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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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

C Name of organization
BARNABAS HEALTH INC

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
WEST ORANGE, NJ 07052

D Employer identification number
22-2405279

E Telephone number
(973) 322-4032

G Gross receipts $ 179,830,493

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 subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	20
5	Total number of individuals employed in calendar year 2013 (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**	-300,929
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-300,929

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	335,098	161,530
9	Program service revenue (Part VIII, line 2g)	138,832,049	166,662,532
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,580,509	12,878,985
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)	153,747,656	179,703,047
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	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)	149,570,887	180,596,839
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	149,570,887	180,596,839
19	Revenue less expenses Subtract line 18 from line 12	4,176,769	-893,792

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	1,513,783,957	1,759,447,115
21	Total liabilities (Part X, line 26)	1,855,676,618	1,990,289,799
22	Net assets or fund balances Subtract line 21 from line 20	-341,892,661	-230,842,684

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

****** | 2014-11-06
Signature of officer | Date

GERALD J PICERNO CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Scott Mariani				P00642486
Firm's name ▶ WithumSmithBrown PC			Firm's EIN ▶	
Firm's address ▶ 465 South St Ste 200 Mornstown, NJ 079606497			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 or note to any line 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 TAX-EXEMPT 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 THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☑ Yes ☐ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 22,491,337 including grants of $ 0) (Revenue $ 24,096,579)

EXPENSES INCURRED IN SUPPORTING BARNABAS HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM 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 $ 140,045,821 including grants of $ 0) (Revenue $ 155,606,468)

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 ▶ 162,537,158

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		No
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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *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, line 10? *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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	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 and XII 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, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 direct or indirect 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**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**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 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	235		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ 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 as charitable contributions? . . .	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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			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 or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	24		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its 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**		Yes	
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**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	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 this 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 ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ CATHERINE DOWDY CPA 2 CRESCENT PLACE
OCEANPORT, NJ 07757 (732) 923-8929

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								0	28,380,425	2,582,526

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
CATAMARAN PBM OF MARYLAND, 2441 WARRENVILLE ROAD SUITE 610 LISLE IL 60532	CONSULTING	14,826,205
QUALCARE INC, 30 KNIGHTSBRIDGE ROAD PISCATAWAY NJ 08854	CLAIMS ADMIN	5,252,154
VITALIZE CONSULTING SOLUTIONS INC, PO BOX 223866 PITTSBURGH PA 152512866	CONSULTING	1,470,557
CERNER HEALTHCARE SOLUTIONS INC, 2800 ROCKCREEK PARKWAY NORTH KANSAS CITY MO 64117	CONSULTING	1,178,096
LUMEDX, 555 12TH STREET SUITE 2060 OAKLAND CA 94607	SOFTWARE SUPPORT	703,238

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 ▶ 36

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	161,530			
	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 . . . . . ▶		161,530			
Program Service Revenue			Business Code				
	2a	PROGRAM SERVICE REVENUE	541900	166,662,532	166,662,532		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		166,662,532			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		12,329,284		-300,929	12,630,213
	4	Income from investment of tax-exempt bond proceeds . . ▶		677,147			677,147
	5	Royalties . . . . . ▶		0			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss) . . . . . ▶		0			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses		127,446			
	c	Gain or (loss)		-127,446			
	d	Net gain or (loss) . . . . . ▶		-127,446			-127,446
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 . . . . . ▶		179,703,047	166,662,532	-300,929	13,179,914

Part IX Statement of Functional Expenses

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

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

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 accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	74,972	67,475	7,497	
b Legal	11,398	10,258	1,140	
c Accounting	140,000	126,000	14,000	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,559,112	1,403,201	155,911	
12 Advertising and promotion	12,086	10,877	1,209	
13 Office expenses	263,090	236,781	26,309	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	849,557	764,601	84,956	
17 Travel	17,902	16,112	1,790	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	9,364,936	8,428,442	936,494	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	8,062,579	7,256,321	806,258	
23 Insurance	-593	-534	-59	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a BH HLTH PLAN, MED CLAIMS	116,289,369	104,660,432	11,628,937	0
b BH HLTH PLAN, PRESCRIPS	26,295,966	23,666,369	2,629,597	
c CONTRACTED SERVICES	10,441,628	9,397,465	1,044,163	
d INTEREST EXPENSE, OTHER	7,214,837	6,493,358	721,479	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	180,596,839	162,537,158	18,059,681	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		943,473	1	2,026,740
	2	Savings and temporary cash investments		141,598,949	2	163,565,828
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		579,324,765	7	795,129,959
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		200,785	9	287,370
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 66,411,941			
	b	Less accumulated depreciation	10b 39,594,239	32,384,180	10c	26,817,702
	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		684,975,700	13	700,877,380
	14	Intangible assets		11,875,365	14	11,489,014
	15	Other assets See Part IV, line 11		62,480,740	15	59,253,122
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,513,783,957	16	1,759,447,115
Liabilities	17	Accounts payable and accrued expenses		26,344,947	17	28,614,106
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		850,102,500	20	837,163,321
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	62,857,143
	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		979,229,171	25	1,061,655,229
	26	**Total liabilities.** Add lines 17 through 25		1,855,676,618	26	1,990,289,799
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-341,892,661	27	-230,842,684
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), 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		-341,892,661	33	-230,842,684
	34	Total liabilities and net assets/fund balances		1,513,783,957	34	1,759,447,115

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	179,703,047
2	Total expenses (must equal Part IX, column (A), line 25)	2	180,596,839
3	Revenue less expenses Subtract line 2 from line 1	3	-893,792
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-341,892,661
5	Net unrealized gains (losses) on investments	5	-1,486,414
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	113,430,183
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-230,842,684

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	

Additional Data

Software ID:
Software Version:
EIN: 22-2405279
Name: BARNABAS HEALTH INC

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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				0	0	0
THOMAS F KELAHER VICE CHAIRMAN - TRUSTEE	1 0	X		X				0	0	0
RICHARD J KOGAN VICE CHAIRMAN - TRUSTEE	1 0	X		X				0	0	0
JOSEPH MAURIELLO VICE CHAIRMAN - TRUSTEE	1 0	X		X				0	0	0
RICHARD ONEILL VICE CHAIRMAN - TRUSTEE	1 0	X		X				0	0	0
VINCENT J APRUZZESE ESQ TRUSTEE	1 0	X						0	0	0
MARC E BERSON TRUSTEE	1 0	X						0	0	0
MARIO A CRISCITO MD TRUSTEE	25 0	X						0	120,000	2,475
ALAN E DAVIS ESQ TRUSTEE	1 0	X						0	0	0
JOHN DEGNAN TRUSTEE	1 0	X						0	0	0
ANNE EVANS ESTABROOK TRUSTEE	1 0	X						0	0	0
THEODORE GOODING TRUSTEE	1 0	X						0	0	0
BISHOP REGINALD JACKSON TRUSTEE	1 0	X						0	0	0
DONALD JUMP TRUSTEE	1 0	X						0	0	0
ROBERT LAHITA MD TRUSTEE	50 0	X						0	471,945	24,052
GARY LOTANO TRUSTEE	1 0	X						0	0	0
WILLIAM B MCGUIRE ESQ TRUSTEE	1 0	X						0	0	0
JOHN P MEYERHOLZ TRUSTEE	1 0	X						0	0	0
BARRY H OSTROWSKY TRUSTEE - PRESIDENT/CEO	60 0	X		X				0	2,005,864	289,196
CARL RASO MD TRUSTEE	1 0	X						0	0	0
KENNETH A ROSEN ESQ TRUSTEE	1 0	X						0	0	0
RICHARD B RUCHMAN MD TRUSTEE	25 0	X						0	120,000	0
RAYMOND F SHEA JR ESQ TRUSTEE	1 0	X						0	0	0
JAMES S VACCARO TRUSTEE	1 0	X						0	0	0
THOMAS A BIGA EXECUTIVE VICE PRESIDENT/COO	60 0			X				0	1,674,318	36,714

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
GERALD J PICERNO EXECUTIVE VICE PRESIDENT	60 0			X				0	1,256,703	225,195
ANTHONY D SLONIM MD EXECUTIVE VICE PRESIDENT	60 0			X				0	864,752	31,760
FRED M JACOBS EXECUTIVE VP (TERM 1/28/13)	60 0			X				0	35,800	7,735
DEANNA SPERLING COO - BEHAVIORAL HEALTH	55 0			X				0	287,641	22,477
DAVID A MEBANE ESQ SENIOR VICE PRESIDENT	55 0			X				0	749,635	38,177
JONATHAN H BARKHORN SENIOR VICE PRESIDENT	55 0			X				0	680,543	35,369
ANTHONY SORIANO SENIOR VICE PRESIDENT	55 0			X				0	661,162	25,173
WILLIAM CUTHILL SENIOR VICE PRESIDENT	55 0			X				0	599,011	35,802
SIDNEY SELIGMAN SENIOR VICE PRESIDENT	55 0			X				0	569,552	34,067
SUSAN GARRUBBO SENIOR VICE PRESIDENT	55 0			X				0	537,171	41,362
CATHERINE AINORA SENIOR VICE PRESIDENT	55 0			X				0	507,855	19,637
NANCY E HOLECEK SENIOR VICE PRESIDENT	55 0			X				0	502,371	46,337
MATTHEW S FULTON SENIOR VICE PRESIDENT	55 0			X				0	496,529	91,511
MICHELLENE DAVIS SENIOR VICE PRESIDENT	55 0			X				0	495,762	74,396
THOMAS BARTIROMO SENIOR VP (TERM 6/25/13)	55 0			X				0	495,414	29,580
THOMAS G SCOTT CPA SENIOR VICE PRESIDENT	55 0			X				0	466,234	33,190
ANGELA RICCO SENIOR VICE PRESIDENT	55 0			X				0	430,642	24,473
JOHN W DOLL SENIOR VICE PRESIDENT	55 0			X				0	400,655	73,551
JOHN E MONAHAN SENIOR VICE PRESIDENT	55 0			X				0	391,658	91,006
EILEEN K URBAN SENIOR VICE PRESIDENT	55 0			X				0	333,672	19,739
ROBERT C IANNACCONE SENIOR VICE PRESIDENT	55 0			X				0	318,587	30,494
VERONICA A GEISSLER SENIOR VICE PRESIDENT	55 0			X				0	269,220	29,850
LUIS E TAVERAS SENIOR VP (EFF 12/2/13)	55 0			X				0	28,846	0
MICHAEL SLUSARZ VICE PRESIDENT	50 0			X				0	349,347	30,200
ANTHONY E PALMERIO VICE PRESIDENT	50 0			X				0	347,907	32,088

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
TAMARA CUNNINGHAM VICE PRESIDENT	50 0			X				0	333,542	30,929
THOMAS GIBNEY VICE PRESIDENT (TERM 2/1/13)	50 0			X				0	323,504	16,708
ELLEN GREENE VICE PRESIDENT	50 0			X				0	315,842	24,110
BRIAN J KIRKPATRICK VICE PRESIDENT (TERM 2/1/13)	50 0			X				0	551,503	21,333
CATHERINE DOWDY VICE PRESIDENT	50 0			X				0	293,500	30,506
REGINA BUBLE VICE PRESIDENT	50 0			X				0	286,108	22,985
LESLIE T STANABACK VICE PRESIDENT (EFF 4/8/13)	50 0			X				0	273,989	37,030
MICHAEL J MCTIGUE VICE PRESIDENT	50 0			X				0	272,665	29,914
MICHAEL T REHEIS VICE PRESIDENT	50 0			X				0	258,175	30,745
ROBERT ADAMSON VICE PRESIDENT	50 0			X				0	247,265	23,895
INDU LEW VICE PRESIDENT	50 0			X				0	246,245	29,680
ANGELO SCHITTONE VICE PRESIDENT	50 0			X				0	241,904	29,805
ELIZABETH GILLON VICE PRESIDENT	50 0			X				0	240,514	43,338
CHRISTOPHER J BUTLER VICE PRESIDENT	50 0			X				0	223,356	24,125
DEBORAH L LARKIN CARNEY VICE PRESIDENT	50 0			X				0	222,556	24,462
PATRICK DONAHUE VICE PRESIDENT	50 0			X				0	219,273	32,088
BEATRICE ANZUR VICE PRESIDENT	50 0			X				0	216,098	15,480
ROBERT PELLECHIO VICE PRESIDENT	50 0			X				0	213,979	11,104
ROWENA C SPIGARELLI VICE PRESIDENT (EFF 1/1/13)	50 0			X				0	210,120	8,457
TRACY J TROVATO VICE PRESIDENT	50 0			X				0	209,959	29,094
DEBRA MORGAN VICE PRESIDENT	50 0			X				0	205,231	34,302
GEORGE COLEMAN VICE PRESIDENT	50 0			X				0	204,383	26,464
ANDREW MISURO VICE PRESIDENT	50 0			X				0	201,766	29,590
RICHARD HENWOOD VICE PRESIDENT	50 0			X				0	201,265	31,817
STEPHEN A FAUP VICE PRESIDENT	50 0			X				0	201,245	21,480

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
JUDITH MUNDIE VICE PRESIDENT	50 0			X				0	197,702	27,067
LAUREN BURKE VICE PRESIDENT	50 0			X				0	189,605	28,043
PATRICIA A COOK VICE PRESIDENT	50 0			X				0	187,080	23,744
MARY E BROOKS VICE PRESIDENT (EFF 3/25/13)	50 0			X				0	181,151	18,600
CAMILLE JADELIS VICE PRESIDENT (EFF 5/26/13)	50 0			X				0	151,140	28,715
DENISE SHEPHERD VICE PRESIDENT	50 0			X				0	138,295	14,919
MAUREEN HARDING VICE PRESIDENT	50 0			X				0	103,687	27,167
CRAIG SAUNDERS MD DIRECTOR	50 0				X			0	1,626,362	40,253
SHAMKANT MULGAONKAR MD DIRECTOR	50 0				X			0	678,353	26,210
HODA BLAU CHIEF EXECUTIVE OFFICER	50 0				X			0	460,089	31,429
JOSEPH A CATAPANO DIRECTOR	50 0				X			0	238,465	10,432
LISA DE MARIA JACOBS CFO, FOUNDATIONS	50 0				X			0	173,675	29,427
MARK D PILLA FORMER EXECUTIVE VP OPS	0 0						X	0	700,000	0
THOMAS R PERCELLO FORMER VICE PRESIDENT	55 0						X	0	472,038	141,473

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BARNABAS HEALTH INC

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 described in **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 - Non-functionally integrated

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

Additional Data

Software ID:
Software Version:
EIN: 22-2405279
Name: BARNABAS HEALTH INC

Form 990, Sch A, Part I, Line 11h - 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)	(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
(A) MONMOUTH MEDICAL CENTER	223452412	03	Yes		Yes		Yes		0
(B) NEWARK BETH ISRAEL MEDICAL CENTER	223452311	03	Yes		Yes		Yes		0
(C) CLARA MAASS MEDICAL CENTER	221500556	03	Yes		Yes		Yes		0
(D) COMMUNITY MEDICAL CENTER	223452306	03	Yes		Yes		Yes		0
(E) KIMBALL MEDICAL CENTER	223452413	03	Yes		Yes		Yes		0
(F) SAINT BARNABAS BEHAVIORAL HEALTH CENTER	222977312	03	Yes		Yes		Yes		0

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

OMB No 1545-0047

2013

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, Part V, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
BARNABAS HEALTH INC	22-2405279

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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?		No	
j	Total Add 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 carry over lobbying and political expenditures from the prior year?	3		

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B	A RELATED FOR-PROFIT ORGANIZATION PAID THREE OUTSIDE LOBBYING FIRMS TO PERFORM LOBBYING ACTIVITIES ON BEHALF OF BARNABAS HEALTH AND ITS AFFILIATES IN THE AMOUNTS OF $153,908, $195,000 AND $120,000, RESPECTIVELY, DURING 2013 A RELATED FOR-PROFIT ORGANIZATION IS A MEMBER OF THE NEW JERSEY BUSINESS AND INDUSTRY ASSOCIATION WHICH ENGAGES IN LOBBYING EFFORTS ON BEHALF OF ITS MEMBER ORGANIZATIONS A PORTION OF THE DUES PAID TO THIS ORGANIZATION HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF BARNABAS HEALTH AND ITS AFFILIATES THIS ALLOCATION AMOUNTED TO $1,217 IN 2013 A PERCENTAGE OF THE 2013 TOTAL COMPENSATION FOR A SENIOR VICE PRESIDENT AND SUPPORT PERSONNEL HAS BEEN ALLOCATED TOWARD LOBBYING ACTIVITIES PERFORMED ON BEHALF OF BARNABAS HEALTH AND ITS AFFILIATES ON BOTH A FEDERAL AND STATE LEVEL THESE ALLOCATIONS AMOUNTED TO $40,000 AND $15,000, RESPECTIVELY, IN 2013 PLEASE NOTE THAT THESE INDIVIDUALS ARE EMPLOYED BY AND COMPENSATED BY A RELATED FOR-PROFIT ORGANIZATION

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BARNABAS HEALTH INC

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

		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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		151,546		151,546
b Buildings		2,610,807	1,427,664	1,183,143
c Leasehold improvements		473,079	89,354	383,725
d Equipment		57,655,982	38,077,221	19,578,761
e Other		5,520,527		5,520,527
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				26,817,702

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) BOND INDENTURE AGREEMENTS	92,754,676	F
(2) LIMITED USE	331,783,873	F
(3) INVESTMENT IN QUALCARE, INC	1,462,225	F
(4) USE ASSETS	23,602,853	F
(5) INVESTMENT IN AFFILIATES	140,121,480	F
(6) OTHER INVESTMENTS	200,000	F
(7) INVESTMENT IN PIMCO	110,952,273	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	700,877,380	

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
DUE TO AFFILIATES, CURRENT	896,653,589
SELF-INSURANCE LIABILITIES	75,127,489
OTHER LONG TERM LIABILITIES	84,516,922
DUE TO AFFILIATES, NON-CURRENT	892,862
ESTIMATED AMTS DUE TO 3RD PAR	4,286,204
AMOUNT DUE TO U S DOJ, CURRENT	0
OTHER CURRENT LIABILITIES	178,163
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,061,655,229

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART X	THE ORGANIZATION IS THE TAX-EXEMPT 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 FOOTNOTE BELOW IS FROM BH'S 2013 CONSOLIDATED AUDITED FINANCIAL STATEMENTS AND REPORTS BH'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) THE CORPORATION DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493321103664

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.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BARNABAS HEALTH INC

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 its grants and other 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 its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
(1) Central America and the Caribbean	1	1	Program Services	FINANCIAL VEHICLE	49,500,000
(2) Central America and the Caribbean	0	0	Investments		2,916,779
(3)					
(4)					
(5)					
3a Sub-total	1	1			52,416,779
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	1	1			52,416,779

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. Part II can be duplicated 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 non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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. Part III can be duplicated 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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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, Information 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

Additional Data

Software ID:
Software Version:
EIN: 22-2405279
Name: BARNABAS HEALTH INC

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BARNABAS HEALTH INC

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 or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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 Regulations 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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(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 as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
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 BARRY H OSTROWSKY, PRESIDENT/CHIEF EXECUTIVE OFFICER SO HE COULD WORK DURING TRAVEL FOR BARNABAS HEALTH RELATED BUSINESS, INCLUDING COMMUTING TO AND FROM ALL BARNABAS HEALTH'S FACILITIES AND OFFICES MR OSTROWSKY'S 2013 FORM W-2 INCLUDES AN AMOUNT WHICH REPRESENTS HIS PORTION OF PERSONAL USAGE THE TRANSPORTATION BENEFIT DESCRIBED ABOVE IS PROVIDED PURSUANT TO A WRITTEN EMPLOYMENT AGREEMENT THE ORGANIZATION'S EXECUTIVE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER, GERALD J PICERNO, ONE OF THE ORGANIZATION'S EXECUTIVE VICE PRESIDENTS, ANTHONY D SLONIM, M D , AND ONE OF THE ORGANIZATION'S VICE PRESIDENTS, MARY E BROOKS ALL 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 ALL INDIVIDUALS THE HOUSING ALLOWANCE FOR MR PICERNO, DR SLONIM AND MS BROOKS TOTALED $7,788, $2,423, AND $3,750, RESPECTIVELY IN 2013, ALL OF WHICH WERE INCLUDED IN EACH INDIVIDUAL'S 2013 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES AND IN SCHEDULE J-1, PART II, COLUMN B(III) HEREIN THE PRESIDENT/CHIEF EXECUTIVE OFFICER TRAVELED FIRST CLASS ON A BUSINESS TRIP FOR BARNABAS HEALTH THE EXCESS COST OVER STANDARD TRAVEL WAS APPROXIMATELY $404, NONE OF WHICH WAS INCLUDED IN HIS 2013 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES
SCHEDULE J, PART I, QUESTION 4A	THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING CALENDAR YEAR 2013 WHICH WAS INCLUDED IN EACH INDIVIDUAL'S 2013 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES THOMAS GIBNEY, $243,269, BRIAN J KIRKPATRICK, $197,135 AND MARK D PILLA, $700,000
SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES PARTICIPATION IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") AS THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN THE INDIVIDUAL'S 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES BARRY H OSTROWSKY, $143,060, THOMAS A BIGA, $413,478, ANTHONY D SLONIM, M D , $98,379, DAVID A MEBANE, ESQ , $141,066, JONATHAN H BARKHORN, $139,055, ANTHONY SORIANO, $101,331, WILLIAM CUTHILL, $184,122, SIDNEY SELIGMAN, $43,497, SUSAN GARRUBBO, $66,618, CATHERINE AINORA, $87,426, NANCY E HOLECEK, $53,286, THOMAS G SCOTT, CPA, $36,824, ANGELA RICCO, $131,157, THOMAS BARTIROMO, $65,901, MICHAEL SLUSARZ, $49,355, ANTHONY E PALMERIO, $55,962, BRIAN J KIRKPATRICK, $4,464 AND HODA BLAU, $65,238 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 2013 FORM W-2 ISSUED BY FIDELITY INVESTMENTS DAVID A MEBANE, ESQ , $29,303 AND BRIAN J KIRKPATRICK, $18,568 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") 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 SERP MONIES WHICH FUNDS WERE SUBJECT TO THE ORGANIZATION'S GENERAL CREDITORS THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2013 FORM W-2 ISSUED BY FIDELITY INVESTMENTS THOMAS BARTIROMO, $93,768 AND BRIAN J KIRKPATRICK, $217,944 THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUAL INCLUDES UNVESTED BENEFITS IN A LONG TERM INCENTIVE PLAN WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUAL MAY NEVER ACTUALLY RECEIVE THE UNVESTED BENEFIT AMOUNT THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN THE INDIVIDUAL'S 2013 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES BARRY H OSTROWSKY, $250,000 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 EACH INDIVIDUAL'S 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES GERALD J PICERNO, $193,456, MATTHEW S FULTON, $59,772, MICHELLENE DAVIS, $56,517, JOHN W DOLL, $37,647, JOHN E MONAHAN, $56,784 AND EILEEN K URBAN, $7,155 THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUAL INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUAL MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN THE INDIVIDUAL'S 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES THOMAS R PERCELLO, $102,735
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 2013 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2013 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

Additional Data

Software ID:
Software Version:
EIN: 22-2405279
Name: BARNABAS HEALTH INC

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				
ROBERT LAHITA MD TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	415,087	50,000	6,858	10,965	13,087	495,997	0
BARRY H OSTROWSKY TRUSTEE - PRESIDENT/CEO	(I)	0	0	0	0	0	0	0
	(II)	1,186,019	660,000	159,845	267,849	21,347	2,295,060	0
THOMAS A BIGA EXECUTIVE VICE PRESIDENT/COO	(I)	0	0	0	0	0	0	0
	(II)	779,863	471,000	423,455	10,965	25,749	1,711,032	0
GERALD J PICERNO EXECUTIVE VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	786,675	450,000	20,028	204,421	20,774	1,481,898	0
ANTHONY D SLONIM MD EXECUTIVE VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	433,650	324,000	107,102	10,965	20,795	896,512	0
DEANNA SPERLING COO - BEHAVIORAL HEALTH	(I)	0	0	0	0	0	0	0
	(II)	240,531	44,280	2,830	8,415	14,062	310,118	0
DAVID A MEBANE ESQ SENIOR VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	421,512	150,000	178,123	10,965	27,212	787,812	0
JONATHAN H BARKHORN SENIOR VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	408,908	130,000	141,635	11,007	24,362	715,912	0
ANTHONY SORIANO SENIOR VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	419,595	135,000	106,567	10,965	14,208	686,335	0
WILLIAM CUTHILL SENIOR VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	292,712	120,000	186,299	16,065	19,737	634,813	0
SIDNEY SELIGMAN SENIOR VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	411,245	107,000	51,307	10,953	23,114	603,619	0
SUSAN GARRUBBO SENIOR VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	335,588	125,000	76,583	19,125	22,237	578,533	0
CATHERINE AINORA SENIOR VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	300,179	120,000	87,676	10,965	8,672	527,492	0
NANCY E HOLECEK SENIOR VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	348,047	100,000	54,324	19,125	27,212	548,708	0
MATTHEW S FULTON SENIOR VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	353,375	90,574	52,580	70,737	20,774	588,040	0
MICHELLENE DAVIS SENIOR VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	345,462	142,500	7,800	66,783	7,613	570,158	0
THOMAS BARTIROMO SENIOR VP (TERM 6/25/13)	(I)	0	0	0	0	0	0	0
	(II)	170,878	100,000	224,536	8,415	21,165	524,994	0
THOMAS G SCOTT CPA SENIOR VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	369,439	57,319	39,476	10,953	22,237	499,424	0
ANGELA RICCO SENIOR VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	171,505	50,000	209,137	10,776	13,697	455,115	0
JOHN W DOLL SENIOR VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	304,775	95,340	540	48,612	24,939	474,206	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				
JOHN E MONAHAN SENIOR VICE PRESIDENT	(I) (II)	0 318,200	0 70,000	0 3,458	0 66,107	0 24,899	0 482,664	0 0
EILEEN K URBAN SENIOR VICE PRESIDENT	(I) (II)	0 299,712	0 30,000	0 3,960	0 17,286	0 2,453	0 353,411	0 0
ROBERT C IANNACCONE SENIOR VICE PRESIDENT	(I) (II)	0 272,712	0 43,120	0 2,755	0 10,811	0 19,683	0 349,081	0 0
VERONICA A GEISSLER SENIOR VICE PRESIDENT	(I) (II)	0 206,460	0 58,800	0 3,960	0 16,929	0 12,921	0 299,070	0 0
MICHAEL SLUSARZ VICE PRESIDENT	(I) (II)	0 218,412	0 78,750	0 52,185	0 10,665	0 19,535	0 379,547	0 0
ANTHONY E PALMERIO VICE PRESIDENT	(I) (II)	0 226,345	0 65,000	0 56,562	0 10,739	0 21,349	0 379,995	0 0
TAMARA CUNNINGHAM VICE PRESIDENT	(I) (II)	0 252,950	0 78,270	0 2,322	0 10,965	0 19,964	0 364,471	0 0
THOMAS GIBNEY VICE PRESIDENT (TERM 2/1/13)	(I) (II)	0 30,647	0 41,250	0 251,607	0 0	0 16,708	0 340,212	0 0
ELLEN GREENE VICE PRESIDENT	(I) (II)	0 257,187	0 52,000	0 6,655	0 16,870	0 7,240	0 339,952	0 0
BRIAN J KIRKPATRICK VICE PRESIDENT (TERM 2/1/13)	(I) (II)	0 6,501	0 0	0 545,002	0 2,546	0 18,787	0 572,836	0 0
CATHERINE DOWDY VICE PRESIDENT	(I) (II)	0 237,178	0 55,151	0 1,171	0 10,915	0 19,591	0 324,006	0 0
REGINA BUBLE VICE PRESIDENT	(I) (II)	0 226,172	0 57,375	0 2,561	0 10,959	0 12,026	0 309,093	0 0
LESLIE T STANABACK VICE PRESIDENT (EFF 4/8/13)	(I) (II)	0 244,684	0 28,125	0 1,180	0 13,801	0 23,229	0 311,019	0 0
MICHAEL J MCTIGUE VICE PRESIDENT	(I) (II)	0 220,341	0 40,986	0 11,338	0 9,335	0 20,579	0 302,579	0 0
MICHAEL T REHEIS VICE PRESIDENT	(I) (II)	0 218,912	0 33,750	0 5,513	0 16,006	0 14,739	0 288,920	0 0
ROBERT ADAMSON VICE PRESIDENT	(I) (II)	0 195,520	0 51,000	0 745	0 10,564	0 13,331	0 271,160	0 0
INDU LEW VICE PRESIDENT	(I) (II)	0 194,412	0 51,000	0 833	0 10,820	0 18,860	0 275,925	0 0
ANGELO SCHITTONE VICE PRESIDENT	(I) (II)	0 203,083	0 37,800	0 1,021	0 10,668	0 19,137	0 271,709	0 0
ELIZABETH GILLON VICE PRESIDENT	(I) (II)	0 189,106	0 50,050	0 1,358	0 18,370	0 24,968	0 283,852	0 0
CHRISTOPHER J BUTLER VICE PRESIDENT	(I) (II)	0 179,815	0 40,634	0 2,907	0 9,495	0 14,630	0 247,481	0 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 VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	174,968	45,125	2,463	9,957	14,505	247,018	0
PATRICK DONAHUE VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	200,410	18,863	0	9,218	22,870	251,361	0
BEATRICE ANZUR VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	180,800	31,278	4,020	14,656	824	231,578	0
ROBERT PELLECHIO VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	176,167	36,248	1,564	8,559	2,545	225,083	0
ROWENA C SPIGARELLI VICE PRESIDENT (EFF 1/1/13)	(I)	0	0	0	0	0	0	0
	(II)	175,000	35,000	120	8,356	101	218,577	0
TRACY J TROVATO VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	187,012	20,000	2,947	7,840	21,254	239,053	0
DEBRA MORGAN VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	193,020	11,200	1,011	14,415	19,887	239,533	0
GEORGE COLEMAN VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	177,503	26,880	0	13,161	13,303	230,847	0
ANDREW MISURO VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	156,957	41,081	3,728	15,811	13,779	231,356	0
RICHARD HENWOOD VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	163,483	9,681	28,101	8,685	23,132	233,082	0
STEPHEN A FAUP VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	169,434	27,795	4,016	8,804	12,676	222,725	0
JUDITH MUNDIE VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	151,438	35,541	10,723	14,089	12,978	224,769	0
LAUREN BURKE VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	187,575	0	2,030	8,595	19,448	217,648	0
PATRICIA A COOK VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	149,187	37,392	501	7,965	15,779	210,824	0
MARY E BROOKS VICE PRESIDENT (EFF 3/25/13)	(I)	0	0	0	0	0	0	0
	(II)	171,365	5,000	4,786	6,984	11,616	199,751	0
CAMILLE JADELIS VICE PRESIDENT (EFF 5/26/13)	(I)	0	0	0	0	0	0	0
	(II)	136,352	13,965	823	9,998	18,717	179,855	0
DENISE SHEPHERD VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	137,515	0	780	4,564	10,355	153,214	0
CRAIG SAUNDERS MD DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	1,592,969	0	33,393	21,330	18,923	1,666,615	0
SHAMKANT MULGAONKAR MD DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	664,338	10,520	3,495	10,965	15,245	704,563	0
HODA BLAU CHIEF EXECUTIVE OFFICER	(I)	0	0	0	0	0	0	0
	(II)	315,071	64,000	81,018	17,389	14,040	491,518	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				
JOSEPH A CATAPANO DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	225,000	10,238	3,227	10,130	302	248,897	0
LISA DE MARIA JACOBS CFO, FOUNDATIONS	(I)	0	0	0	0	0	0	0
	(II)	156,603	16,320	752	7,525	21,902	203,102	0
MARK D PILLA FORMER EXECUTIVE VP OPS	(I)	0	0	0	0	0	0	0
	(II)	0	0	700,000	0	0	700,000	0
THOMAS R PERCELLO FORMER VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	384,553	65,974	21,511	120,502	20,971	613,511	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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BARNABAS HEALTH INC

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	64579FKXO	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/CONSTRUCTION/RENOVATION		X		X		X
C	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FT78	11-10-2011	37,010,000	EQUIPMENT/CONSTRUCTION/RENOVATION		X		X		X
D	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579ERMO	03-12-2010	7,432,296	EQUIPMENT/CONSTRUCTION/RENOVATION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	49,822,245	0	0	6,497,874
2	Amount of bonds legally defeased	0	0	37,010,000	0
3	Total proceeds of issue	199,960,047	374,710,341	0	7,432,296
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 escrows	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	7,432,296
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			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 of bond-financed property?	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 %	
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	1 492 %		0 075 %		0 077 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	3 530 %							
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X			X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X		X			X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X						X	
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified 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 the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
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, PARTS II, III AND IV HAVE BEEN COMPLETED BASED UPON THE TOTAL AMOUNT OF THE TAX-EXEMPT BOND ISSUANCE FOR THE OBLIGATED GROUP, NOT BY EACH INDIVIDUAL INSTITUTION OR ENTITY PLEASE NOTE THAT THE PROCEEDS FROM THE NOVEMBER 29, 2012 TAX-EXEMPT BOND ISSUANCE IN THE AMOUNT OF $106,685,000 WERE USED SOLELY TO REFUND TAX-EXEMPT BOND ISSUANCES THAT WERE ISSUED PRIOR TO JANUARY 1, 2003
SCHEDULE K, PART III	REMEDIAL ACTION WAS TAKEN PURSUANT TO TREAS REG 1 141-12 AND 1 145-2 IN CONNECTION WITH THE SALE OF ASSETS IN TWO INSTANCES REMEDIAL ACTION WAS TAKEN ON MARCH 12, 2010 IN CONNECTION WITH A SALE OF ASSETS UNDER TREAS REG 1 141-12(E) AND 1 145-2 AND THE "REISSUANCE" OF BONDS aS DISCLOSED ON THIS SCHEDULE K FOR THE MARCH 12, 2010 BOND ISSUANCES WITH ISSUE PRICES OF $391,618 AND $1,661,070, RESPECTIVELY REMEDIAL ACTION WAS TAKEN ON MARCH 7, 2011 IN CONNECTION WITH A SALE OF ASSETS UNDER TREAS REG 1 141-12(D) AND 1 145-2 THROUGH THE REDEMPTION AND CANCELLATION OF BONDS, THE RESULTS OF WHICH ARE NOW REFLECTED in PART II, LINE 1 FOR THE DECEMBER 19, 2006 BOND ISSUANCE WITH AN ISSUE PRICE OF $199,960,047

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BARNABAS HEALTH INC

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	64579FKXO	03-12-2010	391,618	EQUIPMENT/CONSTRUCTION/RENOVATION		X		X		X
B	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579ERMO	03-12-2010	3,857,011	EQUIPMENT/CONSTRUCTION/RENOVATION		X		X		X
C	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FKXO	03-12-2010	1,661,070	EQUIPMENT/CONSTRUCTION/RENOVATION		X		X		X
D	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579ERMO	11-29-2012	106,685,000	REFUND/BOND ISSUANCE COSTS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	97,576	3,372,090	413,873	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	391,618	3,857,011	1,661,070	106,685,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	0	0	0	1,722,302
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	3,857,011	0	0
10	Capital expenditures from proceeds	391,618	0	1,661,070	0
11	Other spent proceeds	0	0	0	104,962,698
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 of bond-financed property?	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			
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 %		1 492 %		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 ▶								
6	Total of lines 4 and 5		1 492 %				1 492 %		
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X	X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X			
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified 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 the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BARNABAS HEALTH INC

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		11-14-2012	4,946,131	PROPERTY FINANCING		X		X	X	

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	4,946,131			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	0			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	4,946,131			
11	Other spent proceeds	0			
12	Other unspent proceeds	0			
13	Year of substantial completion	2017			

		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							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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?								
2	Are there any lease arrangements that may result in private business use of bond-financed property?								

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?								
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?								
c	Are there any research agreements that may result in private business use of bond-financed property?								
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 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider	0							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider	0							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

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

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

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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BARNABAS HEALTH INC

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose 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	25,137	EMPLOYEE		No
(2) TIMOTHY SPERLING	FAMILY MEMBER - OFFICER	102,886	EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	BARNABAS HEALTH, INC ("BH") IS THE TAX-EXEMPT PARENT ENTITY OF BARNABAS HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM BH OWNS 100% OF THE COMMON STOCK OF SBC MANAGEMENT CORPORATION, A FOR-PROFIT ENTITY SBC MANAGEMENT CORPORATION EMPLOYS INDIVIDUALS WHO PERFORM SERVICES ON BEHALF OF BARNABAS HEALTH AND ITS AFFILIATES ACCORDINGLY, THE INDIVIDUALS LISTED ABOVE ARE EMPLOYED BY SBC MANAGEMENT CORPORATION AND HAVE A FAMILY RELATIONSHIP WITH AN OFFICER OF THIS ORGANIZATION

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BARNABAS HEALTH INC

Employer identification number
22-2405279

Return Reference	Explanation
CORE FORM, PART I, LINE 5, TOTAL NUMBER OF INDIVIDUALS EMPLOYED	BARNABAS HEALTH, INC ("BH") IS THE PARENT ENTITY OF BARNABAS HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM BH OWNS 100% OF THE COMMON STOCK OF SBC MANAGEMENT CORPORATION, A FOR-PROFIT ENTITY SBC MANAGEMENT CORPORATION EMPLOYS INDIVIDUALS WHO PERFORM SERVICES ON BEHALF OF BARNABAS HEALTH AND ITS AFFILIATES ACCORDINGLY, THIS FORM 990 TREATS INDIVIDUALS EMPLOYED BY SBC MANAGEMENT CORPORATION WITH THE TITLE OF VICE PRESIDENT AND ABOVE AS AN OFFICER OF BARNABAS HEALTH IN ADDITION, THE KEY EMPLOYEES REFLECTED ON THIS FORM 990 WHO PROVIDE SERVICES ON BEHALF OF BARNABAS HEALTH AND ITS AFFILIATES ARE ALSO EMPLOYED BY SBC MANAGEMENT CORPORATION FURTHERMORE, A KEY EMPLOYEE WHO PERFORMS SERVICES ON BEHALF OF BARNABAS HEALTH AND ITS AFFILIATES IS ALSO EMPLOYED BY NEWARK BETH ISRAEL MEDICAL CENTER, A TAX-EXEMPT ORGANIZATION WHOSE SOLE MEMBER IS BH AND IS REFLECTED ON THIS FORM 990 IN ADDITION, OTHER AFFILIATES WITHIN THE SYSTEM ALSO EMPLOY INDIVIDUALS WHO PERFORM SERVICES ON BEHALF OF BARNABAS HEALTH AND ITS AFFILIATES ACCORDINGLY, THIS FORM 990 ALSO TREATS THESE INDIVIDUALS EMPLOYED BY OTHER AFFILIATES WITHIN THE SYSTEM WITH THE TITLE OF VICE PRESIDENT AND ABOVE AS AN OFFICER OF BARNABAS HEALTH BARNABAS HEALTH HAS NO PAID EMPLOYEES AND FILES NO FORMS W-2 OR W-3 ITSELF

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Barnabas Health ========== Barnabas Health, Inc is a not-for-profit healthcare organization with corporate offices in West Orange, New Jersey 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 BH as being a tax-exempt organization under internal revenue code ("IRC") section 501(c)(3) As the parent organization of the largest tax-exempt integrated healthcare delivery system in New Jersey, BH strives to continually develop and operate a multi-hospital healthcare system which provides substantial community benefit through a comprehensive spectrum of healthcare services to the residents of New Jersey and surrounding communities BH ensures that its system provides medically necessary healthcare services to all individuals regardless of race, color, creed, gender, sexual orientation, national origin, financial status or disability No individual is denied necessary medical care, treatment or service Moreover, BH provides healthcare services to patients who meet certain criteria defined by the New Jersey Department of Health without charge or at amounts less than established rates BH maintains records to identify 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 BH provides treatment and services for more than two million patient visits each year 177,000 inpatients and Same Day Surgery patients, 436,000 Emergency Department patients, over 1 5 million outpatients and home health visits, and delivers more than 17,500 babies annually BH employs approximately 18,500 individuals (making BH New Jersey's second largest private employer) Women and minorities are well-represented among System employees, participating in all levels within the organization In total, more than 75% of System employees are women, and more than 46% of System employees are minorities Meanwhile, women represent approximately 44% of executives and senior officials, approximately 72% of first and mid-level officials and approximately 80% of professionals employed by BH Likewise, minorities represent approximately 9% of executives and senior officials, approximately 29% of first and mid-level officials and approximately 43% of professionals employed by BH BH has medical staffs with an aggregate of approximately 4,000 active physicians and approximately 450 residents More than 300 trustees and 3,100 volunteers provide service as part of BH BH includes six acute care hospitals, two children's hospitals, rehabilitation centers, ambulatory care and diagnostic facilities, geriatric centers, a free-standing inpatient psychiatric facility, the state's largest state wide behavioral health network, comprehensive hospice and home care programs, multi-site pharmacies and the Barnabas Health Medical Group Among BH's nationally recognized services and facilities are - New Jersey's only certified Burn Treatment Facility and one of the largest in the U S that treats more than 400 patients annually, - Comprehensive cardiac surgery services for adults and children , - the state's oldest and most experienced heart transplant program, has performed over 8 00 transplants (2013 volume ranks in nation's top ten programs), - Joint commission certification in acute coronary syndrome at the six BH acute care hospitals, - New Jersey's only lung transplant program, - a leading regional kidney transplant center that ranks in the top 10 of 240 centers by volume in the nation, the program performed the first laparoscopic kidney retrieval in a living donor and the first robotic kidney transplant surgery in the world, - a renowned neurology and neurosurgery programs including a designated Level 4 Specialized Epilepsy Center for adults and children, - three Valerie Fund children's centers for cancer and blood disorders, - The Institute for Reproductive Medicine and Science, - nationally recognized geriatric services, - comprehensive cancer services, - The Jacqueline M Wilentz comprehensive breast center and a regional breast surgical program of women physicians, - one state-accredited comprehensive stroke center and four state-accredited primary stroke centers, - Comprehensive Breast Center at the Saint Barnabas Ambulatory Care Center, highest number of mammograms and breast imaging exams annually in the region and one of the highest in the U S, - three regional perinatal centers with the highest level neonatal intensive care units, - comprehensive women's and children's services, including the Unterberg Children's Hospital at Monmouth Medical Center and Children's Hospital of New Jersey at Newark Beth Israel Medical Center which houses New Jersey's only neonatal ECMO program for life support,, a pediatric cardiac surgical program in partnership with NYU School of Medicine, amongst many more services, and

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	- three Regional Perinatal Centers and two Regional Intermediate Centers Affiliation with University of Medicine and Dentistry ---------- - In January 2008, the system entered into a new agreement with the University of Medicine and Dentistry in New Jersey - New Jersey Medical School ("UMDNJ-NJMS") in New Jersey to form a comprehensive academic affiliation and strategic alliance, thereby creating an affiliation including two of New Jersey's academic and provider systems The NJMS includes more than 700 faculty and 1,300 volunteer faculty in 19 academic departments, a network of 19 affiliated hospitals, and, sponsorship of 48 residency and fellowship programs Under the agreement, the two systems explore and pursue opportunities for collaboration in medical education, development of selected joint clinical programs 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 "Graduate Medical Education") and members of the faculty at each of these two hospitals have participated in a number of UMDNJ-NJMS sponsored continuing medical education programs Members of the faculty from UMDNJ-NJMS have participated in BH's educational programs as well In addition, the two systems evaluate a number of joint program development initiatives The system believes that the affiliation with the UMDNJ-NJMS and its substantial programs in clinical research and basic scientific investigation strengthen its medical education and research activities As a result of the New Jersey Medical and Health Sciences Education Restructuring Act, on July 1, 2013, most schools and units of the University of Medicine and Dentistry of New Jersey (UMDNJ), transferred to Rutgers, The State University of New Jersey, including the New Jersey Medical School The University Hospital ("UH") was spun off as a freestanding institution with its own Board of Directors In 2013, BH entered into a consultative service agreement with UH Graduate Medical Education and other education programs ---------- ---------- Barnabas Health recognizes the important contribution it has to the community in helping to train tomorrow's healthcare providers so that New Jersey citizens continue to receive outstanding clinical care Multidisciplinary education is important in the clinical domain since the care of patients depends on so many members of the multidisciplinary team The medical education programs within the Barnabas Health system include undergraduate medical education, graduate medical education, continuing medical education and allied health professions education Graduate medical education programs are sponsored by the three teaching institutions affiliated with the system Monmouth Medical Center , Newark Beth Israel Medical Center, and Saint Barnabas Medical Center

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	At the undergraduate level, we have affiliations with 4 medical schools The system is a major clinical campus for medical students from UMDNJ-NJMS (Newark, NJ), Drexel University College of Medicine (Philadelphia), the New York College of Osteopathic Medicine (Old Westbury, NY), and Saint George's School of Medicine (Grenada for junior year clerkship and senior year electives) Clinical research and public health issues are an integral part of our education mission These medical students train in our facilities for both their required and elective rotations We also partner with schools of pharmacy, nursing, radiation technology, and respiratory therapy Our advanced clinical programs (e g Burn, transplant) also host students from a variety of clinical disciplines as well as professionals already in practice who hope to advance their skills For graduate medical education, our three teaching hospitals host more than 550 residents and fellows in specialty training across 18 programs including specialty and subspecialty training While we acknowledge our obligation to these young professionals who have chosen BH for this segment of their education, we also recognize their important contribution to patient care and the oversight that needs to be assured so that patients receive appropriate care under the supervision of experienced attending physicians Continuing medical education ("CME") activities are conducted throughout the system, with our hospitals accredited by the Medical Society of New Jersey to offer category 1 AMA-PRA CME to the physicians in the community In addition, a number of physician-assistant, nurses, technician and other allied health professions students obtain clinical experience within the system Highest quality medical education is felt to result in highest quality patient care and ultimately delivers to our patients the most current, cost-effective, and integrated medical care possible Barnabas Health Quality --------- ---------- The Barnabas Health quality program is organized around five major portfolios of activity, which represent important content areas of quality that span across all of our affiliate sites accreditation and licensure, patient safety, performance improvement , clinical resource management and service excellence To be successful at improving these major areas of quality, we rely on the principles of quality improvement Quality improvement requires data and process analysis, teamwork and facilitation, and a project management mindset that allows us to manage our work and drive improvement Another critical 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 Patient Satisfaction ---------- The function of patient satisfaction/experience is active in each of the BH hospitals - a department of patient satisfaction was a first in New Jersey when it was created The patient satisfaction team ensures hands-on responsiveness to patients and their families, and provides a forum where patients, families and community members can openly communicate their ideas Constant evaluation of and attention to patients' opinions through formalized surveys helps BH identify areas of strength and the areas where there can be improvement BH is committed to fulfilling our ethical obligation to provide the finest healing environment for our patients and their families, and a positive, fulfilling work environment for our physicians and employees Awards and Honors ========== Barnabas Health's commitment to quality and service has resulted in many awards and recognitions for the system and its centers These include, but are not limited, to Barnabas Health ---------- BH is active in providing high quality services and in promoting wellness and health for all its communities - Protecting the Patient - Voice of the Customer Award - Nuance Healthcare, recognition of reduction of hospital acquired conditions by 73% and being Joint Commission Top Performers for national quality measures - Becker's Hospital review named BH "one of the best places to work" in healthcare in the US for 2013 The list recognizes healthcare organizations that go above and beyond to keep their employees happy, healthy and motivated by offering robust benefits, positive work environments, professional development opportunities and continuing education This was BH's second consecutive year on the list - AARP recognized BH in 2011 as being one of the top employers for people over 50 - BH received the CEO Cancer Gold standard re-accreditation for its commitment to taking concrete actions to reduce the cancer risk of its employees and their families, one of only 50 companies in the nation - BH, was named "Official Health Care Provider"

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	of Seton Hall University Athletics, further expanding its longstanding relationship with the elite Essex County institution - BH hospitals received top scores among New Jersey he alth care institutions in Hospital Safety Scores released by The Leapfrog Group Five of t he six BH hospitals received an "A," the highest score, and one received a "B " The report cards awarded letter grades for 2,539 institutions in the nation, including 67 New Jersey hospitals The scores are assigned to hospitals based on infections, injuries and medical and medication errors - BH was selected to advise the new board of University Hospital Clara Maass Medical Center ("CMMC") ---------- Clara Maass Medica l Center is the recipient of numerous awards and honors including, but not limited to, the following - Becker's Hospital Review - a national publication focused on the business an d legal issues of health systems - selected Clara Maass as one of its "100 Hospitals With Great Heart Programs " - Received its third consecutive Grade "A" score in Hospital Safety by the Leapfrog Group this year - U S News & World Report recently named Clara Maass Me dical Center among the 2013-2014 Best Hospitals in the New York Metro Area and scored the Medical Center as High Performing in four specialty areas Diabetes, Nephrology, Neurology and Orthopedics It is the fourth consecutive year that Clara Maass has been listed by U S News & World Report among the best hospitals in the New York Metro Area in its "Best Ho spitals" edition - Clara Maass Medical Center was recognized as a top-performer in the st ate of New Jersey in providing patients recommended care in four areas Heart Attack, Pneu monia, Heart Failure and Surgical Infection Prevention, according to a report released in June 2013 by the New Jersey state Department of Health The overall hospital score was 100 percent for Clara Maass Medical Center for patients who are being treated for Heart Attac k, Heart Failure, Pneumonia and for patients undergoing Surgical Procedures, ranking it in first place among hospitals in the state and giving it the top score among hospitals in Essex County The report cited CMMC for having an excellent record of patient safety, scori ng zero or very low in the number of unsafe incidences involving patients, according to 20 11 data examined by the state Department of Health - In 2014, Clara Maass Medical Center has received the Mission Lifeline Bronze Receiving Quality Achievement Award for implemen ting specific quality improvement measures outlined by the American Heart Association for the treatment of patients who suffer severe heart attacks It also received its fifth cons ecutive Grade "A" score in Hospital Safety by the Leapfrog Group, making it one of 251 hos pitals in the entire nation to achieve an "A" in all five scores releases from the nation' s leading experts on patient safety - The Joint Commission, the leading accreditor of hea lthcare organizations in America, as a Top Performer on Key Quality Measures for 2012 - th e Medical Center's third year in a row to receive this designation - Thomson Reuters (now Truven Health Analytics) named Clara Maass Medical Center one of the nation's 100 Top Hos pitals in 2012 Clara Maass was also named an Everest Award winner by Thomson Reuters, a d istinction for only 12 hospitals among the 100 winners for delivering the greatest rate of improvement over five years

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	- HealthGrades - a nationwide online resource center regarding physicians and hospitals - recognized Clara Maass Medical Center (CMMC) with a Patient Safety Excellence Award for 20 13, in April The recognition places CMMC in the top 10 percent nationwide for patient saf ety The nationwide study recognized 379 hospitals overall, based on an assessment of 13 p atient safety indicators - including rates of infection, correct medicine dosage and how w ell the nursing staff communicated - Clara Maass has achieved Joint Commission disease sp ecific care certification in Acute Coronary Syndrome ("ACS"), Heart Failure, Total Hip Rep lacement and Total Knee Replacement - The Cancer Center is accredited by the American Col lege of Surgeons - The Radiation Oncology Department is accredited by the American Colleg e of Radiology, mammography meets the Mammography Quality Standards Act - CMMC is a New J ersey Department of Health designated primary stroke center - The Center for Sleep Disord ers is accredited by the American Academy of Sleep Medicine - Laboratory accredited by the College of American Pathologists (CAP) Community Medical Center ("CMC") ---------- ---------- CMC has been recognized with distinguished awards for clinical excellence Some of these are listed below - The hospital was surveyed by the Joint Commission and r eceived its triennial re-accreditation for the hospital, home care and hospice programs - The hospital is the recipient of the Joint Commission - gold seal of approval for acute c oronary syndrome, heart failure, cardiac rehabilitation, total joint replacement - hip & k nee, and stroke care - The New Jersey Department of Health designated CMC as a primary st roke center - The Commission on Cancer of the American College of Surgeons designated CMC as a community hospital comprehensive cancer program The program has had this distinctio n since 1986 - The American College of Radiology renewed accreditations for mammography s ervices, stereotactic breast, ultrasound breast, ultrasound GYN, general ultrasound, nucle ar medicine, MRI, radiation oncology and Breast Center of Excellence Healthgrades awards - America's 50 Best Hospitals 2011, 2012, 2013 - Distinguished Hospital Award for Clinic al Excellence since 2005 - Gynecologic surgery excellence award - Gastrointestinal surgery excellence award - Maternity care excellence award - Orthopedic care excellence award - P ulmonary care excellence award - Coronary interventional excellence award - Five-star for treatment of heart attack - Five-star for treatment of heart failure - Five star rating fo r critical care - CMC received an "A" in the Hospital Safety Score from The Leapfrog Group - CMC associates and medical staff collected over 18,500 pounds of food and donated it to area food banks in Ocean County Over 107,000 pounds of food has been donated to those in need during the past 6 years - The fourth annual back to school supplies drive sponsored by CMC employees collected over 200 backpacks along with cartons of crayons, markers, pen cils, pens, calculators, filler paper, notebooks, highlighters, lunchboxes, etc, for child ren in need - The emergency department treats over 95,000 adult and pediatric emergency p atients annually - The J Phillip Citta Regional Cancer Center offers the rapid arc linea r accelerator and the CyberKnife to Ocean County, offering area residents access to the la test generation of cancer fighting technologies Monmouth Medical Center Southern Campus - (formerly Kimball Medical Center ("KMC")) ---------- ---------- KMC HAs been recognized with distinguished awards for clinical excellence Some of these are listed below - Recognized in U S News and World Report's Best Hospitals (metro area) - Recognized by HealthGrades with the Maternity Care Excellenc e Award for the past 3 years This 5-star rating recognizes hospitals that provide consist ent high-quality care for women and their babies during pregnancy, delivery, and the first few days after delivery - Received a Leapfrog Hospital Safety Score of "A" The Leapfrog Group Hospital Safety Score program grades hospitals on their overall performance in keep ing patients safe from preventable harm and medical errors - Designated primary stroke ce nter by the New Jersey Department of Health - Joint Commission accredited for hospital and behavioral healthcare - Granted a three-year term of accreditation in the area of adult t ransesophageal and adult transthoracic by the Intersocietal Commission for the Accreditati on of Echocardiography Laboratories ("ICAEL") - Re-certification in 2014 - Three doctors a ffiliated with Kimball Medical Center have been named "Top Doctors of New Jersey" for two consecutive years by Castle Connolly Medical, LTD , the gold standard for medical ratings research - Received disease-specific care re-certification (2013) in acute coronary syndr ome ("ACS") from the Joint Commission The Joint C

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ommission's disease-specific care certification program, launched in 2002, evaluates clini cal programs across the continuum of care and is considered the Gold Seal of Approval for healthcare quality - New designation for Heart Failure Disease Specific Certification by The Joint Commission - Recipient of The Joint Commission's Top Performer on Key Quality M easures, 2012, for Heart Attack, Heart Failure, Pneumonia and Surgical Care Monmouth Medi cal Center ("MMC") ---------- Monmouth Medical Center is the recipien t of numerous aw ards and honors including, but not limited to, the follow ing - Received a n "A" Hospital Safety Score by The Leapfrog Group, an independent national non-profit orga nization of employer purchasers of healthcare and the nation's leading experts on patient safety Among only 251 hospitals in the entire nation to have achieved an "A" grade in all five score releases of the hospital safety scores - Named one of the nation's Top Perfor mers on Key Quality Measures by The Joint Commission, the leading accreditor of healthcare organizations in America Monmouth Medical Center w as one of 14 hospitals in New Jersey t o achieve this important designation, and is among just tw o hospitals in Monmouth and Ocea n counties to earn this recognition - Recognized by The Joint Commission for exemplary pe rformance in using evidence-based clinical processes that are show n to improve care for ce rtain conditions, including heart attack, heart failure, pneumonia, surgical care, childre n's asthma, stroke and venous thromboembolism, as w ell as inpatient psychiatric services This w as the second year in a row that Monmouth Medical Center w as recognized as a Top Per former, and Monmouth is one of only 244 hospitals that achieved the distinction tw o years in a row - Received TJC Disease Specific Certification for Acute Coronary Syndrome, Cardi ac Rehabilitation, Breast Cancer and Hip/Knee Replacement and Advanced Certification for P rimary Stroke and recently added spine surgery MMC is the only hospital in the region to achieve Advanced Certification for Heart Failure - Rated in the top five percent of the n ation for both emergency medicine and maternity care by Healthgrades for three years in a row - 2010 through 2012 - The Pain Care Service at Monmouth Medical Center w as recently r ecognized by HCAHPS for outstanding scores w ell above state and national rankings in the a rea of pain management Ranked in the 99th percentile in the state and the 90th percentile nationally for pain management - Named a Bariatric Surgery Center of Excellence by the A merican Society for Metabolic and Bariatric Surgery - a prominent designation recognizing surgical programs w ith a demonstrated track record of exceptional patient outcomes Monmou th Medical w as the first in New Jersey to perform laparoscopic gastric bypass and is among the most highly experienced centers in the tri-state area - The Jacqueline M Wilentz Co mprehensive Breast Center at Monmouth Medical Center is New Jersey's only certified qualit y breast center of excellence - the highest certification level offered by the National Qu ality Measures for Breast Centers (NQMBC) The Center is a recipient of the Women's Choice Aw ard as one of America's Best Breast Centers, acknow ledging its dedication to providing exceptional patient care and treatment - Monmouth holds the Gold Seal of Accreditation fr om the American College of Radiology for its advanced imaging systems, and w as the first i n New Jersey and the 20th in the nation to achieve this status for magnetic resonance imag ing (MRI) of the breast - Monmouth Medical Center w as chosen by the Institute for Healthc are Improvement as one of only 14 hospitals in the nation and the only hospital in New Jer sey to participate in a key national initiative to improve care for heart failure patients

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	- Monmouth Medical Center joined a select group of 13 U S hospitals chosen to participate in the Radiologic Society of North America Image Share Network. Monmouth Medical Center i s the only facility in New Jersey to be chosen for this project - The Unterberg Children' s Hospital at Monmouth Medical Center w as the first hospital in New Jersey to open a level III neonatal intensive care unit It has one of the highest survival rates among neonatal intensive care units in the county and ranks in the top one-third for survival among such units that participated in Vermont/Oxford Netw ork's international database for benchmarki ng - Monmouth has one of only three cystic fibrosis 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 New Jersey - Monmouth Medical Center has received full accreditation as a cyc le III accredited chest pain center from the Society of Chest Pain Centers ("SCPC") Cycle III is the highest level of accreditation - Monmouth Medical Center received CT accredit ation from the American College of Radiology (ACR) w ith zero deficiencies Monmouth Medica l Center, a BH facility, has been granted ultrasound accreditation by the American College of Radiology ("ACR") ultrasound committee - U S News & World Report recognized Monmouth as a regional leader in cancer, geriatrics, gynecology, neurology and neurosurgery - Mon mouth is Drexel 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 recognized as a distinguished academic medical center among an elite group of the nation' s nine leading teaching hospitals, by Press Ganey - Established the first comprehensive S leep Disorders Center in Monmouth and Ocean counties, and w as the first to receive accredi tation by the American Academy of Sleep Medicine - The prestigious American Diabetes Asso ciation education recognition certificate for a quality diabetes self-management education program w as aw arded to the pediatric endocrinology program of the Unterberg Children's Ho spital at Monmouth Medical Center as w ell as the Center for Diabetes Education at Monmouth Medical Center - an honor originally bestow ed on the medical center in 2007 With this re cognition, the center w as re-certified by the ADA as offering high quality diabetes self-m anagement education that is an essential component of effective diabetes treatment - The Joel Opatut Cardiopulmonary Rehabilitation Program w as the first in Monmouth County to be certified for both cardiac and pulmonary rehabilitation by the American Association of Car diovascular and Pulmonary Rehabilitation Newark Beth Israel Medical Center ("NBIMC") ---- ---------- Newark Beth Israel Medical Center is the recipient of numerous awards and honors including, but not limited to, the follow ing - the only ho spital in the Northeast to earn the American Heart Association's Mission Lifeline Gold Qu ality Achievement Aw ard for Heart Attack Care, recognizes the commitment and success of th e Barnabas Health Heart Center at Newark Beth Israel Medical Center in implementing the hi ghest standard of care to improve the survival of people w ho suffer a certain kind of hear t attack. - Newark Beth Israel Medical Center and Children's Hospital of New Jersey w ere n amed among the 2013-2014 Best Hospitals metro area and New Jersey rankings released by U S News & World Report Newark Beth Israel Medical Center also w as listed as high-performin g in the New York Metropolitan area for Cancer, Cardiology, Diabetes and Endocrinology, Ge riatrics, Nephrology, Neurology and Neurosurgery - Newark Beth Israel Medical Center (NBI MC) and Children's Hospital of New Jersey (CHoNJ), w ere chosen as one of five hospitals na tionw ide to receive the NOVA Aw ard from the American Hospital Association The Aw ard w as p resented at the Health Forum/AHA Leadership Summit - NBIMC and CHoNJ w ere honored for the ir program, "The Beth Embraces Wellness An Integrated Approach to Prevention in the Commu nity " The medical center has three major aw ard w inning w ellness programs Kids Fit, The B eth Challenge and The Beth Garden - NBIMC w ellness programs w ere aw arded the New Jersey H ospital Association's HRET Aw ard for Community Outreach for KidsFit in 2009, The Beth Chal lenge in 2011 and The Beth Garden in 2012 - NBIMC w as also aw arded the New Jersey Black I ssues Convention "Changing Communities Aw ard" for The Beth Embraces Wellness in 2013 - Em ployee from NBIMC received the Union Chapel Community Development "Those Who Care For Thei r Community" Aw ard for community service in 2013 - The Joint Commission recognized NBIMC as one of its Top Performers on Key Quality Measures For the 2012 designation, only 620 h ospitals nationally w ere recognized, w hich represent the top 18 percent of Joint Commissio n-accredited hospitals NBIMC is also one of only

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	fourteen hospitals in New Jersey to achieve this designation - The American Heart Association ("AHA") awarded the Heart Center at Newark Beth Israel Medical Center its 2012 "Get with the Guidelines Gold Award" for Heart Failure for the third consecutive year This prestigious award is presented to hospitals that follow the latest evidence-based treatment guidelines for heart failure as outlined by the AHA/American College of Cardiology - Newark Beth Israel Medical Center and Children's Hospital of New Jersey were honored with a "B" Hospital Safety Score by The Leapfrog Group, an independent national nonprofit run by employers and other large purchasers of health benefits - Newark Beth Israel Medical Center (NBIMC)/ Children's Hospital of New Jersey (CHoNJ) were awarded in the 'Education Hero - Organization' category in the 2012 NJBIZ Healthcare Heroes awards program for The Beth Embraces Wellness, and integrated Approach To Prevention in the Community - An NBIMC nurse was nominated to receive the Nursing com award - 2013 healthcare professional of the year award from the New Jersey Hospital Association - Employee from NBMIC was the winner of the NJBiz Award for Health Care Hero for Education in 2014 - NBIMC and CHoNJ have hosted The Community Food Bank outside of the Ambulatory Care Center, providing food to those in need since 2010 They are currently providing nutrition education to those who receive food from the pantry, focusing on women and children and the senior population - Joint Commission Top Performer on Key Quality Measures for top 15% of hospitals in core measures - Heart Attack, Heart Failure, Pneumonia, Surgical Care - Newark Beth Israel Medical Center (NBIMC)/ Children's Hospital of New Jersey (CHoNJ) were named finalists in the 'Education Hero - Organization' category in the 2013 NJBIZ Healthcare Heroes awards program - Designated as a primary stroke center by the New Jersey Department of Health - Achieved the Joint Commission disease specific accreditations for acute coronary syndrome and advanced ventricular assistance device Saint Barnabas Medical Center ("SBMC") ---------- ---------- Saint Barnabas Medical Center has earned many certifications and accreditations and has been the recipient of numerous awards and honors including, but not limited to, the following - Saint Barnabas Medical Center was honored with an "A" Hospital Safety Score by The Leapfrog Group, an independent national non-profit run by employers and other large purchasers of health benefits One of 251 hospitals nationwide recognized for an "A" score in 5 consecutive rankings - The Breast Center received national accreditation by NAPBC, National Accreditation Program for breast centers by the American College of Surgeons - The International Board of Lactation Consultant Examiners (IBLCE) and the International Lactation Consultant Association (ILCA) award for promoting and supporting breastfeeding - The Quality Oncology Practice Initiative (QOPI) certification program, an affiliate of the American Society of Clinical Oncology (ASCO) certification of the Cancer Center at Saint Barnabas Medical Center, the first of only three in New Jersey - The Joint Commission disease-specific certification for stroke care, acute coronary syndrome (ACS), heart failure, total hip replacement and total knee replacement services - The Cancer Centers of Saint Barnabas Medical Center received a three-year accreditation with commendation from the Commission on Cancer (COC) of the American College of Surgeons (ACOS) - Inside Jersey magazine ranked Saint Barnabas as a top 350 bed hospital in New Jersey in 2014, for the treatment of breast cancer, prostate cancer and high risk pregnancies pediatric cancers, By-pass surgery, hip and knee repair, congestive heart failure, treatment of strokes and neurological disorders

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	- Designated Level 4 Specialized Epilepsy Center by the National Association of Epilepsy C enters (NAEC) for the adult and pediatric comprehensive epilepsy centers w hich recognizes centers providing the most complex intensive neuro-diagnostic monitoring and treatment of epilepsy Barnabas Health Behavioral Health Center ("BHBHC") ---------- ---------- Barnabas Health Behavioral Health Center is accredited by the Joint Commission BHBHC, through the Institute for Prevention, has led BH to achieve the CEO Can cer Gold Standard for BH and its hospital facilities The CEO Cancer Gold Standard accredi tation is based upon a series of cancer-related recommendations to fight cancer in w orkpla ces in the United States The Gold Standard is a comprehensive program w ith five pillars - Tobacco Use - Nutrition - Physical Activity - Prevention, Screening and Early Detection - Access to Quality Treatment and Clinical Trials Barnabas Health Services ========== ========= Barnabas Health provides substantial community benefit Its system includes the follow ing acute care hospitals located throughout the state of New Jersey 1 Clara Maass Medical Center 2 Community Medical Center 3 Kimball Medical Center 4 Monmouth Medical C enter 5 New ark Beth Israel Medical Center 6 Saint Barnabas Medical Center 7 Barnabas He alth Behavioral Health Center Each hospital operates consistently w ith the follow ing crite ria outlined in IRS revenue ruling 69-545 1 Provides medically necessary healthcare serv ices in a non-discriminatory manner to all individuals regardless of race, color, creed, s ex, national origin, religion or ability to pay, including charity care, self-pay, medicar e and medicaid patients, 2 Operates an active emergency department for all persons, w hich is open 24 hours a day, 7 days a w eek, 365 days per year, 3 Maintains an open medical st aff, w ith privileges available to all qualified physicians, 4 Control of each hospital re sts w ith its Board of Trustees and the Board of Trustees of Barnabas Health, Inc , the tax -exempt parent organization of BH Both boards are comprised of independent civic leaders and other prominent members of the community 5 Surplus funds are used to improve the qua lity of patient care, expand and renovate facilities and advance medical care, programs an d activities The operations of each hospital, as show n through the factors outlined above and other information contained herein, clearly demonstrate that the use and control of e ach hospital is for the benefit of the public and that no part of the income or net earnin gs of the organization inures to the benefit of any private individual nor is any private interest being served other than incidentally Select Centers of Excellence ========== ========== Centers of Excellence at Barnabas Health's acute care hospitals include, bu t are not limited to, the follow ing The Joint & Spine institute at Clara Maass Medical Ce nter ---------- ---------- The Joint & Spine Institute is located on a dedicated unit w ithin the hospital Surgeries are scheduled Monday throug h Friday and patients typically return home after a three-night stay Features of the prog ram include nurses, therapists and nursing assistants w ho specialize in the care of joint patients, private and semi-private rooms, emphasis on group activities as w ell as individ ual care, family and friends educated to participate as "coaches" in the recovery process, a joint team w ho coordinates all pre-operative care and discharge planning, a comprehensi ve patient guide to follow from six w eeks pre-op until three months post-op and beyond, co ordinated after-care program, reunion luncheons for former patients and coaches, new slette rs to provide patients w ith new information about arthritis and joint care, and public edu cation seminars about hip and knee pain The Eye Surgery Center (Clara Maass Medical Cente r) ---------- All ophthalmologists and surgeons a t the Eye Surgery Center are board-certified and specialize in the prevention, diagnosis a nd treatment of eye problems, diseases and injuries Clara Maass's eye care experts w ork t ogether to provide comprehensive ophthalmic care in every area of eye disorders and treat patients of all ages-- from infants to seniors State-of-the art equipment and dedicated op hthalmology suites ensure the deliverance of the most advanced quality eye care Clara Maa ss Medical Center performs the most hospital eye procedures in the state of New Jersey and is also the first hospital in New Jersey to offer trabectome -- a leading-edge treatment for glaucoma J Phillip Citta Regional Cancer Center (Community Medical Center) =-------- ---------- CMC offers a dedicated inpatient oncology unit, radiation oncology center, infusion center and a full range of support gro ups and services for patients and their families

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	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 a member of the renowned Penn Cancer Network in Philadelphia and is accredited by the American College of Surgeons Programs and services of this center include Medical oncology with a multidisciplinary team approach ensuring the physical and psychosocial needs of patients and their families are addressed The team includes board certified physicians, oncology certified nurses, licensed clinical social workers, case managers, dieticians, and home care professionals working together to provide high quality care in both the inpatient and outpatient settings Radiation oncology -- from sophisticated rapid arc linear accelerator to the CyberKnife, the department of radiation oncology offers the highest standard of care and is accredited by the American College of Radiology The radiation oncology team consists of board certified radiation oncologists and physicists, nurses who specialize in oncology, registered radiation therapists, and licensed clinical social workers 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 In addition, all of CMC's nurses are certified in neonatal resuscitation and lactation resource trained The program offers 24/7 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 at Monmouth Medical Center - Southern Campus, formerly 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 main emergency department includes 31 treatment bays, all equipped with the latest in cardiac monitoring equipment, including specialized rooms for trauma, orthopedics, ear/nose/throat, obstetrics/gynecology, pediatrics, suturing and psychiatric emergencies The staff is focused on respecting the individual needs of all adult and pediatric patients KMC is a state-designated primary stroke center and JCAHO certified chest pain center and has Ocean County's only psychiatric emergency screening program In June 2012, Kimball opened a new Pediatric Emergency Services Program in collaboration with The Children's Hospital at Monmouth Medical Center Kimball's new Pediatric Emergency Services program allows children with urgent medical illnesses to receive the immediate specialty care they require from emergency medicine physicians, with in-house board-certified neonatologist and pediatrician consultation 24 hours a day, 7 days a week The Pediatric Emergency Services program offers a child-friendly environment with the highest level of pediatric emergency medical care for newborns to adolescents

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	The Center for Healthy Living (Monmouth Medical Center - Southern Campus, formerly Kimball Medical Center) ---------- The Center for Healthy Living offers an array of programs designed to keep the community healthy through education and screenings Among its award winning programs are the caregivers education & support by a licensed clinical social worker to provide counseling and support groups The center also offers American Diabetes Association recognized diabetes education and support which is designed for newly diagnosed diabetes and provides education through a 9-hour program which is divided into three separate 3-hour classes The Center is also home to the arthritis education center where people suffering from any of the debilitating forms of arthritis can seek education about diagnosis, treatments, new medications and physical therapy and also participate in specially designed classes such as t'ai chi, yoga and the arthritis foundation's exercise program Participants in all of the programs at the Center for Healthy Living will experience enhanced physical, emotional and spiritual healing through individual and group programs in an environment where they can join with others to learn and share experiences, strength and hope Popular programs at the Center for Healthy Living include yoga and self-defense The Jacqueline M Wilentz Comprehensive Breast Center (Monmouth Medical Center) ---------- ---------- Committed to meeting the breast healthcare needs of all women, the breast center is the region's only facility to offer a multidisciplinary team dedicated to the breast health needs of all women MMC provides a comfortable and supportive setting in which all outpatient breast healthcare services are found in one convenient location MMC takes a coordinated approach to breast care -- both well care and cancer care MMC is here for women who seek annual breast evaluation and for those women diagnosed with breast cancer or benign breast disease And it's more than care, it's caring Several of MMC's services are specifically for women diagnosed with breast cancer, including an outpatient chemotherapy suite, psychosocial counseling and rehabilitation services, breast cancer support groups and breast conservation surgery These qualified experts represent many medical disciplines, working together to provide women with diagnostic, treatment, surgical, psychosocial support, and education and rehabilitation services MMC's state-of-the-art facility offers the latest in medical equipment, technology and services The Cranmer Ambulatory Surgery Center (Monmouth Medical Center) ---------- ---------- ---------- The center provides a full spectrum of same-day surgical services using the most modern technology available The facility includes four full-service operating rooms, three minor procedure rooms and a three-tiered graduated recovery area, respecting the individual needs of adult and pediatric patients The one-story, 19,000-square-foot building is equipped to perform all types of same-day surgical procedures, including arthroscopic, laparoscopic and laser techniques Every aspect of the center has been designed to provide the ultimate in efficiency and comfort for patients and their families, while offering the highest quality medical care The Valerie Fund Children's Center for Cancer and Blood Disorders (Monmouth Medical Center, Newark Beth Israel Medical Center, and Saint Barnabas Medical Center) ---------- The Centers provide comprehensive medical services for children with cancer and blood disorders such as sickle cell anemia, thalassemia and thrombocytopenia Children and young adults (birth to 21 years of age) with leukemia and other cancers are treated according to the most advanced therapeutic protocols The center is a member of the children's cancer group, an international cancer research group sponsored by the national cancer institute It has also been designated as a "comprehensive treatment center for sickle cell anemia" by the state of New Jersey Medical and emotional support for patients and their families is provided through an interdisciplinary team These BH hospitals are three of five hospitals in New Jersey that are part of the Valerie Fund, one of the largest and most advanced pediatric oncology/hematology networks in the country Children's Hospital of New Jersey at Newark Beth Israel Medical Center ---------- ---------- Children's Hospital of New Jersey provides comprehensive healthcare programs and services to children of all ages The hospital within a hospital combines the most advanced facilities and technology dedicated exclusively to pediatric patients with the philosophy of family centered care Pediatric and neonata

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	l services of the Children's Hospital range from primary/preventive care services to criti cal intensive and intermediate acute care for children and newborns NBIMC has the largest Pediatric Intensive Care Unit in the state Specialty services include the Children's Hea rt Center, neonatal intensive and intermediate care, pediatric emergency services, pulmona ry services, the state's only pediatric ECMO provider, pediatric video monitoring unit, Va lerie Fund Cancer Center, Hemophilia Treatment Center, moderate sedation, robotic surgery and the primary and physician subspecialty services of the Family Health Center Families experience a warm, comforting environment in w hich physicians, nurses and clinical staff u nderstand the unique needs of children and the vital role of parents in the healing proces s Heart Transplant Program & Heart Failure Treatment (New ark Beth Israel Medical Center) ---------- ---------- The renow ned Hear t Transplant Center has performed over 800 heart transplants The team performed 62 transp lants in 2013, amongst the ten highest transplant volume in the country The heart transpl ant program has been one of the ten most active in the country for eight consecutive years and is one of only tw o sites in the nation to achieve better than expected 3-year heart t ransplant survival rates from 2004 to 2007 (based on data from the national scientific reg istry of transplant recipients) The program provides the most advanced treatment options available anyw here in New Jersey for people w ith congestive heart failure or end stage car diac disease including the ultimate treatment, organ transplantation NBIMC's short- and l ong-term survival rates have continually surpassed both regional and national averages Fu rthermore the patients spend less time w aiting for a heart transplant than most candidates across the country The experienced multidisciplinary team has w orked closely together un der the same leadership for more than 20 years NBIMC is a designated ventricular assist d evice ("VAD") center And w as one of the first in NJ to employ extracorporeal membrane oxy genation ("ECMO") The Neurology and Neurosurgery Institute at Saint Barnabas Medical Cent er ---------- ---------- The Neurology and Neurosurgery Institute at SBMC is dedicated to diagnosing and treating disorders of t he brain and nervous system for adults and children An unprecedented team of experts lead s the programs of the institute and offers the most comprehensive program in New Jersey de dicated to the medical, surgical and psychological treatment of neurologic disorders Spec ialized care is offered for individuals w ith epilepsy, memory disorders, movement disorder s, and other neurologic disorders resulting from an injury or accident Comprehensive care is also provided for children w ith attention deficit disorder-hyperactivity and learning disabilities, as w ell as for adults w ith attention deficit disorders The Institute's comp rehensive epilepsy centers for children and adults uses sophisticated diagnostic technique s to provide complete and accurate diagnosis critical to implementing effective treatment Innovative surgical and drug therapies are offered to help individuals w ith epilepsy achi eve the best possible seizure control The comprehensive epilepsy centers have been named a level 4 specialized epilepsy center by the National Association of Epilepsy Centers ("NA EC") The level 4 designation is the highest given by the NAEC and identifies those center s that offer the broadest range of complex medical and surgical treatments for epilepsy

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	SBMC is a state designated comprehensive stroke center with Joint Commission program certification The Stroke Center offers the latest treatment for stroke including complex neuro interventions The Center, as part of its mission, provides stroke and prevention education to the community and to other health care providers The Cancer Center at Saint Barnabas Medical Center ---------- ---------- The Cancer Center of SBMC, integrates many of SBMC existing cancer services into a comprehensive outpatient cancer facility The Center provides the highest quality cancer care, as well as support services and educational programs for patients and their family members "Centers of Excellence" include Gynecological Cancer and Pelvic Surgery Center, Valerie Fund Children's Center for Cancer and Blood Disorders, Gastrointestinal Cancer Center, The Lung Cancer Institute and regional Breast Center Among the services offered are - A dedicated oncology nurse navigator provides support and helps oncology patients "navigate" the medical system Working with the patient and his or her families, the oncology nurse navigator coordinates the care of the cancer patient and facilitates necessary appointments She serves as a resource to the individual and his or her physician throughout treatment - Psychological and psychosocial support services are available offering individual counseling, support groups, art therapy for children of cancer patients, workshops on coping with cancer, financial counseling and nutritional guidance - Cancer genetics counseling services - Integrative and complementary medicine services - A state-of-the-art outpatient chemotherapy treatment facility with private treatment rooms, a satellite pharmacy and private consultation rooms - The Cancer Centers of Saint Barnabas Medical Center recently began offering a new database service called CancerHelp Unlike the internet, where it is often difficult for a person to determine which information is usable and credible, CancerHelp is designed to provide patients and their families with accurate information To ensure validity, CancerHelp contains a wealth of information from reliable sources such as the National Cancer Institute and Micromedex, a leader in providing patient medication information To keep CancerHelp current, the information is updated monthly The Valerie Fund Children's Center for cancer and blood disorders provides comprehensive, compassionate state-of-the-art diagnostic and therapeutic services for infants, children and adolescents with cancer and blood disorders Our team of four pediatric hematologists/oncologists, nurse practitioners, child life specialists and social workers provide medical care, education, and support to the children and their families The center operates in its own ambulatory unit/day hospital space, helping to prevent many overnight hospitalizations Our physicians are available to our families 24 hours a day If hospitalization is necessary, inpatient care is provided in a dedicated area of the pediatric unit at Saint Barnabas Medical Center Inpatient nurses and child life specialists are trained in the care and psychosocial needs of children with hematologic disorders and cancer Family support groups, professional school visits and opportunities to attend summer camps are available Our medical staff is committed to offering the most up-to-date treatments available, as such, SBMC is active in clinical research programs, including national cancer institute and pharmaceutical-sponsored protocols Barnabas Health Heart Centers ---------- The premier cardiac services provide immediate access to highly sophisticated heart surgery Members of the surgical team are recognized as national leaders in the field of cardiothoracic surgery and are advancing the latest minimally invasive techniques that offer patients faster recovery and fewer complications The Center's reputation for excellence has made them educational resources for cardiac surgeons throughout the northeast Services include minimally invasive cardiac surgery/ robotic surgery, beating heart surgery, transcatheter aortic valve replacement ("TAVR") and integrative cardiac wellness To ensure everyone with heart disease has access to the specialized services, our cardiac team sees patients at satellite offices throughout the state Newark Beth Israel Medical Center, In conjunction with its affiliate, Saint Barnabas Medical Center, the regional cardiac surgery centers of the Barnabas Health Heart Centers perform more than 1,000 open heart procedures annually The Renal and Pancreas Transplant Division ---------- --- The Barnabas Health Renal and Pancreas Transplant Division, located at Saint Barnabas Medical Center is one of the largest programs among 240 in the United States, with over 230 kidney transplants performed in 2013 SBMC had the 10th highest kidney transplant volume of

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Centers in the nation and had the fourth highest living donor transplant volume When combined with its affiliate, Newark Beth Israel Medical Center, the program had the third hig hest transplant volume The renal transplant program, the most active kidney transplant ce nter in New Jersey, is the only transplant program in the state involved in clinical resea rch trials for patients The programs provides deceased as well as living donor transplant ation including living related donors ("LRD") or emotionally related donors ("ERD") and al truistic living donation ("ALD") when family members are unable to donate In 1995, BH beg an its simultaneous pancreas kidney transplant program and in 1996 opened a pediatric neph rology program Since 1968, the renal transplant centers have performed medical first kidn ey transplantation, including transplant in the youngest kidney transplant recipient in Ne w Jersey, the first laparoscopic kidney retrieval in a living donor and the first robotic kidney transplant surgery in the world The pediatric nephrology and transplantation progr am manages children and adolescents with acute and chronic diseases at all stages of sever ity, including nephritic syndrome and hypertension up to and including end stage renal dis ease The pediatric nephrologists work closely with pediatric urologists to provide total care for patients with urological and nephrological problems Barnabas Health Ambulatory C are Center, the Ambulatory Surgery Center ---------- ---------- The center is designed for patients requiring surgery or other proce dures that can be accommodated without an overnight stay The facility houses seven full-s ervice operating rooms, three gastrointestinal endoscopy suites and three minor procedure rooms To accommodate adult and pediatric patients there are separate recovery areas Spec ialties include general, breast procedures, gastroenterology, ophthalmology,oral/dental m axillofacial, orthopedic, otolaryngology, pain management, pediatric specialties, plastic/ cosmetic and maxillofacial, podiatric, urology, and vascular The Breast Center at the Amb ulatory Care Center ---------- The Barnabas Health Br east Centers provide comprehensive breast care wellness services so essential for good hea lth Special attention has been given to every detail of this center - from the coordinate d team approach to the design of the facility - to create a comfortable, warm and caring e nvironment Our center at the Barnabas Health Ambulatory Care Center offers some of the mo st advanced technology and diagnostic services available including state-of-the-art mammog raphy, the latest diagnostic services, breast health information and a multidisciplinary t eam of specialists to facilitate evaluation, coordinated treatment and follow-up Designed to reduce stress, with unique features responding to the amenities requested by women, th e center provides a special comfort to those coping with breast care issues The breast ce nter is one of the only facilities in the region offering triple-assurance to patients hav ing a digital screening mammogram Two standard views are taken of each breast as part of the standard screening mammography protocol The mammography films are processed by a comp uter aided detection (cad) system, which highlights suspicious features that may warrant a dditional review Two radiologists then independently review the films

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	The Barnabas Health Family Imaging and Breast Center at Bedminster ---------- ---------- ---------- This Center, located at One Robertson Drive in Bedminster, NJ, offers 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 also provides x-ray and ultrasound for both men and women In 2010, MRI was added to the center's imaging services The Center's osteoporosis services include all of its dexa scans interpreted by specially trained and certified experts in bone densitometry and the management 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 services which include, but are not limited to, the following - ambulatory surgery center - anesthesiology - bariatric surgery - behavioral health network - bloodless medicine and surgery 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 center - cystic fibrosis - diabetes care - dialysis, renal - emergency department - epilepsy center, adult and pediatric comprehensive - health assessment center for athletes - hemodialysis - home health services - hospice and palliative care services - imaging center - internal medicine faculty practice - integrative medicine center - joint institutes - joint and spine institute - lasik refractive surgery - lung center - lung transplant - medical education and clinical research - medicine subspecialties - center for menopause and reproductive endocrine services - multiple sclerosis comprehensive care program - neonatal intensive care unit - institute for neurology and neurosurgery - nutritional counseling services - obesity and weight management center - department of obstetrics/gynecology - occupational medicine - osteoporosis and metabolic bone disease center - the pain management institute - pathology services - pediatric cardiac surgery - pediatrics - general and subspecialty - pediatric intensive care unit - pediatric nephrology and transplantation - pediatric oncology - the pediatric specialty center (includes developmental, genetics, diabetes, endocrinology, gastroenterology, general surgery, infectious disease and immunology, lyme disease and rheumatology, neurology, pulmonology) - peritoneal dialysis - physical medicine and rehabilitation - physical and occupational therapy - plastic and reconstructive surgery - pre-admission testing - post-acute rehabilitation - outpatient pulmonary rehabilitation - radiation oncology - radiology department - refractive surgery center - regional craniofacial 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 department - tobacco treatment program - transitional care units - travel clinic - the center for urogynecology - valerie fund children's centers - weight loss institute - women's cardiac risk assessment - women's/parent health education - women's center for gynecological surgery, caterina gregori, md - wound care centers - vascular center 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

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	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 cardio pulmonary resuscitation class - first aid programs - hippotherapy therapy for children on horseback - integrative medicine programs - karate for children with special needs - lear n program for weight control - moms in motion prenatal and postpartum exercise - sports m edicine programs - stay fit - yoga class Childbirth preparation and parenting classes ---- ---------- Barnabas Health offers an extensive array of pren atal childbirth preparation and parenting classes and services In addition, the women's h ealth service department offers seminars on women's health issues The follow ing courses a nd services are currently offered include, but are not limited, to - adoptive parents bab y care consultations - breastfeeding class - breast pump rental service - daddy beeper ren tal 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

Return Reference	Explanation
CORE FORM, PART III, QUESTION 3	ON JUNE 6, 2013 THE BARNABAS HEALTH, INC , THE TAX-EXEMPT PARENT OF BARNABAS HEALTH, A TAX-EXEMPT INTEGRATED HEALTH CARE DELIVERY SYSTEM ("SYSTEM") WAS INFORMED THAT SYSTEM HAD BEEN SELECTED BY THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY (UMDNJ) AND UNIVERSITY HOSPITAL TO PROVIDE CONSULTING TO UNIVERSITY HOSPITAL, HEADQUARTERED IN NEWARK, NEW JERSEY UNTIL JULY 1, 2013, UNIVERSITY HOSPITAL WAS AFFILIATED WITH UMDNJ, THEREAFTER, UNIVERSITY HOSPITAL BECAME AN INDEPENDENT ENTITY PURSUANT TO THE NEW JERSEY MEDICAL AND HEALTH SCIENCES AND RESTRUCTURING ACT THE CONSULTING ARRANGEMENT WILL ASSIST UNIVERSITY HOSPITAL IN (I) ENSURING THAT IT REMAINS A FINANCIALLY SUSTAINABLE, HIGH QUALITY ACADEMIC MEDICAL CENTER AND LEVEL 1 TRAUMA CENTER, (II) AN IMPORTANT PROVIDER OF HEALTH CARE SERVICES TO THE GREATER NEWARK AREA, AND (III) THE PRINCIPAL TEACHING HOSPITAL OF THE NEWARK BASED SCHOOLS OF RUTGERS BIOMEDICAL AND HEALTH SCIENCES SYSTEM IS PAID FOR SERVICES AND HAS NO OPERATIONAL RISK AT UNIVERSITY HOSPITAL

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 11B	THE ORGANIZATION IS THE TAX-EXEMPT 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 ITS GOVERNING BODY (ITS BOARD OF TRUSTEES) PRIOR TO THE FILING WITH THE INTERNAL REVENUE SERVICE ("IRS"). IN ADDITION THE BARNABAS HEALTH, INC. 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 BARNABAS HEALTH, INC. BOARD OF TRUSTEES HAS DELEGATED TO THE AUDIT COMMITTEE THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND FILING PROCESS FOR THIS ORGANIZATION AND ALL OF THE TAX-EXEMPT AFFILIATES OF THE SYSTEM. AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S IN HOUSE COUNSEL, EXECUTIVE VICE-PRESIDENT AND CHIEF FINANCIAL OFFICER, VICE PRESIDENT, INTERNAL AUDIT AND VARIOUS OTHER INDIVIDUALS OF THE SYSTEM TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN. THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S INTERNAL WORKING GROUP INCLUDING, BUT NOT LIMITED TO, THOSE INDIVIDUALS OUTLINED ABOVE, FOR THEIR REVIEW. THE ORGANIZATION'S INTERNAL WORKING GROUP AND OTHER INDIVIDUALS REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. IN ADDITION, THE SYSTEM'S EXTERNAL OUTSIDE TAX COUNSEL 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 BARNABAS HEALTH, INC. 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

Return Reference	Explanation
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

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	THE ORGANIZATION'S BOARD OF TRUSTEES MAINTAINS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, BOTH THE RETIRED AND CURRENT EXECUTIVE VICE PRESIDENT OPERATIONS AND THE 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 CHIEF EXECUTIVE OFFICERS 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 PRESIDENT/CHIEF EXECUTIVE OFFICER, BOTH THE RETIRED AND CURRENT EXECUTIVE VICE PRESIDENT OPERATIONS AND THE 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 REVIEW 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 PRESIDENT/CHIEF EXECUTIVE OFFICER, BOTH THE RETIRED AND CURRENT EXECUTIVE VICE PRESIDENT OPERATIONS, THE EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER AND THE CHIEF EXECUTIVE OFFICERS 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

Return Reference	Explanation
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

Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	THIS ORGANIZATION IS THE TAX-EXEMPT 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

Return Reference	Explanation
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

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	THOMAS R PERCELLO, FORMER VICE PRESIDENT OF THE ORGANIZATION, IS STILL EMPLOYED WITHIN BARNABAS HEALTH AS A CHIEF FINANCIAL OFFICER/VICE PRESIDENT OF FINANCE OF COMMUNITY MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDES - PENSION CHANGES OTHER THAN NET PERIODIC BENEFIT COST - $65,136,228, - GAIN ON CURTAILMENT OF PENSION PLAN - $35,285,000, AND - NET TRANSFER OF EQUITY AMONGST BARNABAS HEALTH SYSTEM AFFILIATES - $13,008,955

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	THE TAXPAYER IS THE TAX-EXEMPT PARENT ENTITY OF BARNABAS HEALTH, A TAX-EXEMPT, INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THIS ORGANIZATION AND ALL AFFILIATES FOR THE YEARS ENDED DECEMBER 31, 2013 AND DECEMBER 31, 2012, RESPECTIVELY, AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM BARNABAS HEALTH'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE SYSTEM'S CONSOLIDATED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 3	THIS ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF BARNABAS HEALTH, A TAX-EXEMPT, INTEGRATED HEALTHCARE DELIVERY SYSTEM (''SYSTEM'') BARNABAS HEALTH'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

Return Reference	Explanation
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 IRC 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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BARNABAS HEALTH INC

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BARNABAS HEALTH ACO-NORTH LLC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 45-4531828	HLTHCARE SVCS	NJ	9,620	144,732	BH

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 entity? 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) Disproprtionate 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					No	0		No	
(3) NEW JERSEY IMAGING NTWKLLC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 46-0623701	HEALTHCARE SVCS	NJ	CSHG					No	0		No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
See Additional Data Table									

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the 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 or **(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 Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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	

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART V	BARNABAS HEALTH, INC ROUTINELY PAYS EXPENSES FOR VARIOUS AFFILIATES WITHIN BARNABAS HEALTH IN THE ORDINARY COURSE OF BUSINESS THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED

Additional Data

Software ID:
Software Version:
EIN: 22-2405279
Name: BARNABAS HEALTH INC

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CENTER STATE HEALTH GROUP INC 2 CRESCENT PLACE OCEANPORT, NJ 07757 22-2939956	HEALTH SVCS	NJ	501(C)(3)	509(a)(3)	BH	Yes	
(1) 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	
(2) CLARA MAASS FOUNDATION ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109 22-2132516	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	BH	Yes	
(3) CLARA MAASS MEDICAL CENTER ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109 22-1500556	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	BH	Yes	
(4) COMMUNITY MEDICAL CENTER 99 HIGHWAY 37 WEST TOMS RIVER, NJ 08755 22-3452306	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	BH	Yes	
(5) COMMUNITY MEDICAL CENTER FOUNDATION 99 HIGHWAY 37 WEST TOMS RIVER, NJ 08755 22-2597592	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	BH	Yes	
(6) IRVINGTON GENERAL HOSPITAL 832 CHANCELLOR AVENUE IRVINGTON, NJ 07111 22-3452411	INACTIVE	NJ	501(C)(3)	HOSPITAL	BH	Yes	
(7) IRVINGTON HOSPITAL FOUNDATION 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 23-7025428	INACTIVE	NJ	501(C)(3)	509(a)(3)	BH	Yes	
(8) KIMBALL MEDICAL CENTER 600 RIVER AVENUE LAKEWOOD, NJ 08701 22-3452413	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	BH	Yes	
(9) KIMBALL MEDICAL CENTER FOUNDATION 600 RIVER AVE ANNEX BLDG E LAKEWOOD, NJ 08701 22-2630076	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	BH	Yes	
(10) 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	
(11) MEGA CARE INC 2 CRESCENT PLACE OCEANPORT, NJ 07757 22-2578561	HEALTH SVCS	NJ	501(C)(3)	509(a)(3)	CSHG	Yes	
(12) MONMOUTH MEDICAL CENTER 300 SECOND AVENUE LONG BRANCH, NJ 07740 22-3452412	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	BH	Yes	
(13) 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	
(14) MONMOUTH MEDICAL CENTER FOUNDATION 300 SECOND AVENUE LONG BRANCH, NJ 07740 22-2456079	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	BH	Yes	
(15) BARNABAS HEALTH MEDICAL GROUP PC 300 SECOND AVENUE LONG BRANCH, NJ 07740 22-3316007	HEALTH SVCS	NJ	501(C)(3)	509(a)(2)	MMC	Yes	
(16) NEWARK BETH ISRAEL MEDICAL CENTER 201 LYONS AVENUE NEWARK, NJ 07112 22-3452311	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	BH	Yes	
(17) SAINT BARNABAS BEHAVIORAL HEALTH CENTER 1691 ROUTE 9 TOMS RIVER, NJ 08754 22-2977312	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	CSHG	Yes	
(18) SAINT BARNABAS DEVELOPMENT FOUNDATION 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-2378422	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	BH	Yes	
(19) 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)	BH	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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(21) 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)	BH	Yes	
(1) SAINT BARNABAS MEDICAL CENTER 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 22-1494440	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	BH	Yes	
(2) SAINT BARNABAS OUTPATIENT CENTERS 200 SOUTH ORANGE AVENUE LIVINGSTON, NJ 07039 22-2458479	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	BH	Yes	
(3) SAINT BARNABAS REALTY DEVELOPMENT CORP 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 22-2940008	TITLE HLDNG	NJ	501(C)(3)	509(a)(3)	BH	Yes	
(4) NJ HEALTH CARE INNOVATION CENTER INC 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 22-2458481	INACTIVE	NJ	501(C)(3)	509(a)(3)	BH	Yes	
(5) THE NEWARK BETH ISRAEL MEDICAL CNTR FDN 201 LYONS AVENUE NEWARK, NJ 07112 22-2587176	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	BH	Yes	
(6) UNION HOSPITAL 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 22-1413947	INACTIVE	NJ	501(C)(3)	HOSPITAL	BH	Yes	
(7) 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)	BH	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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
LIVINGSTON SERVICES CORP 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ 07080 22-2779395	HEALTHCARE SVCS	NJ	NA	C CORP					No
LIVINGSTON INFUSION CARE INC 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ 07080 22-3190756	HEALTHCARE SVCS	NJ	NA	C CORP					No
MAJOR SECURITY SERVICES INC 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ 07080 22-3040539	SECURITY SVCS	NJ	NA	C CORP					No
CENTER STATE MANAGEMENT CORP 300 SECOND AVENUE LONG BRANCH, NJ 07740 22-2506125	MGMT SVCS	NJ	NA	C CORP					No
KIMBALL HLTH CARE AFFILIATES 300 SECOND AVENUE LONG BRANCH, NJ 07740 22-2701213	INVESTMENT	NJ	NA	C CORP					No
HEALTH CARE FACILITIES MGT 1 CRAGWOOD ROAD SUITE 3D SOUTH PLAINFIELD, NJ 07080 22-3532988	MAINT SVCS	NJ	NA	C CORP					No
SBC MANAGEMENT CORPORATION 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-3414332	MGMT SVCS	NJ	NA	C CORP					No
PROFESSIONAL QUALITY LIAB 100 BANK STREET BURLINGTON, VT 05401 20-5163819	INSURANCE SVCS	VT	NA	C CORP					No
NJ HEALTH CARE SYSTEM INC 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 22-3536986	INACTIVE	NJ	NA	C CORP					No
CPIC 44 CHURCH STREET HAMILTON,BERMUDA HM11 BD	FINANCIAL VEHICLE	BD	NA	FOREIGN CORP					No
LSC PHARMACY SERVICES INC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 45-2552776	PHARMACY SVCS	NJ	NA	C CORP					No

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CENTER STATE MANAGEMENT CORPORATION	R	226,247	COST
CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES	R	1,768,587	COST
COMMUNITY MEDICAL CENTER	R	21,939,143	COST
CLARA MAASS MEDICAL CENTER	R	12,987,922	COST
CENTER STATE COLLECTION SERVICES INC	S	21,863	COST
CENTER STATE HEALTH GROUP INC	S	127,392	COST
SAINT BARNABAS HOSPICE AND PALLIATIVE CARE	R	2,415,068	COST
KIMBALL MEDICAL CENTER	R	8,242,156	COST
LIVINGSTON SERVICES CORPORATION	R	1,260,975	COST
HEALTH CARE FACILITIES MANAGEMENT INC	R	690,757	COST
COMMUNITY KARE INC	R	2,280,193	COST
SAINT BARNABAS BEHAVIORAL HEALTH CENTER INC	R	1,016,553	COST
MONMOUTH MEDICAL CENTER - FPP	R	542,057	COST
NEWARK BETH ISRAEL MEDICAL CENTER	R	27,496,299	COST
MEDICAL CENTER STAFFING SERVICES INC	R	17,284	COST
MONMOUTH MEDICAL CENTER	R	18,521,131	COST
BARNABAS HEALTH MEDICAL GROUP PC	R	2,870,446	COST
SAINT BARNABAS MEDICAL CENTER	R	27,969,662	COST
SAINT BARNABAS OUTPATIENT CENTERS	R	3,700,384	COST
SBC MANAGEMENT CORPORATION	R	8,932,132	COST
BARNABAS HEALTH HOME CARE	D	2,291,907	COST
CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES	D	1,802,244	COST
COMMUNITY MEDICAL CENTER	E	10,091,730	COST
CLARA MAASS MEDICAL CENTER	D	9,495,046	COST
CENTER STATE HEALTH GROUP INC	E	28,264,908	COST

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CENTER STATE MANAGEMENT CORPORATION	D	274,380	COST
HEALTH CARE FACILITIES MANAGEMENT INC	D	663,584	COST
KIMBALL MEDICAL CENTER	D	9,611,014	COST
LIVINGSTON SERVICES CORPORATION	D	903,411	COST
MONMOUTH MEDICAL CENTER	E	5,795,716	COST
MONMOUTH MEDICAL CENTER - FPP	D	452,774	COST
NEWARK BETH ISRAEL MEDICAL CENTER	D	10,663,738	COST
SAINT BARNABAS BEHAVIORAL HEALTH CENTER	D	812,605	COST
SAINT BARNABAS DEVELOPMENT FDN	D	453,951	COST
SAINT BARNABAS HOSPICE AND PALLIATIVE CARE	D	2,394,997	COST
SAINT BARNABAS MEDICAL CENTER	D	4,536,940	COST
SAINT BARNABAS OUTPATIENT CENTERS	E	584,038	COST
SAINT BARNABAS REALTY DEVELOPMENT CORPORATION	D	244,437	COST
SBC MANAGEMENT CORPORATION	D	4,763,677	COST
CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES	D	91,653	COST
COMMUNITY MEDICAL CENTER	D	875,450	COST
CLARA MAASS MEDICAL CENTER	D	501,250	COST
COMMERCIAL PROFESSIONAL INSURANCE CO LTD	D	17,135,899	COST
COMMERCIAL PROFESSIONAL INSURANCE CO LTD	D	1,439,648	COST
CENTER STATE COLLECTION SERVICES INC	D	64,636	COST
CENTER STATE HEALTH SERVICES CORPORATION	E	69,822,939	COST
CENTER STATE MANAGEMENT CORPORATION	D	74,412	COST
KIMBALL MEDICAL CENTER	D	213,667	COST
LSC PHARMACY SERVICES INC	E	1,265,322	COST
MONMOUTH MEDICAL CENTER	D	525,901	COST

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
NEWARK BETH ISRAEL MEDICAL CENTER	D	597,248	COST
SBC MANAGEMENT CORPORATION	E	17,239,801	COST
SAINT BARNABAS HOSPICE AND PALLIATIVE CARE	D	104,110	COST
SAINT BARNABAS MEDICAL CENTER	D	1,338,573	COST
SAINT BARNABAS OUTPATIENT CENTERS	D	199,601	COST