UNTIL JUNE 2005 AT WHICH POINT AMORTIZATION OF PRINCIPAL COMMENCED AND INTEREST DECREASES TO 5 14% PER ANNUM UNDER THE TERMS OF THE DASNY FINANCING, THE BOND PROCEEDS WERE PLACED IN AN ESCROW ACCOUNT TO BE REQUISITIONED FOR REIMBURSEMENT DURING THE CONSTRUCTION PERIOD AT DECEMBER 31, 2009, FUNDS IN THE AMOUNT OF APPROXIMATELY \$12,000 WERE HELD IN ESCROW THIS BALANCE IS INCLUDED IN ASSETS LIMITED AS TO USE UNDER FINANCING AGREEMENTS IN CONNECTION WITH THE 2002 DASNY FINANCING, THE HOSPITAL WAS REQUIRED TO ESTABLISH A LETTER OF CREDIT WITH A BANK IN THE AMOUNT EQUAL TO THE REMAINING OWNERS EQUITY COMPONENT OF THE PROJECT THE REQUIRED BALANCE AS OF DECEMBER 31, 2009 IS \$4,539,000 UNDER THE TERMS OF THE MORTGAGE NOTE, THE HOSPITAL IS REQUIRED TO MAINTAIN A SINKING FUND THAT ENCOMPASSES THE 1997 AND 2002 MORTGAGE LOANS THE SINKING FUND IS INCLUDED IN ASSETS LIMITED AS TO USE THE REQUIRED SINKING FUND BALANCES FOR THE NEXT FIVE YEARS IS ASFOLLOWS FUND BALANCE ,FOR YEAR 2010 IS \$15,083,598, FOR YEAR 2011 IS \$15,083,598, FOR YEAR 2012 IS 15,083,598, FOR YEAR 2013 \$15,083,598 AND FOR YEAR 2014 \$15,083,597 THE 1997 AND 2002 MORTGAGE NOTES PLACE RESTRICTIONS ON THE INCURRENCE OF ADDITIONAL BORROWINGS AND REQUIRES THE HOSPITAL TO SATISFY CERTAIN MEASURES OF FINANCIAL PERFORMANCE INCLUDING CURRENT RATIO AND DEBT SERVICE COVERAGE AS LONG AS THE NOTES ARE OUTSTANDING THE HOSPITAL IS REQUIRED TO COMPLY WITH THE TERMS, COVENANTS, PROVISIONS, OR CONDITIONS OF THE HUD SUPPLEMENT AGREEMENT IN CONNECTION WITH THE FHA-INSURED MORTGAGE HOSPITAL BONDS, SERIES 2002, DATED DECEMBER 12, 2002 IN 2008 THE HOSPITAL DID NOT MEET CERTAIN RATIO REQUIREMENTS THIS DOES NOT RESULT IN ACCELERATION OF THE DEBT, ONLY NON-PAYMENT OF PRINCIPAL AND/OR INTEREST WOULD RESULT IN ACCELERATION OF THE DEBT (THE HOSPITAL HAS NOT DEFALTED ON ANY PRINCIPAL OR INTEREST PAYMENTS) NON-COMPLIANCE WITH THESE FINANCIAL RATIO REQUIREMENTS PLACES OTHER RESTRICTIONS ON THE HOSPITAL SUCH AS REQUIRING APPROVAL FOR ADDITIONAL BORROWINGS OR DISPOSAL OF ASSETS (3) IN 1988, UNION HOSPITAL ENTERED INTO A LONG-TERM FINANCING ARRANGEMENT SPONSORED BY THE NEW YORK STATE MEDICAL CARE FACILITIES FINANCE AGENCY ("MCFAA") WHICH IS INSURED BY THE FEDERAL HOUSING AGENCY IN THE AMOUNT OF \$15,136,900 THE OBLIGATION WAS COLLATERALIZED BY SUBSTANTIALLY ALL OF THE ASSETS OF UNION HOSPITAL THE HOSPITAL ASSUMED THE REMAINING PRINCIPAL OBLIGATION UNDER THIS MORTGAGE OF \$ 12,658,463 ON SEPTEMBER 27, 1999, IN CONNECTION WITH THE ACQUISITION OF UNION HOSPITAL, AS WELL AS THE MORTGAGE NOTE'S COLLATERAL IN DECEMBER 2002, THE HOSPITAL ENTERED INTO A REFINANCING AGREEMENT THROUGH DASNY FOR THE HOSPITAL'S OUTSTANDING MCFAA INSURED MORTGAGE NOTE ACQUIRED IN CONNECTION WITH THE ACQUISITION OF UNION HOSPITAL THE OUTSTANDING BALANCE AT THE TIME OF THE REFINANCING WAS APPROXIMATELY \$11,197,000 AND THE REVISED INTEREST IS 46% PER ANNUM MONTHLY PRINCIPAL AND INTEREST PAYMENTS OF \$88,979 ARE DUE UNTIL MATURITY IN AUGUST 2013 THE MORTGAGE AGREEMENT REQUIRES THE HOSPITAL TO MAKE MONTHLY DEPOSITS FOR MORTGAGE INSURANCE AS OF DECEMBER 31, 2009, THE HOSPITAL IS CURRENT WITH ITS MORTGAGE PAYMENTS IN ADDITION, THE HOSPITAL IS REQUIRED TO MAINTAIN A SINKING FUND, WHICH IS INCLUDED IN ASSETS LIMITED AS TO USE THE FUND MAY ONLY BE USED TO REPLACE FIXED ASSETS AND MAJOR MOBILE EQUIPMENT WITH PRIOR WRITTEN APPROVAL BY DASNY AND THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES THE REQUIRED SINKING FUND BALANCES FOR THE NEXT FIVE YEARS ARE AS FOLLOWS FOR YEAR 2010 FUND BALANCE OF \$2,135,498, FOR YEAR 2011 FUND BALANCE OF \$1,779,582, AND FOR YEAR 2012 FUND BALANCE OF \$711,833 AND FOR YEAR 2013 FUND BALANCE \$0 IN ADDITION THE MORTGAGE LOAN PLACES RESTRICTIONS ON THE INCURRENCE OF ADDITIONAL BORROWINGS AND REQUIRES THE HOSPITAL TO SATISFY CERTAIN MEASURES OF FINANCIAL PERFORMANCE AS LONG AS THE NOTES ARE OUTSTANDING (4) IN SEPTEMBER 2008, THE HOSPITAL RENEWED ITS LINE OF CREDIT OF \$10,000,000 WITH BANK OF AMERICA THE HOSPITAL EXTENDED ITS LINE OF CREDIT ARRANGEMENTS WITH BANK OF AMERICA FROM 10,000,000 TO \$20,000,000 AND AS OF DECEMBER 31, 2008, THE LINE OF CREDIT REPORTED AS A CURRENT LIABILITY IN THE AMOUNT OF \$13,400,000 WITH AN ANNUAL INTEREST RATE OF LIBOR PLUS 75 BASIS POINTS IN OCTOBER 2009, THIS LINE OF CREDIT WAS TERMINATED BETWEEN BANK OF AMERICA AND THE HOSPITAL AND THE BALANCE WAS PAID IN FULL AS OF DECEMBER 31, 2009 THE LINE OF CREDIT BALANCE IS \$0</p>

FORM 990, PART X, LINE 23 SECURED MORTGAGES AND NOTES PAYABLE TO UNRELATED THIRD PARTIES-CONTINUED THE HOSPITAL IS REQUIRED TO COMPLY WITH VARIOUS FINANCIAL AND NON-FINANCIAL COVENANTS, THE MOST RESTRICTIVE OF WHICH INCLUDES FILING OF ANNUAL FINANCIAL STATEMENTS WITHIN SPECIFIED TIME FRAMES, MAINTAINING CASH ON HAND IN EXCESS OF 100 DAYS, MAINTAINING A DEBT COVERAGE RATIO OF AT LEAST 1.75 AND MAINTAINING A CURRENT RATIO OF AT LEAST 1.75 IN 2008, THE HOSPITAL DID NOT COMPLY WITH THESE COVENANTS AND HAS RECEIVED A WAIVER FROM BANK OF AMERICA IN RESPECT TO THESE COVENANTS IN FEBRUARY 2009, BANK OF AMERICA HAS REQUESTED THE HOSPITAL TO REPAY THE OUTSTANDING LOANS IN AN AGGREGATE PRINCIPAL AMOUNT OF \$6,900,000 BY MARCH 31, 2009 AND REDUCED ITS LINE OF CREDIT TO \$6,500,000 WITH AN ANNUAL INTEREST RATE OF LIBOR PLUS 450 BASIS POINTS. ON MARCH 31, 2009, THE HOSPITAL REPAYED \$6,900,000 TOWARDS THE LINE OF CREDIT WITH BANK OF AMERICA. BANK OF AMERICA FURTHER REQUESTED THAT BY MAY 31, 2009 THE HOSPITAL GRANT BANK OF AMERICA A PERFECTED FIRST LIEN ON CASH FOR THE OUTSTANDING AMOUNT OF \$6,500,000 OR OTHER COLLATERAL SATISFACTORY TO BANK OF AMERICA, AS DETERMINED BY BANK OF AMERICA IN ITS SOLE DISCRETION, HAVING A VALUE EQUAL TO THE OUTSTANDING LOAN AMOUNT. AT THAT POINT THE INTEREST RATE WILL BE REVISED. BANK OF AMERICA FURTHER EXPRESSED ITS WILLINGNESS TO EXTEND THE LOAN COMMITMENT TO APRIL 30, 2010, AND AMENDING THE LOAN AGREEMENT IN CERTAIN RESPECTS, ON TERMS AND CONDITIONS SATISFACTORY TO BANK OF AMERICA.

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

Cat No 51056K

Schedule O (Form 990) 2009

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
 ► Attach to Form 990. ► See separate instructions.

**2009****Open to Public  
Inspection****Name of the organization**  
ST BARNABAS HOSPITAL**Employer identification number**  
13-1740122**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MOLLY ROSE LLC C/O SBH 4422 THIRD AVENUE BRONX, NY 10457 26-1897452	SRVC COMPANY	NY	0	0	SBH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ST BARNABAS NURSING HOME INC 2175 QUARRY ROAD BRONX, NY 10457 13-3622351	NURSING HOME	NY	501(C)(3)	9	SB COMMUNITY
ST BARNABAS COMMUNITY ENTERPRISES 183RD STREET AND 3RD AVENUE BRONX, NY 10457 06-1175581	HEALTH CARE	NY	501(C)(3)	3	NONE
ST BARNABAS COMMUNITY HEALTH PLAN 4422 3RD AVENUE BRONX, NY 10457 13-3717546	MEDICAID CO	NY	501(C)(3)	9	SB COMMUNITY
ADAMS PLACE HOLDING CORPORATION 183RD STREET AND 3RD AVENUE BRONX, NY 10457 13-3731627	TITLE HOLDING	NY	501(C)(2)		SB COMMUNITY

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
ARTHUR MANAGEMENT CORPORATION CO SBH 4422 THIRD AVENUE BRONX, NY10457 06-1174733	HOLDING COMPANY	NY	SBH	C	100	100	100 000 %
MID-BRONX CREDIT CORPORATION C/O SBH 4422 THIRD AVENUE BRONX, NY10457 06-1174731	BILLING COMPANY	NY	SBH	C	100	100	100 000 %

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**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?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	

**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 other organization(b)  
Transaction type(a-r)(c)  
Amount involved(1)  
(2)

(3)

(4)

(5)

(6)

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?
Yes	No	Yes	No	Yes	No	Yes	No



## 7 Facts

a Identity the type of tax benefit generated by the transaction Check all the boxes that apply (see instructions)

Deductions       Exclusions from gross income       Tax credits       Other \_\_\_\_\_

Capital loss       Nonrecognition of gain       Deferral

Ordinary loss       Adjustments to basis       Absence of adjustments to basis

**b** Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

THE PARTNERSHIP INVESTS IN FOREIGN FORWARD CONTRACTS, SECURITIES AND RELATED FINANCIAL INSTRUMENTS FOR ITS OWN ACCOUNT AS PART OF SUCH ACTIVITY, THE PARTNERSHIP HOLDS NON-U S DOLLAR DENOMINATED ASSETS AND CURRENCIES THE REGULAR ACTIVITY AND PURPOSE OF THE PARTNERSHIP IS TO GENERATE A PRE-TAX ECONOMIC RATE OF RETURN THE AMOUNT OF SUCH NON-U S DOLLAR DENOMINATED ASSETS AND CURRENCIES INCREASE AND/OR DECREASE THROUGHOUT THE YEAR AT FREQUENT INTERVALS THE PARTNERSHIP HAS FORWARD CURRENCY TRANSACTIONS WHERE LOSSES WERE CLAIMED UNDER IRC SECTION 165 THAT EXCEEDED THE RELEVANT \$2 MILLION REPORTABLE THRESHOLD THE LOSSES ARE CHARACTERIZED AS ORDINARY LOSSES UNDER IRC SECTION 988 THE TAXPAYER'S ALLOCATED SHARE OF THIS FLOW-THROUGH LOSS IS UNCERTAIN THE ADJUSTED TAX BASIS OF NON-U S DOLLAR DENIMONATED ASSETS AND CURRENCIES OBTAINED BY THE PARTNERSHIP ARE DETERMINED BY WAY OF CASH PAID AND GAINS AND LOSSES ON SUCH TRANSACTIONS ARE CHARACTERIZED AS ORDINARY UNDER IPC SECTION 988 THESE TRA

8 Identify all tax-exempt, foreign, and related entities and individuals involved in the transaction. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each related entity, explain how it is related. (Attach additional sheets, if necessary.)

**a** Type of entity:  Tax-exempt  Foreign  Related | Identifying number

Name \_\_\_\_\_

Address

## Description

Digitized by srujanika@gmail.com

Digitized by srujanika@gmail.com

b Type of entity: Tax-exempt Foreign Related

Identifying number

Digitized by srujanika@gmail.com

Description

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 13-1740122  
**Name:** ST BARNABAS HOSPITAL

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional Trustee	Official	Key employee			
MILDRED ALLEN PhD BOARD MEMBER	1 0		X				0	0	0
HON JOHN A BARONE BOARD MEMBER	1 0		X				0	0	0
ELIZABETH BARTLETT BOARD MEMBER	1 0		X				0	0	0
MAUREEN D DONOVAN ESQ BOARD MEMBER	1 0		X				0	0	0
HELEN FOSTER BOARD MEMBER	1 0		X				0	0	0
DAVID HARRIS BOARD MEMBER	1 0		X				0	0	0
THOMAS HUGHES BOARD MEMBER	1 0		X				0	0	0
CAROLYN JONES BOARD MEMBER	1 0		X				0	0	0
ARTHUR KLEIN MD BOARD MEMBER	1 0		X				0	0	0
JOHN J LORDAN BOARD MEMBER	1 0		X				0	0	0
JOHN MCKEW BOARD MEMBER	1 0		X				0	0	0
ANDREW MEZEY MD BOARD MEMBER	1 0		X				0	0	0
CHARLES MOERDLER ESQ BOARD MEMBER	1 0		X				0	0	0
GROVER O'NEIL JR BOARD MEMBER	1 0		X				0	0	0
WENDY RODRIGUEZ BOARD MEMBER	1 0		X				0	0	0
HOWARD SAFIR BOARD MEMBER	1 0		X				0	0	0
ELIZABETH SANCHEZ LCSW BOARD MEMBER	1 0		X				0	0	0
THEODORE SPEVACK DO BOARD MEMBER	1 0		X				0	0	0
JOHN TOGNINO BOARD MEMBER	1 0		X				0	0	0
BARRY WINTNER CFA BOARD MEMBER	1 0		X				0	0	0
VICTOR WRIGHT BOARD MEMBER	1 0		X				0	0	0
SCOTT COOPER MD PRESIDENT	47 5			X			712,500	37,500	31,208
RICHARD J RANK SR VICE PRESIDENT/CFO	45 0			X			321,910	35,768	23,374
LEONARD WALSH CHIEF OPERATING OFFICER	47 5			X			332,500	17,500	22,931
NOAH CALDWELL SR VICE PRESIDENT	49 0			X			475,055	9,695	26,368

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee			
PATRICIA S BELAIR SR VICE PRESIDENT	50 0			X			281,377	0	22,142
CATHERINE GRAHAM SR VICE PRESIDENT	45 0			X			217,787	24,199	21,310
KEITH D WOLF SENIOR VICE PRESIDENT	45 0			X			270,000	30,000	21,572
JERRY R BALENTINE MD MEDICAL DIRECTOR	50 0			X			432,600	0	24,048
PATRICIA CUNNINGHAM SR VICE PRESIDENT	47 5			X			192,462	10,130	20,479
JOHN DIGIROLOMO SR VICE PRESIDENT	50 0			X			185,400	0	20,116
TODD GORLEWSKI VICE PRESIDENT	50 0			X			200,000	0	19,799
MARTHA SULLIVAN EXECUTIVE DIRECTOR	50 0			X			165,000	0	19,685
ROSA A MANUEL RN NURSING	50 0				X		179,822	0	19,329
DARA ROSENBERG MD DIR OF DENTISTRY	50 0				X		249,244	0	21,464
JAMES HELLERMAN DIR OF MEDICAL EDUCATION	50 0				X		185,000	0	20,480
JUDITH BERGER CHIEF OF INF DISEASES	50 0				X		190,000	0	20,214
ARLENE ORTIZ-ALLENDE SR VICE PRESIDENT	50 0				X		168,095	0	20,077

**Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -**

	<b>Business Code</b>	<b>(A) Total Revenue</b>	<b>(B) Related or Exempt Function Revenue</b>	<b>(C) Unrelated Business Revenue</b>	<b>(D) Revenue Excluded f rom Tax under IRC 512, 513, or 514</b>
NET PATIENT REVENUE	621,110	271,900,185	271,900,185		
FORDHAM TREMONT	621,110	18,126,175	18,126,175		
HIP SOUTHERN REVENUE	621,110	13,799,488	13,799,488		
SHARED SERVICES	900,099	600,000	600,000		
HANYS SI PAYOUT	900,099	130,649	130,649		

**Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses**

<i><b>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</b></i>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
PROVISION FOR BAD DEBT	10,400,001	10,400,001		
HIP CLAIMS EXPENSES	9,113,789	9,113,789		
TEMPORARY SERVICES	1,942,548	1,942,548		
AMORTIZATION	316,128		316,128	
FORDHAM TREMONT	1,501,683	1,156,296	345,387	