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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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
SAINT BARNABAS CORPORATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
95 OLD SHORT HILLS ROAD

City or town, state or country, and ZIP + 4
WEST ORANGE, NJ 07052

D Employer identification number
22-2405279

E Telephone number
(732) 923-8072

G Gross receipts $ 135,404,262

F Name and address of principal officer
RONALD J DEL MAURO
95 OLD SHORT HILLS ROAD
WEST ORANGE, NJ 07052

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 SBHCS COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1982

M State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE ORGANIZATION IS THE PARENT ENTITY OF THE SAINT BARNABAS HEALTH CARE SYSTEM AND ITS AFFILIATES, A TAX-EXEMPT NOT FOR-PROFIT INTEGRATED HEALTHCARE DELIVERY SYSTEM

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)	**3**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of employees (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,002,239	613,393
9	Program service revenue (Part VIII, line 2g)	118,837,115	130,840,213
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,404,023	3,950,656
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	123,243,377	135,404,262
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	160,234,036	159,207,839
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	160,234,036	159,207,839
19	Revenue less expenses Subtract line 18 from line 12	-36,990,659	-23,803,577

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	922,141,341	1,080,325,681
21	Total liabilities (Part X, line 26)	1,299,147,341	1,439,848,982
22	Net assets or fund balances Subtract line 21 from line 20	-377,006,000	-359,523,301

Part II Signature Block

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

Sign Here

****** | 2010-11-08
Signature of officer | Date

THOMAS G SCOTT CPA SENIOR VICE PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Scott Mariani			

Firm's name (or yours if self-employed), address, and ZIP + 4
WithumSmithBrown PC
465 South Street Suite 200
Morristown, NJ 079606497

EIN ▶

Phone no ▶ (973) 898-9494

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

THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF SAINT BARNABAS MEDICAL CENTER THE ORGANIZATION IS ALSO THE PARENT ENTITY OF A TAX-EXEMPT NOT FOR-PROFIT INTEGRATED HEALTHCARE DELIVERY SYSTEM IN NEW JERSEY WHOSE CHARITABLE PURPOSES INCLUDE PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO THE COMMUNITY AND ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

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 541,900) (Expenses $ 12,851,351 including grants of $ 0) (Revenue $ 348,396)

EXPENSES INCURRED IN SUPPORTING SAINT BARNABAS HEALTH CARE SYSTEM AND ITS AFFILIATES THE SAINT BARNABAS HEALTH CARE SYSTEM PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4b (Code 541,900) (Expenses $ 130,497,044 including grants of $ 0) (Revenue $ 130,491,817)

EXPENSES INCURRED FOR ALL COVERED SAINT BARNABAS HEALTH CARE SYSTEM EMPLOYEES RELATING TO THE SYSTEM'S SELF-INSURED HEALTH PLAN, INCLUDING MEDICAL CLAIMS AND PRESCRIPTIONS PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

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

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

4e **Total program service expenses** ▶ $ 143,348,395

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	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
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	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
7	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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	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
10	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		No
11	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.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• 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.*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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
15	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
16	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
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	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
19	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
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

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**		No
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**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** 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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	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*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 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**		No
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**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	22		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶CJ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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	22		
b	Enter the number of voting members that are independent	1b	19		
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		No
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		No
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	Yes	
	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 ▶ NJ

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 ▶

THOMAS G SCOTT CPA
2 CRESCENT PLACE
OCEANPORT, NJ 07757
(732) 923-8072

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

(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	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	0	14,644,597	1,935,855

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 ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	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*	**5**		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
QUALCARE INC 30 KNIGHTSBRIDGE ROAD PISCATAWAY, NJ 08854	CLAIMS ADMIN	5,368,529
CADWALADER WICKERSHAM AND TAFT 1 WORLD FINANCIAL CENTER NEW YORK, NY 10281	LEGAL	1,000,000

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

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	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	613,393			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		613,393			
Program Service Revenue			Business Code				
	2a	PROGRAM SERVICE REVENUE	541,900	130,840,213	130,840,213		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		130,840,213			
	3	Investment income (including dividends, interest and other similar amounts)		3,401,176		0	3,401,176
	4	Income from investment of tax-exempt bond proceeds		548,220			548,220
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	1,260				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	1,260				
	d	Net gain or (loss)		1,260			1,260
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		0			
	12	**Total revenue.** See Instructions		135,404,262	130,840,213	0	3,950,656

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	0			
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	0	0	0	0
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	0			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	0			
13 Office expenses	316,801	285,121	31,680	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	502,288	452,059	50,229	
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	13,614,326	12,252,893	1,361,433	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	195,856	176,270	19,586	
23 Insurance	3,196,895	2,877,206	319,689	
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 SBHCS HLTH PLAN, MED CLAIMS	100,467,655	90,420,890	10,046,765	
b SBHCS HLTH PLAN, PRESCRIPS	22,151,734	19,936,561	2,215,173	
c INT EXPENSE, DOJ SETTLEMENT	7,205,494	6,484,945	720,549	
d CONTRACTED SERVICES	6,642,806	5,978,525	664,281	
e CREDITOR NEGOTIATION FEES	1,521,258	1,369,132	152,126	
f All other expenses	3,392,726	3,114,793	277,933	
25 **Total functional expenses.** Add lines 1 through 24f	159,207,839	143,348,395	15,859,444	0
26 **Joint costs.** Check here ▶ ☐ 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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		970,901	1	750,815
	2	Savings and temporary cash investments		62,513,046	2	76,331,071
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	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			6	
	7	Notes and loans receivable, net		625,794,898	7	657,079,452
	8	Inventories for sale or use		227,459	8	227,459
	9	Prepaid expenses and deferred charges		489,860	9	859,165
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 37,737,534			
	b	Less accumulated depreciation	10b 36,369,235	1,555,601	10c	1,368,299
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		180,919,213	13	299,202,595
	14	Intangible assets		12,085,163	14	11,300,908
	15	Other assets See Part IV, line 11		37,585,200	15	33,205,917
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		922,141,341	16	1,080,325,681
Liabilities	17	Accounts payable and accrued expenses		14,970,196	17	12,345,957
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		686,325,761	20	684,490,210
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		108,675,000	23	107,675,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		489,176,384	25	635,337,815
	26	**Total liabilities.** Add lines 17 through 25		1,299,147,341	26	1,439,848,982
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-377,006,000	27	-359,523,301
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-377,006,000	33	-359,523,301
	34	Total liabilities and net assets/fund balances		922,141,341	34	1,080,325,681

Part XI Financial Statements and Reporting

			Yes	No
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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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	2c	Yes	
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?	3a	Yes	
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	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SAINT BARNABAS CORPORATION

Employer identification number
22-2405279

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

a ☑ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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?

	Yes	No
(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 the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

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

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
See Additional Data Table									
Total									0

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 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 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 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

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 **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** 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 **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

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

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **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

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.**

OMB No 1545-0047

2009

Open to Public Inspection

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	Employer identification number
SAINT BARNABAS CORPORATION	22-2405279

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 funtion 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 ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **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

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

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to 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".

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

Part IV Supplemental Information

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 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
LOBBYING ACTIVITIES	SCHEDULE C, PART II-B	ON BEHALF OF ALL ENTITIES WITHIN THE SAINT BARNABAS HEALTH CARE SYSTEM ("SYSTEM"), A RELATED FOR-PROFIT ORGANIZATION PAID THREE OUTSIDE LOBBYING FIRMS FOR LOBBYING ACTIVITY IN THE AMOUNT OF $592,880 DURING 2009 CERTAIN OTHER ORGANIZATIONS WITHIN THE SYSTEM ALSO ENGAGE IN LOBBYING ACTIVITY, THESE COSTS ARE REPORTED ON THESE ORGANIZATION'S RESPECTIVE FORMS 990 A PERCENTAGE OF THE 2009 TOTAL COMPENSATION FOR THE EXECUTIVE VICE PRESIDENT OF OPERATIONS AND ONE OTHER INDIVIDUAL HAS BEEN ALLOCATED TOWARD LOBBYING ACTIVITIES PERFORMED ON BEHALF OF SAINT BARNABAS HEALTH CARE SYSTEM ON BOTH A FEDERAL AND STATE LEVEL THIS ALLOCATION AMOUNTED TO $240,000

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SAINT BARNABAS CORPORATION

Employer identification number
22-2405279

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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	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.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,056,143	836,563	1,219,580
c Leasehold improvements		18,500	10,175	8,325
d Equipment		35,662,891	35,522,497	140,394
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,368,299

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
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.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
BOND INDENTURE AGREEMENTS	29,831,054	F
LIMITED USE	102,429,087	F
LIMITED USE	1,462,225	F
USE ASSETS	23,995,595	F
INVESTMENT IN AFFILIATES	141,284,134	F
OTHER INVESTMENTS	200,500	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	299,202,595	

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
DUE TO AFFILIATES, CURRENT	342,118,584
SELF-INSURANCE LIABILITIES	46,883,257
OTHER LONG TERM LIABILITIES	61,223,441
DUE TO AFFILIATES, NON-CURRENT	99,579,368
ESTIMATED AMTS DUE TO 3RD PARTIES	2,393,932
AMOUNT DUE TO U S DOJ, CURRENT	7,257,413
AMOUNT DUE TO U S DOJ, NON-CURRENT	75,881,820
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	635,337,815

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
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			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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	

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
TEXT OF FIN 48 AUDITED FINANCIAL STATEMENT FOOTNOTE	SCHEDULE D, PART X	THE ORGANIZATION IS THE PARENT ORGANIZATION OF THE SAINT BARNABAS HEALTH CARE SYSTEM ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM THE SYSTEM ISSUES CONSOLIDATED AUDITED FINANCIAL STATEMENTS WHICH INCLUDE ALL RELATED ENTITIES, INCLUDING THIS ORGANIZATION THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ALSO CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS THE FIN 48 FOOTNOTE BELOW IS FROM THE SYSTEM'S 2007 CONSOLIDATED AUDITED FINANCIAL STATEMENTS IN JULY 2006, FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) INTERPRETATION NO 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN INTERPRETATION OF FASB STATEMENT NO 109, ACCOUNTING FOR INCOME TAXES, WAS ISSUED FIN 48 CREATES A SINGLE MODEL TO ADDRESS UNCERTAINTY IN TAX POSITIONS AND CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS UNDER THE REQUIREMENTS OF FIN 48, TAX-EXEMPT ORGANIZATIONS COULD BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF A TAX POSITION THEY HAVE HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURE ITEMS PRIOR TO FIN 48, THE DETERMINATION OF WHEN TO RECORD A LIABILITY FOR A TAX EXPOSURE WAS BASED ON WHETHER A LIABILITY WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE IN ACCORDANCE WITH FASB STATEMENT NO 5, ACCOUNTING FOR CONTINGENCIES ON JANUARY 1, 2007, THE CORPORATION ADOPTED FIN 48 THE IMPACT OF THE ADOPTION OF FIN 48 ON THE CORPORATION'S CONSOLIDATED FINANCIAL STATEMENTS IS NOT SIGNIFICANT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SAINT BARNABAS CORPORATION

Employer identification number
22-2405279

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☑ First-class or charter travel ☑ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☑ 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 orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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?	**2**	Yes	
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 ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ 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?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		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			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	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			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

(A) Name	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other 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 reportable compensation				
See Additional Data Table							

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
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTIONS 1A AND 1B	A RELATED ORGANIZATION PROVIDED, FOR WORK PURPOSES ONLY, A CAR AND DRIVER FROM THE SAINT BARNABAS HEALTH CARE SYSTEM'S TRANSPORTATION POOL FOR RONALD J DEL MAURO, PRESIDENT/CEO, BARRY H OSTROWSKY, ESQ , EXECUTIVE VICE PRESIDENT/GENERAL COUNSEL, AND MARK D PILLA, EXECUTIVE VICE PRESIDENT OPERATIONS SO THEY CAN WORK DURING TRAVEL FOR THE SAINT BARNABAS HEALTH CARE SYSTEM, INCLUDING COMMUTING TO AND FROM ALL SAINT BARNABAS HEALTH CARE SYSTEM'S FACILITIES AND OFFICES THEIR RESPECTIVE 2009 FORMS W-2 INCLUDE AN AMOUNT WHICH REPRESENTS THEIR PORTION OF PERSONAL USAGE IN ADDITION, THE EXECUTIVE VICE PRESIDENT OPERATIONS' 2009 FORM W-2, BOX 5, INCLUDES A TAX GROSS-UP OF APPROXIMATELY $4,317 RELATED TO HIS PERSONAL USAGE IN ADDITION, THE EXECUTIVE VICE PRESIDENT OPERATIONS TRAVELED FIRST CLASS ON A NUMBER OF BUSINESS TRIPS FOR THE SAINT BARNABAS HEALTH CARE SYSTEM THE EXCESS COST OVER STANDARD TRAVEL WAS APPROXIMATELY $1,972, NONE OF WHICH WAS INCLUDED IN THE INDIVIDUAL'S 2009 FORM W-2 THE PRESIDENT/CEO'S 2009 FORM W-2, BOX 5, INCLUDES $7,521 OF TAXABLE COMPENSATION FROM FINANCIAL PLANNING SERVICES THE TRANSPORTATION AND FINANCIAL PLANNING BENEFITS DESCRIBED ABOVE ARE PROVIDED PURSUANT TO WRITTEN EMPLOYMENT AGREEMENTS THE TAX GROSS UP DESCRIBED ABOVE WITH RESPECT TO THE EXECUTIVE VICE PRESIDENT OPERATIONS IS PROVIDED PURSUANT TO LONG-STANDING SAINT BARNABAS HEALTH CARE SYSTEM'S PRACTICE DURING 2009, THE ORGANIZATION'S EXECUTIVE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER, GERALD PICERNO, AND THE ORGANIZATION'S SENIOR VICE PRESIDENT, MATTHEW FULTON, BOTH RELOCATED TO THE STATE OF NEW JERSEY FROM THE WESTERN UNITED STATES IN ORDER TO FACILITATE THE RELOCATION OF THEIR PRIMARY RESIDENCES, THE ORGANIZATION PROVIDED HOUSING ALLOWANCES TO BOTH INDIVIDUALS THE HOUSING ALLOWANCE FOR MR PICERNO AND MR FULTON TOTALED $30,288 AND $15,104, RESPECTIVELY, BOTH OF WHICH WERE INCLUDED IN EACH INDIVIDUAL'S 2009 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES AND IN SCHEDULE J-1, COLUMN B(III) HEREIN IN ADDITION, ALLEN H BOXBAUM, VICE PRESIDENT, RECEIVED A HOUSING ALLOWANCE IN THE AMOUNT OF $5,816 WHICH WAS INCLUDED IN HIS 2009 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES AND IN SCHEDULE J-1, COLUMN B(III) HEREIN
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 4A	ALLEN H BOXBAUM, VICE PRESIDENT OF THE ORGANIZATION, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF $104,712 THIS AMOUNT WAS INCLUDED IN HIS 2009 FORM W-2, AS TAXABLE WAGES
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 4B	THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A LONG TERM INCENTIVE PLAN WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THE UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN THE INDIVIDUAL'S 2009 FORM W-2, AS TAXABLE WAGES RONALD J DEL MAURO, $290,000, BARRY H OSTROWSKY, ESQ , $225,000, MARK D PILLA, $140,000 THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES PARTICIPATION IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2009 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES MARK D PILLA, $131,985, THOMAS G SCOTT, CPA, $50,349, ROBERT CARRETTA, $143,703, ANTHONY SORIANO, $40,374, SIDNEY SELIGMAN, $33,069, SUSAN PELLEGRINO, $28,473, DAVID A MEBANE, ESQ , $36,369, JONATHAN H BARKHORN, $35,631, CATHERINE AINORA, $14,910, NANCY E HOLECEK, $8,601, MICHAEL SLUSARZ, $23,220, YLONE XAVIER NADARAJAH, $23,655 AND BRIAN J KIRKPATRICK, $18,048
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 7 AND CORE FORM, PART VII	THE FOLLOWING INDIVIDUALS RECEIVED A BONUS DURING CALENDAR YEAR 2009 WHICH BONUS AMOUNTS WERE INCLUDED IN COLUMN B (II) HEREIN AND IN EACH INDIVIDUAL'S 2009 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES MARIO A CRISCITO, M D , $100, ROBERT CARRETTA, $200, ANTHONY SORIANO, $86,792, CATHERINE AINORA, $150 AND MATTHEW S FULTON, $10,000

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 22-2405279
Name: SAINT BARNABAS CORPORATION

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				
RONALD J DEL MAURO	(I)	0	0	0	0	0	0	0
	(II)	1,443,905	0	38,617	307,640	259,987	2,050,149	0
BARRY H OSTROWSKY ESQ	(I)	0	0	0	0	0	0	0
	(II)	889,953	0	65,298	239,700	19,277	1,214,228	0
MARK D PILLA	(I)	0	0	0	0	0	0	0
	(II)	689,451	0	145,798	149,800	24,590	1,009,639	0
GERALD J PICERNO	(I)	0	0	0	0	0	0	0
	(II)	642,348	0	30,872	7,350	16,337	696,907	0
FRED M JACOBS	(I)	0	0	0	0	0	0	0
	(II)	495,046	0	11,999	9,800	14,052	530,897	0
ROBERT CARRETTA	(I)	0	0	0	0	0	0	0
	(II)	285,054	200	172,515	7,204	15,590	480,563	0
THOMAS G SCOTT CPA	(I)	0	0	0	0	0	0	0
	(II)	346,358	0	82,077	9,800	19,741	457,976	0
ANTHONY SORIANO	(I)	0	0	0	0	0	0	0
	(II)	284,716	86,792	45,856	9,800	13,859	441,023	0
SIDNEY SELIGMAN	(I)	0	0	0	0	0	0	0
	(II)	295,244	0	54,577	9,800	24,485	384,106	0
SUSAN PELLEGRINO	(I)	0	0	0	0	0	0	0
	(II)	291,811	0	30,518	17,640	22,319	362,288	0
DAVID A MEBANE ESQ	(I)	0	0	0	0	0	0	0
	(II)	278,099	0	37,749	9,800	20,946	346,594	0
JONATHAN H BARKHORN	(I)	0	0	0	0	0	0	0
	(II)	263,575	0	37,011	9,800	18,682	329,068	0
CATHERINE AINORA	(I)	0	0	0	0	0	0	0
	(II)	173,216	150	93,491	9,800	6,844	283,501	0
ROBERT C IANNACCONE	(I)	0	0	0	0	0	0	0
	(II)	159,873	0	796	6,570	16,039	183,278	0
DAVID M HONIG	(I)	0	0	0	0	0	0	0
	(II)	326,073	0	8,101	9,800	19,046	363,020	0
NANCY E HOLECEK	(I)	0	0	0	0	0	0	0
	(II)	264,059	0	16,001	17,640	22,191	319,891	0
MICHAEL SLUSARZ	(I)	0	0	0	0	0	0	0
	(II)	214,545	0	24,600	8,370	16,806	264,321	0
ALLEN H BOXBAUM	(I)	0	0	0	0	0	0	0
	(II)	84,575	0	145,954	3,383	855	234,767	0
MICHAEL T REHEIS	(I)	0	0	0	0	0	0	0
	(II)	197,368	0	20,616	10,708	12,642	241,334	0
YLONE XAVIER NADARAJAH	(I)	0	0	0	0	0	0	0
	(II)	184,093	0	25,035	11,207	20,126	240,461	0
ANTHONY E PALMERIO	(I)	0	0	0	0	0	0	0
	(II)	203,638	0	575	8,173	16,713	229,099	0
PATRICK DONAHUE	(I)	0	0	0	0	0	0	0
	(II)	194,419	100	2,580	7,847	18,130	223,076	0
BEATRICE ANZUR	(I)	0	0	0	0	0	0	0
	(II)	116,304	0	70,954	9,164	1,212	197,634	0
RICHARD HENWOOD	(I)	0	0	0	0	0	0	0
	(II)	180,528	0	4,430	7,261	18,745	210,964	0
ELLEN GREENE	(I)	0	0	0	0	0	0	0
	(II)	169,643	0	7,620	12,549	6,481	196,293	0
ELIZABETH GILLON	(I)	0	0	0	0	0	0	0
	(II)	162,719	0	1,380	12,002	21,715	197,816	0
THOMAS BARTIROMO	(I)	0	0	0	0	0	0	0
	(II)	157,433	0	589	6,358	20,967	185,347	0
JUDITH MUNDIE	(I)	0	0	0	0	0	0	0
	(II)	152,549	0	3,525	12,548	11,538	180,160	0
ROBERT PELLECHIO	(I)	0	0	0	0	0	0	0
	(II)	149,969	0	690	5,534	1,645	157,838	0
VERONICA A GEISSLER	(I)	0	0	0	0	0	0	0
	(II)	146,797	0	2,348	10,526	15,338	175,009	0
BRIAN J KIRKPATRICK	(I)	0	0	0	0	0	0	0
	(II)	207,037	150	26,748	12,793	20,815	267,543	0
JOSEPH SULLIVAN	(I)	0	0	0	0	0	0	0
	(II)	264,739	0	8,340	9,800	14,316	297,195	0
CRAIG SAUNDERS MD	(I)	0	0	0	0	0	0	0
	(II)	1,597,760	0	30,417	7,350	32,522	1,668,049	0
SHAMKANT MULGAONKAR MD	(I)	0	0	0	0	0	0	0
	(II)	522,553	0	3,275	9,800	13,053	548,681	0
HODA BLAU	(I)	0	0	0	0	0	0	0
	(II)	196,872	0	7,620	11,890	13,096	229,478	0
REGINA BUBLE	(I)	0	0	0	0	0	0	0
	(II)	184,889	100	1,386	7,398	1,190	194,963	0
TAMARA CUNNINGHAM	(I)	0	0	0	0	0	0	0
	(II)	154,162	0	737	6,207	18,701	179,807	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SAINT BARNABAS CORPORATION

Employer identification number
22-2405279

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FKX0	12-19-2006	199,960,047	EQUIP/CONSTRUCTION/RENOV/REFUND		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	190,601,351				
2	Gross proceeds in reserve funds	19,715,533				
3	Proceeds in refunding or defeasance escrows	0				
4	Other unspent proceeds	0				
5	Issuance costs from proceeds	3,854,079				
6	Working capital expenditures from proceeds	0				
7	Capital expenditures from proceeds	100,298,388				
8	Year of substantial completion	2006				

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?	X									
10	Were the bonds issued as part of an advance refunding issue?	X									
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X									

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X									
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		1 555 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %								
6	Total of lines 4 and 5		1 555 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X									
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SAINT BARNABAS CORPORATION

Employer identification number
22-2405279

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? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? 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
CHRISTINA M CRONKITE	FAMILY MEMBER - OFFICER	41,740	EMPLOYEE		No

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SCHEDULE 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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SAINT BARNABAS CORPORATION

Employer identification number
22-2405279

Identifier	Return Reference	Explanation

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	SAINT BARNABAS HEALTH CARE SYSTEM ========== SAINT BARNABAS CORPORATION (SBC) IS A NOT-FOR-PROFIT HEALTH CARE ORGANIZATION WITH CORPORATE OFFICES IN WEST ORANGE, NEW JERSEY SAINT BARNABAS CORPORATION, WHICH OPERATES UNDER THE NAME OF THE SAINT BARNABAS HEALTH CARE SYSTEM, IS THE SOLE CORPORATE MEMBER OF VARIOUS HEALTH CARE-RELATED ORGANIZATIONS, THE MAJORITY OF WHICH ARE TAX-EXEMPT ENTITIES THE INTERNAL REVENUE SERVICE HAS RECOGNIZED SAINT BARNABAS CORPORATION AS BEING A TAX-EXEMPT ORGANIZATION UNDER IRS SECTION 501(C)(3) AS THE PARENT ORGANIZATION OF THE LARGEST TAX-EXEMPT INTEGRATED HEALTH CARE DELIVERY SYSTEM IN NEW JERSEY, SAINT BARNABAS CORPORATION STRIVES TO CONTINUALLY DEVELOP AND OPERATE A MULTI-HOSPITAL HEALTH CARE SYSTEM WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH A COMPREHENSIVE SPECTRUM OF HEALTH CARE SERVICES TO THE RESIDENTS OF NEW JERSEY AND SURROUNDING COMMUNITIES SAINT BARNABAS CORPORATION ENSURES THAT ITS SYSTEM PROVIDES MEDICALLY NECESSARY HEALTH CARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICE MOREOVER, THE SAINT BARNABAS HEALTH CARE SYSTEM PROVIDES HEALTH CARE SERVICES TO PATIENTS WHO MEET CERTAIN CRITERIA DEFINED BY THE NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES SAINT BARNABAS CORPORATION MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE AMOUNT OF CHARITY CARE IT PROVIDES THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE (AND THE ASSOCIATED COSTS) FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY THE SAINT BARNABAS HEALTH CARE SYSTEM PROVIDES TREATMENT AND SERVICES TO APPROXIMATELY 198,000 INPATIENTS AND SAME DAY SURGERY PATIENTS, 452,000 EMERGENCY DEPARTMENT PATIENTS AND OVER 1 5 MILLION OUTPATIENTS EACH YEAR, DELIVERS MORE THAN 18,300 BABIES ANNUALLY, AND SERVES MORE THAN 4,000 LONG TERM CARE RESIDENTS THE SAINT BARNABAS HEALTH CARE SYSTEM INCLUDES APPROXIMATELY 19,000 EMPLOYEES (THE SECOND LARGEST PRIVATE EMPLOYER IN THE STATE), 4,600 PHYSICIANS (ONE-FOURTH OF THE STATE'S ACTIVELY PRACTICING PHYSICIANS), AND 452 MEDICAL RESIDENTS AND INTERNS IN 2009, THE SAINT BARNABAS HEALTH CARE SYSTEM WAS NAMED BY MODERN HEALTHCARE MAGAZINE AS ONE OF THE 100 BEST PLACES TO WORK IN HEALTHCARE SOME OF THE SERVICES AND FACILITIES OFFERED BY THE SAINT BARNABAS HEALTH CARE SYSTEM INCLUDE ACUTE CARE HOSPITALS,TWO CHILDREN'S HOSPITALS, NURSING AND REHABILITATION CENTERS, ASSISTED LIVING RESIDENCE, AMBULATORY CARE FACILITIES, GERIATRIC CENTERS, A FREE-STANDING INPATIENT PSYCHIATRIC FACILITY, A STATE WIDE BEHAVIORAL HEALTH NETWORK, COMPREHENSIVE HOSPICE AND HOME CARE PROGRAMS, NEW JERSEY'S ONLY CERTIFIED BURN TREATMENT FACILITY, COMPREHENSIVE CARDIAC SURGERY SERVICES FOR ADULTS (US NEWS AND WORLD REPORT NAMED NEWARK BETH ISRAEL ONE OF THE TOP 50 PROGRAMS FOR HEART AND HEART SURGERY IN 2009) , PEDIATRIC CARDIAC PROGRAMS, ONE OF THE NATION'S TOP CARDIAC TRANSPLANT PROGRAMS, NEW JERSEY'S ONLY CENTER FOR LUNG TRANSPLANTS, KIDNEY TRANSPLANT CENTERS THAT ARE RANKED IN THE TOP 5 VOLUMES IN THE NATION, A RENOWNED NEUROLOGY AND NEUROSURGERY PROGRAM (US NEWS AND WORLD REPORT NAMED SAINT BARNABAS MEDICAL CENTER ONE OF THE TOP 50 PROGRAMS IN NATION FOR 2009), THREE VALERIE FUND CHILDREN'S CENTERS FOR CANCER AND BLOOD DISORDERS, THE INSTITUTE FOR REPRODUCTIVE MEDICINE AND SCIENCE AT SAINT BARNABAS MEDICAL CENTER, NATIONALLY RECOGNIZED GERIATRIC SERVICES, COMPREHENSIVE CANCER SERVICES, THE JACQUELINE M WILENTZ COMPREHENSIVE BREAST CENTER, THE COMPREHENSIVE STROKE CENTER, COMPREHENSIVE BREAST CENTER AT THE SAINT BARNABAS AMBULATORY CARE CENTER, WOMEN'S AND CHILDREN'S SERVICES, INCLUDING THE CHILDREN''S HOSPITAL AT MONMOUTH MEDICAL CENTER AND THE CHILDREN'S HOSPITAL OF NEW JERSEY AT NEWARK BETH ISRAEL MEDICAL CENTER WHICH HOUSES NEW JERSEY'S ONLY NEONATAL ECMO PROGRAM FOR LIFE SUPPORT AFFILIATION WITH UNIVERSITY OF MEDICINE AND DENTISTRY ---------- IN JANUARY 2008, THE SYSTEM ENTERED INTO A NEW AGREEMENT WITH THE UMDNJ-NJMS IN NEW JERSEY TO FORM A COMPREHENSIVE ACADEMIC AFFILIATION AND STRATEGIC ALLIANCE, THEREBY CREATING AN AFFILIATION INCLUDING TWO OF NEW JERSEY'S ACADEMIC AND PROVIDER SYSTEMS THE NJMS INCLUDES MORE THAN 700 FACULTY AND 1,300 VOLUNTEER FACULTY IN 19 ACADEMIC DEPARTMENTS, A NETWORK OF 19 AFFILIATED HOSPITALS, AND, SPONSORSHIP OF 48 RESIDENCY AND FELLOWSHIP PROGRAMS UNDER THE AGREEMENT, THE TWO SYSTEMS WILL EXPLORE AND PURSUE OPPORTUNITIES FOR COLLABORATION IN MEDICAL EDUCATION, DEVELOPMENT OF SELECTED JOINT CLINICAL PROGRAMS AND SHARED NON-CLINICAL SERVICES TO DATE, SAINT BARNABAS AND NEWARK BETH HAVE BECOME MAJOR TEACHING AFFILIATES OF UMDNJ-NJMS (SEE "GRADUATE MEDICAL EDUCATION") AND MEMBERS OF THE FACULTY AT EACH OF THESE TWO HOSPITALS HAVE PARTICIPATED IN A NUMBER OF UMDNJ-NJMS SPONSORED CONTINUING MEDICAL EDUCATION PROGRAMS MEMBERS OF THE FACULTY FROM UMDNJ-NJMS HAVE PARTICIPATED IN SAINT BARNABAS SYSTEM EDUCATIONAL PROGRAMS AS WELL IN ADDITION, THE TWO SYSTEMS HAVE BEGUN EVALUATING A NUMBER OF JOINT PROGRAM DEVELOPMENT INITIATIVES MANAGEMENT BELIEVES THAT THE AFFILIATION WITH THE UMDNJ-NJMS AND ITS SUBSTANTIAL PROGRAMS IN CLINICAL RESEARCH AND BASIC SCIENTIFIC INVESTIGATION WILL STRENGTHEN THE SYSTEM'S MEDICAL EDUCATION AND RESEARCH ACTIVITIES GRADUATE MEDICAL EDUCATION AND OTHER EDUCATION PROGRAMS ---------- THE MEDICAL EDUCATION PROGRAMS WITHIN THE SAINT BARNABAS HEALTH CARE SYSTEM INCLUDE UNDERGRADUATE MEDICAL EDUCATION, GRADUATE MEDICAL EDUCATION, CONTINUING MEDICAL EDUCATION AND ALLIED HEALTH PROFESSIONS EDUCATION GRADUATE MEDICAL EDUCATION PROGRAMS ARE SPONSORED BY THE THREE TEACHING INSTITUTIONS AFFILIATED WITH THE SYSTEM MONMOUTH MEDICAL CENTER, NEWARK BETH ISRAEL MEDICAL CENTER, AND SAINT BARNABAS MEDICAL CENTER THE SAINT BARNABAS HEALTH CARE SYSTEM HOSTS MEDICAL STUDENTS FROM UMDNJ-NJMS, NEWARK, NJ, DREXEL UNIVERSITY COLLEGE OF MEDICINE, PHILADELPHIA, THE NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE, OLD WESTBURY, NY, AND SAINT GEORGE'S SCHOOL OF MEDICINE, GRENADA FOR JUNIOR YEAR CLERKSHIP AND SENIOR YEAR ELECTIVES THE SYSTEM IS A MAJOR CLINICAL CAMPUS FOR UMDNJ-NJMS, DREXEL COLLEGE OF MEDICINE, THE NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE AND WITH THE ST GEORGE'S UNIVERSITY SCHOOL OF MEDICINE, IN GRENADA CLINICAL RESEARCH AND PUBLIC HEALTH ISSUES ARE AN INTEGRAL PART OF OUR EDUCATION MISSION RESIDENCIES AND FELLOWSHIPS IN A WIDE VARIETY OF SPECIALTIES AND SUBSPECIALTIES ARE OFFERED CLINICAL RESEARCH AND PUBLIC HEALTH ISSUES ARE AN INTEGRAL PART OF OUR EDUCATION MISSION CONTINUING MEDICAL EDUCATION ("CME") ACTIVITIES ARE CONDUCTED THROUGHOUT THE SYSTEM, WITH OUR HOSPITALS ACCREDITED BY THE MEDICAL SOCIETY OF NEW JERSEY TO OFFER CATEGORY 1 AMA-PRA CME TO THE PHYSICIANS IN THE COMMUNITY A NUMBER OF PHYSICIAN-ASSISTANT, TECHNICIAN AND OTHER ALLIED HEALTH PROFESSIONS STUDENTS OBTAIN CLINICAL EXPERIENCE WITHIN THE SYSTEM A NUMBER OF PHYSICIAN-ASSISTANT, TECHNICIAN AND OTHER ALLIED HEALTH PROFESSIONS STUDENTS OBTAIN CLINICAL EXPERIENCE WITHIN THE SYSTEM HIGHEST QUALITY MEDICAL EDUCATION IS FELT TO RESULT IN HIGHEST QUALITY PATIENT CARE AND ULTIMATELY DELIVERS TO OUR PATIENTS THE MOST CURRENT, COST-EFFECTIVE, AND INTEGRATED MEDICAL CARE POSSIBLE SAINT BARNABAS QUALITY INSTITUTE ---------- THE SAINT BARNABAS QUALITY INSTITUTE FOCUSES ALL QUALITY PERFORMANCE IMPROVEMENT AND PATIENT SAFETY ACTIVITIES UNDER UNIFIED LEADERSHIP, DIRECTED BY FRED M JACOBS, M D , J D , SAINT BARNABAS HEALTH CARE SYSTEM EXECUTIVE DIRECTOR AND FORMER COMMISSIONER OF THE NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES THE INSTITUTE HAS OVERSIGHT OF EFFORTS BY MEDICAL STAFF LEADERSHIP, MEDICAL EXECUTIVES, NURSING LEADERSHIP AND THE CLINICAL SERVICES DIVISION OF THE SYSTEM ADDITIONALLY IT IS INVOLVED WITH PHARMACY, INFORMATION TECHNOLOGY, STANDARDS, AND REGULATORY POSITIONS WITHIN THE SAINT BARNABAS HEALTH CARE SYSTEM, EACH FACILITY HAS UNIQUE STRENGTHS AND ATTRIBUTES THIS INDIVIDUALITY IS ENHANCED WHILE, AT THE SAME TIME, A CONSISTENCY IS CONTINUALLY BEING DEVELOPED TO ENSURE THAT QUALITY PERVADES EVERY AFFILIATE OF THE SAINT BARNABAS HEALTH CARE SYSTEM PATIENTS AND THEIR FAMILY MEMBERS MUST KNOW THAT THEY CAN EXPECT THE HIGHEST LEVEL OF CARE, DELIVERED COST-EFFECTIVELY, WHEREVER THEY SEE THE NAME, SAINT BARNABAS HEALTH CARE SYSTEM FOR TWO CONSECUTIVE YEARS, THE SAINT BARNABAS SYSTEM HAS HELD A QUALITY FORUM TO SHOWCASE THE ACHIEVEMENTS OF SOME OF THE MOST SUCCESSFUL QUALITY INITIATIVES THAT ARE TRANSFORMING CARE IN OUR HOSPITALS

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	AS EXAMPLE OF COLLABORATION BETWEEN HOSPITALS, THE CHILDREN'S HOSPITAL AT MONMOUTH MEDICAL CENTER AND CHILDREN'S HOSPITAL OF NEW JERSEY HAVE BEEN FOCUSED ON ELIMINATING THE INCIDENCE OF INFECTION THROUGH STAFF EDUCATION AND EVIDENCE-BASED PRACTICES THE CHILDREN'S HOSPITAL INITIATIVE RESULTED IN SUCCESSFULLY IMPLEMENTING THE CLEAN TOUCH ZONE, A SYSTEMATIC PROGRAM TO ELIMINATE INFECTIONS IN THE NICU NEWARK BETH ISRAEL'S CHILDREN'S HOSPITAL OF NEW JERSEY WAS SELECTED BY THE NATIONAL ASSOCIATION OF CHLIDREN'S HOSPITALS AND RELATED INSTITUTIONS TO PARTICIPATED IN A THREE-YEAR PEDIATRIC INTENSIVE CARE UNIT COLLABORATIVE DESIGNED TO ELIMINATE THE INCIDENCE OF CATHETER-ASSOCIATED BLOODSTREAM INFECTIONS THROUGH STAFF EDUCATION AND EVIDENCE-BASED PRACTICES FOR THEINSERTION AND MAINTENANCE OF CENTRAL LINES IT HAS HAD A POSITIVE IMPACT ON THE CULTURE OF SAFETY ON THE UNIT PATIENT SATISFACTION ---------- A DEPARTMENT OF PATIENT SATISFACTION IS ACTIVE IN EACH OF THE SAINT BARNABAS HEALTH CARE SYSTEM HOSPITALS -- A FIRST IN NEW JERSEY AND SAINT BARNABAS HEALTH CARE SYSTEM BELIEVES IN THE ENTIRE COUNTRY THE PATIENT SATISFACTION TEAM ENSURES HANDS-ON RESPONSIVENESS TO PATIENTS AND THEIR FAMILIES, AND PROVIDES A FORUM WHERE PATIENTS, FAMILIES AND COMMUNITY MEMBERS CAN OPENLY COMMUNICATE THEIR IDEAS CONSTANT EVALUATION OF AND ATTENTION TO PATIENTS' OPINIONS THROUGH FORMALIZED SURVEYS HELP SBHCS TO IDENTIFY AREAS OF STRENGTH AND THE AREAS WHERE THERE CAN BE IMPROVEMENT WE ARE COMMITTED TO FULFILLING OUR ETHICAL OBLIGATION TO PROVIDE THE FINEST HEALING ENVIRONMENT FOR OUR PATIENTS AND THEIR FAMILIES, AND A POSITIVE, FULFILLING WORK ENVIRONMENT FOR OUR PHYSICIANS AND EMPLOYEES 2009/2010 AWARDS AND HONORS ---------- ---------- SAINT BARNABAS HEALTH CARE SYSTEM COMMITMENT TO QUALITY AND SERVICE HAS RESULTED IN MANY AWARDS AND RECOGNITIONS FOR THE SYSTEM AND ITS CENTERS THESE INCLUDE, BUT ARE NOT LIMITED, TO SAINT BARNABAS HEALTH CARE SYSTEM ========== - MODERN HEALTHCARE NAMED THE SAINT BARNABAS HEALTH CARE SYSTEM ONE OF THE 100 BEST PLACES TO WORK IN HEALTHCARE IN 2009 IN THE UNITED STATES - THE SAINT BARNABAS HEALTH CARE SYSTEM RECEIVED THE CEO CANCER GOLD STANDARD ACCREDITATION IN 2010 FOR ITS COMMITMENT TO TAKING CONCRETE ACTIONS TO REDUCE THE CANCER RISK OF ITS EMPLOYEES AND THEIR FAMILIES, ONE OF ONLY 50 COMPANIES IN THE NATION CLARA MAASS MEDICAL CENTER ========== HEALTHGRADES AWARDS ---------- 2009 AND 2010 DISTINGUISHED HOSPITAL AWARD FOR CLINICAL EXCELLENCE (BESTOWED ON THE TOP 5% OF HOSPITALS NATIONALLY) NAMED ON THE SAFEST HOSPITAL LIST IN THE US (TOP 5%) THIS LIST HIGHLIGHTS 270 FACILITIES OUT OF 5,000 THAT COLLECTIVELY HAD A 28% LOWER MORTALITY RATE AND AN 8% LOWER COMPLICATION RATE THAN THE NATIONAL AVERAGE 2010 SPECIALTY EXCELLENCE - GASTROINTESTINAL CARE - 2010 FIVE-STAR RATING - BOWEL OBSTRUCTION - DIABETIC ACIDOSIS AND COMA - HEART FAILURE - HIP FRACTURE REPAIR - PNEUMONIA - SEPSIS - VASCULAR BYPASS SURGERY 2009 FIVE-STAR RATING - BOWEL OBSTRUCTION - GI SURGERIES AND PROCEDURES - HEART FAILURE - HIP FRACTURE REPAIR - PNEUMONIA - RESPIRATORY FAILURE - SEPSIS - TOTAL KNEE REPLACEMENT NEW JERSEY DEPARTMENT OF HEALTH-HOSPITAL PERFORMANCE REPORT 2009 - ACHIEVED HIGHEST PERFORMANCE IN THE STATE FOR TREATMENT OF CONGESTIVE HEART FAILURE (CHF), PNEUMONIA AND HEART ATTACK THOMSON REUTERS 2009 HEALTHCARE ADVANTAGE AWARD - CARDIOLOGY - OBSTETRICS - SURGERY 2009 - RECEIVED APPROVAL FROM JOHNS HOPKINS TO BEGIN ENROLLMENT IN THE CPORT-E CLINICAL TRIAL COMPARING THE OUTCOMES OF PATIENTS TREATED WITH NON-PRIMARY PCI AT HOSPITALS WITH AND WITHOUT ON-SITE CARDIAC SURGERY 2009 - SELECTED BY ROBERT WOOD JOHNSON FOUNDATION FOR "TRANSFORMING CARE AT THE BEDSIDE," AN INITIATIVE IMPLEMENTED ON 2NA FOCUSING ON THE PROVISION OF SAFE AND RELIABLE PATIENT CARE, FOSTERING A WORK ENVIRONMENT THAT SUPPORTS VITALITY AND TEAMWORK, DEVELOPING A CARE DELIVERY MODEL THAT IS TRULY PATIENT-CENTRIC AND IMPROVING SYSTEMS AND PROCESSES TO ELIMINATE WASTE AND IMPROVE FLOW DATA ADVANTAGE -- THE HOSPITAL VALUE INDEX IS THE LEADING TOOL TO USE EXISTING PERFORMANCE METRICS TO CREATE A VALUE PROPOSITION FOR HOSPITALS AND THEIR CONSUMERS THE PURPOSE IS TO ESTABLISH NEW BENCHMARKS FOR VALUE, REPORT ON THE CHANGE IN VALUE MARKET BY MARKET AND TO RECOGNIZE THOSE HOSPITALS THAT ARE THE BEST 2009-2010 - BEST IN VALUE QUALITY AFFORDABILITY & EFFICIENCY AND SATISFACTION 2009-2010 - BEST IN VALUE SUPERIOR QUALITY MERIT AWARD 2009-2010 - BEST IN VALUE BEST IN STATE ON BEHALF OF THE NJ SHARING NETWORK, CMMC WAS RECOGNIZED FOR ITS COMMITMENT AND DEDICATION TO ORGAN AND TISSUE DONATION THE FACILITY HAD A 100% ORGAN REFERRAL RATE FOR THE YEAR OF 2009 COMMUNITY MEDICAL CENTER ========== HEALTHGRADES AWARDS ---------- 2009, 2010 DISTINGUISHED HOSPITAL AWARD FOR CLINICAL EXCELLENCE RANKED IN THE TOP 1% IN THE NATION FOR RECEIVING THIS AWARD SIX YEARS IN A ROW 2009, 2010 ORTHOPEDIC CARE EXCELLENCE AWARD RANKED #1 IN NJ FOR OVERALL ORTHOPEDIC SERVICES 2009, 2010 PULMONARY CARE EXCELLENCE AWARD RANKED #1 IN NJ FOR OVERALL PULMONARY SERVICES 2010 GASTROINTESTINAL CARE EXCELLENCE AWARD 2010 GASTROINTESTINAL SURGERY EXCELLENCE AWARD 2010 FIVE-STAR RATING - CARDIAC SERVICES - CORONARY INTERVENTIONAL PROCEDURES 2010 - HEART ATTACK 2009, 2010 - HEART FAILURE 2009, 2010 - CRITICAL CARE - GENERAL SURGERY 2009 FIVE-STAR RATING - MATERNITY CARE - CRITICAL CARE - GENERAL SURGERY CMC RECEIVED APPROVAL FROM JOHNS HOPKINS TO BEGIN ENROLLMENT IN THE CPORT-E CLINICAL TRIAL COMPARING THE OUTCOMES OF PATIENTS TREATED WITH NON-PRIMARY PCI AT HOSPITALS WITH AND WITHOUT ON-SITE CARDIAC SURGERY CURRENTLY, CMC PERFORMS THE MOST PROCEDURES IN THE STATE FOR A HOSPITAL WITHOUT CARDIAC SURGERY BACKUP 2009 - ROBERT WOOD JOHNSON FOUNDATION SELECTED CMC WHICH HAS IMPLEMENTED "TRANSFORMING CARE AT THE BEDSIDE," AN INITIATIVE FOCUSING ON THE PROVISION OF SAFE AND RELIABLE PATIENT CARE, FOSTERING A WORK ENVIRONMENT THAT SUPPORTS VITALITY AND TEAMWORK, DEVELOPING A CARE DELIVERY MODEL THAT IS TRULY PATIENT-CENTRIC AND IMPROVING SYSTEMS AND PROCESSES TO ELIMINATE WASTE AND IMPROVE FLOW THE J PHILLIP CITTA REGIONAL CANCER CENTER AT COMMUNITY MEDICAL CENTER IS THE TOMS RIVER-OCEAN COUNTY CHAMBER OF COMMERCE 2010 ORGANIZATION OF THE YEAR THE TRANSITIONAL CARE UNIT (TCU) WAS AWARDED A FIVE-STAR RATING FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES IN 2009 COMMUNITY MEDICAL CENTER'S WOMEN'S IMAGING CENTER WAS HONORED BY NEW JERSEY CANCER EDUCATION AND EARLY DETECTION PROGRAM FOR ITS DEDICATION TO PROVIDING CANCER SCREENING SERVICES TO DISADVANTAGED RESIDENTS OF OCEAN COUNTY CMC ACHIEVED NATIONAL DESIGNATION FROM THE JOINT COMMISSION AS A PRIMARY STROKE CENTER - ONE OF 20 HOSPITALS IN NEW JERSEY TO EARN THE CERTIFICATE OF DISTINCTION 2009 KIMBALL MEDICAL CENTER ========== KIMBALL MEDICAL CENTER WAS VOTED "BEST HOSPITAL" IN OCEAN COUNTY BY AN ASBURY PARK PRESS READERS' CHOICE POLL BALLOTS WERE PUBLISHED IN THE PAPER AND WERE ALSO AVAILABLE ONLINE THROUGH THE APP WEBSITE THREE TEAMS OF EMPLOYEES FROM KIMBALL MEDICAL CENTER WERE SELECTED TO PRESENT THEIR CLINICAL RESEARCH AT THE 21ST ANNUAL NATIONAL FORUM ON QUALITY IMPROVEMENT IN HEALTHCARE HOSTED BY THE INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI) IN ORLANDO, FLORIDA KIMBALL MEDICAL CENTER'S TEAMS PRESENTED ON DIVERSE TOPICS INCLUDING RESTRAINT REDUCTION PERFORMANCE IMPROVEMENT, PREVENTING HOSPITAL ACQUIRED PRESSURE ULCERS THROUGH IMPROVED IDENTIFICATION OF PRESENT ON ADMISSION AND THE HIGH RISK FOR BREAKDOWN ON ADMISSION, AND IMPACT OF A PHARMACY DRIVEN ANTICOAGULATION MANAGEMENT PROGRAM IN A COMMUNITY HOSPITAL DECREASING THE RISK FOR WARFARIN ADVERSE DRUG EVENTS WILLIAM C DALSEY, MD, FACEP, CHAIRMAN OF THE DEPARTMENT OFEMERGENCY MEDICINE AT KIMBALL MEDICAL CENTER, WAS NAMED AS A FINALIST AS "EMERGENCY DEPARTMENT DIRECTOR OF THE YEAR" AWARD FROM THE EMERGENCY MEDICINE FOUNDATION AND BLUE JAY CONSULTING DR DALSEY WAS SELECTED AS ONE OF THREE FINALISTS FOR HIS COLLABORATIVE APPROACH TO PATIENT CARE WHICH EARNED KIMBALL MEDICAL CENTER TOP HONORS FOR THE LAST FIVE YEARS IN PATIENT SATISFACTION SCORES BY PRESS GANEY MONMOUTH MEDICAL CENTER ========== HEALTHGRADES AWARDS 2010 FIVE STAR RATINGS - APPENDECTOMY - CHRONIC OBSTRUCTIVE PULMONARY DISEASES (COPD) - GASTROINTESTINAL BLEED - HEART ATTACK - HEART FAILURE - MATERNITY CARE - PNEUMONIA - STROKE THE INSTITUTE FOR HEALTHCARE IMPROVEMENT INVITED MONMOUTH MEDICAL CENTER TO DISPLAY 'INITIATIVE FOR CARE OF HEART FAILURE PATIENTS' AT THE 21ST ANNUAL NATIONAL FORUM ON QUALITY IMPROVEMENT IN HEALTHCARE, ATTENDED BY 5,500 HEALTHCARE PROFESSIONALS WORLD-WIDE AS A RESULT OF THE PRESENTATION, MONMOUTH MEDICAL CENTER WAS SELECTED BY IHI TO SERVE AS "MENTOR" HOSPITAL FOR HEART FAILURE PROGRAMS

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	MONMOUTH WAS CHOSEN BY NJHA TO PILOT A PROJECT ON EMERGENCY ROOM TRANSITION OF NON-EMERGENT PATIENTS TO APPROPRIATE PRIMARY CARE SETTINGS IN COLLABORATION WITH LONG BRANCH'S FEDERALLY QUALIFIED HEALTH CENTER, WHICH COMMENCED IN JANUARY 2009 INSTITUTE FOR ADVANCED RADIATION ONCOLOGY SELECTED BY TOMOTHERAPY AS GLOBAL MD TRAINING SITE IN OCTOBER, 2009 AND PROVIDED FIRST NATIONAL TRAINING IN NOVEMBER, 2009 MARGARET FISHER, M D , CHAIR OF PEDIATRICS AND MEDICAL DIRECTOR OF THE CHILDREN'S HOSPITAL AT MONMOUTH MEDICAL CENTER, RECEIVED AN "AWARD OF EXCELLENCE" FROM THE NJ DEPARTMENT OF HEALTH AND SENIOR SERVICES AND THE NJ CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS FOR HER WORK IN IMMUNIZATION NOMINATION SUBMISSION OF TRUSTEE JUDY ZOCCHI AND TEXT FOR 10 WAS SELECTED TO RECEIVE THE AMERICAN HOSPITAL ASSOCIATION'S 2010 HAVE AWARD (HOSPITAL AWARDS FOR VOLUNTEER EXCELLENCE) TO BE PRESENTED AT THE AHA'S ANNUAL MEMBERSHIP MEETING IN WASHINGTON DC IN APRIL JACQUELINE M WILENTZ COMPREHENSIVE BREAST CENTER WAS AWARDED KOMEN REACH OUT FOR LIFE RENEWAL - $130,000 IN NOVEMBER, 2009, RECEIVED KOMEN FOR CURE AWARD - $65,000 IN APRIL, 2009 MONMOUTH MEDICAL CENTER WAS RECOGNIZED IN DREXEL UNIVERSITY COLLEGE OF MEDICINE'S SCHOOL-WIDE AWARDS, INCLUDING - GOLDEN APPLE FOR EXCELLENCE IN TEACHING, CLASS OF 2009 (RESIDENT) - GOLDEN APPLE FOR EXCELLENCE IN TEACHING, CLASS OF 2009 (FACULTY) - GOLDEN APPLE FOR EXCELLENCE IN TEACHING, CLASS OF 2010 (RESIDENT) - GOLDEN APPLE FOR EXCELLENCE IN TEACHING, CLASS OF 2010 (FACULTY) - GOLDEN APPLE FOR OUTSTANDING SERVICES TO THE STUDENT BODY (NON-PHYSICIAN) - MMC PHYSICIANS RECEIVED THE CLASS OF 2010 TO RECEIVE THE ARNOLD P GOLD FOUNDATION'S AWARD FOR HUMANISM AND EXCELLENCE IN TEACHING AWARD NEWARK BETH ISRAEL MEDICAL CENTER ========== HEALTHGRADES AWARDS 2009 SPECIALTY EXCELLENCE AWARD - CORONARY INTERVENTION - MATERNITY CARE - PROSTATE NAMED AMONG THE TOP 50 HOSPITALS FOR SPECIALTY CARE IN HEART AND HEART SURGERY BY US NEWS AND WORLD REPORT 2009 AMERICAN HEART ASSOCIATION SILVER PERFORMANCE ACHIEVEMENT AWARD 2010 GOLD PERFORMANCE ACHIEVEMENT AWARD FROM THE AMERICAN HEART ASSOCIATION 2009 - 2010 - NBIMC NAMED A BEST IN VALUE HOSPITAL BY THE HOSPITAL VALUE INDEX DATA ADVANTAGE, LLC NBIMC RENAL TRANSPLANT PROGRAM AWARDED FOR "ACHIEVING A 20% OVERALL INCREASE IN VOLUME" AND "HAVING A MINIMUM OF 10 TRANSPLANTS IN BASE AND COMPARISON TIME PERIODS" 2009 - NBIMC RECEIVED THE MEDAL OF HONOR FOR ORGAN DONATION FROM THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR THE HIGHEST DONATION RATES 2009 NJHA COMMUNITY OUTREACH AWARD FOR KIDSFIT NEWARK A COMPREHENSIVE WELLNESS PROGRAM FOR CHILDREN 2009 TOP 10% IN NJ ON CORE MEASURE OUTCOMES 2009 - FIRST IN THE COUNTRY TO ENROLL IN THE ATOLL STUDY TO DETERMINE TREATMENT OPTIONS FOR ACUTE HEART ATTACKS THE SURVIVING SEPSIS CAMPAIGN - A PARTNERSHIP OF THE SOCIETY OF CRITICAL CARE MEDICINE AND THE EUROPEAN SOCIETY OF INTENSIVE CARE MEDICINE - HAS TEAMED UP WITH THE INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI) TO WAGE WAR ON SEPSIS AND ACHIEVE DEEP REDUCTIONS IN MORTALITY DUE TO SEVER SEPSIS AND SEPTIC SHOCK NEWARK BETH WAS ASKED TO PRESENT ITS SUCCESS OF IMPLEMENTING THE SEVERE SEPSIS BUNDLE AT THE IHI ANNUAL CONFERENCE RENAL AND PANCREAS TRANSPLANT DIRECTOR WAS AWARDED THE NJ SHARING NETWORK'S KOUNTZ HERITAGE AWARD FOR EXCELLENCE FOR CONTRIBUTIONS TO THE FIELD OF TRANSPLANTATION IN MINORITY POPULATION ROBERT G LAHITA, MD, PHD, FACP, FACR, FRCP, VICE PRESIDENT AND CHAIRMAN OF MEDICINE, RECEIVED THE ASTURIA AWARD FROM SPAIN FOR HIS WORK WITH LUPUS PATIENTS AND LUPUS RESEARCH SAINT BARNABAS AMBULATORY CARE CENTER ========== THE OSTEOPOROSIS CENTER NURSE NAVIGATOR WAS NAMED A BONE HEALTH ADVOCATE BY THE NATIONAL OSTEOPOROSIS FOUNDATION AND NAMED AN EXPERT FOR OSTEOPOROSIS HEALTH ON WEBMD SUSAN G KOMEN GRANT FOR SCREENING MAMMOGRAMS FOR UNDERSERVED WOMEN - BREAST CENTER SUSAN G KOMEN GRANT FOR LYMPHEDEMA COMPRESSION GARMENTS -LYMPHEDEMA CENTER THE SIEGLER CENTER FOR INTEGRATIVE MEDICINE AND DR ADAM PERLMAN RECEIVED PATIENTS' CHOICE AWARD FOR 2009 SAINT BARNABAS HOSPICE AND PALLIATIVE CARE CENTERS VAN DYKE HOSPICE AND PALLIATIVE CARE CENTER ========== 100% OF FAMILIES SURVEYED BY THE NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION'S FAMILY EVALUATION OF HOSPICE CARE SURVEY WOULD RECOMMEND THE SAINT BARNABAS HOSPICE AND PALLIATIVE CARE CENTER AND VAN DYKE HOSPICE AND PALLIATIVE CARE CENTER TO OTHERS A DIRECTOR OF HOSPICE SERVICES AT THE SAINT BARNABAS HOSPICE AND PALLIATIVE CARE CENTER INPATIENT UNIT AT NEWARK BETH ISRAEL MEDICAL CENTER WAS NAMED A FINALIST IN THE NEW YORK/NEW JERSEY EDITION OF NURSING SPECTRUM MAGAZINE'S NURSE EXCELLENCE PROGRAM NEW JERSEY HOSPICE AND PALLIATIVE CARE ORGANIZATION HAD THREE 2009 SPIRIT OF HOSPICE AWARD WINNERS A DIRECTOR OF EDUCATION AT SAINT BARNABAS HOSPICE AND PALLIATIVE CARE CENTER, RECEIVED AN HONORABLE MENTION IS THE 2009 NEW YORK TIMES TRIBUTE TO NURSING CONTEST SAINT BARNABAS HOME HEALTH CARE SERVICES ========== AN ADMINISTRATIVE DIRECTOR OF JERSEYCARE HOME HEALTH, WAS APPOINTED TO THE BOARD OF DIRECTORS OF THE HOME CARE ASSOCIATION OF NEW JERSEY A CERTIFIED HOME HEALTH AIDE AT COMMUNITY MEDICAL CENTER HOME HEALTH'S 2009 CERTIFIED HOME HEALTH AIDE OF THE YEAR, WAS RECOGNIZED BY THE HOME CARE ASSOCIATION OF NEW JERSEY FOR OUTSTANDING PERFORMANCE IN DAILY PATIENT CARE SAINT BARNABAS MEDICAL CENTER ========== HEALTHGRADES AWARDS CARDIAC ------- - RANKED NUMBER ONE IN NEW JERSEY FOR CARDIAC SURGERY - 2009, 2010 RECIPIENT OF THE HEALTHGRADES CARDIAC SURGERY EXCELLENCE AWARD ---------- - RANKED AMONG THE TOP 5% IN THE NATION FOR CARDIAC SURGERY 2009, 2010 - RANKED AMONG THE TOP 10 IN NJ FOR OVERALL CARDIAC SERVICES - RANKED AMONG THE TOP 10 IN NJ FOR CARDIAC SURGERY - FIVE-STAR RATED FOR CARDIAC SURGERY 2009, 2010 - FIVE-STAR RATED FOR CORONARY BYPASS SURGERY 2009, 2010 - FIVE-STAR RATED FOR VALVE REPLACEMENT SURGERY 2009, 2010 - RECEIVED THE HIGHEST POSSIBLE STAR RATINGS FOR CORONARY BYPASS SURGERY 2009, 2010 STROKE - FIVE-STAR RATED FOR TREATMENT OF STROKE 2009, 2010 PULMONARY - FIVE-STAR RATED FOR TREATMENT OF PNEUMONIA 2009, 2010 MATERNITY CARE - RECIPIENT OF THE MATERNITY CARE EXCELLENCE AWARD 2009, 2010 - FIVE-STAR RATED FOR MATERNITY CARE 2009, 2010 - RANKED AMONG THE TOP 10% IN THE NATION FOR MATERNITY CARE 2009, 2010 WOMEN'S HEALTH - RECIPIENT OF THE WOMEN'S HEALTH EXCELLENCE AWARD 2010 - FIVE-STAR RATED FOR WOMEN'S HEALTH 2010 - RANKED AMONG THE TOP 5% IN THE NATION FOR WOMEN'S HEALTH 2010 ONLY HOSPITAL IN NEW JERSEY RANKED AS A TOP 50 HOSPITAL FOR NEUROLOGY AND NEUROSURGERY BY US NEWS AND WORLD REPORT IN 2009 RANKED IN THE TOP 100 IN THE NATION FOR FIVE SPECIALTIES AS DETERMINED BY US NEWS AND WORLD REPORT IN 2009 2009 US TOP PERFORMER ACADEMIC HOSPITAL FROM MCKESSON OR BENCHMARKING COLLABORATIVE FOR SUPERIOR OPERATING ROOM PRACTICES CENTER OF EXCELLENCE KIDNEY TRANSPLANT PROGRAM CIGNA LIFE SOURCE BC/BS - BLUE DISTINCTION CENTER FOR CARDIAC CARE INSIDE NEW JERSEY TOP HOSPITAL IN NEW JERSEY FOR HIGH RISK PREGNANCY THE STROKE CENTER AT SAINT BARNABAS RECEIVED THE JOINT COMMISSION DISEASE-SPECIFIC CERTIFICATION - THE GOLD SEAL OF APPROVAL ALSO RECEIVED COMPREHENSIVE STROKE CENTER DESIGNATION FROM THE NJ DEPARTMENT OF HEALTH AND SENIOR SERVICES SAINT BARNABAS HEALTH CARE SYSTEM MEDICAL CENTERS ========== THE SAINT BARNABAS HEALTH CARE SYSTEM PROVIDES SUBSTANTIAL COMMUNITY BENEFIT ITS SYSTEM INCLUDES THE FOLLOWING MEDICAL CENTERS LOCATED THROUGHOUT THE STATE OF NEW JERSEY 1 CLARA MAASS MEDICAL CENTER 2 COMMUNITY MEDICAL CENTER 3 KIMBALL MEDICAL CENTER 4 MONMOUTH MEDICAL CENTER 5 NEWARK BETH ISRAEL MEDICAL CENTER 6 SAINT BARNABAS MEDICAL CENTER 7 SAINT BARNABAS BEHAVIORAL HEALTH CENTER EACH HOSPITAL OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL'S REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4 CONTROL OF EACH HOSPITAL RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF SAINT BARNABAS CORPORATION BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY 5 SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	THE OPERATIONS OF EACH HOSPITAL, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF EACH HOSPITAL IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY SELECT CENTERS OF EXCELLENCE ---------- CENTERS OF EXCELLENCE AT THE SAINT BARNABAS HEALTH CARE SYSTEM ACUTE CARE MEDICAL CENTERS INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING WOMEN'S HEALTH CENTER (CLARA MAASS MEDICAL CENTER) THE WOMEN'S HEALTH CENTER AT CLARA MAASS, HOUSED WITHIN THE HEALTH AND WELLNESS CENTER, PROVIDES SPECIALIZED SERVICES GEARED TOWARDS WOMEN'S WELLNESS AND ILLNESSES SOME OF THE SERVICES INCLUDE A DEDICATED BREAST SERVICE, OSTEOPOROSIS SERVICE, PERINATAL PROGRAM, GYNECOLOGY, GENETIC COUNSELING, DIAGNOSTIC IMAGING AND INCONTINENCE SERVICE ADVANCED PRACTICE NURSES, REGISTERED NURSES, PHYSICAL THERAPISTS, A CLINICAL DIETICIAN, SOCIAL WORKER AND HOME-CARE PERSONNEL WORK WITH PHYSICIANS TO PLAN, EVALUATE, AND ADDRESS THE INDIVIDUAL NEEDS OF WOMEN USING THE CENTER THE ORTHOPEDIC SPINE & JOINT INSTITUTE (CLARA MAASS MEDICAL CENTER) USING A NATIONALLY RECOGNIZED PATIENT MANAGEMENT PROGRAM, THE INSTITUTE PROVIDES GUIDELINES FOR ORTHOPEDIC PATIENTS TO FOLLOW BOTH PRE-OPERATIVELY AND POST-OPERATIVELY ORTHOPEDISTS INVOLVED WITH THE PROGRAM FOLLOW ESTABLISHED PROTOCOLS THAT ARE PROVEN TO LEAD TO IMPROVED CLINICAL OUTCOMES EDUCATION IS AN ESSENTIAL COMPONENT OF THE PROGRAM, WHICH IS DESIGNED TO LESSEN ANXIETY BEFORE SURGERY AND ENABLE EASIER REHABILITATION FOLLOWING SURGERY THE ORTHOPEDIC SPINE & JOINT INSTITUTE AT CLARA MAASS IS HOUSED ON A DEDICATED NURSING UNIT WITHIN CLARA MAASS A REHABILITATION GYM LOCATED ON THE UNIT BEGINS PATIENTS ON THE ROAD TO RECOVERY QUICKLY FOLLOWING SURGERY PATIENTS WEAR THEIR OWN CLOTHING INSTEAD OF HOSPITAL GOWNS AND AMENITIES SUCH AS THE SERVICES OF A HAIRDRESSER ARE A STANDARD PART OF THE PROGRAM J PHILLIP CITTA REGIONAL CANCER CENTER (COMMUNITY MEDICAL CENTER) THIS CENTER OFFERS A DEDICATED INPATIENT ONCOLOGY UNIT, RADIATION ONCOLOGY CENTER, INFUSION CENTER AND A FULL RANGE OF SUPPORT GROUPS AND SERVICES FOR PATIENTS AND THEIR FAMILIES CMC'S DEDICATED STAFF OF PHYSICIANS, NURSES AND ALLIED HEALTH PROFESSIONALS ADDRESS THE NEEDS OF PATIENTS AND FAMILIES FACING A CANCER DIAGNOSIS AND TREATMENT THE CANCER PROGRAM IS AFFILIATED WITH THE RENOWNED FOX CHASE CANCER CENTER IN PHILADELPHIA AND IS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS FIRST MOMENTS MATERNITY SERVICES (COMMUNITY MEDICAL CENTER) THE MATERNITY PROGRAM SPECIALIZES IN A TOTAL CONCEPT OF CARE FOR MOTHERS AND THEIR BABIES, WHERE ADVANCED TECHNOLOGY AND TRAINING ARE ENHANCED BY THE HUMAN TOUCH OF DEDICATED HEALTH CARE PROFESSIONALS THE UNIT IS STAFFED BY HIGHLY SKILLED PHYSICIANS, MIDWIVES AND NURSES, WHO ARE THE RECIPIENTS OF THE MAGNET AWARD FOR NURSING EXCELLENCE IN ADDITION, ALL OF CMC'S NURSES ARE CERTIFIED IN NEONATAL RESUSCITATION AND LACTATION RESOURCE TRAINED THE PROGRAM OFFERS 24/7 ONSITE NEONATAL COVERAGE THE MODERN STATE-OF-THE-ART UNIT OFFERS MOMS-TO-BE THE MOST ADVANCED MATERNAL AND CHILD HEALTH TECHNOLOGY IN A COMFORTABLE AND SAFE ENVIRONMENT THE LABOR-DELIVERY RECOVERY AND POSTPARTUM ROOMS COMBINE THE LATEST TECHNOLOGY WITH A SOOTHING HOME-LIKE DECOR THE UNIT ALSO INCLUDES A SPECIAL CARE NURSERY STAFFED BY A NEONATOLOGIST AND CERTIFIED NEONATAL NURSES TO CARE FOR BABIES WITH SPECIAL NEEDS, AND A FULLY-EQUIPPED OPERATING SUITE FOR CESAREAN BIRTHS OR HIGH-RISK VAGINAL DELIVERIES THE EMERGENCY DEPARTMENT (KIMBALL MEDICAL CENTER) THE EMERGENCY DEPARTMENT TREATS MORE THAN 50,000 PATIENTS ANNUALLY, UTILIZING THE MOST MODERN TECHNOLOGY COUPLED WITH A TOTAL FOCUS ON PATIENT AND FAMILY SATISFACTION THE EMERGENCY DEPARTMENT HAS REVOLUTIONIZED HOW PATIENTS ARE TREATED IN MODERN HEALTHCARE SETTINGS BY EXPEDITING THE PROCESS WHICH PATIENTS MUST UNDERGO PRIOR TO RECEIVING MEDICAL TREATMENT THE FACILITY HAS A TOTAL OF THIRTY-ONE TREATMENT ROOMS AND SEVEN URGENT CARE BEDS THE STAFF IS FOCUSED ON RESPECTING THE INDIVIDUAL NEEDS OF ALL ADULT AND PEDIATRIC PATIENTS EVERY ASPECT OF THE EMERGENCY DEPARTMENT HAS BEEN DESIGNED TO PROVIDE THE ULTIMATE IN EFFICIENCY AND COMFORT FOR PATIENTS AND THEIR FAMILIES, WHILE OFFERING THE HIGHEST QUALITY MEDICAL CARE THIS HAS LED TO NUMEROUS RECOGNITIONS AND AWARDS FOR PATIENT SATISFACTION AND QUALITY MEDICAL CARE THE CENTER FOR HEALTHY LIVING (KIMBALL MEDICAL CENTER) THE CENTER FOR HEALTHY LIVING OFFERS AN ARRAY OF PROGRAMS DESIGNED TO KEEP THE COMMUNITY HEALTHY THROUGH EDUCATION AND SCREENINGS AMONG ITS AWARD-WINNING PROGRAMS ARE THE CAREGIVERS EDUCATION AND SUPPORT WHICH MATCHES CAREGIVERS OF ANY INDIVIDUAL 60 YEARS AND OLDER WITH A LICENSED CLINICAL SOCIAL WORKER TO PROVIDE ONE-ON-ONE COUNSELING AND SUPPORT GROUPS THE CENTER ALSO OFFERS DIABETES EDUCATION AND SUPPORT WHICH IS DESIGNED FOR NEWLY DIAGNOSED DIABETES AND PROVIDES EDUCATION THROUGH A SERIES OF FOUR CLASSES THE CENTER IS ALSO HOME TO THE ARTHRITIS EDUCATION CENTER WHERE PEOPLE SUFFERING FROM ANY OF THE DEBILITATING FORMS OF ARTHRITIS CAN SEEK EDUCATION ABOUT DIAGNOSIS, TREATMENTS, NEW MEDICATIONS AND PHYSICAL THERAPY AND ALSO PARTICIPATE IN SPECIALLY DESIGNED CLASSES SUCH AS T'AI CHI, YOGA AND THE ARTHRITIS FOUNDATIONS EXERCISE PROGRAM PARTICIPANTS IN ALL OF THE PROGRAMS AT THE CENTER FOR HEALTHY LIVING EXPERIENCE ENHANCED PHYSICAL, EMOTIONAL AND SPIRITUAL HEALING THROUGH INDIVIDUAL AND GROUP PROGRAMS IN AN ENVIRONMENT WHERE THEY CAN JOIN WITH OTHERS TO LEARN AND SHARE EXPERIENCES, STRENGTH AND HOPE THE JACQUELINE M WILENTZ COMPREHENSIVE BREAST CENTER (MONMOUTH MEDICAL CENTER) COMMITTED TO MEETING THE BREAST HEALTH CARE NEEDS OF ALL WOMEN, THE BREAST CENTER IS THE REGION'S ONLY FACILITY TO OFFER A MULTIDISCIPLINARY TEAM DEDICATED TO THE BREAST HEALTH NEEDS OF ALL WOMEN MMC PROVIDES A COMFORTABLE AND SUPPORTIVE SETTING IN WHICH ALL OUTPATIENT BREAST HEALTH CARE SERVICES ARE FOUND IN ONE CONVENIENT LOCATION MMC TAKES A COORDINATED APPROACH TO BREAST CARE -- BOTH WELL CARE AND CANCER CARE MMC IS DESIGNED FOR WOMEN WHO SEEK ANNUAL BREAST EVALUATION AND FOR THOSE WOMEN DIAGNOSED WITH BREAST CANCER OR BENIGN BREAST DISEASE MMC'S STATE-OF-THE-ART FACILITY OFFERS THE LATEST IN MEDICAL EQUIPMENT, TECHNOLOGY AND SERVICES, INCLUDING ANNUAL PHYSICAL BREAST EXAMINATIONS, MAMMOGRAPHY AND DIAGNOSTIC SERVICE, HEADED BY A DEDICATED BREAST RADIOLOGIST WHO OVERSEES A STAFF OF HIGHLY TRAINED TECHNOLOGISTS CONSULTATIONS AND SECOND OPINIONS (SURGERY, MEDICAL ONCOLOGY, PATHOLOGY, MAMMOGRAPHY, PLASTIC SURGERY AND RADIATION THERAPY), BREAST CANCER HIGH RISK PROGRAM, STEREOTACTIC BIOPSY SYSTEM, CLINICAL RESEARCH AND A BREAST INFORMATION CENTER THE CRANMER AMBULATORY SURGERY CENTER (MONMOUTH MEDICAL CENTER) THE CENTER PROVIDES A FULL SPECTRUM OF SAME-DAY SURGICAL SERVICES USING THE MOST MODERN TECHNOLOGY AVAILABLE THE FACILITY INCLUDES FOUR FULL-SERVICE OPERATING ROOMS, THREE MINOR PROCEDURE ROOMS AND A THREE-TIERED GRADUATED RECOVERY AREA, RESPECTING THE INDIVIDUAL NEEDS OF ADULT AND PEDIATRIC PATIENTS THE ONE-STORY, 19,000-SQUARE-FOOT BUILDING IS EQUIPPED TO PERFORM ALL TYPES OF SAME-DAY SURGICAL PROCEDURES, INCLUDING ARTHROSCOPIC, LAPAROSCOPIC AND LASER TECHNIQUES EVERY ASPECT OF THE CENTER HAS BEEN DESIGNED TO PROVIDE THE ULTIMATE IN EFFICIENCY AND COMFORT FOR PATIENTS AND THEIR FAMILIES, WHILE OFFERING THE HIGHEST QUALITY MEDICAL CARE THE VALERIE FUND CHILDREN'S CENTER FOR CANCER AND BLOOD DISORDERS (MONMOUTH MEDICAL CENTER, NEWARK BETH ISRAEL MEDICAL CENTER, AND SAINT BARNABAS MEDICAL CENTER) THE CENTER PROVIDES COMPREHENSIVE MEDICAL SERVICES FOR CHILDREN WITH CANCER AND BLOOD DISORDERS SUCH AS SICKLE CELL ANEMIA, THALASSEMIA AND THROMBOCYTOPENIA CHILDREN AND YOUNG ADULTS (BIRTH TO 21 YEARS OF AGE) WITH LEUKEMIA AND OTHER CANCERS ARE TREATED ACCORDING TO THE MOST ADVANCED THERAPEUTIC PROTOCOLS THE CENTER IS A MEMBER OF THE CHILDREN'S CANCER GROUP, AN INTERNATIONAL CANCER RESEARCH GROUP SPONSORED BY THE NATIONAL CANCER INSTITUTE IT HAS ALSO BEEN DESIGNATED AS A "COMPREHENSIVE TREATMENT CENTER FOR SICKLE CELL ANEMIA" BY THE STATE OF NEW JERSEY MEDICAL AND EMOTIONAL SUPPORT FOR PATIENTS AND THEIR FAMILIES IS PROVIDED THROUGH AN INTERDISCIPLINARY TEAM MMC IS ONE OF FIVE HOSPITALS IN NEW JERSEY (ALONG WITH NEWARK BETH ISRAEL MEDICAL CENTER AND SAINT BARNABAS MEDICAL CENTER) THAT ARE PART OF THE VALERIE FUND, ONE OF THE LARGEST AND MOST ADVANCED PEDIATRIC ONCOLOGY/HEMATOLOGY NETWORKS IN THE COUNTRY

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	CHILDREN'S HOSPITAL OF NEW JERSEY (NEWARK BETH ISRAEL MEDICAL CENTER) CHILDREN'S HOSPITAL OF NEW JERSEY PROVIDES COMPREHENSIVE HEALTH CARE PROGRAMS AND SERVICES TO CHILDREN OF ALL AGES THE HOSPITAL WITHIN A HOSPITAL COMBINES THE MOST ADVANCED FACILITIES AND TECHNOLOGY DEDICATED EXCLUSIVELY TO PEDIATRIC PATIENTS WITH THE PHILOSOPHY OF FAMILY CENTERED CARE OF NBIMC'S 671 LICENSED BEDS, 177 BEDS ARE LICENSED FOR THE CHILDREN'S HOSPITAL, INCLUDING PEDIATRIC AND NEONATAL INTENSIVE AND INTERMEDIATE SERVICES FAMILIES EXPERIENCE A WARM COMFORTING ENVIRONMENT IN WHICH PHYSICIANS, NURSES AND CLINICAL STAFF UNDERSTAND THE UNIQUE NEEDS OF CHILDREN AND THE VITAL ROLE OF PARENTS IN THE HEALING PROCESS SERVICES INCLUDE CHILDREN'S HEART CENTER, NEONATAL INTENSIVE CARE, PEDS EMERGENCY SERVICES, PULMONARY SERVICES, VALERIE FUND CANCER CENTER, HEMOPHILIA TREATMENT CENTER, CONSCIOUS SEDATION, ROBOTIC SURGERY AND THE FAMILY HEALTH CENTER HEART TRANSPLANT PROGRAM AND HEART FAILURE TREATMENT (NEWARK BETH ISRAEL MEDICAL CENTER) THE TEAM PERFORMED 35 HEART TRANSPLANTS IN 2009 PLACING NBIMC AMONG THE TOP VOLUMES OF TRANSPLANT PROGRAMS IN THE COUNTRY THE PROGRAM PROVIDES THE MOST ADVANCED TREATMENT OPTIONS AVAILABLE ANYWHERE IN NEW JERSEY FOR PEOPLE WITH CONGESTIVE HEART FAILURE OR END STAGE CARDIAC DISEASE INCLUDING THE ULTIMATE TREATMENT, ORGAN TRANSPLANTATION NBIMC'S SHORT AND LONG TERM SURVIVAL RATES HAVE CONTINUALLY SURPASSED BOTH REGIONAL AND NATIONAL AVERAGES FURTHERMORE THE PATIENTS SPEND LESS TIME WAITING FOR A HEART TRANSPLANT THAN MOST CANDIDATES ACROSS THE COUNTRY THE EXPERIENCED MULTIDISCIPLINARY TEAM HAS WORKED CLOSELY TOGETHER UNDER THE SAME LEADERSHIP FOR MORE THAN 20 YEARS CARDIOTHORACIC SURGERY (NEWARK BETH ISRAEL MEDICAL CENTER) THE PREMIER CARDIAC SERVICES PROVIDE IMMEDIATE ACCESS TO HIGHLY SOPHISTICATED HEART SURGERY MEMBERS OF THE SURGICAL TEAM ARE RECOGNIZED AS NATIONAL LEADERS IN THE FIELD OF CARDIOTHORACIC SURGERY AND ARE ADVANCING THE LATEST MINIMALLY INVASIVE TECHNIQUES THAT OFFER PATIENTS FASTER RECOVERY AND FEWER COMPLICATIONS THE CENTERS REPUTATION FOR EXCELLENCE HAS MADE THEM EDUCATIONAL RESOURCES FOR CARDIAC SURGEONS THROUGHOUT THE NORTHEAST SERVICES INCLUDE MINIMALLY INVASIVE CARDIAC SURGERY/ROBOTIC SURGERY, BEATING HEART SURGERY, AND INTEGRATIVE CARDIAC WELLNESS TO ENSURE EVERYONE WITH HEART DISEASE HAS ACCESS TO THE SPECIALIZED SERVICES, NBIMC PROVIDES COMPLIMENTARY TRANSPORTATION TO THOSE WITH SPECIAL NEEDS NEWARK BETH ISRAEL WAS NAMED ONE OF THE TOP 50 HOSPITALS IN THE U S FOR HEART AND HEART SURGERY BY U S NEWS AND WORLD REPORT 2009 THE INSTITUTE OF NEUROLOGY AND NEUROSURGERY AT SAINT BARNABAS (SAINT BARNABAS MEDICAL CENTER) THE INSTITUTE OF NEUROLOGY AND NEUROSURGERY AT SAINT BARNABAS, IS DEDICATED TO DIAGNOSING AND TREATING DISORDERS OF THE BRAIN AND NERVOUS SYSTEM FOR ADULTS AND CHILDREN AN UNPRECEDENTED TEAM OF EXPERTS LEADS THE PROGRAMS OF THE INSTITUTE AND OFFER THE MOST COMPREHENSIVE PROGRAM IN NEW JERSEY DEDICATED TO THE MEDICAL, SURGICAL AND PSYCHOLOGICAL TREATMENT OF NEUROLOGIC DISORDERS SPECIALIZED CARE IS OFFERED FOR INDIVIDUALS WITH EPILEPSY, MEMORY DISORDERS, MOVEMENT DISORDERS, AND OTHER NEUROLOGIC DISORDERS RESULTING FROM AN INJURY OR ACCIDENT COMPREHENSIVE CARE IS ALSO PROVIDED FOR CHILDREN WITH ATTENTION DEFICIT DISORDER-HYPERACTIVITY AND LEARNING DISABILITIES, AS WELL AS FOR ADULTS WITH ATTENTION DEFICIT DISORDERS THE INSTITUTE'S COMPREHENSIVE EPILEPSY CENTERS FOR CHILDREN AND ADULTS USES SOPHISTICATED DIAGNOSTIC TECHNIQUES TO PROVIDE COMPLETE AND ACCURATE DIAGNOSIS CRITICAL TO IMPLEMENTING EFFECTIVE TREATMENT INNOVATIVE SURGICAL AND DRUG THERAPIES ARE OFFERED TO HELP INDIVIDUALS WITH EPILEPSY ACHIEVE THE BEST POSSIBLE SEIZURE CONTROL THE MEMORY DISORDERS PROGRAM PROVIDES COMPREHENSIVE CARE FOR PATIENTS WITH MEMORY PROBLEMS RESULTING FROM NEUROLOGICAL DISORDERS SUCH AS ALZHEIMER'S DISEASE, HEAD TRAUMA AND STROKE PATIENTS BENEFIT FROM PARTICIPATING IN CLINICAL TRIALS THAT OFFER THE MOST ADVANCED DRUG THERAPIES AS WELL AS FROM A TEAM OF HIGHLY SKILLED NEUROSURGEONS WHO OFFER A FULL RANGE OF TRADITIONAL AND PIONEERING SURGICAL PROCEDURES SBMC IS A STATE DESIGNATED COMPREHENSIVE STROKE CENTER WITH JOINT COMMISSION PROGRAM CERTIFICATION THE STROKE CENTER OFFERS THE LATEST TREATMENT FOR STROKE INCLUDING COMPLEX NEURO INTERVENTIONS THE CENTER AS PART OF ITS MISSION PROVIDES STROKE AND PREVENTION EDUCATION TO THE COMMUNITY AND TO OTHER HEALTH CARE PROVIDERS THE INSTITUTE FOR NEUROLOGY AND NEUROSURGERY WAS NAMED ONE OF THE 50 TOP HOSPITALS IN THE UNITED STATES BY U S NEWS AND WORLD REPORT IN 2009 THE CANCER CENTER OF SAINT BARNABAS (SAINT BARNABAS MEDICAL CENTER) THE CENTER OPENED ITS DOORS IN JUNE 1995, INTEGRATING MANY OF SAINT BARNABAS EXISTING CANCER SERVICES INTO A COMPREHENSIVE OUTPATIENT CANCER FACILITY THE CENTER PROVIDES THE HIGHEST QUALITY CANCER CARE, AS WELL AS SUPPORT SERVICES AND EDUCATIONAL PROGRAMS FOR PATIENTS AND THEIR FAMILY MEMBERS AMONG THE SERVICES OFFERED ARE - A STATE-OF-THE-ART OUTPATIENT CHEMOTHERAPY TREATMENT FACILITY, INCLUDING PRIVATE TREATMENT ROOMS, A SATELLITE PHARMACY AND PRIVATE CONSULTATION ROOMS - PSYCHOLOGICAL SUPPORT SERVICES OFFERING INDIVIDUAL COUNSELING, SUPPORT GROUPS, ART THERAPY FOR CHILDREN OF CANCER PATIENTS, WORKSHOPS ON COPING WITH CANCER, FINANCIAL COUNSELING AND NUTRITIONAL GUIDANCE - CLINICAL RESEARCH PROGRAMS, INCLUDING NATIONAL CANCER INSTITUTE AND PHARMACEUTICAL-SPONSORED PROTOCOLS MORE NEWLY DIAGNOSED CANCER PATIENTS ARE TREATED AT SAINT BARNABAS MEDICAL CENTER THAN AT ANY OTHER HOSPITAL IN THE STATE THE SAINT BARNABAS HEALTH CARE SYSTEM RENAL AND PANCREAS TRANSPLANT CENTERS LOCATED AT SAINT BARNABAS MEDICAL CENTER AND NEWARK BETH ISRAEL MEDICAL CENTER, THE SAINT BARNABAS HEALTH CARE SYSTEM RENAL TRANSPLANT CENTERS ARE THE FIFTH BY VOLUME AMONG 240 IN THE UNITED STATES, WITH MORE THAN 290 SURGERIES PERFORMED AT THE CENTERS IN 2009 THE RENAL TRANSPLANT PROGRAM, THE MOST ACTIVE KIDNEY TRANSPLANT CENTER IN NEW JERSEY, IS THE ONLY TRANSPLANT PROGRAM IN THE STATE INVOLVED IN CLINICAL RESEARCH TRIALS FOR PATIENTS IN 1995, THE SAINT BARNABAS HEALTH CARE SYSTEM BEGAN ITS SIMULTANEOUS PANCREAS KIDNEY TRANSPLANT PROGRAM AND IN 1996 OPENED A PEDIATRIC NEPHROLOGY PROGRAM SINCE 1968, THE RENAL TRANSPLANT CENTERS HAVE PERFORMED MEDICAL FIRST KIDNEY TRANSPLANTATION, INCLUDING TRANSPLANT IN THE YOUNGEST KIDNEY TRANSPLANT RECIPIENT IN NEW JERSEY, THE FIRST LAPAROSCOPIC KIDNEY RETRIEVAL IN A LIVING DONOR, THE FIRST KIDNEY TRANSPLANT SURGERY IN THE WORLD THE PEDIATRIC NEPHROLOGY AND TRANSPLANTATION PROGRAM MANAGES CHILDREN AND ADOLESCENTS WITH ACUTE AND CHRONIC DISEASES AT ALL STAGES OF SEVERITY, INCLUDING NEPHRITIC SYNDROME AND HYPERTENSION UP TO AND INCLUDING END STAGE RENAL DISEASE THE PEDIATRIC NEPHROLOGISTS WORK CLOSELY WITH PEDIATRIC UROLOGISTS TO PROVIDE TOTAL CARE FOR PATIENTS WITH UROLOGICAL AND NEPHROLOGICAL PROBLEMS SAINT BARNABAS AMBULATORY CARE CENTER, THE AMBULATORY SURGERY CENTER THE CENTER IS DESIGNED FOR PATIENTS REQUIRING SURGERY OROTHER PROCEDURES THAT CAN BE ACOMMODATED WITHOUT AN OVERNIGHT STAY THE FACILITY HOUSES SEVEN FULL-SERVICE OPERATING ROOMS, THREE GASTROINTESTINAL ENDOSCOPY SUITES AND THREE MINOR PROCEDURE ROOMS TO ACCOMMODATE ADULT AND PEDICATRIC PATIENTS THERE ARE SEPARATE RECOVERY AREAS SPECIALTIES INCLUDE GENERAL, BREAST PROCEDURES, GASTROENTEROLOGY, OPHTHALMOLOGY, ORAL/DENTAL/MAXILLOFACIAL, ORTHOPEDIC, OTOLARYNGOLOGY, PAIN MANAGEMENT, PEDIATRIC SPECIALTIES, PLASTIC/COSMETIC AND MAXILLOFACIAL, POIATRIC, UROLOGY, AND VASCULAR

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	THE BREAST CENTER AT THE AMBULATORY CARE CENTER THE SAINT BARNABAS BREAST CENTER PROVIDES COMPREHENSIVE BREAST CARE WELLNESS SERVICES SO ESSENTIAL FOR GOOD HEALTH SPECIAL ATTENTION HAS BEEN GIVEN TO EVERY DETAIL OF THIS CENTER - FROM THE COORDINATED TEAM APPROACH TO THE DESIGN OF THE FACILITY - TO CREATE A COMFORTABLE, WARM AND CARING ENVIRONMENT OUR CENTER OFFERS SOME OF THE MOST ADVANCED TECHNOLOGY AND DIAGNOSTIC SERVICES AVAILABLE INCLUDING STATE-OF-THE-ART MAMMOGRAPHY, THE LATEST DIAGNOSTIC SERVICES, BREAST HEALTH INFORMATION AND A MULTIDISCIPLINARY TEAM OF SPECIALISTS TO FACILITATE EVALUATION, COORDINATED TREATMENT AND FOLLOW-UP DESIGNED TO REDUCE STRESS, WITH UNIQUE FEATURES RESPONDING TO THE AMENITIES REQUESTED BY WOMEN, THE CENTER PROVIDES A SPECIAL COMFORT TO THOSE COPING WITH BREAST CARE ISSUES THE BREAST CENTER IS ONE OF THE ONLY FACILITIES IN THE REGION OFFERING TRIPLE-ASSURANCE TO PATIENTS HAVING A DIGITAL SCREENING MAMMOGRAM TWO STANDARD VIEWS ARE TAKEN OF EACH BREAST AS PART OF THE STANDARD SCREENING MAMMOGRAPHY PROTOCOL THE MAMMOGRAPHY FILMS ARE PROCESSED BY A COMPUTER AIDED DETECTION (CAD) SYSTEM, WHICH HIGHLIGHTS ANY SUSPICIOUS FEATURES IT FINDS THAT MAY WARRANT ADDITIONAL REVIEW TWO RADIOLOGISTS THEN INDEPENDENTLY REVIEW THE FILMS THE SAINT BARNABAS BREAST AND WOMEN'S IMAGING CENTER AT BEDMINSTER THIS CENTER, LOCATED AT ONE ROBERTSON DRIVE IN BEDMINSTER, OFFERS TRIPLE-ASSURANCE DIGITAL SCREENING MAMMOGRAMS A COMPUTER-AIDED DETECTION SYSTEM AND TWO RADIOLOGISTS INDEPENDENTLY REVIEW THE FILMS FOR THE HIGHEST QUALITY OF CARE WE ALSO PROVIDE X-RAY AND ULTRASOUND FOR BOTH MEN AND WOMEN IN THE FALL OF 2010 WE WILL ADD MRI TO OUR IMAGING SERVICES OUR OSTEOPOROSIS SERVICES INCLUDE ALL OF OUR DEXA SCANS INTERPRETED BY SPECIALLY TRAINED AND CERTIFIED EXPERTS IN BONE DENSITOMETRY AND THE MANAGEMENT OF OSTEOPOROSIS WE PROVIDE COMPREHENSIVE REPORTS INCLUDING ITEMIZED LISTS OF EACH INDIVIDUAL'S RISK FACTORS FOR OSTEOPOROSIS AND FRACTURES OTHER MEDICAL SERVICES ---------- SAINT BARNABAS HEALTH CARE SYSTEM PROVIDES AN EXTENSIVE ARRAY OF ADDITIONAL MEDICAL SERVICES WHICH INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING - AMBULATORY SURGERY CENTER - ANESTHESIOLOGY - BARIATRIC SURGERY - BEHAVIORAL HEALTH NETWORK - BURN CENTER, THE - CANCER PROGRAMS AND SERVICES - CARDIAC SERVICES (THE HEART HOSPITAL OF NEW JERSEY) - CENTER FOR HEALTH AND WELLNESS - COLON WELLNESS CENTER - COMPREHENSIVE REHABILITATION CENTER - CORPORATE CARE - DIALYSIS, RENAL - EMERGENCY DEPARTMENT - EPILEPSY CENTER, ADULT AND PEDIATRIC COMPREHENSIVE - HEMODIALYSIS - HOSPICE SERVICES - IMAGING CENTER - INTERNAL MEDICINE FACULTY PRACTICE, SAINT BARNABAS - INTEGRATIVE MEDICINE CENTER - LOW VISION CENTER - MEDICAL EDUCATION AND CLINICAL RESEARCH - MEDICINE SUBSPECIALTIES - CENTER FOR MENOPAUSE AND REPRODUCTIVE ENDOCRINE SERVICES - MULTIPLE SCLEROSIS COMPREHENSIVE CARE PROGRAM - NEONATAL INTENSIVE CARE UNIT - NEUROLOGY AND NEUROSURGERY, INSTITUTE FOR - NUTRITIONAL COUNSELING SERVICES - OBESITY AND WEIGHT MANAGEMENT CENTER - OBSTETRICS/GYNECOLOGY, DEPARTMENT OF - OSTEOPOROSIS AND METABOLIC BONE DISEASE CENTER - THE PAIN MANAGEMENT INSTITUTE - PATHOLOGY SERVICES - PEDIATRICS - GENERAL AND SUBSPECIALTY - PEDIATRIC INTENSIVE CARE UNIT - PEDIATRIC NEPHROLOGY AND TRANSPLANTATION -THE PEDIATRIC SPECIALTY CENTER (INCLUDES DEVELOPMENTAL, GENETICS, DIABETES, ENDOCRINOLOGY, GASTROENTEROLOGY, GENERAL SURGERY, INFECTIOUS DISEASE AND IMMUNOLOGY, LYME DISEASE AND RHEUMATOLOGY, NEUROLOGY, PULMONOLOGY - PERITONEAL DIALYSIS - PHYSICAL MEDICINE AND REHABILITATION - PHYSICAL AND OCCUPATIONAL THERAPY - PLASTIC AND RECONSTRUCTIVE SURGERY - PRE-ADMISSION TESTING - PULMONARY REHABILITATION, OUTPATIENT - ONCOLOGY RADIATION - RADIOLOGY DEPARTMENT - REFRACTIVE SURGERY CENTER - REGIONAL CRANIOFACIAL CENTER - RENAL TRANSPLANT CENTERS OF SAINT BARNABAS HEALTH CARE SYSTEM, - REHABILITATION CENTER, COMPREHENSIVE - RESPIRATORY CARE, DEPARTMENT OF - ROBOTIC SURGERY AND MINIMALLY INVASIVE SURGERY - SENIOR HEALTH - SLEEP DISORDERS, THE KAZMIR CENTER FOR - SPEECH AND HEARING CENTER - SPORTS MEDICINE INSTITUTE - STROKE, COMPREHENSIVE AND PRIMARY CENTERS - SURGERY DEPARTMENT - TOBACCO TREATMENT PROGRAM - TRANSITIONAL CARE UNITS - TRAVEL CLINIC - THE CENTER FOR UROGYNECOLOGY - VALERIE FUND CHILDREN'S CENTERS - WEIGHT LOSS INSTITUTE - WOMEN'S CARDIAC RISK ASSESSMENT - WOMEN'S/PARENT HEALTH EDUCATION - WOMEN'S CENTER FOR GYNECOLOGICAL SURGERY, CATERINA GREGORI, M D SUPPORT GROUPS ---------- SAINT BARNABAS HEALTH CARE SYSTEM IS DEDICATED TO PROVIDING THE HIGHEST QUALITY OF SERVICES TO MEET ALL THE HEALTH CARE NEEDS OF OUR COMMUNITY IN ADDITION TO THE DIRECT PATIENT CARE PROVIDED BY OUR STAFF, THE SYSTEM MAKES AVAILABLE THE FOLLOWING HEALTH CARE EDUCATION PROGRAMS AND CLASSES, PATIENT SUPPORT GROUPS AND COMMUNITY SERVICES TO PATIENTS AND THEIR FAMILIES SOME OF THESE PROGRAMS ARE - AID/HIV POSITIVE SUPPORT GROUP - BEREAVEMENT SUPPORT GROUP - BREASTFEEDING SUPPORT GROUP - BREAST HEALTH EDUCATION - BURN PEER SUPPORT GROUP - CANCER SUPPORT GROUPS AND PROGRAMS - CARDIAC REHABILITATION SUPPORT GROUP - CHILDREN OF AGING PARENTS SUPPORT GROUP - COPING LOW VISION - CRANIOFACIAL PARENT EDUCATION AND SUPPORT - EPILEPSY PARENT SUPPORT GROUP - IMPOTENCE ANONYMOUS - INFERTILITY SUPPORT GROUP - LYMPHEDEMA EDUCATION AND SUPPORT GROUP - NICU SUPPORT GROUP - OSTEOPOROSIS EDUCATION - PARENTING INSIGHTS - PARKINSON'S DISEASE SUPPORT GROUP - PEDIATRIC OUTREACH EDUCATION - PERINATAL BEREAVEMENT SUPPORT GROUP - REFRACTIVE SURGERY SEMINAR - RENAL TRANSPLANT AND DIALYSIS SUPPORT GROUPS AND PROGRAMS - RESOLVE - THE WELLNESS CONNECTION - WOMEN'S HEALTH/PARENT EDUCATION INSTRUCTIONAL CLASSES AND PROGRAMS ---------- SAINT BARNABAS HEALTH CARE SYSTEM OFFERS A VARIETY OF LIFESTYLE AND INSTRUCTIONAL CLASSES TO IMPROVE AN INDIVIDUAL'S OVERALL WELL BEING THERE IS A FEE ASSOCIATED WITH SOME OF THESE PROGRAMS THESE INCLUDE, BUT ARE NOT LIMITED, TO - AQUACIZE CLASS - CPR CARDIOPULMONARY RESUSCITATION CLASS - FIRST AID PROGRAMS - HIPPOTHERAPY THERAPY FOR CHILDREN ON HORSEBACK - INTEGRATIVE MEDICINE PROGRAMS - KARATE FOR CHILDREN WITH SPECIAL NEEDS - LEARN PROGRAM FOR WEIGHT CONTROL - MOMS IN MOTION PRENATAL AND POSTPARTUM EXERCISE - SPORTS MEDICINE PROGRAMS - STAY FIT - YOGA CLASS CHILDBIRTH PREPARATION AND PARENTING CLASSES ---------- SAINT BARNABAS HEALTH CARE SYSTEM OFFERS AN EXTENSIVE ARRAY OF PRENATAL CHILDBIRTH PREPARATION AND PARENTING CLASSES AND SERVICES IN ADDITION, THE WOMEN'S HEALTH SERVICE DEPARTMENT, UNDER THE DIRECTION OF SUSAN WEINSTEIN, RN, BS, FACCE, OFFER SEMINARS ON WOMEN'S HEALTH ISSUES THE FOLLOWING COURSES AND SERVICES ARE CURRENTLY OFFERED INCLUDE, BUT ARE NOT LIMITED, TO - ADOPTIVE PARENTS BABY CARE CONSULTATIONS - BREASTFEEDING CLASS - BREAST PUMP RENTAL SERVICE - DADDY BEEPER RENTAL SERVICE - GRANDPARENTING - INFANT AND CHILD CPR - LAMAZE REFRESHER SERIES - MARVELOUS MULTIPLES PROGRAM - MOMS IN MOTION PRENATAL AND POSTPARTUM EXERCISE - PARENTING INSIGHTS - PETS AND BABIES SEMINAR - PREPARED CHILDBIRTH SERIES - PREPARED CHILDBIRTH/LAMAZE SERIES - SIBLING CLASS - WOMEN'S HEATH SEMINARS - WOMEN'S RESOURCE LIBRARY

DISCLOSURE INFORMATION CORE FORM, PART VI, SECTION B, QUESTION 11A THE ORGANIZATION IS THE PARENT ENTITY OF THE SAINT BARNABAS HEALTH CARE SYSTEM ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM THE ORGANIZATION'S FEDERAL FORM 990 WAS MADE AVAILABLE TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY (ITS BOARD OF TRUSTEES) PRIOR TO THE FILING OF THE FEDERAL FORM 990 WITH THE IRS IN ADDITION THE SAINT BARNABAS CORPORATION AUDIT COMMITTEE ALSO PERFORMED A DETAILED REVIEW OF THE FEDERAL FORM 990 PRIOR TO MAKING IT AVAILABLE TO ITS BOARD OF TRUSTEES THE SAINT BARNABAS CORPORATION BOARD OF TRUSTEES HAS DELEGATED TO THE AUDIT COMMITTEE THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION AND FILING PROCESS FOR THE TAX-EXEMPT AFFILIATES OF THE SYSTEM AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S IN HOUSE COUNSEL, VICE-PRESIDENT OF FINANCE, DIRECTOR OF INTERNAL AUDIT AND VARIOUS OTHER INDIVIDUALS OF THE SYSTEM TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S INTERNAL WORKING GROUP, INCLUDING, BUT NOT LIMITED TO, THOSE INDIVIDUALS OUTLINED ABOVE FOR THEIR REVIEW THE ORGANIZATION'S INTERNAL WORKING GROUP AND OTHER INDIVIDUALS REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM IN ADDITION, THE SYSTEM'S EXTERNAL OUTSIDE TAX COUNSEL ALSO REVIEWED THE DRAFT FEDERAL FORM 990 REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S INTERNAL WORKING GROUP AND VARIOUS OTHER INDIVIDUALS FOR FINAL REVIEW AND APPROVAL PRIOR TO PRESENTATION OF THE FEDERAL FORM 990 TO THE MEMBERS OF THE SAINT BARNABAS CORPORATION AUDIT COMMITTEE FOLLOWING THE AUDIT COMMITTEE'S REVIEW THE FINAL FEDERAL FORM 990 WAS MADE AVAILABLE TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO THE FILING OF THE TAX RETURN WITH THE IRS DISCLOSURE INFORMATION CORE FORM, PART VI, SECTION B, QUESTION 12 THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY AND REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH THAT POLICY THE POLICY REQUIRES THAT A CONFLICT OF INTEREST DISCLOSURE FORM CONSISTENT WITH BEST GOVERNANCE PRACTICES AND INTERNAL REVENUE SERVICE GUIDELINES BE CIRCULATED TO OFFICERS, TRUSTEES, AND KEY EMPLOYEES ANNUALLY IF A TRUSTEE DISCLOSES AN INTEREST THAT COULD GIVE RISE TO A CONFLICT, THE TRUSTEE'S POTENTIAL CONFLICT IS REFERRED TO THE CORPORATE NOMINATING AND GOVERNANCE COMMITTEE, WHICH EVALUATES THE CONFLICT AND ITS POTENTIAL IMPACT ON THE TRUSTEE'S PARTICIPATION ON THE BOARD OR ON CERTAIN ISSUES THAT MAY COME BEFORE THE BOARD AFTER CONSULTATION WITH COUNSEL, THE COMMITTEE WILL TAKE ACTION, IF APPROPRIATE AND NECESSARY, TO ADDRESS ANY SUCH CONFLICT IN A MANNER CONSISTENT WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 15	THE ORGANIZATION'S BOARD OF TRUSTEES MAINTAINS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, EXECUTIVE VP/GENERAL COUNSEL AND EXECUTIVE VP OPERATIONS THE COMPENSATION COMMITTEE ALSO REVIEWS THE COMPENSATION AND BENEFITS OF OTHER KEY OFFICERS AND KEY EMPLOYEES OF THE SAINT BARNABAS HEALTH CARE SYSTEM, INCLUDING, WITHOUT LIMITATION, THE EXECUTIVE DIRECTORS OF THE SAINT BARNABAS HEALTH CARE SYSTEM'S HOSPITALS AND MEDICAL CENTERS THE COMPENSATION COMMITTEE, WHICH IS REQUIRED BY THE CORPORATION'S BYLAWS TO BE COMPRISED SOLELY OF INDEPENDENT TRUSTEES, SEEKS GUIDANCE AND SUBSTANTIATION FROM A NATIONALLY RECOGNIZED COMPENSATION CONSULTANT THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, EXECUTIVE VP/GENERAL COUNSEL AND EXECUTIVE VP OPERATIONS THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING 1 THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2 THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3 THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILARLY SIZED HEALTHCARE SYSTEMS AND HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING, BUT NOT LIMITED TO, THE PRESIDENT/CHIEF EXECUTIVE OFFICER, EXECUTIVE VP/GENERAL COUNSEL, EXECUTIVE VP OPERATIONS AND THE EXECUTIVE DIRECTORS OF THE SAINT BARNABAS HEALTH CARE SYSTEM HOSPITALS AND MEDICAL CENTERS THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE SAINT BARNABAS HEALTH CARE SYSTEM'S PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS

DISCLOSURE INFORMATION CORE FORM, PART VI, SECTION C, QUESTION 19 THE ORGANIZATION HAS ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT IN CONJUNCTION WITH THE ISSUANCE OF THESE TAX-EXEMPT BONDS, THE ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED WITH THE TAX-EXEMPT BOND PROSPECTUS WHICH WAS MADE AVAILABLE TO THE GENERAL PUBLIC FOR REVIEW THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY SECRETARY OF STATE COMPENSATION INFORMATION DISCLOSURE CORE FORM, PART VII AND SCHEDULE J PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION OR A RELATED ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES AUDITED FINANCIAL STATEMENTS CORE FORM, PART XI, QUESTION 2 THE TAXPAYER IS THE PARENT ENTITY IN A TAX-EXEMPT, INTEGRATED HEALTHCARE DELIVERY SYSTEM A BIG FOUR INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ALL AFFILIATES FOR THE YEARS ENDED DECEMBER 31, 2009 AND DECEMBER 31, 2008, RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM THE TAXPAYER'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE SYSTEM'S CONSOLIDATED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR FINANCIAL STATEMENTS AND REPORTING CORE FORM, PART XI, QUESTION 3 THIS ORGANIZATION IS AN AFFILIATE IN THE SAINT BARNABAS HEALTH CARE SYSTEM ("SYSTEM") THE TAXPAYER'S AUDIT COMMITTEE ENGAGED A BIG FOUR INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A SYSTEM WIDE CONSOLIDATED A-133 AUDIT THIS ORGANIZATION WAS INCLUDED IN THE SYSTEM WIDE A-133 AUDIT INFORMATION ABOUT SUPPORTED ORGANIZATIONS SCHEDULE A, PART I THE ORGNIZATION IS ALSO AN INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3), 509(A)(3) SUPPORTING ORGANIZATION OF THE OTHER SAINT BARNABAS HEALTH CARE SYSTEM TAX-EXEMPT 501(C)(3) ORGANIZATIONS CLASSIFIED AS IRC SECTION 509(A)(1) AND 509(A)(2) PUBLIC CHARITIES PLEASE REFER TO SCHEDULE R AND R-1 TAX-EXEMPT BOND ISSUES SCHEDULE K The tax-exempt bond issuance reflected in Schedule K, Part I IS issued on behalf of the Saint Barnabas Health Care System obligated group WHICH includES this organization Please note that Schedule K, Parts II, III and IV have been completed based upon the total amount of the tax-exempt bond issuance for the obligated group, not by each individual institution or entity The amount of the December 19, 2006 tax-exempt bond issuance attributable to this organization is $36,861,221

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SAINT BARNABAS CORPORATION

Employer identification number
22-2405279

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

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

See Additional Data Table

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
INNOVATIVE PURCHASING CONCEPTS 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ07052 22-3786557	PURCHASING	NJ	SBC						0		
KIM-MED ASSOCIATES 300 SECOND AVENUE LONG BRANCH, NJ07740 22-2775619	REAL ESTATE	NJ	KHCA						0		

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

See Additional Data Table

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e	Yes	
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	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) See Additional Data Table			
(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? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 22-2405279
Name: SAINT BARNABAS CORPORATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(f) Direct Controlling Entity
CENTER STATE HEALTH GROUP INC 2 CRESCENT PLACE OCEANPORT, NJ07757 22-2939956	HEALTH SVCS	NJ	501(C)(3)	509(a)(3)	SBC
CENTER STATE PROPERTIES CORPORATION 99 HIGHWAY 37 WEST TOMS RIVER, NJ08755 52-1571939	TITLE HLDNG	NJ	501(C)(2)	N/A	CSHG
CENTRAL JERSEY BEHAVIORAL HEALTH ASSOC 1691 ROUTE 9 TOMS RIVER, NJ08754 22-3343959	HEALTH SVCS	NJ	501(C)(3)	509(a)(3)	SBBH
CLARA MAASS FOUNDATION ONE CLARA MAASS DRIVE BELLEVILLE, NJ07109 22-2132516	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	SBC
CLARA MAASS HEALTH SYSTEM INC ONE CLARA MAASS DRIVE BELLEVILLE, NJ07109 22-2802778	HEALTH SVCS	NJ	501(C)(3)	509(a)(3)	SBC
CLARA MAASS MEDICAL CENTER ONE CLARA MAASS DRIVE BELLEVILLE, NJ07109 22-1500556	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	SBC
CLARA MAASS PROPERTIES INC ONE CLARA MAASS DRIVE BELLEVILLE, NJ07109 52-1855420	INACTIVE	NJ	501(C)(2)	N/A	SBC
COMMUNITY MEDICAL CENTER 99 HIGHWAY 37 WEST TOMS RIVER, NJ08755 22-3452306	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	SBC
COMMUNITY MEDICAL CENTER FOUNDATION 99 HIGHWAY 37 WEST TOMS RIVER, NJ08755 22-2597592	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	SBC
COUNTRY MANOR AT DOVER 16 WHITESVILLE ROAD TOMS RIVER, NJ08753 22-2462909	INACTIVE	NJ	501(C)(3)	509(A)(2)	CSHG
EMTAC INC 2 CRESCENT PLACE OCEANPORT, NJ07757 22-2549945	INACTIVE	NJ	501(C)(3)	509(a)(2)	SBC
IRVINGTON GENERAL HOSPITAL 832 CHANCELLOR AVENUE IRVINGTON, NJ07111 22-3452411	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	SBC
IRVINGTON HOSPITAL FOUNDATION 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ07052 23-7025428	FUNDRAISING	NJ	501(C)(3)	509(a)(3)	SBC
KENSINGTON MANOR CARE CENTER 16 WHITESVILLE ROAD TOMS RIVER, NJ08753 52-1571883	NURSING LTC	NJ	501(C)(3)	509(a)(2)	CSHG
KIMBALL MEDICAL CENTER 600 RIVER AVENUE LAKEWOOD, NJ08701 22-3452413	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	SBC
KIMBALL MEDICAL CENTER FOUNDATION 600 RIVER AVE ANNEX BLDG E LAKEWOOD, NJ08701 22-2630076	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	SBC
MEDICAL CENTER STAFFING SERVICES INC 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ07080 35-2219655	STAFFING SVCS	NJ	501(C)(3)	509(a)(3)	CSHG
MEGA CARE INC 1020 GALLOPING HILL ROAD UNION, NJ07083 22-2578561	HEALTH SVCS	NJ	501(C)(3)	509(a)(3)	CSHG
MMC AMBULATORY SURGERY CENTER INC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ07052 75-3166377	INACTIVE	NJ	501(C)(3)	N/A	MMC
MONMOUTH MEDICAL CENTER 300 SECOND AVENUE LONG BRANCH, NJ07740 22-3452412	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	SBC
MONMOUTH MEDICAL CENTER - FACULTY PRACT 100 STATE HIGHWAY 36 WEST LONG BRANCH, NJ07764 22-3357053	HEALTH SVCS	NJ	501(C)(3)	509(a)(3)	MMC
MONMOUTH MEDICAL CENTER FOUNDATION 300 SECOND AVENUE LONG BRANCH, NJ07740 22-2456079	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	SBC
MONMOUTH MEDICAL GROUP PC 300 SECOND AVENUE LONG BRANCH, NJ07740 22-3316007	HEALTH SVCS	NJ	501(C)(3)	509(a)(2)	MMC
NBI HEALTH PARTNERS PA 201 LYONS AVENUE NEWARK, NJ07112 27-1694034	INACTIVE	NJ	501(C)(3)	N/A	NBI
NEWARK BETH ISRAEL MEDICAL CENTER 201 LYONS AVENUE NEWARK, NJ07112 22-3452311	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	SBC
SAINT BARNABAS ASSIST LIVING AT LAKEWOOD 77 WILLIAMS STREET LAKEWOOD, NJ08701 22-3451655	NURSING LTC	NJ	501(C)(3)	509(a)(2)	CSHG
SAINT BARNABAS BEHAVIORAL HEALTH CENTER 1691 ROUTE 9 TOMS RIVER, NJ08754 22-2977312	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	CSHG
SAINT BARNABAS BURN FOUNDATION 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ07039 22-2812647	HEALTH SVCS	NJ	501(C)(3)	509(a)(2)	SBHCSRI
SAINT BARNABAS DEVELOPMENT FOUNDATION 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ07052 22-2378422	FUNDRAISING	NJ	501(C)(3)	509(a)(2)	SBHCSRI
SAINT BARNABAS HEALTH CARE SYSTEM FDN 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ07052 22-3769036	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	SBC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(f) Direct Controlling Entity
SAINT BARNABAS HOSPICE AND PALLIATIVE 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ07052 22-2354659	HEALTH SVCS	NJ	501(C)(3)	509(a)(1)	SBC
SAINT BARNABAS MEDICAL CENTER 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ07039 22-1494440	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	SBC
SAINT BARNABAS MEDICAL CNTR RESEARCH FDN 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ07039 22-7146916	RESEARCH	NJ	501(C)(3)	170, BOX 4	SBHCSRI
SAINT BARNABAS OUTPATIENT CENTERS 200 SOUTH ORANGE AVENUE LIVINGSTON, NJ07039 22-2458479	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	SBC
SAINT BARNABAS PALLIATIVE CARE PHYS PA 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ07052 26-2532578	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	HOSPICE
SAINT BARNABAS PHYSICIAN ASSOCIATES PA 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ07039 27-1259104	INACTIVE	NJ	501(C)(3)	N/A	SBMC
SAINT BARNABAS REALTY DEVELOPMENT CORP 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ07039 22-2940008	TITLE HLDNG	NJ	501(C)(3)	509(a)(3)	SBHCSRI
SBHCS RESEARCH INSTITUTE INC 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ07039 22-2458481	HEALTH SVCS	NJ	501(C)(3)	509(a)(3)	SBC
THE NEWARK BETH ISRAEL MEDICAL CNTR FDN 201 LYONS AVENUE NEWARK, NJ07112 22-2587176	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	SBC
UNION HOSPITAL 1000 GALLOPING HILL ROAD UNION, NJ07083 22-1413947	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	SBC
UNION HOSPITAL FOUNDATION 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ07052 22-2470286	FUNDRAISING	NJ	501(C)(3)	509(a)(2)	SBC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
LSC HOLDING COMPANY INC 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ07080 22-3569598	HOLDING CO	NJ	SBC	C CORP			
LIVINGSTON SERVICES CORP 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ07080 22-2465402	HEALTHCARE SVCS	NJ	NA	C CORP			
ACC PHARMACY INC 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ07080 22-3555334	PHARMACY SVCS	NJ	NA	C CORP			
LIVINGSTON INFUSION CARE INC 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ07080 22-3190756	HEALTHCARE SVCS	NJ	NA	C CORP			
MAJOR SECURITY SERVICES INC 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ07080 22-3040539	SECURITY SVCS	NJ	NA	C CORP			
MEDICAL CTR HEALTH CARE SVCS 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ07080 22-3011742	HEALTHCARE SVCS	NJ	NA	C CORP			
CENTER STATE HEALTH SVCS 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ07080 22-2592293	HEALTHCARE SVCS	NJ	NA	C CORP			
CENTER STATE MANAGEMENT CORP 300 SECOND AVENUE LONG BRANCH, NJ07740 22-2506125	MGMT SVCS	NJ	NA	C CORP			
CENTER STATE COLLECTION SVCS 2 CRESCENT PLACE OCEANPORT, NJ07757 22-2629075	COLLECTION SVCS	NJ	NA	C CORP			
COMMUNITY KARE INC 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ07080 22-2993840	HEALTHCARE SVCS	NJ	NA	C CORP			
KIMBALL HLTH CARE AFFILIATES 300 SECOND AVENUE LONG BRANCH, NJ07740 22-2701213	INVESTMENT	NJ	NA	C CORP			
HEALTH CARE FACILITIES MGT 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ07080 22-3532988	MAINT SVCS	NJ	NA	C CORP			
PREMIUM HEALTH SYSTEMS INC ONE FRANKLIN AVENUE BELLEVILLE, NJ07109 22-2779395	HEALTHCARE SVCS	NJ	SBC	C CORP			
SBC MANAGEMENT CORPORATION 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ07052 22-3414332	MGMT SVCS	NJ	NA	C CORP			
PROFESSIONAL QUALITY LIAB 100 BANK STREET BURLINGTON, VT05401 20-5163819	INSURANCE SVCS	VT	NA	C CORP			
HEALTHCARE SYSTEMS MGT INC 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ07080 54-2104844	INACTIVE	NJ	NA	C CORP			
NJ HEALTH CARE SYSTEM INC 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ07039 22-3536986	INACTIVE	NJ	NA	C CORP			
CPIC 44 CHURCH STREET HAMILTON,BERMUDA HM11 BD	FINANCIAL VEHICLE	BD	NA	FOREIGN CORP			
MAJOR INVESTIGATIONS INC 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ07080 27-1301230	SECURITY SVCS	NJ	NA	C CORP			

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	CLARA MAASS MEDICAL CENTER	E	3,792,000
(2)	COMMUNITY MEDICAL CENTER	E	4,657,000
(3)	KIMBALL MEDICAL CENTER	E	5,202,000
(4)	MONMOUTH MEDICAL CENTER	E	9,926,000
(5)	NEWARK BETH ISRAEL MEDICAL CENTER	E	15,001,000
(6)	SAINT BARNABAS MEDICAL CENTER	E	71,320,000
(7)	MEGA CARE INC	E	40,619,000
(8)	SAINT BARNABAS HOSPICE AND PALLIATIVE CARE	E	4,471,000
(9)	CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES	E	294,000
(10)	CLARA MAASS MEDICAL CENTER	E	58,000
(11)	SAINT BARNABAS BEHAVIORAL HEALTH CETNER INC	E	997,000
(12)	SAINT BARNABAS OUTPATIENT CENTERS	E	826,000
(13)	CENTER STATE HEALTH SERVICES CORPORATION	E	57,000
(14)	LIVINGSTON SERVICES CORPORATION	E	67,000
(15)	PREMIUM HEALTH SYSTEMS INC	E	2,665,000
(16)	SBC MANAGEMENT CORPORATION	E	720,000
(17)	COMMERCIAL PROFESSIONAL INSURANCE CO INC	E	28,537,000
(18)	SAINT BARNABAS REALTY DEVELOPMENT CORPORATION	E	502,000
(19)	SAINT BARNABAS HEALTH CARE SYSTEM FOUNDATION	E	585,000
(20)	CLARA MAASS MEDICAL CENTER	D	1,076,000
(21)	COMMUNITY MEDICAL CENTER	D	10,920,000
(22)	KIMBALL MEDICAL CENTER	D	2,291,000
(23)	MONMOUTH MEDICAL CENTER	D	5,211,000
(24)	NEWARK BETH ISRAEL MEDICAL CENTER	D	7,796,000
(25)	SAINT BARNABAS MEDICAL CENTER	D	7,534,000
(26)	UNION HOSPITAL	D	353,000
(27)	KENSINGTON MANOR CARE CENTER	D	193,000
(28)	MEGA CARE INC	D	1,906,000
(29)	SAINT BARNABAS HOSPICE AND PALLIATIVE CARE	D	89,000
(30)	CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES	D	160,000
(31)	CLARA MAASS MEDICAL CENTER	E	83,000
(32)	SAINT BARNABAS OUTPATIENT CENTERS	D	213,000
(33)	LIVINGSTON SERVICES CORPORATION	E	3,155,000
(34)	SBC MANAGEMENT CORPORATION	E	672,000
(35)	COMMERCIAL PROFESSIONAL INSURANCE CO INC	D	179,000
(36)	SAINT BARNABAS REALTY DEVELOPMENT CORPORATION	E	4,217,000
(37)	CENTER STATE MANAGEMENT CORPORATION	D	1,493,000
(38)	SBC MANAGEMENT CORPORATION	L	101,238
(39)	CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES	R	1,401,643
(40)	COMMUNITY MEDICAL CENTER	R	20,892,040
(41)	CLARA MAASS MEDICAL CENTER	R	14,135,161
(42)	CENTER STATE HEALTH GROUP INC	R	3,943,568
(43)	CENTER STATE HEALTH SERVICES CORPORATION	R	169,759
(44)	CENTER STATE MANAGEMENT CORPORATION	R	562,951
(45)	HEALTH CARE FACILITIES MANAGEMENT INC	R	567,974
(46)	SAINT BARNABAS HOSPICE AND PALLIATIVE CARE	R	1,436,039
(47)	KIMBALL MEDICAL CENTER	R	7,979,655
(48)	KENSINGTON MANOR CARE CENTER	R	763,642
(49)	LIVINGSTON SERVICES CORPORATION	R	2,972,524
(50)	MEDICAL CENTER STAFFING SERVICES INC	R	87,987
(51)	MEGACARE INC	R	3,128,313
(52)	MONMOUTH MEDICAL CENTER	R	15,105,714
(53)	MONMOUTH MEDICAL CENTER FACULTY PRACTICE PLAN	R	332,533
(54)	MONMOUTH MEDICAL GROUP PC	R	690,197
(55)	NEWARK BETH ISRAEL MEDICAL CENTER	R	24,415,926
(56)	SAINT BARNABAS BEHAVIORAL HEALTH CENTER INC	R	639,599
(57)	SBC MANAGEMENT CORPORATION	R	3,531,422
(58)	SAINT BARNABAS DEVLOPMENT FOUNDATION INC	R	93,098
(59)	SAINT BARNABAS MEDICAL CENTER	R	24,220,413
(60)	SAINT BARNABAS OUTPATIENT CENTERS	R	3,213,834
(61)	SAINT BARNABAS ASSISTED LIVING AT LAKEWOOD	R	99,005
(62)	UNION HOSPITAL	R	51,199
(63)	CLARA MAASS MEDICAL CENTER	R	3,110,762
(64)	CLARA MAASS MEDICAL CENTER	P	1,290,306
(65)	COMMUNITY MEDICAL CENTER	R	7,581,041
(66)	KIMBALL MEDICAL CENTER	P	1,944,044
(67)	KIMBALL MEDICAL CENTER	R	2,413,622
(68)	MONMOUTH MEDICAL CENTER	R	627,000
(69)	MONMOUTH MEDICAL CENTER	O	2,193,568
(70)	NEWARK BETH ISRAEL MEDICAL CENTER	O	11,224,323
(71)	NEWARK BETH ISRAEL MEDICAL CENTER	R	295,303
(72)	SAINT BARNABAS MEDICAL CENTER	P	1,313,274
(73)	SAINT BARNABAS MEDICAL CENTER	R	9,838,644
(74)	CLARA MAASS MEDICAL CENTER	R	293,990
(75)	MEGA CARE INC	R	452,129
(76)	MONMOUTH MEDICAL CENTER	R	1,385,511
(77)	NEWARK BETH ISRAEL MEDICAL CENTER	R	575,316
(78)	SBC MANAGEMENT CORPORATION	R	312,914
(79)	CENTER STATE HEALTH SERVICES CORPORATION	Q	53,745
(80)	COMMUNITY MEDICAL CENTER	Q	226,145
(81)	KIMBALL MEDICAL CENTER	Q	229,902
(82)	NEWARK BETH ISRAEL MEDICAL CENTER	Q	370,843
(83)	SAINT BARNABAS BEHAVIORAL HEALTH CENTER INC	Q	946,963
(84)	SAINT BARNABAS MEDICAL CENTER	Q	943,696
(85)	SAINT BARNABAS OUTPATIENT CENTERS	Q	273,430
(86)	MEDICAL CENTER STAFFING SERVICES INC	L	180,142
(87)	COMMERCIAL PROFESSIONAL INSURANCE CO INC	R	40,000,000
(88)	COMMERCIAL PROFESSIONAL INSURANCE CO INC	E	47,721,051
(89)	SAINT BARNABAS REALTY DEVELOPMENT CORPORATION	J	502,288

Additional Data

Software ID:
Software Version:
EIN: 22-2405279
Name: SAINT BARNABAS CORPORATION

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
SAINT BARNABAS MEDICAL CENTER	221494440	03	Yes		Yes		Yes		0
MONMOUTH MEDICAL CENTER	223452412	03	Yes		Yes		Yes		0
NEWARK BETH ISRAEL MEDICAL CENTER	223452311	03	Yes		Yes		Yes		0
CLARA MAASS MEDICAL CENTER	221500556	03	Yes		Yes		Yes		0
COMMUNITY MEDICAL CENTER	223452306	03	Yes		Yes		Yes		0
KIMBALL MEDICAL CENTER	223452413	03	Yes		Yes		Yes		0
SAINT BARNABAS BEHAVIORAL HEALTH CENTER	222977312	03	Yes		Yes		Yes		0

Additional Data

Software ID:
Software Version:
EIN: 22-2405279
Name: SAINT BARNABAS CORPORATION

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	Officer	Key employee	Highest compensated employee	Former			
ALBERT R GAMPER JR CHAIRMAN - TRUSTEE	30	X		X				0	0	0
VINCENT J APRUZZESE ESQ VICE CHAIRMAN - TRUSTEE	30	X		X				0	0	0
THOMAS F KELAHER VICE CHAIRMAN - TRUSTEE	30	X		X				0	0	0
RICHARD J KOGAN VICE CHAIRMAN - TRUSTEE	30	X		X				0	0	0
RICHARD ONEILL VICE CHAIRMAN - TRUSTEE	30	X		X				0	0	0
MARC E BERSON TRUSTEE	30	X						0	0	0
JOSEPH BUCKELEW TRUSTEE	30	X						0	0	0
MARIO A CRISCITO MD TRUSTEE	30	X						0	120,344	0
ALAN E DAVIS ESQ TRUSTEE	30	X						0	0	0
RONALD J DEL MAURO TRUSTEE - PRESIDENT/CEO	550	X		X				0	1,482,522	567,627
ANNE EVANS ESTABROOK TRUSTEE	30	X						0	0	0
ALAN S HELFMAN MD TRUSTEE	30	X						0	0	0
REV REGINALD JACKSON TRUSTEE	30	X						0	0	0
DONALD JUMP TRUSTEE	30	X						0	0	0
GARY LOTANO TRUSTEE	30	X						0	0	0
JOSEPH MAURIELLO TRUSTEE	30	X						0	0	0
WILLIAM B MCGUIRE ESQ TRUSTEE	30	X						0	0	0
JOHN P MEYERHOLZ TRUSTEE	30	X						0	0	0
KENNETH A ROSEN ESQ TRUSTEE	30	X						0	0	0
RAYMOND F SHEA JR ESQ TRUSTEE	30	X						0	0	0
JAMES S VACCARO TRUSTEE	30	X						0	0	0
RONALD M WEINBERG MD TRUSTEE	30	X						0	27,478	0
BARRY H OSTROWSKY ESQ EXECUTIVE VP/GENERAL COUNSEL	550			X				0	955,251	258,977
MARK D PILLA EXECUTIVE VP OPERATIONS	550			X				0	835,249	174,390
GERALD J PICERNO EXECUTIVE VP (5/1-12/31)	550			X				0	673,220	23,687

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	Officer	Key employee	Highest compensated employee	Former			
FRED M JACOBS EXECUTIVE VICE PRESIDENT	55 0			X				0	507,045	23,852
ROBERT CARRETTA SENIOR VICE PRESIDENT	55 0			X				0	457,769	22,794
THOMAS G SCOTT CPA SENIOR VICE PRESIDENT	55 0			X				0	428,435	29,541
ANTHONY SORIANO SENIOR VICE PRESIDENT	55 0			X				0	417,364	23,659
SIDNEY SELIGMAN SENIOR VICE PRESIDENT	55 0			X				0	349,821	34,285
SUSAN PELLEGRINO SENIOR VICE PRESIDENT	55 0			X				0	322,329	39,959
DAVID A MEBANE ESQ SENIOR VICE PRESIDENT	55 0			X				0	315,848	30,746
JONATHAN H BARKHORN SENIOR VICE PRESIDENT	55 0			X				0	300,586	28,482
CATHERINE AINORA SENIOR VICE PRESIDENT	55 0			X				0	266,857	16,644
ROBERT C IANNACCONE SENIOR VICE PRESIDENT	55 0			X				0	160,669	22,609
MATTHEW S FULTON SENIOR VP (5/1-12/31)	55 0			X				0	128,069	18,347
DAVID M HONIG VICE PRESIDENT	55 0			X				0	334,174	28,846
NANCY E HOLECEK VP NURSING	55 0			X				0	280,060	39,831
MICHAEL SLUSARZ VICE PRESIDENT	55 0			X				0	239,145	25,176
ALLEN H BOXBAUM VICE PRESIDENT	55 0			X				0	230,529	4,238
MICHAEL T REHEIS VICE PRESIDENT	55 0			X				0	217,984	23,350
YLONE XAVIER NADARAJAH VICE PRESIDENT	55 0			X				0	209,128	31,333
ANTHONY E PALMERIO VICE PRESIDENT	55 0			X				0	204,213	24,886
PATRICK DONAHUE VICE PRESIDENT	55 0			X				0	197,099	25,977
BEATRICE ANZUR VICE PRESIDENT	55 0			X				0	187,258	10,376
RICHARD HENWOOD VICE PRESIDENT	55 0			X				0	184,958	26,006
ELLEN GREENE VICE PRESIDENT	55 0			X				0	177,263	19,030
ELIZABETH GILLON VICE PRESIDENT	55 0			X				0	164,099	33,717
THOMAS BARTIROMO VICE PRESIDENT	55 0			X				0	158,022	27,325
JUDITH MUNDIE VICE PRESIDENT	55 0			X				0	156,074	24,086

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	Officer	Key employee	Highest compensated employee	Former			
ROBERT PELLECHIO VICE PRESIDENT	55 0			X				0	150,659	7,179
VERONICA A GEISSLER VICE PRESIDENT	55 0			X				0	149,145	25,864
PATRICIA A COOK VICE PRESIDENT	55 0			X				0	121,795	16,534
ALAN A KASS VICE PRESIDENT	55 0			X				0	84,039	21,878
DENISE SHEPHERD VICE PRESIDENT	55 0			X				0	67,482	2,934
MAUREEN HARDING VICE PRESIDENT	55 0			X				0	54,760	3,121
BRIAN J KIRKPATRICK TREASURER	55 0			X				0	233,935	33,608
JOSEPH SULLIVAN CHIEF INFORMATION OFFICER	55 0			X				0	273,079	24,116
CRAIG SAUNDERS MD DIRECTOR	55 0				X			0	1,628,177	39,872
SHAMKANT MULGAONKAR MD PHYSICIAN	55 0				X			0	525,828	22,853
HODA BLAU EXECUTIVE DIRECTOR	55 0				X			0	204,492	24,986
REGINA BUBLE MANAGER	55 0				X			0	186,375	8,588
TAMARA CUNNINGHAM ASSISTANT VICE PRESIDENT	55 0				X			0	154,899	24,908
LISA DE MARIA JACOBS CFO, SBHCS FOUNDATION	55 0				X			0	121,070	19,638

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SBHCS HLTH PLAN, MED CLAIMS	100,467,655	90,420,890	10,046,765	
SBHCS HLTH PLAN, PRESCRIPS	22,151,734	19,936,561	2,215,173	
INT EXPENSE, DOJ SETTLEMENT	7,205,494	6,484,945	720,549	
CONTRACTED SERVICES	6,642,806	5,978,525	664,281	
CREDITOR NEGOTIATION FEES	1,521,258	1,369,132	152,126	