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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
SAINT BARNABAS CORPORATION

Doing Business As
BARNABAS HEALTH

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 $ 151,925,044

F Name and address of principal officer
BARRY H OSTROWSKY
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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW BARNABASHEALTH ORG

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 BARNABAS HEALTH, 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**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total 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

Activities & Governance

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	460,979	276,921
9	Program service revenue (Part VIII, line 2g)	124,319,489	136,422,013
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,204,508	12,740,130
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)	135,984,976	149,439,064
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–24e)	174,285,027	143,537,927
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	174,285,027	143,537,927
19	Revenue less expenses Subtract line 18 from line 12	-38,300,051	5,901,137

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,057,054,279	1,200,094,988
21	Total liabilities (Part X, line 26)	1,476,958,849	1,593,029,587
22	Net assets or fund balances Subtract line 21 from line 20	-419,904,570	-392,934,599

Net Assets or Fund Balances

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

****** 2013-01-24
Signature of officer Date

GERALD J PICERNO EXECUTIVE VICE PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Scott Mariani	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ WithumSmithBrown PC 465 South St Ste 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

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF SAINT BARNABAS MEDICAL CENTER AND OTHER TAX-EXEMPT HOSPITALS AND MEDICAL CENTERS 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, CREED, SEX, 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 21,277,858 including grants of $ 0) (Revenue $ 8,439,543)

EXPENSES INCURRED IN SUPPORTING BARNABAS HEALTH BARNABAS HEALTH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4b (Code) (Expenses $ 107,906,275 including grants of $ 0) (Revenue $ 127,982,470)

EXPENSES INCURRED FOR ALL COVERED BARNABAS HEALTH EMPLOYEES RELATING TO BARNABAS HEALTH'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** ▶ $ 129,184,133

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* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
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 and IV*	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 and IV*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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 (or a family member thereof) 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	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**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	126		
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?			**2b**		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**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 or securities account)?			**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for 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?			**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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds 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**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public 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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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 Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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 Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								0	25,763,205	2,822,109

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 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**	Yes	
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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
QUALCARE INC 30 KNIGHTSBRIDGE ROAD PISCATAWAY, NJ 08844	CLAIMS ADMIN	5,066,787
MCKESSON TECHNOLOGIES INC PO BOX 98347 CHICAGO, IL 606938347	CONSULTING	508,591
DRAZIN AND WARSHAW PC 25 RECKLESS PLACE RED BANK, NJ 07701	LEGAL	500,000
VITALIZE CONSULTING SOLUTIONS INC 248 MAIN STREET SUITE 1010 READING, MA 01867	CONSULTING	469,435
CSC CONSULTING 1 ROCKEFELLER PLAZA NEW YORK, NY 10020	CONSULTING	350,392

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 17

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	276,921			
	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	▶	276,921			
			Business Code				
Program Service Revenue	2a	PROGRAM SERVICE REVENUE	541900	127,906,797	127,906,797		
	b	OTHER PROGRAM RELATED REVENUE	541900	8,515,216	8,515,216		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶	136,422,013			
	3	Investment income (including dividends, interest and other similar amounts)	▶	12,007,305		0	12,007,305
	4	Income from investment of tax-exempt bond proceeds	▶	614,453			614,453
	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	2,604,352				
	b	Less cost or other basis and sales expenses	2,485,980				
	c	Gain or (loss)	118,372				
	d	Net gain or (loss)	▶	118,372			118,372
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	▶	149,439,064	136,422,013	0	12,740,130

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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			
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	134,059	120,653	13,406	
b	Legal	58,190	52,371	5,819	
c	Accounting	1,179	1,061	118	
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	1,798,506	1,618,655	179,851	
14	Information technology	0			
15	Royalties . .	0			
16	Occupancy	1,533,232	1,379,909	153,323	
17	Travel	1,194	1,075	119	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	9,369,269	8,432,342	936,927	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	386,917	348,225	38,692	
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BH HLTH PLAN, MED CLAIMS	96,447,536	86,802,782	9,644,754	0
b	BH HLTH PLAN, PRESCRIPS	23,448,326	21,103,493	2,344,833	0
c	CONTRACTED SERVICES	7,332,208	6,598,987	733,221	0
d	INTEREST EXPENSE, OTHER	3,027,311	2,724,580	302,731	0
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	143,537,927	129,184,133	14,353,794	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		698,785	1	829,163
	2	Savings and temporary cash investments		-19,228,339	2	227,251,765
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		651,720,887	7	402,695,746
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		261,964	9	307,177
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 78,343,782			
	b	Less accumulated depreciation	10b 36,933,587	9,433,132	10c	41,410,195
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		383,272,012	13	494,674,706
	14	Intangible assets		10,532,264	14	11,330,520
	15	Other assets See Part IV, line 11		20,363,574	15	21,595,716
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,057,054,279	16	1,200,094,988
Liabilities	17	Accounts payable and accrued expenses		23,760,385	17	17,135,450
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		705,414,199	20	839,064,207
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		47,300,000	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		700,484,265	25	736,829,930
	26	**Total liabilities.** Add lines 17 through 25		1,476,958,849	26	1,593,029,587
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		-419,904,570	27	-392,934,599
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		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		-419,904,570	33	-392,934,599
	34	Total liabilities and net assets/fund balances		1,057,054,279	34	1,200,094,988

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	149,439,064
2	Total expenses (must equal Part IX, column (A), line 25)	2	143,537,927
3	Revenue less expenses Subtract line 2 from line 1	3	5,901,137
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	-419,904,570
5	Other changes in net assets or fund balances (explain in Schedule O)	5	21,068,834
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-392,934,599

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			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 separate basis, consolidated 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

2011

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									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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

2011

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (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 on behalf of or in opposition to candidates for public office 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
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) 2008	(b) 2009	(c) 2010	(d) 2011	(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		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
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			
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	A RELATED FOR-PROFIT ORGANIZATION PAID TWO OUTSIDE LOBBYING FIRMS FOR LOBBYING ACTIVITY IN THE AMOUNT OF $270,000 DURING 2011 IN ADDITION, CERTAIN OTHER ORGANIZATIONS WITHIN BARNABAS HEALTH ALSO ENGAGE IN LOBBYING ACTIVITY, THESE COSTS ARE REPORTED ON EACH OF THESE ORGANIZATION'S RESPECTIVE FORMS 990 A PERCENTAGE OF THE 2011 TOTAL COMPENSATION FOR THE EXECUTIVE VICE PRESIDENT OPERATIONS AND ONE OTHER INDIVIDUAL HAS BEEN ALLOCATED TOWARD LOBBYING ACTIVITIES PERFORMED ON BEHALF OF BARNABAS HEALTH ON BOTH A FEDERAL AND STATE LEVEL THIS ALLOCATION AMOUNTED TO $264,000 IN 2011 PLEASE NOTE THAT THESE INDIVIDUALS ARE EMPLOYED BY AND COMPENSATED BY A RELATED FOR-PROFIT ORGANIZATION

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,056,143	1,130,161	925,982
c Leasehold improvements		18,500	13,875	4,625
d Equipment		39,805,826	35,789,551	4,016,275
e Other		36,463,313		36,463,313
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				41,410,195

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
(1) Financial derivatives		
(2) 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
(1) BOND INDENTURE AGREEMENTS	73,573,942	F
(2) LIMITED USE	255,072,184	F
(3) INVESTMENT IN QUALCARE, INC	1,462,225	F
(4) USE ASSETS	22,167,631	F
(5) INVESTMENT IN AFFILIATES	142,198,224	F
(6) OTHER INVESTMENTS	200,500	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	494,674,706	

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	428,565,420
SELF-INSURANCE LIABILITIES	41,647,125
OTHER LONG TERM LIABILITIES	94,561,653
DUE TO AFFILIATES, NON-CURRENT	102,887,994
ESTIMATED AMTS DUE TO 3RD PARTIES	9,381,222
AMOUNT DUE TO U S DOJ, CURRENT	30,461,373
AMOUNT DUE TO U S DOJ, NON-CURRENT	29,325,143
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	736,829,930

2. Fin 48 (ASC 740) 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 (ASC740)

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 BARNABAS HEALTH ("BH"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM BH 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 BH'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 F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SAINT BARNABAS CORPORATION

Employer identification number
22-2405279

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Central America and the Caribbean	1	1	Program Services	FINANCIAL VEHICLE	28,000,000
3a Sub-total	1	1			28,000,000
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	1	1			28,000,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

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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

2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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 BARNABAS HEALTH'S TRANSPORTATION POOL FOR RONALD J DEL MAURO, CEO (RETIRED 12/31/2011), BARRY H OSTROWSKY, PRESIDENT/CEO, AND MARK D PILLA, EXECUTIVE VICE PRESIDENT OPERATIONS (RETIRED 6/30/2011) SO THEY COULD WORK DURING TRAVEL FOR BARNABAS HEALTH, INCLUDING COMMUTING TO AND FROM ALL BARNABAS HEALTH'S FACILITIES AND OFFICES THEIR RESPECTIVE 2011 FORMS W-2 INCLUDE AN AMOUNT WHICH REPRESENTS THEIR PORTION OF PERSONAL USAGE IN ADDITION, THE EXECUTIVE VICE PRESIDENT OF OPERATIONS (RETIRED 6/30/2011) 2011 FORM W-2, BOX 5, INCLUDES A TAX GROSS-UP OF APPROXIMATELY $4,107 RELATED TO HIS PERSONAL USAGE IN ADDITION, BOTH THE ORGANIZATION'S RETIRED EXECUTIVE VICE PRESIDENT OF OPERATIONS, MARK D PILLA AND A DIRECTOR OF THE ORGANIZATION, CRAIG SAUNDERS, M D , 2011 FORMS W-2, BOX 5, INCLUDE TAX GROSS-UPS OF $5 AND $18, RESPECTIVELY, RELATED TO A TAXABLE INSURANCE PAYMENT THE ORGANIZATION'S RETIRED EXECUTIVE VICE PRESIDENT OF OPERATIONS, MARK D PILLA, 2011 FORM W-2, BOX 5, INCLUDES A TAX GROSS UP OF $2,165, RELATED TO VESTINGS AND A FINAL DISTRIBUTION OF FUNDS FROM HIS SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN THE EXECUTIVE VICE PRESIDENT OF OPERATIONS (RETIRED 6/30/2011) TRAVELED FIRST CLASS ON A NUMBER OF BUSINESS TRIPS FOR BARNABAS HEALTH THE EXCESS COST OVER STANDARD TRAVEL WAS APPROXIMATELY $1,266, NONE OF WHICH WAS INCLUDED IN HIS 2011 FORM W-2 AS TAXABLE WAGES IN ADDITION, A VICE PRESIDENT OF THE ORGANIZATION, YLONE XAVIER NADARAJAH, TRAVELED 1ST CLASS ON A BUSINESS TRIP FOR BARNABAS HEALTH THE EXCESS COST OVER STANDARD TRAVEL WAS APPORXIMATELY $278, NONE OF WHICH WAS INCLUDED IN THE INDIVIDUAL'S 2011 FORM W-2 AS TAXABLE WAGES THE RETIRED CHIEF EXECUTIVE OFFICER'S 2011 FORM W-2, BOX 5, INCLUDES $7,096 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 UPS DESCRIBED ABOVE WITH RESPECT TO THE EXECUTIVE VICE PRESIDENT OF OPERATIONS IS PROVIDED PURSUANT TO LONG-STANDING BARNABAS HEALTH PRACTICE THE ORGANIZATION'S EXECUTIVE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER, GERALD J PICERNO, AND THE ORGANIZATION'S EXECUTIVE VICE PRESIDENT, ANTHONY D SLONIM, M D , BOTH RELOCATED TO THE STATE OF NEW JERSEY FROM OTHER PARTS OF THE 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 DR SLONIM TOTALED $44,999 AND $31,500, RESPECTIVELY, BOTH OF WHICH WERE INCLUDED IN EACH INDIVIDUAL'S 2011 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	THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING CALENDAR YEAR 2011 WHICH WAS INCLUDED IN EACH INDIVIDUAL'S 2011 FORM W-2 BOX 5 AS TAXABLE MEDICARE WAGES MARK D PILLA, $450,000, YLONE XAVIER NADARAJAH, $160,329, PAUL EHRLICH, $69,231, JOSEPH SULLIVAN, $98,461 AND DAVID M HONIG, $294,462
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES PARTICIPATION IN A BARNABAS HEALTH INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) FOR THE EXECUTIVE DIRECTORS AND CHIEF FINANCIAL OFFICERS OF THE BARNABAS HEALTH MEDICAL CENTERS THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2011 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES THOMAS A BIGA, $269,488 AND THOMAS R PERCELLO, $99,648, AS THEY WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THE AMOUNTS REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDE PARTICIPATION IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2011 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES BARRY H OSTROWSKY, $227,061, MARK D PILLA, $313,833, THOMAS A BIGA, $198,996, SIDNEY SELIGMAN, $118,287, DAVID A MEBANE, ESQ , $76,929, ANTHONY SORIANO, $83,160, SUSAN PELLEGRINO, $55,569, THOMAS G SCOTT, CPA, $34,695, NANCY E HOLECEK, $32,355, JONATHAN H BARKHORN, $41,040, CATHERINE AINORA, $13,815, MICHAEL SLUSARZ, $44,619, ANTHONY E PALMERIO, $35,883, YLONE XAVIER NADARAJAH, $3,552, BRIAN J KIRKPATRICK, $20,616 AND JOSEPH SULLIVAN, $124,644 THE AMOUNTS REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDE AN AMOUNT REPORTED ON A FORM W-2 ISSUED BY FIDELITY INVESTMENTS, THE EMPLOYER'S THIRD PARTY ADMINISTRATOR OF THE ORGANIZATION'S SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") THE AMOUNTS OUTLINED HEREIN ARE REPORTED ON EACH INDIVIDUAL'S FIDELITY INVESTMENTS FORM W-2 AND INCLUDED IN THE SCHEDULE J, PART II, COLUMN E, TOTAL COMPENSATION COLUMN, WHICH REPRESENTS A COMPLETE AND FINAL DISTRIBUTION OF THE FULL AMOUNT OF EACH INDIVIDUAL'S SERP ACCOUNT MONIES WHICH FUNDS WERE SUBJECT TO THE ORGANIZATION'S GENERAL CREDITORS THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2011 FORM W-2 ISSUED BY FIDELITY INVESTMENTS MARK D PILLA, $2,152,225, YLONE XAVIER NADARAJAH, $95,853 AND JOSEPH SULLIVAN, $509,939 THE AMOUNTS REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDE AN AMOUNT REPORTED ON A FORM W-2 ISSUED BY FIDELITY INVESTMENTS, THE EMPLOYER'S THIRD PARTY ADMINISTRATOR OF THE ORGANIZATION'S LIFESTYLE DEFERRED PLAN ("LIFESTYLE DEFERRED") EACH PARTICIPANT MAY AUTHORIZE THE EMPLOYER TO REDUCE HIS/HER FUTURE COMPENSATION BY AN AMOUNT AND TO HAVE A CORRESPONDING AMOUNT CREDITED TO THE PARTICIPANT'S ACCOUNT(S) THE AMOUNTS OUTLINED HEREIN ARE REPORTED ON EACH INDIVIDUAL'S FIDELITY INVESTMENTS FORM W-2 AND INCLUDED IN THE SCHEDULE J, PART II, COLUMN E, TOTAL COMPENSATION COLUMN WHICH REPRESENTS A DISTRIBUTION FROM EACH INDIVIDUAL'S LIFESTYLE DEFERRED ACCOUNT MONIES WHICH FUNDS WERE SUBJECT TO THE ORGANIZATION'S GENERAL CREDITORS THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2011 FORM W-2 ISSUED BY FIDELITY INVESTMENTS THOMAS G SCOTT, CPA, $142,642, RICHARD HENWOOD, $7,316, BRIAN J KIRKPATRICK, $938 AND JOSEPH SULLIVAN, $287,514 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 2011 FORM W-2, AS TAXABLE WAGES RONALD J DEL MAURO, $290,000, BARRY H OSTROWSKY, $225,000 AND THOMAS A BIGA, $100,000 THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN THESE INDIVIDUAL'S 2011 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES GERALD J PICERNO, $134,382, MATTHEW S FULTON, $32,670 AND MICHELLENE DAVIS, $29,934
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 7 AND CORE FORM, PART VII	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2011 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2011 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT
COMPENSATION INFORMATION	SCHEDULE J, PART II, COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUAL INCLUDES VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) BECAUSE THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THIS AMOUNT WAS TREATED AS TAXABLE INCOME AND REPORTED ON THE INDIVIDUAL'S 2011 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES THOMAS A BIGA, $269,488 THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN F FOR MARK D PILLA, YLONE XAVIER NADARAJAH AND JOSEPH SULLIVAN REPRESENT SERP AMOUNTS WHICH WERE PREVIOUSLY REPORTED ON PRIOR YEARS FORMS 990 AND ARE BEING REPORTED AGAIN ON THIS 2011 FORM 990 THE DOUBLE REPORTING ON MULTIPLE YEARS FORMS 990 IS IN ACCORDANCE WITH IRS FORM 990 INSTRUCTIONS THESE AMOUNTS WERE REPORTED IN PRIOR YEARS WHEN CONTRIBUTIONS WERE MADE TO THE SERP PLAN AND ARE BEING DOUBLE REPORTED AGAIN FOR THE SECOND TIME ON THIS 2011 FORM 990 BECAUSE THEY RECEIVED A COMPLETE AND FINAL DISTRIBUTION FROM THE SERP PLAN

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				
BARRY H OSTROWSKY	(I)	0	0	0	0	0	0	0
	(II)	897,838	472,700	328,655	258,504	13,354	1,971,051	0
RONALD J DEL MAURO	(I)	0	0	0	0	0	0	0
	(II)	1,444,641	870,000	31,487	348,913	259,006	2,954,047	0
MARK D PILLA	(I)	0	0	0	0	0	0	0
	(II)	358,442	245,000	3,036,539	40,423	18,488	3,698,892	1,611,204
THOMAS A BIGA	(I)	0	0	0	0	0	0	0
	(II)	591,346	210,000	475,801	121,078	24,655	1,422,880	269,488
GERALD J PICERNO	(I)	0	0	0	0	0	0	0
	(II)	937,540	0	48,572	144,405	22,096	1,152,613	0
FRED M JACOBS MD	(I)	0	0	0	0	0	0	0
	(II)	355,946	25,000	15,899	2,450	18,008	417,303	0
ANTHONY D SLONIM MD	(I)	0	0	0	0	0	0	0
	(II)	357,394	0	31,950	8,844	4,815	403,003	0
SIDNEY SELIGMAN	(I)	0	0	0	0	0	0	0
	(II)	362,693	75,000	140,870	19,639	23,885	622,087	0
DAVID A MEBANE ESQ	(I)	0	0	0	0	0	0	0
	(II)	355,471	70,200	78,309	22,953	28,778	555,711	0
ANTHONY SORIANO	(I)	0	0	0	0	0	0	0
	(II)	345,146	58,200	88,134	18,659	13,705	523,844	0
SUSAN PELLEGRINO	(I)	0	0	0	0	0	0	0
	(II)	307,685	100,000	57,641	35,690	25,291	526,307	0
THOMAS G SCOTT CPA	(I)	0	0	0	0	0	0	0
	(II)	387,554	0	179,092	17,503	24,038	608,187	0
NANCY E HOLECEK	(I)	0	0	0	0	0	0	0
	(II)	313,476	64,000	37,410	33,691	21,037	469,614	0
MATTHEWS FULTON	(I)	0	0	0	0	0	0	0
	(II)	311,076	64,000	3,670	42,923	25,127	446,796	0
MICHELLENE DAVIS	(I)	0	0	0	0	0	0	0
	(II)	297,519	75,000	1,200	38,015	6,851	418,585	0
JONATHAN H BARKHORN	(I)	0	0	0	0	0	0	0
	(II)	262,058	53,500	43,597	17,695	20,554	397,404	0
ROBERT C IANNACCONE	(I)	0	0	0	0	0	0	0
	(II)	275,505	56,000	1,380	10,035	18,980	361,900	0
CATHERINE AINORA	(I)	0	0	0	0	0	0	0
	(II)	246,720	50,000	17,595	22,524	8,267	345,106	0

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				
ANGELA RICCO	(I)	0	0	0	0	0	0	0
	(II)	206,462	55,000	6,780	17,065	26,620	311,927	0
THOMAS R PERCELLO	(I)	0	0	0	0	0	0	0
	(II)	393,452	0	114,239	25,090	21,556	554,337	0
MICHAEL SLUSARZ	(I)	0	0	0	0	0	0	0
	(II)	220,712	45,100	45,999	25,093	18,834	355,738	0
JOHN W DOLL	(I)	0	0	0	0	0	0	0
	(II)	291,568	0	540	8,004	23,928	324,040	0
ANTHONY E PALMERIO	(I)	0	0	0	0	0	0	0
	(II)	203,177	42,000	36,783	17,738	20,539	320,237	0
ELLEN GREENE	(I)	0	0	0	0	0	0	0
	(II)	219,195	44,100	8,158	25,986	6,921	304,360	0
MICHAEL T REHEIS	(I)	0	0	0	0	0	0	0
	(II)	196,063	30,150	5,590	19,754	14,347	265,904	0
REGINA BUBLE	(I)	0	0	0	0	0	0	0
	(II)	216,909	0	1,466	14,126	11,591	244,092	0
PATRICK DONAHUE	(I)	0	0	0	0	0	0	0
	(II)	194,428	12,569	3,960	16,053	24,627	251,637	0
YLONE XAVIER NADARAJAH	(I)	0	0	0	0	0	0	0
	(II)	28,069	0	274,971	7,218	15,215	325,473	56,642
ELIZABETH GILLON	(I)	0	0	0	0	0	0	0
	(II)	178,165	20,000	1,380	26,334	23,223	249,102	0
TAMARA CUNNINGHAM	(I)	0	0	0	0	0	0	0
	(II)	178,688	17,093	753	13,426	19,428	229,388	0
RICHARD HENWOOD	(I)	0	0	0	0	0	0	0
	(II)	155,855	0	36,465	22,409	22,814	237,543	0
VERONICA A GEISSLER	(I)	0	0	0	0	0	0	0
	(II)	163,950	16,350	4,028	6,928	17,248	208,504	0
THOMAS BARTIROMO	(I)	0	0	0	0	0	0	0
	(II)	154,509	22,000	5,343	10,226	8,946	201,024	0
ROBERT PELLECHIO	(I)	0	0	0	0	0	0	0
	(II)	150,144	15,000	690	8,498	2,537	176,869	0
JUDITH MUNDIE	(I)	0	0	0	0	0	0	0
	(II)	151,235	0	9,021	29,105	12,451	201,812	0
BEATRICE ANZUR	(I)	0	0	0	0	0	0	0
	(II)	132,704	7,866	3,181	16,357	668	160,776	0

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				
DEBORAH L LARKIN CARNEY	(I)	0	0	0	0	0	0	0
	(II)	132,486	0	1,125	6,968	14,023	154,602	0
STEPHEN A FAUP	(I)	0	0	0	0	0	0	0
	(II)	126,679	200	488	11,468	18,264	157,099	0
BRIAN J KIRKPATRICK	(I)	0	0	0	0	0	0	0
	(II)	214,274	44,000	23,234	20,914	21,908	324,330	0
JOSEPH SULLIVAN	(I)	0	0	0	0	0	0	0
	(II)	215,097	64,150	1,103,191	17,530	15,123	1,415,091	210,406
CRAIG SAUNDERS MD	(I)	0	0	0	0	0	0	0
	(II)	1,596,314	0	33,442	14,511	19,040	1,663,307	0
SHAMKANT MULGAONKAR MD	(I)	0	0	0	0	0	0	0
	(II)	521,279	75,340	2,580	19,185	13,888	632,272	0
HODA BLAU	(I)	0	0	0	0	0	0	0
	(II)	246,636	50,000	7,620	46,933	10,894	362,083	0
MICHAEL MIMOSO	(I)	0	0	0	0	0	0	0
	(II)	282,013	0	7,218	19,317	17,194	325,742	0
MATTHEW B PEDDIE	(I)	0	0	0	0	0	0	0
	(II)	161,247	11,399	7,513	4,669	18,499	203,327	0
LISA DE MARIA JACOBS	(I)	0	0	0	0	0	0	0
	(II)	126,483	8,000	382	8,236	21,224	164,325	0
DAVID M HONIG	(I)	0	0	0	0	0	0	0
	(II)	0	0	300,832	1,381	15,524	317,737	0
PATRICIA A COOK	(I)	0	0	0	0	0	0	0
	(II)	137,398	28,000	4,372	16,894	14,754	201,418	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

2011

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		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FKX0	12-19-2006	199,960,047	EQUIP/CONSTRUCTION/RENOV/REFUND		X		X	X	
B	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FQ71	11-10-2011	374,710,341	EQUIPMENT/CONTSTRUCTION/RENOVATION		X		X	X	
C	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FT78	11-10-2011	37,010,000	EQUIPMENT/CONTSTRUCTION/RENOVATION		X		X	X	
D	NJ HEALTHCARE FACILITIES FINANCING AUTHORITY	22-1987084	64579ENB8	08-18-2006	3,387,000	EQUIPMENT		X		X	X	

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	49,822,245	0	0	1,916,497
2	Amount of bonds defeased	0	0	37,010,000	0
3	Total proceeds of issue	199,960,047	374,710,341	0	3,387,000
4	Gross proceeds in reserve funds	19,711,965	25,983,372	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrow	63,069,859	0	0	0
7	Issuance costs from proceeds	3,854,079	6,117,285	419,301	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	100,298,388	41,455,137	0	3,387,000
11	Other spent proceeds	13,025,756	301,154,547	36,590,699	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2008			

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X		X		X	
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1 492 %		0 075 %		0 077 %		0 075 %	
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 %		0 %		0 %			
6	Total of lines 4 and 5	1 492 %		0 075 %		0 077 %		0 075 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		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		X		X		X
2	Is the bond issue a variable rate issue?		X		X		X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider	0		0		0		0	
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		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☑ Yes ☐ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
TAX-EXEMPT BOND ISSUES	SCHEDULE K, PART I	THE TAX-EXEMPT BOND ISSUANCES REFLECTED IN SCHEDULE K, PART I ARE ISSUED ON BEHALF OF THE BARNABAS HEALTH OBLIGATED GROUP WHICH INCLUDES THIS ORGANIZATION PLEASE NOTE THAT SCHEDULE K, PART 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 PLEASE ALSO NOTE THAT THE MARCH 12, 2010 ISSUE IN THE AMOUNT OF $638,085 INCLUDES MULTIPLE CUSIP NUMBERS CUSIP NUMBER 64579E2T2 REPRESENTS THE SERIES A PORTION 64579E2U9 IS THE CUSIP NUMBER FOR THE SERIES B PORTION PLEASE ALSO NOTE THAT THE MARCH 12, 2010 ISSUE IN THE AMOUNT OF $1,774,980 INCLUDES MULTIPLE CUSIP NUMBERS CUSIP NUMBER 64579E2T2 REPRESENTS THE SERIES A PORTION 64579E2U9 IS THE CUSIP NUMBER FOR THE SERIES B PORTION

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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

2011

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		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579ERMO	03-12-2010	7,432,296	EQUIPMENT/CONSTRUCTION/RENOVATION		X		X	X	
B	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579E2T2	03-12-2010	638,085	EQUIPMENT/CONSTRUCTION/RENOVATION	X			X	X	
C	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FKXO	03-12-2010	391,618	EQUIPMENT/CONSTRUCTION/RENOVATION		X		X	X	
D	NJ HEALTHCARE FACILITIES FINANCING AUTHORITY	22-1987084	64579ERMO	03-12-2010	3,857,011	EQUIPMENT/CONSTRUCTION/RENOVATION		X		X	X	

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,650,044	638,085	97,576	1,375,329
2	Amount of bonds defeased	0	0	0	0
3	Total proceeds of issue	7,432,296	638,085	391,618	3,857,011
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrow	0	0	0	0
7	Issuance costs from proceeds	0	0	0	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	7,432,296	638,085	391,618	3,857,011
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2009	2009	2009	2009

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X		X		X	
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
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 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		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		X		X		X
2	Is the bond issue a variable rate issue?		X		X		X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider	0		0		0		0	
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		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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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

2011

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		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NJ HEALTHCARE FACILITIES FINANCING AUTHORITY	22-1987084	64579E2u9	03-12-2010	1,774,980	EQUIPMENT/CONSTRUCTION/RENOVATION	X			X	X	
B	NJ HEALTHCARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FKX0	03-12-2010	1,661,070	EQUIPMENT/CONSTRUCTION/RENOVATION		X		X	X	

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,774,980	413,873		
2	Amount of bonds defeased	0	0		
3	Total proceeds of issue	1,774,980	1,661,070		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrow	0	0		
7	Issuance costs from proceeds	0	0		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	1,774,980	1,661,070		
11	Other spent proceeds	0	0		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2009	2009		

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X					
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
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 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

		A		B		C		D	
		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		X				
2	Is the bond issue a variable rate issue?	X			X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider	0		0					
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		X				
6	Did the bond issue qualify for an exception to rebate?	X		X					

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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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

2011

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	(c) Corrected? 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	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) 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
(1) CHRISTINA M CRONKITE	FAMILY MEMBER - OFFICER	36,184	EMPLOYEE		No
(2) KELLY L FULTON	FAMILY MEMBER - OFFICER	144,624	EMPLOYEE		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
SAINT BARNABAS CORPORATION	22-2405279

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	BARNABAS HEALTH ========== SAINT BARNABAS CORPORATION (SBC) IS A NOT-FOR-PROFIT HEALT HCARE ORGANIZATION WITH CORPORATE OFFICES IN WEST ORANGE, NEW JERSEY SAINT BARNABAS CORPO RATION, WHICH OPERATES UNDER THE NAME OF THE BARNABAS HEALTH ("BH"), IS THE SOLE CORPORATE MEMBER OF VARIOUS HEALTHCARE-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 INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3) AS THE PA RENT ORGANIZATION OF THE LARGEST TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM IN NEW J ERSEY, BARNABAS HEALTH STRIVES TO CONTINUALLY DEVELOP AND OPERATE A MULTI-HOSPITAL HEALTHC ARE SYSTEM WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH A COMPREHENSIVE SPECTRUM O F HEALTHCARE SERVICES TO THE RESIDENTS OF NEW JERSEY AND SURROUNDING COMMUNITIES BARNABAS HEALTH ENSURES THAT ITS SYSTEM PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL IN DIVIDUALS REGARDLESS OF RACE, COLOR, CREED, GENDER, SEXUAL ORIENTATION, NATIONAL ORIGIN, F INANCIAL STATUS OR DISABILITY NO INDIVIDUAL IS DENIED NECESSARY MEDICAL CARE, TREATMENT O R SERVICE MOREOVER, BARNABAS HEALTH PROVIDES HEALTHCARE SERVICES TO PATIENTS WHO MEET CER TAIN CRITERIA DEFINED BY THE NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES WITHOUT C HARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES BARNABAS HEALTH MAINTAINS RECORDS TO IDEN TIFY AND MONITOR THE AMOUNT OF CHARITY CARE IT PROVIDES THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY BAR NABAS HEALTH FACILITIES PROVIDE TREATMENT AND SERVICES FOR MORE THAN TWO MILLION PATIENT V ISITS EACH YEAR AND DELIVER MORE THAN 16,000 BABIES ANNUALLY BARNABAS HEALTH INCLUDES APP ROXIMATELY 18,000 EMPLOYEES (THE SECOND LARGEST PRIVATE EMPLOYER IN THE STATE), INCLUDING 5,360 NURSES, OVER 4,500 PHYSICIANS (ONE-FIFTH OF THE STATE'S ACTIVELY PRACTICING PHYSICIA NS), AND 445 MEDICAL RESIDENTS AND INTERNS (THE LARGEST NON-UNIVERSITY COMPLEMENT OF RESID ENTS IN NEW JERSEY) MORE THAN 300 TRUSTEES AND 3,100 VOLUNTEERS PROVIDE SERVICE AS PART O F BARNABAS HEALTH IN 2012, BARNABAS HEALTH WAS NAMED BY BECKER'S HOSPITAL REVIEW AS ONE O F THE "100 BEST PLACES TO WORK IN HEALTHCARE." BARNABAS HEATH INCLUDES SIX ACUTE CARE HOSP ITALS, TWO CHILDREN'S HOSPITALS, REHABILITATION CENTERS, AMBULATORY CARE FACILITIES, GERIA TRIC CENTERS, A FREE-STANDING INPATIENT PSY CHIATRIC FACILITY, THE STATE'S LARGEST STATE WI DE BEHAVIORAL HEALTH NETWORK, COMPREHENSIVE HOSPICE AND HOME CARE PROGRAMS AMONG BARNABAS HEALTH'S NATIONALLY RECOGNIZED SERVICES AND FACILITIES ARE - NEW JERSEY'S ONLY CERTIFIED BURN TREATMENT FACILITY (TOP 10 IN THE UNITED STATES) - COMPREHENSIVE CARDIAC SURGERY SER VICES FOR ADULTS (US NEWS AND WORLD REPORT NAMED NEWARK BETH ISRAEL MEDICAL CENTER ONE OF THE TOP 50 PROGRAMS FOR HEART AND HEART SURGERY IN 2010 AND 2011) - THE STATE'S OLDEST AND MOST EXPERIENCED HEART TRANSPLANT PROGRAM, PERFORMED OVER 670 TRANSPLANTS (RANKED AS ONE OF THE NATION'S TOP FIVE PROGRAMS) - JOINT COMMISSION CERTIFICATION IN ACUTE CORONARY SYND ROME AT THE SIX BH ACUTE CARE HOSPITALS, CHEST PAIN ACCREDITATION BY THE SOCIETY OF CHEST PAIN CENTERS - NEW JERSEY'S ONLY LUNG TRANSPLANT PROGRAM - TWO KIDNEY TRANSPLANT CENTERS T HAT COMBINED VOLUME RANKS IN THE TOP 5 CENTERS BY VOLUME IN THE NATION - A RENOWNED NEUROL OGY AND NEUROSURGERY PROGRAM - 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 JA CQUELINE M WILENTZ COMPREHENSIVE BREAST CENTER - ONE STATE-ACCREDITED COMPREHENSIVE STROK E CENTER AND FIVE STATE- ACCREDITED PRIMARY STROKE CENTERS - COMPREHENSIVE BREAST CENTER A T THE SAINT BARNABAS AMBULATORY CARE CENTER, HIGHEST NUMBER OF MAMMOGRAMS AND BREAST IMAGI NG EXAMS ANNUALLY IN THE REGION AND ONE OF THE HIGHEST IN THE U S - THREE REGIONAL PERINA TAL CENTERS WITH THE HIGHEST LEVEL NEONATAL INTENSIVE CARE UNITS - WOMEN'S AND CHILDREN'S SERVICES, INCLUDING THE CHILDREN'S HOSPITAL AT MONMOUTH MEDICAL CENTER AND CHILDREN'S HOSP ITAL OF NEW JERSEY AT NEWARK BETH ISRAEL MEDICAL CENTER WHICH HOUSES NEW JERSEY'S ONLY NEO NATAL ECMO PROGRAM FOR LIFE SUPPORT - LARGEST PEDIATRIC EMERGENCY DEPARTMENT IN THE STATE (NEWARK BETH ISRAEL MEDICAL CENTER) - PEDIATRIC CARDIAC PROGRAMS AFFILIATION WITH UNIVERSI TY OF MEDICINE AND DENTISTRY ---------- IN JANU ARY 2008, THE SYSTEM ENTERED INTO A NEW AGREEMENT WITH THE UMDNJ-NJMS IN NEW JERSEY TO FOR M A COMPREHENSIVE ACADEMIC AFFILIATION AND STRATEGIC ALLIANCE, THEREBY CREATING AN AFFILIA TION INCLUDING TWO OF NEW JERSEY'S ACADEMIC AND PROVIDER SYSTEMS THE NJMS INCLUDES MORE T HAN 700 FACULTY AND 1,300 VOLUNTEER FACULTY IN 19 ACADEMIC DEPARTMENTS, A NETWORK OF 19 AF FILIATED HOSPITALS, AND, SPONSORSHIP OF 48 RESIDEN

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	CY AND FELLOWSHIP PROGRAMS UNDER THE AGREEMENT, THE TWO SYSTEMS EXPLORE AND PURSUE OPPORT UNITIES FOR COLLABORATION IN MEDICAL EDUCATION, DEVELOPMENT OF SELECTED JOINT CLINICAL PRO GRAMS AND SHARED NON-CLINICAL SERVICES TO DATE, SAINT BARNABAS MEDICAL CENTER AND NEWARK BETH ISRAEL MEDICAL CENTER HAVE BECOME MAJOR TEACHING AFFILIATES OF UMDNJ-NJMS (SEE "GRADU ATE MEDICAL EDUCATION") AND MEMBERS OF THE FACULTY AT EACH OF THESE TWO HOSPITALS HAVE PAR TICIPATED IN A NUMBER OF UMDNJ-NJMS SPONSORED CONTINUING MEDICAL EDUCATION PROGRAMS MEMBE RS OF THE FACULTY FROM UMDNJ-NJMS HAVE PARTICIPATED IN BARNABAS HEALTH'S EDUCATIONAL PROGR AMS AS WELL IN ADDITION, THE TWO SYSTEMS EVALUATE A NUMBER OF JOINT PROGRAM DEVELOPMENT I NITIATIVES THE SYSTEM BELIEVES THAT THE AFFILIATION WITH THE UMDNJ-NJMS AND ITS SUBSTANTI AL PROGRAMS IN CLINICAL RESEARCH AND BASIC SCIENTIFIC INVESTIGATION STRENGTHENS ITS MEDICA L EDUCATION AND RESEARCH ACTIVITIES GRADUATE MEDICAL EDUCATION AND OTHER EDUCATION PROGRA MS ---------- THE MEDICAL EDUCATION PROGRAMS WITHIN THE BARNABAS HEALTH SYSTEM INCLUDE UNDERGRADUATE MEDICAL EDUCATION, GRADUATE MEDICA L EDUCATION, CONTINUING MEDICAL EDUCATION AND ALLIED HEALTH PROFESSIONS EDUCATION GRADUAT E MEDICAL EDUCATION PROGRAMS ARE SPONSORED BY THE THREE TEACHING INSTITUTIONS AFFILIATED W ITH THE SYSTEM MONMOUTH MEDICAL CENTER, NEWARK BETH ISRAEL MEDICAL CENTER, AND SAINT BARN ABAS MEDICAL CENTER THE SYSTEM IS A MAJOR CLINICAL CAMPUS FOR MEDICAL STUDENTS FROM UMDNJ -NJMS, NEWARK, NJ, DREXEL UNIVERSITY COLLEGE OF MEDICINE, PHILADELPHIA, THE NEW YORK COLLE GE OF OSTEOPATHIC MEDICINE, OLD WESTBURY, NY, AND SAINT GEORGE'S SCHOOL OF MEDICINE, GRENA DA FOR JUNIOR YEAR CLERKSHIP AND SENIOR YEAR ELECTIVES CLINICAL RESEARCH AND PUBLIC HEALT H ISSUES ARE AN INTEGRAL PART OF OUR EDUCATION MISSION RESIDENCIES AND FELLOWSHIPS IN A W IDE VARIETY OF SPECIALTIES AND SUBSPECIALTIES ARE OFFERED CLINICAL RESEARCH AND PUBLIC HE ALTH 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 CO MMUNITY A NUMBER OF PHYSICIAN-ASSISTANT, TECHNICIAN AND OTHER ALLIED HEALTH PROFESSIONS S TUDENTS 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 TH E MOST CURRENT, COST-EFFECTIVE, AND INTEGRATED MEDICAL CARE POSSIBLE. BARNABAS HEALTH QUAL ITY ---------- THE BARNABAS HEALTH QUALITY PROGRAM IS ORGANIZED AROUND FIVE M AJOR PORTFOLIOS OF ACTIVITY, WHICH REPRESENT IMPORTANT CONTENT AREAS OF QUALITY THAT SPAN ACROSS ALL OF OUR AFFILIATE SITES ACCREDITATION AND LICENSURE, PATIENT SAFETY, PERFORMANC E IMPROVEMENT, CLINICAL RESOURCE MANAGEMENT AND SERVICE EXCELLENCE. TO BE SUCCESSFUL AT IM PROVING THESE MAJOR AREAS OF QUALITY, WE RELY ON THE PRINCIPLES OF QUALITY IMPROVEMENT QU ALITY IMPROVEMENT REQUIRES DATA AND PROCESS ANALYSIS, TEAMWORK AND FACILITATION, AND A PRO JECT MANAGEMENT MINDSET THAT ALLOWS US TO MANAGE OUR WORK AND DRIVE IMPROVEMENT ANOTHER C RITICAL ELEMENT OF OUR QUALITY PROGRAM IS OUR COLLABORATIVES THESE ARE FRONT LINE LEADERS FROM EMERGENCY MEDICINE, CRITICAL CARE, INFECTION CONTROL, OBSTETRICS AND GYNECOLOGY AND PERIOPERATIVE MEDICINE WHO ASSIST US IN IDENTIFYING BEST PRACTICES IN THEIR DISCIPLINE AND IMPLEMENTING THESE IN ALL OF OUR HOSPITALS

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	PATIENT SATISFACTION ---------- A DEPARTMENT OF PATIENT SATISFACTION/EXPERIENCE IS ACTIVE IN EACH OF THE BARNABAS HEALTH HOSPITALS - A FIRST IN NEW JERSEY WHEN IT WAS CRE ATED 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 C OMMUNICATE THEIR IDEAS CONSTANT EVALUATION OF AND ATTENTION TO PATIENTS' OPINIONS THROUGH FORMALIZED SURVEYS HELPS BH IDENTIFY AREAS OF STRENGTH AND THE AREAS WHERE THERE CAN BE I MPROVEMENT BH IS COMMITTED TO FULFILLING OUR ETHICAL OBLIGATION TO PROVIDE THE FINEST HEA LING ENVIRONMENT FOR OUR PATIENTS AND THEIR FAMILIES, AND A POSITIVE, FULFILLING WORK ENVI RONMENT FOR OUR PHYSICIANS AND EMPLOYEES AWARDS AND HONORS ========== BARNABAS HEA LTH'S COMMITMENT TO QUALITY AND SERVICE HAS RESULTED IN MANY AWARDS AND RECOGNITIONS FOR T HE SYSTEM AND ITS CENTERS THESE INCLUDE, BUT ARE NOT LIMITED, TO BARNABAS HEALTH ------- -------- - ALL SIX GENERAL ACUTE CARE HOSPITALS OF BARNABAS HEALTH HAVE BEEN NAMED TO THE U S NEWS & WORLD REPORT'S FIRST-EVER BEST HOSPITALS METRO AREA BY SCORING IN THE TOP 25 P ERCENT AMONG THEIR PEERS IN AT LEAST ONE OF 16 MEDICAL SPECIALTIES - BECKER'S HOSPITAL RE VIEW NAMED BARNABAS HEALTH "ONE OF THE BEST PLACES TO WORK" IN HEALTHCARE IN THE US FOR 20 12 - AARP RECOGNIZED BARNABAS HEALTH IN 2011 AS BEING ONE OF THE TOP EMPLOYERS FOR PEOPLE OVER 50 - BARNABAS HEALTH RECEIVED THE CEO CANCER GOLD STANDARD RE-ACCREDITATION FOR ITS COMMITMENT TO TAKING CONCRETE ACTIONS TO REDUCE THE CANCER RISK OF ITS EMPLOYEES AND THEI R FAMILIES, ONE OF ONLY 50 COMPANIES IN THE NATION - FIVE BARNABAS HEALTH HOSPITALS WERE NAMED AMONG ONLY 12 NEW JERSEY HOSPITALS AND ONLY 405 HOSPITALS THROUGHOUT THE UNITED STAT ES, AMONG 3,099 CONSIDERED, AS 'TOP PERFORMERS ON KEY QUALITY MEASURES' BY THE PRESTIGIOUS JOINT COMMISSION THE ORGANIZATION IS THE LEADING ACCREDITOR OF HEALTHCARE ORGANIZATIONS IN AMERICA CLARA MAASS MEDICAL CENTER ("CMMC") ---------- CLARA MAASS MEDICAL CENTER IS THE RECIPIENT OF NUMEROUS AWARDS AND HONORS INCLUDING THE FOLLOWIN G HEALTHGRADES - 2012 AND 2011 SPECIALTY EXCELLENCE RANKED IN THE TOP 5 PERCENT IN THE N ATION FOR EMERGENCY MEDICINE - 2011 SPECIALTY EXCELLENCE RANKED IN THE TOP 5 PERCENT IN T HE NATION FOR CRITICAL CARE - 2010, 2009, 2008, AND 2007 DISTINGUISHED HOSPITAL AWARD FOR CLINICAL EXCELLENCE (RANKED AMONG THE TOP 5% IN THE NATION) - 2010 SPECIALTY EXCELLENCE F OR GASTROINTESTINAL CARE (RANKED AMONG THE TOP 10% IN THE NATION) - 2011 FIVE STAR RATING IN HIP FRACTURE REPAIR - 2010 FIVE STAR RATING IN BOWEL OBSTRUCTION, DIABETIC ACIDOSIS & COMA, HEART FAILURE, HIP FRACTURE REPAIR, PNEUMONIA, SEPSIS, VASCULAR BYPASS SURGERY US N EWS AND WORLD REPORT - ONE OF 50 BEST HOSPITALS IN THE NY METRO AREA 2010-2011 FOR CANCER , DIABETES & ENDOCRINOLOGY, GASTROENTEROLOGY, GERIATRICS, NEUROLOGY & NEUROSURGERY, AND UR OLOGY NJHDSS HOSPITAL PERFORMANCE REPORT SHOWS - IN 2011, RANKED TOP IN THE STATE FOR TR EATMENT OF CONGESTIVE HEART FAILURE AND HEART ATTACK - IN 2010 AND 2009, RANKED TOP IN THE STATE FOR THE TREATMENT OF CONGESTIVE HEART FAILURE, HEART ATTACK AND PNEUMONIA - ACHIEV ED THE TOP 10TH PERCENTILE RATING - CMMC WAS ONE OF ONLY 4 NJ HOSPITALS TO MEET THIS STAND ARD - IN 2010, ACHIEVED HIGHEST PERFORMANCE REPORT IN SURGICAL CARE IMPROVEMENT SCORES PRE SS GANEY - 2008 BEHAVIORAL HEALTH AT CMMC WAS THE RECIPIENT OF THE SUMMIT AWARD FOR PATI ENT SATISFACTION - JOINT COMMISSION DISEASE-SPECIFIC CARE CERTIFICATION IN ACUTE CORONARY SYNDROME (ACS) - QUALITY RESPIRATORY CARE RECOGNITION (QRCR) BY THE AMERICAN ASSOCIATION F OR RESPIRATORY CARE - JOINT COMMISSION DISEASE-SPECIFIC CARE CERTIFICATION IN HEART FAILUR E - JOINT COMMISSION DISEASE-SPECIFIC CARE CERTIFICATION IN TOTAL HIP REPLACEMENT AND IN T OTAL KNEE REPLACEMENT - THE CANCER CENTER IS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEON S - THE RADIATION ONCOLOGY DEPARTMENT IS ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY - CMMC IS A NJ DEPARTMENT OF HEALTH DESIGNATED PRIMARY STROKE CENTER - THE CENTER FOR SLEEP DISORDERS IS ACCREDITED BY THE AMERICAN ACADEMY OF SLEEP MEDICINE - AMERICAN ASSOCIATION OF DIABETES EDUCATORS ACCREDITED - LABORATORY ACCREDITED BY THE COLLEGE OF AMERICAN PATHOL OGISTS (CAP) COMMUNITY MEDICAL CENTER ("CMC") ---------- ---------- CMC HAS BEE N RECOGNIZED WITH DISTINGUISHED AWARDS FOR CLINICAL EXCELLENCE SOME OF THESE ARE LISTED B ELOW - THE HOSPITAL WAS SURVEYED BY THE JOINT COMMISSION AND RECEIVED ITS TRIENNIAL RE-AC CREDITATION FOR THE HOSPITAL, HOME CARE AND HOSPICE PROGRAMS - THE HOSPITAL VOLUNTARILY UN DERWENT DISEASE SPECIFIC SURVEYS AND RECEIVED THE JOINT COMMISSION - GOLD SEAL OF APPROVAL FOR ACUTE CORONARY SYNDROME, TOTAL JOINT REPLACEMENT - HIP & KNEE, AND STROKE CARE - THE NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES DESIGNATED CMC AS A PRIMARY STROKE CE NTER - THE COMMISSION ON CANCER OF THE AMERICAN CO

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	LLEGE OF SURGEONS DESIGNATED CMC AS A COMMUNITY HOSPITAL COMPREHENSIVE CANCER PROGRAM THE PROGRAM HAS HAD THIS DISTINCTION SINCE 1986 - THE AMERICAN COLLEGE OF RADIOLOGY RENEWED ACCREDITATIONS FOR MAMMOGRAPHY, ULTRASOUND, NUCLEAR MEDICINE, CT SCAN, MRI AND RADIATION O NCOLOGY HEALTHGRADES AWARDS - AMERICA'S 50 BEST HOSPITALS - DISTINGUISHED HOSPITAL AWARD FOR CLINICAL EXCELLENCE - EMERGENCY MEDICINE EXCELLENCE AWARD - GYNECOLOGIC SURGERY EXCELL ENCE AWARD - GASTROINTESTINAL SURGERY EXCELLENCE AWARD - MATERNITY CARE EXCELLENCE AWARD - ORTHOPEDIC CARE EXCELLENCE AWARD - PULMONARY CARE EXCELLENCE AWARD - STROKE CARE EXCELLEN CE AWARD - CORONARY INTERVENTIONAL EXCELLENCE AWARD - FIVE-STAR FOR TREATMENT OF HEART ATT ACK - FIVE-STAR FOR TREATMENT OF HEART FAILURE - FIVE STAR RATING FOR CRITICAL CARE - CMC ASSOCIATES AND MEDICAL STAFF COLLECTED NEARLY 16,000 POUNDS OF FOOD AND DONATED IT TO AREA FOOD BANKS IN OCEAN COUNTY OVER 75,000 POUNDS OF FOOD HAS BEEN DONATED TO THOSE IN NEED DURING THE PAST 5 YEARS - THE SECOND ANNUAL BACK TO SCHOOLS SUPPLIES DRIVE SPONSORED BY C MC EMPLOYEES COLLECTED 115 BACKPACKS ALONG WITH CARTONS OF CRAYONS, MARKERS, PENCILS, PEN S, CALCULATORS, FILLER PAPER, NOTEBOOKS, HIGHLIGHTERS, LUNCHBOXES, ETC, FOR CHILDREN IN NE ED - CMC CELEBRATED ITS 50TH ANNIVERSARY OF CARING FOR OCEAN COUNTY RESIDENTS, EVOLVING F ROM A 50 BED HOSPITAL TO A REGIONAL MEDICAL CENTER PROVIDING CARE IN MOST MEDICAL AND SURG ICAL SPECIALTIES - CMC'S WOMEN'S IMAGING CENTER WAS HONORED BY NJCEED (NEW JERSEY CANCER EDUCATION AND EARLY DETECTION PROGRAM) FOR ITS DEDICATION AND SERVICES OF PROVIDING CANCER SCREENING SERVICES TO THE RESIDENTS OF OCEAN COUNTY WHO ARE IN NEED - THE EMERGENCY DEPA RTMENT TREATS OVER 97,000 ADULT AND PEDIATRIC EMERGENCY PATIENTS ANNUALLY - THE J PHILLI P CITTA REGIONAL CANCER CENTER BROUGHT THE RAPID ACR LINEAR ACCELERATOR AND THE CYBERKNIFE TO OCEAN COUNTY OFFERING AREA RESIDENTS ACCESS TO THE LATEST GENERATION OF CANCER FIGHTIN G TECHNOLOGIES KIMBALL MEDICAL CENTER ("KMC") ---------- - ACKNOWLEDG ED BY THE AMERICAN NURSES CREDENTIALING CENTER (ANCC) WITH MAGNET RECOGNITION, THE HIGHEST HONOR GIVEN IN NURSING - RECOGNIZED IN U S NEWS AND WORLD REPORT'S BEST HOSPITALS (METRO AREA) - DESIGNATED PRIMARY STROKE CENTER BY THE NEW JERSEY DEPARTMENT OF HEALTH AND SENIO R SERVICES - RECIPIENT OF THE MAGNET AWARD FOR NURSING EXCELLENCE - JOINT COMMISSION ACCRE DITED FOR HOSPITAL AND BEHAVIORAL HEALTHCARE - GRANTED A THREE-YEAR TERM OF ACCREDITATION IN THE AREA OF ADULT TRANSESOPHAGEAL AND ADULT TRANSTHORACIC BY THE INTERSOCIETAL COMMISSI ON FOR THE ACCREDITATION OF ECHOCARDIOGRAPHY LABORATORIES (ICAEL) - THREE DOCTORS AFFILIA TED WITH KMC HAVE BEEN NAMED "TOP DOCTORS OF NEW JERSEY" FOR TWO CONSECUTIVE YEARS BY CAST LE CONNOLLY MEDICAL, LTD , THE GOLD STANDARD FOR MEDICAL RATINGS RESEARCH - RECEIVED THE GET WITH THE GUIDELINES-HEART FAILURE BRONZE QUALITY ACHIEVEMENT AWARD FROM THE AMERICAN H EART ASSOCIATION - RECEIVED DISEASE-SPECIFIC CARE CERTIFICATION IN ACUTE CORONARY SYNDROM E (ACS) FROM THE JOINT COMMISSION THE JOINT COMMISSION'S DISEASE-SPECIFIC CARE CERTIFICAT ION PROGRAM, LAUNCHED IN 2002, EVALUATES CLINICAL PROGRAMS ACROSS THE CONTINUUM OF CARE AN D IS CONSIDERED THE GOLD SEAL OF APPROVAL FOR HEALTHCARE QUALITY

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	MONMOUTH MEDICAL CENTER (''MMC'') ---------- - RATED IN THE TOP FIVE PE RCENT OF THE NATION FOR BOTH EMERGENCY MEDICINE AND MATERNITY CARE BY HEALTHGRADES FOR THR EE YEARS IN A ROW - 2010 THROUGH 2012 - IN 2011, THE JACQUELINE M WILENTZ COMPREHENSIVE BREAST CENTER AT MONMOUTH MEDICAL CENTER ACHIEVED STATUS AS A CERTIFIED QUALITY BREAST CEN TER OF EXCELLENCE - THE HIGHEST CERTIFICATION LEVEL OFFERED BY THE NATIONAL QUALITY MEASUR ES FOR BREAST CENTERS (NQMBC) - THE WILENTZ CENTER IS THE FIRST IN THE REGION AND THE 18T H IN THE NATION TO BE DESIGNATED AS A CERTIFIED QUALITY BREAST CENTER OF EXCELLENCE, THE H IGHEST RECOGNITION ATTAINABLE FROM THE NATIONAL QUALITY MEASURES FOR BREAST CENTERS - MMC WAS THE FIRST HOSPITAL IN NEW JERSEY TO IMPLEMENT BREAST SPECIFIC GAMMA IMAGING (BSGI) - THE NEWEST TECHNIQUE TO IDENTIFY CANCEROUS LESIONS IN THE BREAST - AND AUTOMATED WHOLE BRE AST ULTRASOUND - TECHNOLOGY THAT COMBINES THE KNOWN BENEFIT OF ULTRASOUND FOR BREAST CANCE R DIAGNOSIS WITH AN AUTOMATED IMAGING SYSTEM - MMC HOLDS THE GOLD SEAL OF ACCREDITATION F ROM THE AMERICAN COLLEGE OF RADIOLOGY FOR ITS ADVANCED IMAGING SYSTEMS, AND WAS THE FIRST IN NEW JERSEY AND THE 20TH IN THE NATION TO ACHIEVE THIS STATUS FOR MAGNETIC RESONANCE IMA GING (MRI) FOR THE BREAST - TOMOTHERAPY INC NAMED MONMOUTH THEIR OFFICIAL GLOBAL TRAININ G SITE TO PROVIDE TRAINING TO VISITORS FROM AROUND THE WORLD - MMC WAS THE FIRST HOSPITAL IN THE REGION TO OPEN A GAMMA KNIFE CENTER, OFFERING PATIENTS WITH BRAIN DISORDERS A PROV EN ALTERNATIVE TO INVASIVE SURGERY - MMC WAS CHOSEN BY THE INSTITUTE FOR HEALTHCARE IMPRO VEMENT AS ONE OF ONLY 14 HOSPITALS IN THE NATION AND THE ONLY HOSPITAL IN NEW JERSEY TO PA RTICIPATE IN A KEY NATIONAL INITIATIVE TO IMPROVE CARE FOR HEART FAILURE PATIENTS - THE C HILDREN'S HOSPITAL AT MMC WAS THE FIRST HOSPITAL IN NEW JERSEY TO OPEN A LEVEL III NEONATA L INTENSIVE CARE UNIT IT HAS ONE OF THE HIGHEST SURVIVAL RATES AMONG NEONATAL INTENSIVE C ARE UNITS IN THE COUNTY AND RANKS IN THE TOP ONE-THIRD FOR SURVIVAL AMONG SUCH UNITS THAT PARTICIPATED IN VERMONT/OXFORD NETWORK'S INTERNATIONAL DATABASE FOR BENCHMARKING - THE CH ILDREN'S HOSPITAL AT MMC PERFORMS THE SECOND-HIGHEST NUMBER - OF PEDIATRIC SURGERIES IN THE STATE - NEARLY 2,000 INPATIENT AND SAME-DAY PROCEDURES EACH YEAR - THE CHILDREN'S HOSPIT AL AT MMC DELIVERS MORE THAN 4,000 BABIES EACH YEAR MORE THAN ANY OTHER HOSPITAL IN MONMOU TH AND OCEAN COUNTIES - THE CHILDREN'S CRISIS INTERVENTION SERVICE IS THE ONLY STATE-DESI GNATED PROGRAM IN MONMOUTH AND OCEAN COUNTIES THAT PROVIDES INPATIENT TREATMENT FOR CHILDR EN AND ADOLESCENTS WITH ACUTE EMOTIONAL, BEHAVIORAL OR PSYCHOLOGICAL PROBLEMS - MMC HAS O NE OF ONLY THREE CYSTIC FIBROSIS (''CF'') CENTERS IN THE STATE AND HAS EARNED A PRESTIGIOUS DISTINCTION AS A COMPREHENSIVE CF CENTER IT IS THE OLDEST AND LARGEST OF THE CENTERS IN N EW JERSEY - MMC HAS RECEIVED FULL ACCREDITATION AS A CYCLE III ACCREDITED CHEST PAIN CENT ER FROM THE SOCIETY OF CHEST PAIN CENTERS (SCPC) CYCLE III IS THE HIGHEST LEVEL OF ACCRED ITATION - MMC RECEIVED THE CULTURAL DIVERSITY PARTNERSHIP AWARD FROM THE LAKEWOOD SHOPPER AND THE OCEAN COUNTY SHERIFF'S DEPARTMENT - MMC RECEIVED CT ACCREDITATION FROM THE AMERI CAN COLLEGE OF RADIOLOGY (ACR) WITH ZERO DEFICIENCIES MMC, A BARNABAS HEALTH FACILITY, HA S BEEN GRANTED ULTRASOUND ACCREDITATION BY THE AMERICAN COLLEGE OF RADIOLOGY (ACR) ULTRASO UND COMMITTEE - MMC WAS VOTED BEST OF THE BEST HOSPITAL IN THE 2011 ASBURY PARK PRESS REA DERS' CHOICE AWARDS - U S NEWS & WORLD REPORT RECOGNIZED MMC AS A REGIONAL LEADER IN CAN CER, GERIATRICS, GYNECOLOGY, NEUROLOGY AND NEUROSURGERY - MMC HAS THE LOWEST SURGICAL MOR TALITY RATE IN NEW JERSEY AND THE LOWEST PNEUMONIA MORTALITY RATE IN THE STATE - MMC IS D REXEL UNIVERSITY'S LARGEST MAJOR ACADEMIC MEDICAL AFFILIATE IN NEW JERSEY AND IS THE ONLY AREA ACADEMIC MEDICAL CENTER TO ACHIEVE REGIONAL MEDICAL CAMPUS STATUS - MMC IS RECOGNIZE D AS A DISTINGUISHED ACADEMIC MEDICAL CENTER AMONG AN ELITE GROUP OF THE NATION'S NINE LEA DING TEACHING HOSPITALS, BY PRESS GANEY - MMC IS A DESIGNATED PRIMARY STROKE CENTER AND A CCREDITED CHEST PAIN CENTER - MMC, A BARNABAS HEALTH FACILITY, HAS BEEN GRANTED ULTRASOUN D ACCREDITATION BY THE AMERICAN COLLEGE OF RADIOLOGY (ACR) ULTRASOUND COMMITTEE - THE NEW GEM UNIT OPENED IN NOVEMBER AND FEATURES SIX PRIVATE ENCLOSED ROOMS IN A SEPARATE AREA OF THE HOSPITAL'S EMERGENCY DEPARTMENT SPECIALLY DESIGNED TO MEET THE COMPLEX NEEDS OF THE F RAIL ELDERLY AND THEIR CARETAKERS - THE PRESTIGIOUS AMERICAN DIABETES ASSOCIATION EDUCATI ON RECOGNITION CERTIFICATE FOR A QUALITY DIABETES SELF-MANAGEMENT EDUCATION PROGRAM WAS RE CENTLY AWARDED TO THE PEDIATRIC ENDOCRINOLOGY PROGRAM OF THE CHILDREN'S HOSPITAL AT MMC AS WELL AS THE CENTER FOR DIABETES EDUCATION AT MMC - AN HONOR ORIGINALLY BESTOWED ON THE ME DICAL CENTER IN 2007 WITH THIS RECOGNITION, THE CENTER WAS RE-CERTIFIED BY THE ADA AS OFF ERING HIGH QUALITY DIABETES SELF-MANAGEMENT EDUCAT

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ION THAT IS AN ESSENTIAL COMPONENT OF EFFECTIVE DIABETES TREATMENT NEWARK BETH ISRAEL MED ICAL CENTER (''NBIMC'') ---------- NBIMC IS THE RECIPIENT O F NUMEROUS AWARDS AND HONORS INCLUDING THE FOLLOWING - 2012 HEALTHCARE PROFESSIONAL OF TH E YEAR AWARD FROM THE NEW JERSEY HOSPITAL ASSOCIATION - 2012 EXCELLENCE IN QUALITY IMPROVE MENT AWARDS FOR INTENSIVE CARE UNIT FROM THE NEW JERSEY HOSPITAL ASSOCIATION - 2012 HRET C OMMUNITY OUTREACH AWARD FOR THE NBIMC WELLNESS PROGRAM FROM THE NEW JERSEY HOSPITAL ASSOCI ATION - 2011-12 U S NEWS & WORLD REPORT'S BEST HOSPITALS, NATIONALLY RANKED #49 IN CARDIO LOGY & HEART SURGERY, HIGH-PERFORMING IN CANCER, DIABETES & ENDOCRINOLOGY, EAR, NOSE & THR OAT, GASTROENTEROLOGY, GERIATRICS, NEPHROLOGY, NEUROLOGY & NEUROSURGERY, PULMONOLOGY, UROL OGY OVERALL RANKING OF #12 IN THE NEW YORK METRO AREA - RECOGNITION FOR CONSISTENT HIGH LEVEL PERFORMANCE IN CORE MEASURES FROM THE JOINT COMMISSION - 2011 AMERICAN HEART ASSOCIA TION, GET WITH THE GUIDELINES, GOLD PERFORMANCE ACHIEVEMENT AWARD, HEART FAILURE (JULY - J UNE) - AMERICAN HEART ASSOCIATION, NATIONAL CARDIOVSCULAR DATA REGISTRY 2011 SILVER PERFOR MANCE RECOGNITION FOR AMI BASED ON DATA SUBMITTED TO ACTION REGISTRY-GWTG (GET WITH THE GU IDELINES) - AMERICAN HEART ASSOCIATION, MISSION LIFELINE STEMI RECEIVING CENTER, BRONZE P ERFORMANCE ACHIEVEMENT AWARD (BASED ON DATA SUBMITTED TO ACTION REGISTRY-GWTG GET WITH THE GUIDELINES, ONLY ONE OTHER HOSPITAL RECEIVED IN NJ-DIFFICULT BECAUSE IT INCLUDES TIMING M EASURES FOR TRANSFER PATIENTS WITH STEMI) VALID FOR DATA ENTERED JANUARY 1, 2010 TO DECEMB ER 31, 2010 - INSTITUTE FOR HEALTHCARE IMPROVEMENT RECOGNITION AS A MENTOR HOSPITAL REGIST RY FOR INFECTION PREVENTION, MRSA - DESIGNATED AS A PRIMARY STROKE CENTER BY THE NEW JERSE Y DEPARTMENT OF HEALTH AND SENIOR SERVICES - THE JOINT COMMISSION DISEASE SPECIFIC ACCRED ITATIONS FOR ACUTE CORONARY SYNDROME, VAD DESTINATION THERAPY, - FULL ACCREDITATION BY TH E JOINT COMMISSION, TRIENNIAL SURVEY - FULL ACCREDITATION WITH COMMENDATION BY COMMISSION ON CANCER - STOKE CENTER DESIGNATION, NEW JERSEY DEPARTMENT OF HEALTH - NUCLEAR MEDICINE, ICANML ACCREDITATION, NUCLEAR REGULATORY COMMISSION - AMERICAN COLLEGE OF RADIATION ONCOLO GY ACCREDITATION - RADIOLOGY AMERICAN COLLEGE OF RADIOLOGY ACCREDITATION, MAMMOGRAPHY QUA LITY STANDARDS ACT CERTIFICATION - INTER-SOCIETAL COMMISSION FOR THE ACCREDITATION OF THE ECHOCARDIOGRAPHY - LABORATORIES - CARDIAC NON INVASIVE - AMERICAN COLLEGE OF RADIATION ONC OLOGY ACCREDITATION - AMERICAN ACADEMY OF SLEEP MEDICINE ACCREDITATION - BLOOD BANK, STATE OF NEW JERSEY, AMERICAN ASSOCIATION OF BLOOD BANKS, FDA - LABORATORY, COLLEGE OF AMERICAN PATHOLOGY - RADIOLOGY - MAMMOGRAPHY QUALITY STANDARDS CERTIFICATION/ AMERICAN COLLEGE OF RADIOLOGY

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	SAINT BARNABAS MEDICAL CENTER (''SBMC'') ---------- SBMC IS THE RECIPIENT OF NUMEROUS AWARDS AND HONORS INCLUDING THE FOLLOWING - 2010, THE BREAST CENTER RECEIVED NATIONAL ACCREDITATION BY NAPBC, NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTE RS BY THE AMERICAN COLLEGE OF SURGEONS - BEST REGIONAL HOSPITALS US NEWS AND WORLD REPORT FOR 2010-2011 SBMC WAS RECOGNIZED FOR THE AREAS OF CANCER, DIABETES & ENDOCRINOLOGY, GERI ATRICS, GYNECOLOGY, KIDNEY DISORDERS, NEUROLOGY & NEUROSURGERY, EAR, NOSE & THROAT AND URO LOGY - EXCELLENCE IN QUALITY IMPROVEMENT AWARD FOR ESTABLISHING A FAMILY ADVISORY COUNCIL TO IMPROVE PATIENT AND FAMILY EXPERIENCES IN THE NICU - THE INTERNATIONAL BOARD OF LACTATI ON CONSULTANT EXAMINERS (IBLCE) AND THE INTERNATIONAL LACTATION CONSULTANT ASSOCIATION (IL CA) AWARD FOR PROMOTING AND SUPPORTING BREASTFEEDING - THE QUALITY ONCOLOGY PRACTICE INIT IATIVE (QOPI) CERTIFICATION PROGRAM, AN AFFILIATE OF THE AMERICAN SOCIETY OF CLINICAL ONCO LOGY (ASCO) CERTIFICATION OF THE CANCER CENTER AT SBMC - THE JOINT COMMISSION DISEASE-SPEC IFIC CERTIFICATION - THE GOLD SEAL OF APPROVAL FOR STROKE CARE - THE CANCER CENTERS OF SB MC THREE-YEAR ACCREDITATION WITH COMMENDATION FROM THE COMMISSION ON CANCER (COC) OF THE A MERICAN COLLEGE OF SURGEONS (ACOS) - THE CLINICAL SCIENCES INSTITUTE OF OPTUMHEALTH CENTE R OF EXCELLENCE DESIGNATION FOR SBMC NEONATAL CENTER - LEVEL 4 SPECIALIZED EPILEPSY CENTER S DESIGNATION BY THE NATIONAL ASSOCIATION OF EPILEPSY CENTERS (NAEC) FOR THE ADULT AND PED IATRIC COMPREHENSIVE EPILEPSY CENTERS BARNABAS HEALTH BEHAVIORAL HEALTH CENTER (''BHBHC'') - ---------- --- BHBHC IS ACCREDITED BY THE JOINT COMMISS ION ON ACCREDITATION FOR HEALTH CARE ORGANIZATIONS THE BHBHC, THROUGH THE INSTITUTE FOR P REVENTION, HAS LED BH TO ACHIEVE THE CEO CANCER GOLD STANDARD FOR BH AND ITS HOSPITAL FACI LITIES THE CEO CANCER GOLD STANDARD ACCREDITATION IS BASED UPON A SERIES OF CANCER-RELATE D RECOMMENDATIONS TO FIGHT CANCER IN WORKPLACES IN THE UNITED STATES THE GOLD STANDARD IS A COMPREHENSIVE PROGRAM WITH THREE MAIN GOALS - RISK REDUCTION REDUCING THE RISK OF CAN CER BY NOT USING TOBACCO AND BY MAINTAINING A HEALTHY AND ACTIVE LIFESTYLE, - EARLY DETECT ION DETECTING CANCER AT THE EARLIEST POSSIBLE STAGE, WHEN TREATMENT HAS THE BEST CHANCE O F IMPROVING OUTCOMES, THROUGH AGE AND GENDER-APPROPRIATE SCREENINGS, AND - QUALITY CARE E NSURING ACCESS TO THE BEST AVAILABLE CANCER TREATMENT THE CEO CANCER GOLD STANDARD FOCUSE S ON FIVE CRITICAL AREAS, KNOWN AS THE FIVE PILLARS THE FIVE PILLARS ALIGN WITH THE GOLD STANDARD'S GOALS AS FOLLOWS BARNABAS HEALTH SERVICES ========== BARNABAS HE ALTH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT ITS SYSTEM INCLUDES THE FOLLOWING ACUTE CARE HOSPITALS LOCATED THROUGHOUT THE STATE OF NEW JERSEY 1 CLARA MAASS MEDICAL CENTER 2 COM MUNITY 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 RE VENUE RULING 69-545 1 PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES IN A NON-DISCRIMI NATORY MANNER TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, R ELIGION OR ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENT S, 2 OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DA Y, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES A VAILABLE TO ALL QUALIFIED PHY SICIANS, 4 CONTROL OF EACH HOSPITAL RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF SAINT BARNABAS CORPORATION, THE TAX-EXEMPT PARENT OR GANIZATION OF BARNABAS HEALTH 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 AC TIVITIES 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 O F THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTE REST BEING SERVED OTHER THAN INCIDENTALLY SELECT CENTERS OF EXCELLENCE ========== ========== CENTERS OF EXCELLENCE AT BARNABAS HEALTH'S ACUTE CARE HOSPITALS INCLUDE, BUT AR E NOT LIMITED TO, THE FOLLOWING WOMEN'S HEALTH CENTER (CLARA MAASS MEDICAL CENTER) ------ ---------- ---------- THE WOMEN'S HEALTH CENTER AT CLARA MAASS, HOU SED WITHIN THE HEALTH AND WELLNESS CENTER, PROVIDES SPECIALIZED SERVICES GEARED TOWARDS WO MEN'S WELLNESS AND ILLNESSES SOME OF THE SERVICES INCLUDE A DEDICATED BREAST SERVICE, OST EOPOROSIS SERVICE, PERINATAL PROGRAM, GYNECOLOGY,

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	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 MEDICAL CENTER IS HOUSED ON A DEDICATED NURSING UNIT WITHIN CLARA MAASS MEDICAL CENTER. 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 HEALTHCARE 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 APPROXIMATELY 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.

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	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 PROGR AMS 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 A ND SUPPORT THE CENTER ALSO OFFERS DIABETES EDUCATION AND SUPPORT WHICH IS DESIGNED FOR NE WLY 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 DEB ILITATING FORMS OF ARTHRITIS CAN SEEK EDUCATION ABOUT DIAGNOSIS, TREATMENTS, NEW MEDICATIO NS AND PHYSICAL THERAPY AND ALSO PARTICIPATE IN SPECIALLY DESIGNED CLASSES SUCH AS T'AI CH I, YOGA AND THE ARTHRITIS FOUNDATION'S EXERCISE PROGRAM PARTICIPANTS IN ALL OF THE PROGRA MS 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 O THERS TO LEARN AND SHARE EXPERIENCES, STRENGTH AND HOPE. THE JACQUELINE M WILENTZ COMPREH ENSIVE BREAST CENTER (MONMOUTH MEDICAL CENTER) ---------- ---------- ---------- COMMITTED TO MEETING THE BREAST HEALTHCARE NEEDS OF ALL WOME N, THE BREAST CENTER IS THE REGION'S ONLY FACILITY TO OFFER A MULTIDISCIPLINARY TEAM DEDIC ATED TO THE BREAST HEALTH NEEDS OF ALL WOMEN MMC PROVIDES A COMFORTABLE AND SUPPORTIVE SE TTING IN WHICH ALL OUTPATIENT BREAST HEALTHCARE SERVICES ARE FOUND IN ONE CONVENIENT LOCAT ION 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 WIT H BREAST CANCER OR BENIGN BREAST DISEASE. 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 TH E CRANMER AMBULATORY SURGERY CENTER (MONMOUTH MEDICAL CENTER) ---------- ---------- THE CENTER PROVIDES A FULL SPECTRUM OF SAME-DAY SURGIC AL SERVICES USING THE MOST MODERN TECHNOLOGY AVAILABLE. THE FACILITY INCLUDES FOUR FULL-SE RVICE OPERATING ROOMS, THREE MINOR PROCEDURE ROOMS AND A THREE-TIERED GRADUATED RECOVERY A REA, RESPECTING THE INDIVIDUAL NEEDS OF ADULT AND PEDIATRIC PATIENTS THE ONE-STORY, 19,00 0-SQUARE-FOOT BUILDING IS EQUIPPED TO PERFORM ALL TYPES OF SAME-DAY SURGICAL PROCEDURES, I NCLUDING ARTHROSCOPIC, LAPAROSCOPIC AND LASER TECHNIQUES EVERY ASPECT OF THE CENTER HAS B EEN DESIGNED TO PROVIDE THE ULTIMATE IN EFFICIENCY AND COMFORT FOR PATIENTS AND THEIR FAMI LIES, 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 CAN CER AND BLOOD DISORDERS SUCH AS SICKLE CELL ANEMIA, THALASSEMIA AND THROMBOCYTOPENIA CHIL DREN AND YOUNG ADULTS (BIRTH TO 21 YEARS OF AGE) WITH LEUKEMIA AND OTHER CANCERS ARE TREAT ED ACCORDING TO THE MOST ADVANCED THERAPEUTIC PROTOCOLS THE CENTER IS A MEMBER OF THE CHI LDREN'S CANCER GROUP, AN INTERNATIONAL CANCER RESEARCH GROUP SPONSORED BY THE NATIONAL CAN CER 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 T HEIR 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 CEN TER) THAT ARE PART OF THE VALERIE FUND, ONE OF THE LARGEST AND MOST ADVANCED PEDIATRIC ONC OLOGY/HEMATOLOGY NETWORKS IN THE COUNTRY CHILDREN'S HOSPITAL OF NEW JERSEY (NEWARK BETH I SRAEL MEDICAL CENTER) ---------- ---------- - CHILDREN'S HOSPITAL OF NEW JERSEY PROVIDES COMPREHENSIVE HEALTHCARE PROGRAMS AND SERVICE S TO CHILDREN OF ALL AGES THE HOSPITAL WITHIN A HOSPITAL COMBINES THE MOST ADVANCED FACIL ITIES AND TECHNOLOGY DEDICATED EXCLUSIVELY TO PEDIATRIC PATIENTS WITH THE PHILOSOPHY OF FA MILY CENTERED CARE. NBIMC HAS 177 BEDS THAT ARE LICENSED FOR CHILDREN'S HOSPITAL, INCLUDIN G PEDIATRIC AND NEONATAL INTENSIVE AND INTERMEDIATE SERVICES FAMILIES EXPERIENCE A WARM C OMFORTING ENVIRONMENT IN WHICH PHYSICIANS, NURSES AND CLINICAL STAFF UNDERSTAND THE UNIQUE NEEDS OF CHILDREN AND THE VITAL ROLE OF PARENTS I

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	N THE HEALING PROCESS SERVICES INCLUDE CHILDREN'S HEART CENTER, NEONATAL INTENSIVE CARE, PEDS EMERGENCY SERVICES, PULMONARY SERVICES, VALERIE FUND CANCER CENTER, HEMOPHILIA TREATM ENT CENTER, CONSCIOUS SEDATION, ROBOTIC SURGERY AND THE FAMILY HEALTH CENTER HEART TRANSP LANT PROGRAM AND HEART FAILURE TREATMENT (NEWARK BETH ISRAEL MEDICAL CENTER) ---------- ---------- THE TEAM PERFORMED 63 HEART TR ANSPLANTS IN 2011 PLACING NBIMC AMONG THE TOP VOLUMES OF TRANSPLANT PROGRAMS IN THE COUNTR Y THE PROGRAM PROVIDES THE MOST ADVANCED TREATMENT OPTIONS AVAILABLE ANYWHERE IN NEW JERS EY FOR PEOPLE WITH CONGESTIVE HEART FAILURE OR END STAGE CARDIAC DISEASE INCLUDING THE ULT IMATE TREATMENT, ORGAN TRANSPLANTATION NBIMC'S SHORT AND LONG TERM SURVIVAL RATES HAVE CO NTINUALLY SURPASSED BOTH REGIONAL AND NATIONAL AVERAGES FURTHERMORE, THE PATIENTS SPEND L ESS TIME WAITING FOR A HEART TRANSPLANT THAN MOST CANDIDATES ACROSS THE COUNTRY THE EXPER IENCED MULTIDISCIPLINARY TEAM HAS WORKED CLOSELY TOGETHER UNDER THE SAME LEADERSHIP FOR MO RE THAN 20 YEARS CARDIOTHORACIC SURGERY (NEWARK BETH ISRAEL MEDICAL CENTER) ---------- ---------- THE PREMIER CARDIAC SERVICES PROVIDE IMMEDIA TE ACCESS TO HIGHLY SOPHISTICATED HEART SURGERY MEMBERS OF THE SURGICAL TEAM ARE RECOGNIZ ED 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 CENTER'S REPUTATION FOR EXCELLENCE HAS MADE THEM EDUCATIONAL RESOURCES FOR CARDIAC S URGEONS THROUGHOUT THE NORTHEAST SERVICES INCLUDE MINIMALLY INVASIVE CARDIAC SURGERY/ROBO TIC SURGERY, BEATING HEART SURGERY, AND INTEGRATIVE CARDIAC WELLNESS TO ENSURE EVERY ONE W ITH HEART DISEASE HAS ACCESS TO THE SPECIALIZED SERVICES, NBIMC PROVIDES COMPLIMENTARY TRA NSPORTATION TO THOSE WITH SPECIAL NEEDS NBIMC WAS NAMED ONE OF THE TOP 50 HOSPITALS IN TH E U S FOR HEART AND HEART SURGERY BY U S NEWS AND WORLD REPORT 2010 AND 2011 THE INSTIT UTE OF NEUROLOGY AND NEUROSURGERY AT SAINT BARNABAS (SAINT BARNABAS MEDICAL CENTER) ------ ---------- THE INSTITUTE OF NEUROLOGY AND NEUROSURGERY AT SAINT BARNABAS MEDICAL CENTER IS DEDICATED TO DIAGNOSING AND TREATING DISORDERS OF THE BRAIN AND NERVOUS SYSTEM FOR ADULTS AND CHILDREN AN UNPRECEDENTED TEAM O F EXPERTS LEADS THE PROGRAMS OF THE INSTITUTE AND OFFERS THE MOST COMPREHENSIVE PROGRAM IN NEW JERSEY DEDICATED TO THE MEDICAL, SURGICAL AND PSY CHOLOGICAL TREATMENT OF NEUROLOGIC D ISORDERS SPECIALIZED CARE IS OFFERED FOR INDIVIDUALS WITH EPILEPSY, MEMORY DISORDERS, MOV EMENT DISORDERS, AND OTHER NEUROLOGIC DISORDERS RESULTING FROM AN INJURY OR ACCIDENT COMP REHENSIVE CARE IS ALSO PROVIDED FOR CHILDREN WITH ATTENTION DEFICIT DISORDER-HY PERACTIVITY AND LEARNING DISABILITIES, AS WELL AS FOR ADULTS WITH ATTENTION DEFICIT DISORDERS THE IN STITUTE'S COMPREHENSIVE EPILEPSY CENTERS FOR CHILDREN AND ADULTS USE SOPHISTICATED DIAGNOS TIC TECHNIQUES TO PROVIDE COMPLETE AND ACCURATE DIAGNOSIS CRITICAL TO IMPLEMENTING EFFECTI VE 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 H IGHLY SKILLED NEUROSURGEONS WHO OFFER A FULL RANGE OF TRADITIONAL AND PIONEERING SURGICAL PROCEDURES

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	SBMC IS A STATE DESIGNATED COMPREHENSIVE STROKE CENTER WITH JOINT COMMISSION PROGRAM CERTI FICATION THE STROKE CENTER OFFERS THE LATEST TREATMENT FOR STROKE INCLUDING COMPLEX NEURO INTERVENTIONS THE CENTER, AS PART OF ITS MISSION, PROVIDES STROKE AND PREVENTION EDUCATI ON TO THE COMMUNITY AND TO OTHER HEALTHCARE PROVIDERS THE INSTITUTE FOR NEUROLOGY AND NEU ROSURGERY WAS NAMED ONE OF THE 50 TOP HOSPITALS IN THE UNITED STATES BY U S NEWS AND WORL D REPORT IN 2009 THE CANCER CENTER OF SAINT BARNABAS (SAINT BARNABAS MEDICAL CENTER) ---- ---------- ---------- THE CENTER OPENED ITS DOOR S IN JUNE 1995, INTEGRATING MANY OF SAINT BARNABAS MEDICAL CENTER'S EXISTING CANCER SERVIC ES INTO A COMPREHENSIVE OUTPATIENT CANCER FACILITY THE CENTER PROVIDES THE HIGHEST QUALIT Y 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 CHEMOTHER APY TREATMENT FACILITY, INCLUDING PRIVATE TREATMENT ROOMS, A SATELLITE PHARMACY AND PRIVAT E CONSULTATION ROOMS - PSYCHOLOGICAL SUPPORT SERVICES OFFERING INDIVIDUAL COUNSELING, SUP PORT GROUPS, ART THERAPY FOR CHILDREN OF CANCER PATIENTS, WORKSHOPS ON COPING WITH CANCER, FINANCIAL COUNSELING AND NUTRITIONAL GUIDANCE - CLINICAL RESEARCH PROGRAMS, INCLUDING NA TIONAL CANCER INSTITUTE AND PHARMACEUTICAL-SPONSORED PROTOCOLS MORE NEWLY DIAGNOSED CANCE R PATIENTS ARE TREATED AT SAINT BARNABAS MEDICAL CENTER THAN AT ANY OTHER HOSPITAL IN THE STATE THE BARNABAS HEALTH RENAL AND PANCREAS TRANSPLANT CENTERS ---------- ---------- -- LOCATED AT SAINT BARNABAS MEDICAL CENTER AND NEWARK BETH ISRAEL MEDICAL CENTER, THE COMBINED BARNABAS HEALTH RENAL TRANSPLANT CENTERS ARE THE THIRD BY VOLUME AMONG 240 INDIVIDUAL PROGRAMS IN THE UNITED STATES, WITH MORE THAN 295 SURGERIE S PERFORMED AT THE CENTERS IN 2011 THE RENAL TRANSPLANT PROGRAM, THE MOST ACTIVE KIDNEY T RANSPLANT CENTER IN NEW JERSEY, IS THE ONLY TRANSPLANT PROGRAM IN THE STATE INVOLVED IN CL INICAL RESEARCH TRIALS FOR PATIENTS IN 1995, BARNABAS HEALTH BEGAN ITS SIMULTANEOUS PANCR EAS KIDNEY TRANSPLANT PROGRAM AND IN 1996 OPENED A PEDIATRIC NEPHROLOGY PROGRAM TODAY, TH E DENNIS R FILIPPONE, M D , LIVING DONOR INSTITUTE AT SAINT BARNABAS MEDICAL CENTER, AND THE LIVING DONOR PROGRAM AT NEWARK BETH ISRAEL MEDICAL CENTER OFFER MANY LIVING DONATION O PTIONS SINCE 1968, THE RENAL TRANSPLANT CENTERS HAVE PERFORMED MEDICAL FIRST KIDNEY TRANS PLANTATION, INCLUDING TRANSPLANT IN THE YOUNGEST KIDNEY TRANSPLANT RECIPIENT IN NEW JERSEY , THE FIRST LAPAROSCOPIC KIDNEY RETRIEVAL IN A LIVING DONOR, THE FIRST KIDNEY TRANSPLANT S URGERY IN THE WORLD THE PEDIATRIC NEPHROLOGY AND TRANSPLANTATION PROGRAM MANAGES CHILDREN AND ADOLESCENTS WITH ACUTE AND CHRONIC DISEASES AT ALL STAGES OF SEVERITY, INCLUDING NEPH RITIC SY NDROME AND HY PERTENSION UP TO AND INCLUDING END STAGE RENAL DISEASE THE PEDIATRIC NEPHROLOGISTS WORK CLOSELY WITH PEDIATRIC UROLOGISTS TO PROVIDE TOTAL CARE FOR PATIENTS W ITH UROLOGICAL AND NEPHROLOGICAL PROBLEMS BARNABAS HEALTH AMBULATORY CARE CENTER, THE AMB ULATORY SURGERY CENTER ---------- ---------- -- THE CENTER IS DESIGNED FOR PATIENTS REQUIRING SURGERY OR OTHER PROCEDURES THAT CAN BE A CCOMMODATED WITHOUT AN OVERNIGHT STAY THE FACILITY HOUSES SEVEN FULL-SERVICE OPERATING RO OMS, THREE GASTROINTESTINAL ENDOSCOPY SUITES AND THREE MINOR PROCEDURE ROOMS TO ACCOMMODA TE ADULT AND PEDIATRIC PATIENTS THERE ARE SEPARATE RECOVERY AREAS SPECIALTIES INCLUDE GE NERAL, BREAST PROCEDURES, GASTROENTEROLOGY, OPHTHALMOLOGY,ORAL/DENTAL MAXILLOFACIAL, ORTHO PEDIC, OTOLARYNGOLOGY, PAIN MANAGEMENT, PEDIATRIC SPECIALTIES, PLASTIC/COSMETIC AND MAXILL OFACIAL, PODIATRIC, UROLOGY, AND VASCULAR THE BREAST CENTER AT THE AMBULATORY CARE CENTER ---------- THE BARNABAS BREAST CENTERS PROVIDE COMPR EHENSIVE 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 DES IGN OF THE FACILITY - TO CREATE A COMFORTABLE, WARM AND CARING ENVIRONMENT OUR CENTER AT THE AMBULATORY CARE CENTER OFFERS SOME OF THE MOST ADVANCED TECHNOLOGY AND DIAGNOSTIC SERV ICES AVAILABLE INCLUDING STATE-OF-THE-ART MAMMOGRAPHY, THE LATEST DIAGNOSTIC SERVICES, BRE AST HEALTH INFORMATION AND A MULTIDISCIPLINARY TEAM OF SPECIALISTS TO FACILITATE EVALUATIO N, COORDINATED TREATMENT AND FOLLOW-UP DESIGNED TO REDUCE STRESS, WITH UNIQUE FEATURES RE SPONDING TO THE AMENITIES REQUESTED BY WOMEN, THE CENTER PROVIDES A SPECIAL COMFORT TO THO SE 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 STA NDARD VIEWS ARE TAKEN OF EACH BREAST AS PART OF THE STANDARD SCREENING MAMMOGRAPHY PROTOCO L THE MAMMOGRAPHY FILMS ARE PROCESSED BY A COMPUT

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ER AIDED DETECTION (CAD) SYSTEM, WHICH HIGHLIGHTS SUSPICIOUS FEATURES THAT MAY WARRANT ADD ITIONAL REVIEW TWO RADIOLOGISTS THEN INDEPENDENTLY REVIEW THE FILMS THE BARNABAS HEALTH BREAST AND WOMEN'S IMAGING CENTER AT BEDMINSTER ---------- ---------- ---------- THIS CENTER, LOCATED AT ONE ROBERTSON DRIVE IN BEDMINSTER, OFFER S TRIPLE-ASSURANCE DIGITAL SCREENING MAMMOGRAMS A COMPUTER-AIDED DETECTION SYSTEM AND TWO RADIOLOGISTS INDEPENDENTLY REVIEW THE FILMS FOR THE HIGHEST QUALITY OF CARE THE CENTER A LSO PROVIDES X-RAY AND ULTRASOUND FOR BOTH MEN AND WOMEN IN 2010, MRI WAS ADDED TO THE CE NTER'S IMAGING SERVICES THE CENTER'S OSTEOPOROSIS SERVICES INCLUDE ALL OF IT'S DEXA SCANS INTERPRETED BY SPECIALLY TRAINED AND CERTIFIED EXPERTS IN BONE DENSITOMETRY AND THE MANAG EMENT OF OSTEOPOROSIS THE CENTER PROVIDES COMPREHENSIVE REPORTS INCLUDING ITEMIZED LISTS OF EACH INDIVIDUAL'S RISK FACTORS FOR OSTEOPOROSIS AND FRACTURES OTHER MEDICAL SERVICES - ---------- - BARNABAS HEALTH PROVIDES AN EXTENSIVE ARRAY OF ADDITIONAL MEDICAL SE RVICES WHICH INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING - AMBULATORY SURGERY CENTER - ANESTHESIOLOGY - BARIATRIC SURGERY - BEHAVIORAL HEALTH NETWORK - BLOODLESS MEDICINE AND S URGERY PROGRAM - BURN CENTER - CANCER PROGRAMS AND SERVICES - CARDIAC SERVICES (THE SAINT BARNABAS HEART HOSPITAL) - CELIAC DISEASE PROGRAM - CENTER FOR HEALTH AND WELLNESS - COLON WELLNESS CENTER - COMPREHENSIVE REHABILITATION CENTER - CORPORATE CARE - CRANIOFACIAL CEN TER - CYSTIC FIBROSIS - DIABETES CARE - DIALYSIS, RENAL - EMERGENCY DEPARTMENT - EPILEPSY CENTER, ADULT AND PEDIATRIC COMPREHENSIVE - HEALTH ASSESSMENT CENTER FOR ATHLETES - HEMODI ALYSIS - HOME HEALTH SERVICES - HOSPICE AND PALLIATIVE CARE SERVICES - IMAGING CENTER - IN TERNAL MEDICINE FACULTY PRACTICE - INTEGRATIVE MEDICINE CENTER - JOINT INSTITUTES - JOINT AND SPINE INSTITUTE - LASIK REFRACTIVE SURGERY - LUNG CENTER - LUNG TRANSPLANT - MEDICAL E DUCATION AND CLINICAL RESEARCH - MEDICINE SUBSPECIALTIES - CENTER FOR MENOPAUSE AND REPROD UCTIVE ENDOCRINE SERVICES - MULTIPLE SCLEROSIS COMPREHENSIVE CARE PROGRAM - NEONATAL INTEN SIVE CARE UNIT - INSTITUTE FOR NEUROLOGY AND NEUROSURGERY - NUTRITIONAL COUNSELING SERVICE S - OBESITY AND WEIGHT MANAGEMENT CENTER - DEPARTMENT OF OBSTETRICS/GYNECOLOGY - OCCUPATIO NAL MEDICINE - OSTEOPOROSIS AND METABOLIC BONE DISEASE CENTER - THE PAIN MANAGEMENT INSTIT UTE - PATHOLOGY SERVICES - PEDIATRIC CARDIAC SURGERY - PEDIATRICS - GENERAL AND SUBSPECIAL TY - PEDIATRIC INTENSIVE CARE UNIT - PEDIATRIC NEPHROLOGY AND TRANSPLANTATION - PEDIATRIC ONCOLOGY - THE PEDIATRIC SPECIALTY CENTER (INCLUDES DEVELOPMENTAL, GENETICS, DIABETES, END OCRINOLOGY, GASTROENTEROLOGY, GENERAL SURGERY, INFECTIOUS DISEASE AND IMMUNOLOGY, LYME DIS EASE AND RHEUMATOLOGY, NEUROLOGY, PULMONOLOGY) - PERITONEAL DIALYSIS - PHYSICAL MEDICINE A ND REHABILITATION - PHYSICAL AND OCCUPATIONAL THERAPY - PLASTIC AND RECONSTRUCTIVE SURGERY - PRE-ADMISSION TESTING - POST-ACUTE REHABILITATION - OUTPATIENT PULMONARY REHABILITATION - RADIATION ONCOLOGY - RADIOLOGY DEPARTMENT - REFRACTIVE SURGERY CENTER - REGIONAL CRANIO FACIAL CENTER - RENAL TRANSPLANT CENTERS OF BARNABAS HEALTH - COMPREHENSIVE REHABILITATION CENTER - DEPARTMENT OF RESPIRATORY CARE - ROBOTIC SURGERY AND MINIMALLY INVASIVE SURGERY - SENIOR HEALTH - SLEEP DISORDERS CENTER - SMOKING CESSATION - SPEECH AND HEARING CENTER - SPORTS MEDICINE INSTITUTE - STROKE, COMPREHENSIVE AND PRIMARY CENTERS - SURGERY DEPARTMEN T - TOBACCO TREATMENT PROGRAM - TRANSITIONAL CARE UNITS - TRAVEL CLINIC - THE CENTER FOR U ROGYNECOLOGY - VALERIE FUND CHILDREN'S CENTERS - WEIGHT LOSS INSTITUTE - WOMEN'S CARDIAC R ISK ASSESSMENT - WOMEN'S/PARENT HEALTH EDUCATION - WOMEN'S CENTER FOR GYNECOLOGICAL SURGER Y, CATERINA GREGORI, M D - WOUND CARE CENTERS - VASCULAR CENTEr

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	SUPPORT GROUPS ---------- BARNABAS HEALTH IS DEDICATED TO PROVIDING THE HIGHEST QUALITY OF SERVICES TO MEET ALL THE HEALTHCARE NEEDS OF ITS COMMUNITY IN ADDITION TO THE DIRECT PATIENT CARE PROVIDED BY ITS STAFF, BH MAKES AVAILABLE THE FOLLOWING HEALTHCARE EDUCATION PROGRAMS AND CLASSES, PATIENT SUPPORT GROUPS AND COMMUNITY SERVICES TO PATIENTS AND THEIR FAMILIES SOME OF THESE PROGRAMS ARE - AIDS/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 - ---------- BARNABAS HEALTH 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 ---------- ----- BARNABAS HEALTH OFFERS AN EXTENSIVE ARRAY OF PRENATAL CHILDBIRTH PREPARATION AND PARENTING CLASSES AND SERVICES IN ADDITION, THE WOMEN'S HEALTH SERVICE DEPARTMENT OFFERS 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

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 11B	THE ORGANIZATION IS THE PARENT ENTITY OF BARNABAS HEALTH ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY (ITS BOARD OF TRUSTEES) PRIOR TO THE FILING WITH THE INTERNAL REVENUE SERVICE ("IRS") IN ADDITION THE SAINT BARNABAS CORPORATION AUDIT COMMITTEE PERFORMED A DETAILED REVIEW OF THE FEDERAL FORM 990 PRIOR TO PROVIDING IT TO EACH VOTING MEMBER OF 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 BH 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, EXECUTIVE VICE-PRESIDENT AND CHIEF FINANCIAL OFFICER, VICE PRESIDENT, INTERNAL AUDIT AND VARIOUS OTHER INDIVIDUALS OF BH 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 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 PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO THE FILING WITH THE IRS

Identifier	Return Reference	Explanation
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 RETIRED CHIEF EXECUTIVE OFFICER, PRESIDENT/CHIEF EXECUTIVE OFFICER, BOTH THE RETIRED AND CURRENT EXECUTIVE VICE PRESIDENT OPERATIONS AND EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER THE COMPENSATION COMMITTEE ALSO REVIEWS THE COMPENSATION AND BENEFITS OF OTHER KEY OFFICERS AND KEY EMPLOYEES OF BARNABAS HEALTH, INCLUDING, WITHOUT LIMITATION, THE EXECUTIVE DIRECTORS OF BARNABAS HEALTH'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 RETIRED CHIEF EXECUTIVE OFFICER, PRESIDENT/CHIEF EXECUTIVE OFFICER, BOTH THE RETIRED AND CURRENT EXECUTIVE VICE PRESIDENT OPERATIONS AND EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER 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 WHOM 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 EXECUTIVE 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 RETIRED CHIEF EXECUTIVE OFFICER, PRESIDENT/CHIEF EXECUTIVE OFFICER, BOTH THE RETIRED AND CURRENT EXECUTIVE VICE PRESIDENT OPERATIONS, THE EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER AND THE EXECUTIVE DIRECTORS OF BARNABAS HEALTH'S HOSPITALS AND MEDICAL CENTERS THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE BARNABAS HEALTH 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

Identifier	Return Reference	Explanation
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 IN ADDITION, THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY

Identifier	Return Reference	Explanation
RELATED HOURS DISCLOSURE	CORE FORM, PART VII, SECTION A, COLUMN B	THIS ORGANIZATION IS THE PARENT ENTITY OF BARNABAS HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS CERTAIN BOARD OF TRUSTEE MEMBERS, OFFICERS AND/OR DIRECTORS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY ONE HOUR THE HOURS REFLECTED ON PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF BARNABAS HEALTH, NOT SOLELY THIS ORGANIZATION

Identifier	Return Reference	Explanation
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 A RELATED ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
OTHER CHANGES IN FUND BALANCE	CORE FORM, PART XI, LINE 5	OTHER CHANGES IN FUND BALANCE INCLUDE - NET CHANGE IN UNREALIZED GAINS AND LOSSES ON INVESTMENTS - ($26,439), - PENSION CHANGES OTHER THAN NET PERIODIC BENEFIT COST - ($3,241,474), - GAIN ON EARLY EXTINGUISHMENT OF DEBT - $23,460,133, - RETURNED ESCROW ON SALE OF NURSING HOMES - $636,614, AND - BAD DEBT ADJUSTMENT WITH RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT AFFILIATES, NET - $240,000

Identifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	CORE FORM, PART XII, QUESTION 2	THE TAXPAYER IS THE PARENT ENTITY OF BARNABAS HEALTH, A TAX-EXEMPT, INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ALL AFFILIATES FOR THE YEARS ENDED DECEMBER 31, 2011 AND DECEMBER 31, 2010, 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

Identifier	Return Reference	Explanation
FINANCIAL STATEMENTS AND REPORTING	CORE FORM, PART XII, QUESTION 3	THIS ORGANIZATION IS THE PARENT ENTITY OF BARNABAS HEALTH, A TAX-EXEMPT, INTEGRATED HEALTHCARE DELIVERY SYSTEM (''SYSTEM'') THE TAXPAYER'S AUDIT COMMITTEE ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A SYSTEM WIDE CONSOLIDATED A-133 AUDIT THIS ORGANIZATION WAS INCLUDED IN THE A-133 AUDIT

Identifier	Return Reference	Explanation
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 BARNABAS HEALTH TAX-EXEMPT INTERNAL REVENUE CODE SECTION 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

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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

2011

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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	(k) Percentage ownership
(1) INNOVATIVE PURCHASING CONCEPTS 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-3786557	PURCHASING	NJ	SBC					No	0		No	
(2) KIM-MED ASSOCIATES 300 SECOND AVENUE LONG BRANCH, NJ 07740 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, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
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 related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related 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	(d) Method of determining 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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

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	g Section 512 (b)(13) controlled organization	
CENTER STATE HEALTH GROUP INC 2 CRESCENT PLACE OCEANPORT, NJ 07757 22-2939956	HEALTH SVCS	NJ	501(C)(3)	509(a)(3)	SBC	Yes	
CENTER STATE PROPERTIES CORPORATION 99 HIGHWAY 37 WEST TOMS RIVER, NJ 08755 52-1571939	TITLE HLDNG	NJ	501(C)(2)	N/A	CSHG	Yes	
CENTRAL JERSEY BEHAVIORAL HEALTH ASSOC 1691 ROUTE 9 TOMS RIVER, NJ 08754 22-3343959	HEALTH SVCS	NJ	501(C)(3)	509(a)(3)	SBBH	Yes	
CLARA MAASS FOUNDATION ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109 22-2132516	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	SBC	Yes	
CLARA MAASS HEALTH SYSTEM INC ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109 22-2802778	HEALTH SVCS	NJ	501(C)(3)	509(a)(3)	SBC	Yes	
CLARA MAASS MEDICAL CENTER ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109 22-1500556	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	SBC	Yes	
CLARA MAASS PROPERTIES INC ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109 52-1855420	INACTIVE	NJ	501(C)(2)	N/A	SBC	Yes	
COMMUNITY MEDICAL CENTER 99 HIGHWAY 37 WEST TOMS RIVER, NJ 08755 22-3452306	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	SBC	Yes	
COMMUNITY MEDICAL CENTER FOUNDATION 99 HIGHWAY 37 WEST TOMS RIVER, NJ 08755 22-2597592	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	SBC	Yes	
COUNTRY MANOR AT DOVER 16 WHITESVILLE ROAD TOMS RIVER, NJ 08753 22-2462909	INACTIVE	NJ	501(C)(3)	509(A)(2)	CSHG	Yes	
EMTAC INC 2 CRESCENT PLACE OCEANPORT, NJ 07757 22-2549945	INACTIVE	NJ	501(C)(3)	N/A	SBC	Yes	
IRVINGTON GENERAL HOSPITAL 832 CHANCELLOR AVENUE IRVINGTON, NJ 07111 22-3452411	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	SBC	Yes	
IRVINGTON HOSPITAL FOUNDATION 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 23-7025428	FUNDRAISING	NJ	501(C)(3)	509(a)(3)	SBC	Yes	
KENSINGTON MANOR CARE CENTER 16 WHITESVILLE ROAD TOMS RIVER, NJ 08753 52-1571883	INACTIVE	NJ	501(C)(3)	509(a)(2)	CSHG	Yes	
KIMBALL MEDICAL CENTER 600 RIVER AVENUE LAKEWOOD, NJ 08701 22-3452413	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	SBC	Yes	
KIMBALL MEDICAL CENTER FOUNDATION 600 RIVER AVE ANNEX BLDG E LAKEWOOD, NJ 08701 22-2630076	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	SBC	Yes	
MEDICAL CENTER STAFFING SERVICES INC 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ 07080 35-2219655	STAFFING SVCS	NJ	501(C)(3)	509(a)(3)	CSHG	Yes	
MEGA CARE INC 1020 GALLOPING HILL ROAD UNION, NJ 07083 22-2578561	HEALTH SVCS	NJ	501(C)(3)	509(a)(3)	CSHG	Yes	
MMC AMBULATORY SURGERY CENTER INC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 75-3166377	INACTIVE	NJ	501(C)(3)	N/A	MMC	Yes	
MONMOUTH MEDICAL CENTER 300 SECOND AVENUE LONG BRANCH, NJ 07740 22-3452412	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	SBC	Yes	

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	g Section 512 (b)(13) controlled organization	
MONMOUTH MEDICAL CENTER - FACULTY PRACT 100 STATE HIGHWAY 36 WEST LONG BRANCH, NJ 07764 22-3357053	HEALTH SVCS	NJ	501(C)(3)	509(a)(3)	MMC	Yes	
MONMOUTH MEDICAL CENTER FOUNDATION 300 SECOND AVENUE LONG BRANCH, NJ 07740 22-2456079	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	SBC	Yes	
MONMOUTH MEDICAL GROUP PC 300 SECOND AVENUE LONG BRANCH, NJ 07740 22-3316007	HEALTH SVCS	NJ	501(C)(3)	509(a)(2)	MMC	Yes	
NBI HEALTH PARTNERS PA 201 LYONS AVENUE NEWARK, NJ 07112 27-1694034	INACTIVE	NJ	501(C)(3)	N/A	NBI	Yes	
NEWARK BETH ISRAEL MEDICAL CENTER 201 LYONS AVENUE NEWARK, NJ 07112 22-3452311	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	SBC	Yes	
SAINT BARNABAS ASSIST LIVING AT LAKEWOOD 77 WILLIAMS STREET LAKEWOOD, NJ 08701 22-3451655	INACTIVE	NJ	501(C)(3)	509(a)(2)	CSHG	Yes	
SAINT BARNABAS BEHAVIORAL HEALTH CENTER 1691 ROUTE 9 TOMS RIVER, NJ 08754 22-2977312	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	CSHG	Yes	
SAINT BARNABAS DEVELOPMENT FOUNDATION 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-2378422	FUNDRAISING	NJ	501(C)(3)	509(a)(2)	SBHCSRI	Yes	
SAINT BARNABAS HEALTH CARE SYSTEM FDN 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-3769036	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	SBC	Yes	
SAINT BARNABAS HOSPICE AND PALLIATIVE 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-2354659	HEALTH SVCS	NJ	501(C)(3)	509(a)(1)	SBC	Yes	
SAINT BARNABAS MEDICAL CENTER 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 22-1494440	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	SBC	Yes	
HARVEY E NUSSBAUM MD RESEARCH INST OF SB 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 22-7146916	RESEARCH	NJ	501(C)(3)	170, BOX 4	SBHCSRI	Yes	
SAINT BARNABAS OUTPATIENT CENTERS 200 SOUTH ORANGE AVENUE LIVINGSTON, NJ 07039 22-2458479	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	SBC	Yes	
SAINT BARNABAS PALLIATIVE CARE PHYS PA 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 26-2532578	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	HOSPICE	Yes	
SAINT BARNABAS PHYSICIAN ASSOCIATES PA 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 27-1259104	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	SBMC	Yes	
SAINT BARNABAS REALTY DEVELOPMENT CORP 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 22-2940008	TITLE HLDNG	NJ	501(C)(3)	509(a)(3)	SBHCSRI	Yes	
SBHCS RESEARCH INSTITUTE INC 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 22-2458481	HEALTH SVCS	NJ	501(C)(3)	509(a)(3)	SBC	Yes	
THE NEWARK BETH ISRAEL MEDICAL CNTR FDN 201 LYONS AVENUE NEWARK, NJ 07112 22-2587176	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	SBC	Yes	
UNION HOSPITAL 1000 GALLOPING HILL ROAD UNION, NJ 07083 22-1413947	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	SBC	Yes	
SANDY HOOK FRNDS OF ST BARNABAS BURN FDN 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 22-3236202	FUNDRAISING	NJ	501(C)(3)	509(A)(3)	SBC	Yes	

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, NJ 07080 22-3569598	HOLDING CO	NJ	SBC	C CORP	0	14,948,224	100 000 %
LIVINGSTON SERVICES CORP 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ 07080 22-2465402	HEALTHCARE SVCS	NJ	NA	C CORP			
ACC PHARMACY INC 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ 07080 22-3555334	PHARMACY SVCS	NJ	NA	C CORP			
LIVINGSTON INFUSION CARE INC 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ 07080 22-3190756	HEALTHCARE SVCS	NJ	NA	C CORP			
MAJOR SECURITY SERVICES INC 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ 07080 22-3040539	SECURITY SVCS	NJ	NA	C CORP			
MEDICAL CTR HEALTH CARE SVCS 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ 07080 22-3011742	HEALTHCARE SVCS	NJ	NA	C CORP			
CENTER STATE HEALTH SVCS 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ 07080 22-2592293	HEALTHCARE SVCS	NJ	NA	C CORP			
CENTER STATE MANAGEMENT CORP 300 SECOND AVENUE LONG BRANCH, NJ 07740 22-2506125	MGMT SVCS	NJ	NA	C CORP			
CENTER STATE COLLECTION SVCS 2 CRESCENT PLACE OCEANPORT, NJ 07757 22-2629075	COLLECTION SVCS	NJ	NA	C CORP			
COMMUNITY KARE INC 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ 07080 22-2993840	HEALTHCARE SVCS	NJ	NA	C CORP			
KIMBALL HLTH CARE AFFILIATES 300 SECOND AVENUE LONG BRANCH, NJ 07740 22-2701213	INVESTMENT	NJ	NA	C CORP			
HEALTH CARE FACILITIES MGT 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ 07080 22-3532988	MAINT SVCS	NJ	NA	C CORP			
PREMIUM HEALTH SYSTEMS INC ONE FRANKLIN AVENUE BELLEVILLE, NJ 07109 22-2779395	HEALTHCARE SVCS	NJ	SBC	C CORP	6,727,248	269,776	100 000 %
SBC MANAGEMENT CORPORATION 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-3414332	MGMT SVCS	NJ	NA	C CORP			
PROFESSIONAL QUALITY LIAB 100 BANK STREET BURLINGTON, VT 05401 20-5163819	INSURANCE SVCS	VT	NA	C CORP			
NJ HEALTH CARE SYSTEM INC 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 22-3536986	INACTIVE	NJ	NA	C CORP			
CPIC 44 CHURCH STREET HAMILTON,BERMUDA HM11 BD	FINANCIAL VEHICLE	BD	NA	FOREIGN CORP			
LSC PHARMACY SERVICES INC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 45-2552776	PHARMACY 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 ($)	(d) Method of determining amount involved
(1)	CENTER STATE MANAGEMENT CORPORATION	R	693,449	COST
(2)	CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES	R	1,574,409	COST
(3)	COMMUNITY MEDICAL CENTER	R	22,734,165	COST
(4)	CLARA MAASS MEDICAL CENTER	R	12,614,489	COST
(5)	CENTER STATE COLLECTION SERVICES INC	R	193,488	COST
(6)	CENTER STATE HEALTH GROUP INC	R	1,610,859	COST
(7)	SAINT BARNABAS HOSPICE AND PALLIATIVE CARE	R	1,594,217	COST
(8)	KIMBALL MEDICAL CENTER	R	8,542,711	COST
(9)	LIVINGSTON SERVICES CORPORATION	R	3,330,703	COST
(10)	HEALTH CARE FACILITIES MANAGEMENT INC	R	586,417	COST
(11)	COMMUNITY KARE INC	R	58,777	COST
(12)	SAINT BARNABAS BEHAVIORAL HEALTH CENTER INC	R	746,861	COST
(13)	MONMOUTH MEDICAL CENTER - FPP	R	380,510	COST
(14)	NEWARK BETH ISRAEL MEDICAL CENTER	R	26,456,583	COST
(15)	MONMOUTH MEDICAL CENTER	R	16,384,502	COST
(16)	MONMOUTH MEDICAL GROUP PC	R	1,268,928	COST
(17)	SAINT BARNABAS MEDICAL CENTER	R	24,889,504	COST
(18)	SAINT BARNABAS OUTPATIENT CENTERS	R	3,296,710	COST
(19)	SBC MANAGEMENT CORPORATION	R	3,991,201	COST
(20)	CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES	E	109,692	COST

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(21)	COMMUNITY MEDICAL CENTER	E	1,960,247	COST
(22)	CLARA MAASS MEDICAL CENTER	E	1,346,807	COST
(23)	COMMERCIAL PROFESSIONAL INSURANCE CO LTD	E	3,814,502	COST
(24)	CENTER STATE HEALTH GROUP INC	E	113,462	COST
(25)	KIMBALL MEDICAL CENTER	E	2,245,321	COST
(26)	LIVINGSTON SERVICES CORPORATION	E	232,284	COST
(27)	MEGA CARE INC	E	445,000	COST
(28)	MONMOUTH MEDICAL CENTER	E	1,333,450	COST
(29)	NEWARK BETH ISRAEL MEDICAL CENTER	E	2,027,952	COST
(30)	SAINT BARNABAS BEHAVIORAL HEALTH CENTER	E	791,830	COST
(31)	SAINT BARNABAS HOSPICE AND PALLIATIVE CARE	E	105,600	COST
(32)	SAINT BARNABAS MEDICAL CENTER	E	2,034,207	COST
(33)	SAINT BARNABAS OUTPATIENT CENTERS	E	261,186	COST
(34)	SAINT BARNABAS REALTY DEVELOPMENT CORPORATION	E	863,210	COST
(35)	SBC MANAGEMENT CORPORATION	E	320,108	COST
(36)	CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES	D	916,255	COST
(37)	COMMUNITY MEDICAL CENTER	D	15,247,092	COST
(38)	CLARA MAASS MEDICAL CENTER	D	22,130,252	COST
(39)	COMMERCIAL PROFESSIONAL INSURANCE CO LTD	D	793,354	COST
(40)	CENTER STATE HEALTH GROUP INC	E	367,450,145	COST

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(41)	CENTER STATE MANAGEMENT CORPORATION	D	1,320,025	COST
(42)	HEALTH CARE FACILITIES MANAGEMENT INC	D	56,861	COST
(43)	KIMBALL MEDICAL CENTER	D	8,012,880	COST
(44)	LIVINGSTON SERVICES CORPORATION	D	295,053	COST
(45)	MONMOUTH MEDICAL CENTER	D	3,097,730	COST
(46)	MONMOUTH MEDICAL CENTER - FPP	D	181,353	COST
(47)	NEWARK BETH ISRAEL MEDICAL CENTER	D	7,475,013	COST
(48)	SAINT BARNABAS BEHAVIORAL HEALTH CENTER	D	9,365,809	COST
(49)	SBC MANAGEMENT CORPORATION	E	9,016,418	COST
(50)	SAINT BARNABAS HOSPICE AND PALLIATIVE CARE	D	814,775	COST
(51)	SAINT BARNABAS MEDICAL CENTER	D	24,090,194	COST
(52)	SAINT BARNABAS OUTPATIENT CENTERS	D	2,043,053	COST
(53)	SAINT BARNABAS REALTY DEVELOPMENT CORPORATION	D	14,028,850	COST

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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	1 0	X		X						
VINCENT J APRUZZESE ESQ VICE CHAIRMAN - TRUSTEE	1 0	X		X						
THOMAS F KELAHER VICE CHAIRMAN - TRUSTEE	1 0	X		X						
RICHARD J KOGAN VICE CHAIRMAN - TRUSTEE	1 0	X		X						
JOSEPH MAURIELLO VICE CHAIRMAN - TRUSTEE	1 0	X		X						
RICHARD ONEILL VICE CHAIRMAN - TRUSTEE	1 0	X		X						
MARC E BERSON TRUSTEE	1 0	X								
MARIO A CRISCITO MD TRUSTEE	25 0	X						0	120,144	6,373
ALAN E DAVIS ESQ TRUSTEE	1 0	X								
JOHN DEGNAN TRUSTEE	1 0	X								
ANNE EVANS ESTABROOK TRUSTEE	1 0	X								
THEODORE GOODING TRUSTEE	1 0	X								
RUPLANAIK GOURISHANKAR MD TRUSTEE	1 0	X								
REV REGINALD JACKSON TRUSTEE	1 0	X								
DONALD JUMP TRUSTEE	1 0	X								
GARY LOTANO TRUSTEE	1 0	X								
WILLIAM B MCGUIRE ESQ TRUSTEE	1 0	X								
JOHN P MEYERHOLZ TRUSTEE	1 0	X								
BARRY H OSTROWSKY TRUSTEE - PRESIDENT/CEO	60 0	X		X				0	1,699,193	271,858
CARL RASO MD TRUSTEE	1 0	X								
KENNETH A ROSEN ESQ TRUSTEE	1 0	X								
RAYMOND F SHEA JR ESQ TRUSTEE	1 0	X								
JAMES S VACCARO TRUSTEE	1 0	X								
RONALD J DEL MAURO CEO (RETIRED 12/31/11)	60 0			X				0	2,346,128	607,919
MARK D PILLA EXECUTIVE VP OPS (1/1-6/30)	60 0			X				0	3,639,981	58,911

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			
THOMAS A BIGA EXECUTIVE VICE PRESIDENT/COO	60 0			X				0	1,277,147	145,733
GERALD J PICERNO EXECUTIVE VICE PRESIDENT	60 0			X				0	986,112	166,501
FRED M JACOBS MD EXECUTIVE VICE PRESIDENT	60 0			X				0	396,845	20,458
ANTHONY D SLONIM MD EXECUTIVE VICE PRESIDENT	60 0			X				0	389,344	13,659
SIDNEY SELIGMAN SENIOR VICE PRESIDENT	55 0			X				0	578,563	43,524
DAVID A MEBANE ESQ SENIOR VICE PRESIDENT	55 0			X				0	503,980	51,731
ANTHONY SORIANO SENIOR VICE PRESIDENT	55 0			X				0	491,480	32,364
SUSAN PELLEGRINO SENIOR VICE PRESIDENT	55 0			X				0	465,326	60,981
THOMAS G SCOTT CPA SENIOR VICE PRESIDENT	55 0			X				0	566,646	41,541
NANCY E HOLECEK SENIOR VICE PRESIDENT	55 0			X				0	414,886	54,728
MATTHEW S FULTON SENIOR VICE PRESIDENT	55 0			X				0	378,746	68,050
MICHELLENE DAVIS SENIOR VICE PRESIDENT	55 0			X				0	373,719	44,866
JONATHAN H BARKHORN SENIOR VICE PRESIDENT	55 0			X				0	359,155	38,249
ROBERT C IANNACCONE SENIOR VICE PRESIDENT	55 0			X				0	332,885	29,015
CATHERINE AINORA SENIOR VICE PRESIDENT	55 0			X				0	314,315	30,791
ANGELA RICCO SENIOR VICE PRESIDENT	55 0			X				0	268,242	43,685
THOMAS R PERCELLO VICE PRESIDENT	50 0			X				0	507,691	46,646
MICHAEL SLUSARZ VICE PRESIDENT	50 0			X				0	311,811	43,927
JOHN W DOLL VICE PRESIDENT	50 0			X				0	292,108	31,932
ANTHONY E PALMERIO VICE PRESIDENT	50 0			X				0	281,960	38,277
ELLEN GREENE VICE PRESIDENT	50 0			X				0	271,453	32,907
MICHAEL T REHEIS VICE PRESIDENT	50 0			X				0	231,803	34,101
REGINA BUBLE VICE PRESIDENT	50 0			X				0	218,375	25,717
PATRICK DONAHUE VICE PRESIDENT	50 0			X				0	210,957	40,680
YLONE XAVIER NADARAJAH VICE PRESIDENT (1/1-2/15)	50 0			X				0	303,040	22,433

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			
ELIZABETH GILLON VICE PRESIDENT	50 0			X				0	199,545	49,557
TAMARA CUNNINGHAM VICE PRESIDENT	50 0			X				0	196,534	32,854
RICHARD HENWOOD VICE PRESIDENT	50 0			X				0	192,320	45,223
VERONICA A GEISSLER VICE PRESIDENT	50 0			X				0	184,328	24,176
THOMAS BARTIROMO VICE PRESIDENT	50 0			X				0	181,852	19,172
ROBERT PELLECHIO VICE PRESIDENT	50 0			X				0	165,834	11,035
JUDITH MUNDIE VICE PRESIDENT	50 0			X				0	160,256	41,556
BEATRICE ANZUR VICE PRESIDENT	50 0			X				0	143,751	17,025
DEBORAH L LARKIN CARNEY VICE PRESIDENT	50 0			X				0	133,611	20,991
STEPHEN A FAUP VICE PRESIDENT	50 0			X				0	127,367	29,732
PAUL EHRLICH VICE PRESIDENT (1/1-6/3)	50 0			X				0	92,308	0
MAUREEN HARDING VICE PRESIDENT	50 0			X				0	90,830	29,725
DENISE SHEPHERD VICE PRESIDENT	50 0			X				0	90,620	15,888
BRIAN J KIRKPATRICK TREASURER	50 0			X				0	281,508	42,822
JOSEPH SULLIVAN CHIEF INFO OFFICER (1/1-9/2)	50 0			X				0	1,382,438	32,653
CRAIG SAUNDERS MD DIRECTOR	50 0				X			0	1,629,756	33,551
SHAMKANT MULGAONKAR MD PHYSICIAN	50 0				X			0	599,199	33,073
HODA BLAU EXECUTIVE DIRECTOR	50 0				X			0	304,256	57,827
MICHAEL MIMOSO EXECUTIVE DIRECTOR	50 0				X			0	289,231	36,511
MATTHEW B PEDDIE SENIOR IT DIRECTOR	50 0				X			0	180,159	23,168
LISA DE MARIA JACOBS CFO, SBHCS FOUNDATIONs	50 0				X			0	134,865	29,460
DAVID M HONIG FORMER VICE PRESIDENT	0 0						X	0	300,832	16,905
PATRICIA A COOK FORMER VICE PRESIDENT	0 0						X	0	169,770	31,648

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	
(A) SAINT BARNABAS MEDICAL CENTER	221494440	03	Yes		Yes		Yes		0
(B) MONMOUTH MEDICAL CENTER	223452412	03	Yes		Yes		Yes		0
(C) NEWARK BETH ISRAEL MEDICAL CENTER	223452311	03	Yes		Yes		Yes		0
(D) CLARA MAASS MEDICAL CENTER	221500556	03	Yes		Yes		Yes		0
(E) COMMUNITY MEDICAL CENTER	223452306	03	Yes		Yes		Yes		0
(F) KIMBALL MEDICAL CENTER	223452413	03	Yes		Yes		Yes		0
(G) SAINT BARNABAS BEHAVIORAL HEALTH CENTER	222977312	03	Yes		Yes		Yes		0