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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BARNABAS HEALTH INC
% CATHERINE DOWDY CPA

Doing business as

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

City or town, state or 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 $ 413,982,854

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 TAX-EXEMPT PARENT ENTITY OF BARNABAS HEALTH, A TAX-EXEMPT NOT FOR-PROFIT INTEGRATED HEALTHCARE DELIVERY SYSTEM

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	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 2015 (Part V, line 2a)	**5**	982
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-452,585
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-452,585

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	58,253	0
9	Program service revenue (Part VIII, line 2g)	238,923,493	381,857,157
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	49,104,095	32,088,377
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	77,810
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	288,085,841	414,023,344
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	411,720	1,067,329
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	78,034,066
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)	238,019,251	305,898,668
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	238,430,971	385,000,063
19	Revenue less expenses Subtract line 18 from line 12	49,654,870	29,023,281

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,017,377,475	2,328,781,633
21	Total liabilities (Part X, line 26)	2,343,520,103	2,649,158,472
22	Net assets or fund balances Subtract line 21 from line 20	-326,142,628	-320,376,839

Part II Signature Block

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

Sign Here

******
Signature of officer — 2016-11-07 Date

CATHERINE A DOWDY CPA VICE PRESIDENT
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 J Mariani	Scott J Mariani			P00642486

Firm's name ▶ WithumSmithBrown PC — Firm's EIN ▶

Firm's address ▶ 465 South St Ste 200
Morristown, NJ 079606497

Phone no (973) 898-9494

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2015)

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 OR ABILITY TO PAY PLEASE REFER TO THE SYSTEM'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 $ 222,415,595 including grants of $ 1,067,329) (Revenue $ 243,414,359)

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 OR ABILITY TO PAY PLEASE REFER TO SCHEDULE O FOR THE SYSTEM'S COMMUNITY BENEFIT STATEMENT

4b (Code) (Expenses $ 124,191,192 including grants of $ 0) (Revenue $ 137,990,213)

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 SYSTEM'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 ▶** 346,606,787

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		No
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	Yes	
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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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	1,096		
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	982		
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	Yes	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		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, address, and telephone number of the person who possesses the organization's books and records ▶ 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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								11,771,027	24,805,031	2,782,769

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 ▶ 188

			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 INC, 2441 WARRENVILLE ROAD SUITE 610 LISLE, IL 60532	PHARMACY BEN MGMT	17,026,077
CERNER CORPORATION, 2702 ROCKCREEK PARKWAY KANSAS CITY, MO 64117	CONSULTING	13,482,448
AUXILIO INC, PO BOX 388 PALO ALTO, CA 94302	CONSULTING	4,622,911
EXECUTIVE HEALTH RESOURCES INC, 3797 MOMENTUM PLACE CHICAGO, IL 606895337	EHR/DENIALS MGMT	4,004,449
MAINTENANCE VALUE PLAN LLC, 28365 DAVIS PARKWAY SUITE 201 WARRENVILLE, IL 60555	EQUIPMENT MANAGEMENT	3,667,010

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 ▶ 115

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				
	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 . . . . . ▶	0			
Program Service Revenue		Business Code				
	2a	PROGRAM SERVICE REVENUE	541900	381,857,157	381,857,157	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	381,857,157			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	23,102,431		-452,585	23,555,016
	4	Income from investment of tax-exempt bond proceeds . . ▶	673,286			673,286
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross rents: 77,810 /				
	b	Less rental expenses: /				
	c	Rental income or (loss): 77,810 / 0				
	d	Net rental income or (loss) . . . . . ▶	77,810			77,810
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 2,975,474 / 5,296,696				
	b	Less cost or other basis and sales expenses: / -40,490				
	c	Gain or (loss): 2,975,474 / 5,337,186				
	d	Net gain or (loss) . . . . . ▶	8,312,660			8,312,660
	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 . . . . . ▶	414,023,344	381,857,157	-452,585	32,618,772

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 domestic organizations and domestic governments See Part IV, line 21	1,067,329	1,067,329		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	10,839,796	9,755,816	1,083,980	
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	0	0	
7 Other salaries and wages	63,335,267	57,001,740	6,333,527	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,777,888	3,400,099	377,789	
9 Other employee benefits	-5,476,778	-4,929,100	-547,678	
10 Payroll taxes	5,557,893	5,002,104	555,789	
11 Fees for services (non-employees)				
a Management	0			
b Legal	10,269,583	9,242,625	1,026,958	
c Accounting	1,419,459	1,277,513	141,946	
d Lobbying	182,162	163,946	18,216	
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)	58,116,351	52,304,714	5,811,637	
12 Advertising and promotion	12,986,079	11,687,471	1,298,608	
13 Office expenses	9,326,890	8,394,201	932,689	
14 Information technology	19,621,306	17,659,175	1,962,131	
15 Royalties	0			
16 Occupancy	32,270,619	29,043,557	3,227,062	
17 Travel	899,389	809,450	89,939	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	7,580,234	6,822,211	758,023	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	7,706,846	6,936,161	770,685	
23 Insurance	2,248,378	2,023,540	224,838	
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	87,465,944	78,719,350	8,746,594	0
b BH HLTH PLAN, PRESCRIPS	30,719,091	27,647,182	3,071,909	0
c REPAIRS & MAINTENANCE	8,539,530	7,685,577	853,953	0
d DUES & SUBSCRIPTIONS	550,132	495,119	55,013	0
e All other expenses	15,996,675	14,397,007	1,599,668	
25 **Total functional expenses.** Add lines 1 through 24e	385,000,063	346,606,787	38,393,276	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		225,457	1	237,203
	2	Savings and temporary cash investments		159,371,329	2	173,783,990
	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		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		6,397,588	9	8,278,005
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 96,701,417			
	b	Less accumulated depreciation	10b 55,999,137	30,243,067	10c	40,702,280
	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		1,273,525,932	13	1,512,823,837
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		547,614,102	15	592,956,318
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,017,377,475	16	2,328,781,633
Liabilities	17	Accounts payable and accrued expenses		55,668,411	17	42,972,571
	18	Grants payable		0	18	0
	19	Deferred revenue		7,587,917	19	8,523,295
	20	Tax-exempt bond liabilities		166,582,117	20	161,915,603
	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		7,111,015	23	3,085,357
	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		2,106,570,643	25	2,432,661,646
	26	**Total liabilities.** Add lines 17 through 25		2,343,520,103	26	2,649,158,472
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		-326,142,628	27	-320,376,839
	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		-326,142,628	33	-320,376,839
	34	Total liabilities and net assets/fund balances		2,017,377,475	34	2,328,781,633

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	414,023,344
2	Total expenses (must equal Part IX, column (A), line 25)	2	385,000,063
3	Revenue less expenses Subtract line 2 from line 1	3	29,023,281
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-326,142,628
5	Net unrealized gains (losses) on investments	5	-54,359,022
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	31,101,530
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-320,376,839

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		No
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		

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			
MARC E BERSON CHAIRMAN - TRUSTEE	10 00	X		X				0	0	0
ALBERT R GAMPER JR CHAIRMAN - TRUSTEE	10 00	X		X				0	0	0
DONALD JUMP VICE CHAIRMAN - TRUSTEE	10 00	X		X				0	0	0
RICHARD O'NEILL VICE CHAIRMAN - TRUSTEE	10 00	X		X				0	0	0
ALAN E DAVIS ESQ 1ST VICE CHAIRMAN - TRUSTEE	10 00	X		X				0	0	0
JOSEPH MAURIELLO 2ND VICE CHAIRMAN - TRUSTEE	10 00	X		X				0	0	0
VINCENT J APRUZZESE ESQ TRUSTEE	10 00	X						0	0	0
JOHN DEGNAN TRUSTEE	10 00	X						0	0	0
ANNE EVANS-ESTABROOK TRUSTEE	10 00	X						0	0	0
ROBERT GACCIONE TRUSTEE	10 00	X						0	0	0

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			
THOMAS M GALLAGHER TRUSTEE	1 0 0 0	X						0	0	0
THEODORE GOODING TRUSTEE	1 0 0 0	X						0	0	0
THOMAS F KELAHER TRUSTEE	1 0 0 0	X						0	0	0
RICHARD J KOGAN TRUSTEE	1 0 0 0	X						0	0	0
ROBERT G LAHITA MD TRUSTEE	50 0 0 0	X						0	469,398	27,356
GARY V LOTANO TRUSTEE	1 0 0 0	X						0	0	0
ROBERT E MARGULIES ESQ TRUSTEE	1 0 0 0	X						0	0	0
WILLIAM B MCGUIRE ESQ TRUSTEE	1 0 0 0	X						0	0	0
BARRY H OSTROWSKY TRUSTEE - PRESIDENT/CEO	60 0 0 0	X		X				0	2,091,347	286,430
KENNETH A ROSEN ESQ TRUSTEE	1 0 0 0	X						0	0	0

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			
BENNETT C ROTHENBERG MD TRUSTEE	1 0 0 0	X						0	0	0
RICHARD B RUCHMAN MD TRUSTEE	25 0 0 0	X						0	120,000	0
RAYMOND F SHEA JR ESQ TRUSTEE	1 0 0 0	X						0	0	0
JAMES S VACCARO TRUSTEE	1 0 0 0	X						0	0	0
THOMAS A BIGA EXECUTIVE VICE PRESIDENT/COO	60 0 0 0			X				0	1,798,893	43,548
GERALD J PICERNO EXECUTIVE VICE PRESIDENT	60 0 0 0			X				0	1,706,243	36,416
JOHN F BONAMO MD MS EXECUTIVE VICE PRESIDENT	60 0 0 0			X				0	1,618,938	33,630
MICHELLENE DAVIS EXECUTIVE VICE PRESIDENT	60 0 0 0			X				0	1,061,866	21,549
GLENN MILLER CHIEF DEVELOPMENT OFFICER	55 0 0 0			X				547,781	0	30,713
MILTON C ANDERSON CHIEF HUMAN RESOURCES OFFICER	55 0 0 0			X				0	517,003	67,027

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			
STEPHEN P O'MAHONY CHIEF MED INF OFF(EFF 2/23/15)	55 0 0 0			X				316,338	0	9,586
DEANNA SPERLING COO - BEHAVIORAL HEALTH	55 0 0 0			X				174,507	119,339	41,609
HUSSEIN SYED EFF 2815 CHIEF INFO SECURITY OFFICER	55 0 0 0			X				192,746	0	31,869
SUSAN GARRUBBO SENIOR VP (TERMED 1/17/15)	55 0 0 0			X				0	2,021,401	25,215
DAVID A MEBANE ESQ SENIOR VICE PRESIDENT	55 0 0 0			X				0	916,199	44,848
JOHN W DOLL SENIOR VICE PRESIDENT	55 0 0 0			X				0	756,185	32,740
JONATHAN H BARKHORN SENIOR VICE PRESIDENT	55 0 0 0			X				0	744,303	43,471
ANGELA RICCO SENIOR VP (TERMED 6/12/15)	55 0 0 0			X				0	741,748	26,603
LUIS E TAVERAS SENIOR VICE PRESIDENT	55 0 0 0			X				0	726,006	114,206
WILLIAM CUTHILL SENIOR VICE PRESIDENT	55 0 0 0			X				0	724,993	56,437

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			
MATTHEW S FULTON SENIOR VICE PRESIDENT	55 0 0 0			X				0	561,685	25,841
EILEEN K URBAN SENIOR VICE PRESIDENT	55 0 0 0			X				0	525,723	64,276
NANCY E HOLECEK SENIOR VICE PRESIDENT	55 0 0 0			X				0	512,568	46,037
VERONICA A GEISSLER SENIOR VICE PRESIDENT	55 0 0 0			X				357,947	0	36,947
ROBERT C IANNACCONE SVP (TERMED 9/4/15)	55 0 0 0			X				220,531	130,177	32,056
DONALD L CREECH SENIOR VICE PRESIDENT	55 0 0 0			X				348,465	0	22,372
JENNIFER G VELEZ SVP (EFF 3/10/15)	50 0 0 0			X				0	293,545	13,226
GERALD L TOFANI CPA VICE PRESIDENT	50 0 0 0			X				0	799,518	29,505
MARK A OSTRANDER VICE PRESIDENT	50 0 0 0			X				0	475,767	39,358
ANTHONY E PALMERIO VICE PRESIDENT	50 0 0 0			X				0	390,412	41,960

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			
JOSEPH T SCARGLE VICE PRESIDENT	50 0 0 0			X				380,511	0	29,987
ROBERT BRAUN VICE PRESIDENT	50 0 0 0			X				369,885	0	28,897
CATHERINE A DOWDY CPA VICE PRESIDENT	50 0 0 0			X				364,770	0	37,102
MICHAEL SLUSARZ VICE PRESIDENT	50 0 0 0			X				0	325,753	42,963
REGINA BUBLE VICE PRESIDENT	50 0 0 0			X				310,790	0	21,333
TAMARA CUNNINGHAM VICE PRESIDENT	50 0 0 0			X				306,498	0	41,318
LESLIE T STANABACK VICE PRESIDENT	50 0 0 0			X				302,440	0	36,667
ELLEN GREENE VICE PRESIDENT	50 0 0 0			X				0	301,566	32,991
MICHAEL T REHEIS VICE PRESIDENT	50 0 0 0			X				294,336	0	28,156
ANGELO SCHITTONE VICE PRESIDENT	50 0 0 0			X				286,411	0	33,705

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			
MICHAEL J MCTIGUE VICE PRESIDENT	50 0 0 0			X				284,397	0	39,315
TRACY J TROVATO VICE PRESIDENT	50 0 0 0			X				273,433	0	35,574
ROBERT ADAMSON VICE PRESIDENT	50 0 0 0			X				260,197	0	26,365
KATHERINE L FOWLER VICE PRESIDENT	50 0 0 0			X				237,216	0	10,430
SEAN R CIELECKI VICE PRESIDENT	50 0 0 0			X				236,003	0	34,959
ELIZABETH GILLON VICE PRESIDENT	50 0 0 0			X				234,862	0	44,279
CHRISTOPHER J BUTLER VICE PRESIDENT	50 0 0 0			X				233,750	0	21,423
INDU LEW VICE PRESIDENT	50 0 0 0			X				231,220	0	33,279
BEATRICE ANZUR VP (TERMED 3/27/15)	50 0 0 0			X				228,861	0	11,266
ROWENA C SPIGARELLI VICE PRESIDENT	50 0 0 0			X				228,569	0	11,070

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			
STEPHEN A FAUP VICE PRESIDENT	50 0 0 0			X				226,972	0	29,022
GEORGE COLEMAN VP (TERMED 7/3/15)	50 0 0 0			X				219,902	0	30,462
ROBERT PELLECHIO VICE PRESIDENT	50 0 0 0			X				219,258	0	17,571
DEBRA MORGAN VICE PRESIDENT	50 0 0 0			X				0	214,778	39,565
BARBARA MINTZ VICE PRESIDENT	50 0 0 0			X				213,021	0	26,460
RICHARD HENWOOD VICE PRESIDENT	50 0 0 0			X				0	212,540	38,153
DEBORAH L LARKIN-CARNEY VICE PRESIDENT	50 0 0 0			X				212,205	0	29,091
CAMILLE JADELIS VP (TERMED 3/27/15)	50 0 0 0			X				199,566	0	26,251
PATRICIA A COOK VICE PRESIDENT	50 0 0 0			X				190,664	0	25,063
LAUREN BURKE VICE PRESIDENT	50 0 0 0			X				190,083	0	30,733

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			
ANDREW MISURO VICE PRESIDENT	50 0 0 0			X				189,239	0	32,077
MAUREEN HARDING VICE PRESIDENT	50 0 0 0			X				173,631	0	34,073
EUGENE DEDEA VICE PRESIDENT	50 0 0 0			X				160,950	0	34,867
DENISE SHEPHERD VICE PRESIDENT	50 0 0 0			X				0	105,633	8,808
ANNE D DEMESA VICE PRESIDENT (EFF 7/13/15)	50 0 0 0			X				69,510	0	0
ALBERT L BEAULIEU VICE PRESIDENT (EFF 9/28/15)	50 0 0 0			X				55,799	0	1,672
CRAIG SAUNDERS MD DIRECTOR	50 0 0 0				X			0	1,622,881	38,744
SHAMKANT MULGAONKAR MD DIRECTOR	50 0 0 0				X			0	753,328	34,963
HODA BLAU EXECUT DIR (TERMED 7/11/15)	50 0 0 0				X			0	372,409	46,600
JUSTIN H EDELMAN CORP DIRECTOR (1/1-8/30/15)	50 0 0 0				X			243,054	0	35,598

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			
MARGARET H CAMPBELL ASSISTANT GENERAL COUNSEL	50 0 0 0					X		277,662	0	39,398
SABEENA HUSSAIN RAZA SENIOR COUNSEL	50 0 0 0					X		200,917	0	29,607
SARA B KRAUSS SENIOR COUNSEL	50 0 0 0					X		200,149	0	34,657
AMERICO CRINCOLI ASSISTANT VICE PRESIDENT	50 0 0 0					X		200,042	0	29,580
JAYNE K DAUBE ASSISTANT VICE PRESIDENT	50 0 0 0					X		188,704	0	16,786
ANTHONY SORIANO FORMER OFFICER	0 0 0 0						X	425,025	283,481	3,415
THOMAS R PERCELLO FORMER OFFICER	55 0 0 0						X	0	484,380	136,247
CATHERINE AINORA FORMER OFFICER	0 0 0 0						X	126,923	305,025	3,108
THOMAS G SCOTT CPA FORMER OFFICER	0 0 0 0						X	257,199	0	1,881
SIDNEY SELIGMAN FORMER OFFICER	0 0 0 0						X	108,088	0	2,407

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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.**

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

OMB No 1545-0047

2015

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 (Form 990 or 990-EZ))

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 331/3% 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 331/3% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☑ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations 7

g 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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total7					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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6	Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		No

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		No

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART I	THE ORGANIZATION 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
SCHEDULE A, PART IV, QUESTION 1	ALL OF THE SUPPORTED ORGANIZATIONS OF BARNABAS HEALTH, INC ARE LISTED IN THE ORGANIZATION'S GOVERNING DOCUMENTS BY WAY OF A CLASS OF ORGANIZATION'S, HOSPITALS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT UNDER INTERNAL REVENUE CODE 501(C)(3)
SCHEDULE A, PART IV, QUESTION 6	PLEASE REFER TO SCHEDULE I, PART II

Additional Data

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

Form 990, Sch A, Part I, Line 11g - 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	Amount of other support (see (vi) instructions)
			Yes	No		
(A) SAINT BARNABAS MEDICAL CENTER	221494440		Yes		0	0
(A) MONMOUTH MEDICAL CENTER	223452412		Yes		0	0
(B) NEWARK BETH ISRAEL MEDICAL CENTER	223452311		Yes		0	0
(C) CLARA MAASS MEDICAL CENTER	221500556		Yes		0	0
(D) COMMUNITY MEDICAL CENTER	223452306		Yes		0	0
(E) SAINT BARNABAS BEHAVIORAL HEALTH CENTER	222977312		Yes		0	0
(F) JERSEY CITY MEDICAL CENTER	222783298		Yes		0	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.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of 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-
2				
3				
4				
5				
6				

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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 on 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?	Yes		182,162
j	Total Add lines 1c through 1i			182,162
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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART II-B	THIS ORGANIZATION PAID TWO OUTSIDE LOBBYING FIRMS TO PERFORM LOBBYING ACTIVITIES ON BEHALF OF BARNABAS HEALTH AND ITS AFFILIATES IN THE AMOUNTS OF $120,000 and $60,000, RESPECTIVELY, DURING 2015 THIS 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 DURING 2015 THIS ALLOCATION AMOUNTED TO $2,162 IN 2015 A PERCENTAGE OF THE 2015 TOTAL COMPENSATION FOR A SENIOR VICE PRESIDENT AND AN ASSISTANT VICE PRESIDENT HAS BEEN ALLOCATED TOWARD LOBBYING ACTIVITIES PERFORMED ON BEHALF OF BARNABAS HEALTH AND ITS AFFILIATES ON BOTH A FEDERAL AND STATE LEVEL THIS ALLOCATION AMOUNTED TO $54,000 IN 2015 PLEASE NOTE THAT THESE INDIVIDUALS ARE EMPLOYED BY AND COMPENSATED BY A RELATED FOR-PROFIT ORGANIZATION

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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" on 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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on 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" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

		(a)Current year	(b)Prior year	b (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 on 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" on 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)	Accumulated (c)depreciation	(d)Book value
1a Land		151,546		151,546
b Buildings		3,529,174	1,782,192	1,746,982
c Leasehold improvements		473,079	185,984	287,095
d Equipment		80,386,812	54,030,961	26,355,851
e Other		12,160,806		12,160,806
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				40,702,280

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

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on 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	80,724,634	F
(2) LIMITED USE	1,265,263,116	F
(3) INVESTMENT IN QUALCARE, INC	0	F
(4) USE ASSETS	27,552,382	F
(5) INVESTMENT IN AFFILIATES	139,083,705	F
(6) OTHER INVESTMENTS	200,000	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	1,512,823,837	

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

(a) Description	(b) Book value
(1) DUE TO AFFILIATES, CURRENT	513,424,665
(2) DUE TO AFFILIATES, NON-CURRENT	23,730,557
(3) OTHER ASSETS	54,757,785
(4) THIRD PARTY PAYORS	56,511
(5) OTHER RECEIVABLES	986,800
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	592,956,318

Part X Other Liabilities. Complete if the organization answered 'Yes' on 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	2,240,314,475
SELF-INSURANCE LIABILITIES	82,174,023
3RD PARTY PAYORS	4,514,430
PENSION EXPENSE PAYABLE	5,420,409
OTHER CURRENT LIABILITIES	56,528,281
OTHER LONG-TERM LIABILITIES	43,710,028
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	2,432,661,646

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' on 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 (losses) 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' on 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 AUDITED CONSOLIDATED FINANCIAL STATEMENTS WHICH INCLUDE ALL RELATED ENTITIES, INCLUDING THIS ORGANIZATION THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS ALSO CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS THE FOOTNOTE BELOW IS FROM BH'S 2015 AUDITED CONSOLIDATED 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, 2015 AND 2014

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

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	32,591,143
(2)						
(3)						
(4)						
(5)						
3a	Sub-total	1	1			32,591,143
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	1	1			32,591,143

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, do not file with Form 990)*	☐ 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, do not file with Form 990)*	☐ Yes	☑ No

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I	THIS ORGANIZATION PAID COMMERCIAL PROFESSIONAL INSURANCE CO , LTD , A FINANCIAL VEHICLE, $ 32,591,143 FOR THE BENEFIT OF CERTAIN RELATED ORGANIZATIONS INCLUDED BELOW BARNABAS HEALT H MEDICAL GROUP, P C - $1,579,595, CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES - $161,783 , CLARA MAASS MEDICAL CENTER - $2,191,431, COMMUNITY MEDICAL CENTER - $2,476,758, JERSEY C ITY MEDICAL CENTER - $3,175,966, LSC PHARMACY SERVICES, INC - $8,825, LIVINGSTON INFUSION CARE, INC - $8,825, MEGA CARE, INC - $50,006, MONMOUTH MEDICAL CENTER - $5,774,199, NEW ARK BETH ISRAEL MEDICAL CENTER - $8,624,530, SAINT BARNABAS BEHAVIORAL HEALTH CENTER - $50 ,006, SAINT BARNABAS HOSPICE AND PPALIATIVE CARE - $120,602, SAINT BARNABAS MEDICAL CENTER - $7,986,220, AND SAINT BARNABAS OUTPATIENT CENTERS - $382,397 THE AMOUNTS INCLUDED ABOV E ARE REIMBURSED TO BARNABAS HEALTH, INC IN ADDITION, THE TAX-EXEMPT AFFILIATES REPORT TH IS AMOUNT ON SCHEDULE F OF THEIR FORM 990

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BARNABAS HEALTH INC

Employer identification number
22-2405279

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 46

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, QUESTION 2	GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION, INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AFRICAN AMERICAN HERITAGE PARADES ORG PO BOX 22986 NEWARK,NJ 07102		501(C)(3)	10,000				SPONSORSHIPS
ALLIANCE FOR LUPUS RESEARCH INC 28 WEST 44TH STREET NO 501 NEW YORK,NY 10036	58-2492929	501(C)(3)	25,000				SPONSORSHIPS
AMERICAN CANCER SOCIETY 2600 ROUTE ONE NORTH BRUNSWICK,NJ 07902	13-1788491	501(C)(3)	22,000				SPONSORSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATION PO BOX 4002012 DES MOINES,IA 50340	13-5613797	501(C)(3)	55,000				SPONSORSHIPS
ARTHRITIS FOUNDATION 555 ROUTE ONE SOUTH ISELIN,NJ 08830	80-0489313	501(C)(3)	15,000				SPONSORSHIPS
ASBURY PARK MUSIC FOUNDATION INC PO BOX 1396 ASBURY PARK,NJ 07712	45-2675974	501(C)(3)	25,000				SPONSORSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BABYLAND FAMILY SERVICES INC 755 SOUTH ORANGE AVE NEWARK,NJ 07106	22-1909416	501(C)(3)	10,250				SPONSORSHIPS
BELIEVE IN NEWARK FOUNDATION INC PO BOX 638 NEWARK,NJ 07101	47-1391494	501(C)(3)	33,000				SPONSORSHIPS
BIG BROTHERS BIG SISTERS OF ESSEX & HUDSON 500 BOARD STREET 2ND FLR NEWARK,NJ 07102	22-3676931	501(C)(3)	15,000				SPONSORSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALDWELL UNIVERSITY INC 120 BLOOMFIELD AVE CALDWELL,NJ 07006	22-1500483	501(C)(3)	5,190				SPONSORSHIPS
CEREBRAL PALSY OF NORTH JERSEY INC 220 SOUTH ORANGE AVE NO 300 LIVINGSTON,NJ 07039	22-6069076	501(C)(3)	15,000				SPONSORSHIPS
CHRIST THE KING PREP SCHOOL OF NEWARK NJ 239 WOODSIDE AVE NEWARK,NJ 07104	06-1803490	501(C)(3)	43,650				SPONSORSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHRISTIAN LOVE BAPTIST CHURCH 830 LYONS AVENUE IRVINGTON,NJ 07111	22-3198381	501(C)(3)	37,500				SPONSORSHIPS
CITIZENSHIP EDUCATION FUND INC 950 E 50TH STREET CHICAGO,IL 60615	34-1447977	501(C)(3)	10,000				SPONSORSHIPS
CLEARVIEW BAPTIST CHURCH 135 N 53RD STREET PHILADELPHIA,PA 19139	23-7171671	501(C)(3)	10,000				SPONSORSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDSHIP CIRCLE NEW JERSEY INC 10 MIROLAB ROAD LIVINGSTON,NJ 07039	46-3008950	501(C)(3)	19,800				SPONSORSHIPS
GRASSROOTS COMMUNITY FOUNDATION INC 272 ST CLOUD AVE WEST ORANGE,NJ 07052	45-2564107	501(C)(3)	10,000				SPONSORSHIPS
IRONBOUND COMMUNITY CORPORATION 317 ELM STREET NEWARK,NJ 07105	22-1916086	501(C)(3)	10,450				SPONSORSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JAZZ HOUSE KIDS INC 347 BLOOMFIELD AVE MONTCLAIR,NJ 07042	56-2303577	501(C)(3)	8,000				SPONSORSHIPS
JEWISH VOCATIONAL SERVICE 6505 WILSHIRE BLVD SUITE 200 LOSS ANGELES,CA 90048	95-1691012	501(C)(3)	10,000				SPONSORSHIPS
JOETTA CLARK DIGGS SPORTS FOUNDATION PO BOX 6262 HILLSBOROUGH,NJ 08844	01-0644643	501(C)(3)	5,500				SPONSORSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LIBERTY SCIENCE CENTER INC 222 JERSEY CITY BLVD JERSEY CITY,NJ 07305	22-2302253	501(C)(3)	12,500				SPONSORSHIPS
LIG GLOBAL FOUNDATION 11 ELIOT CT TEANECK,NJ 07666	45-3216628	501(C)(3)	15,000				SPONSORSHIPS
MARCH OF DIMES 1275 MAMARONECK AVE WHITE PLAINS,NY 10605	13-1846366	501(C)(3)	21,000				SPONSORSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MONMOUTH UNIVERSITY 400 CEDER AVE WEST LONG BRANCH,NJ 07764	21-0634584	501(C)(3)	9,600				SPONSORSHIPS
NEW JERSEY CITIZEN ACTION EDUCATION FUND 744 BROAD ST STE 2080 NEWARK,NJ 07102	22-2493628	501(C)(3)	15,000				SPONSORSHIPS
NEW JERSEY GOLF FOUNDATION INC 255 OLD NEW BRUNSWICK RD PISCATAWAY,NJ 08854	20-1213527	501(C)(3)	20,000				SPONSORSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW JERSEY INSTITUTE FOR SOCIAL JUSTICE 60 PARK PL NO 511 NEWARK,NJ 07102	22-3478143	501(C)(3)	25,000				SPONSORSHIPS
NEW JERSEY ORGAN AND TISSUE SHARING 691 CENTRAL AVENUE NEW PROVIDENCE,NJ 07974	22-2490603	501(C)(3)	30,000				SPONSORSHIPS
NEW JERSEY PERFORMING ARTS CENTER ONE CENTER ST NEWARK,NJ 07102	22-2889703	501(C)(3)	15,560				SPONSORSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW JERSEY WOMAN LAWYERS ASSOCIATION 633 FRANKLIN AVE PMB118 NUTLEY,NJ 07110	22-2806593	501(C)(3)	12,500				SPONSORSHIPS
NEWARK COMMUNITY ECONOMIC DEVELOPMENT 744 BROAD ST ROOM 1110 NEWARK,NJ 07102	26-0829057	501(C)(3)	20,000				SPONSORSHIPS
NEWARK COMMUNITY HEALTH CENTERS INC 741 BROADWAY NEWARK,NJ 07104	22-2747589	501(C)(3)	15,000				SPONSORSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEWARK REGIONAL BUSINESS PARTNERSHIP 60 PARK PL NO 1800 NEWARK,NJ 07102	22-1644616	501(C)(3)	6,000				SPONSORSHIPS
PAPER MILL PLAYHOUSE 22 BROOKSIDE DR MILLBURN,NJ 07041	22-1550515	501(C)(3)	12,500				SPONSORSHIPS
RUNNERS HIGH C/O 95 OLD SHORT HILLS ROAD WEST ORANGE,NJ 07052		501(C)(3)	15,000				SPONSORSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RUTGERS UNIVERSITY FOUNDATION 7 COLLEGE AVE WINANTS HALL NEW BRUNSWICK,NJ 08901	23-7318742	501(C)(3)	30,250				SPONSORSHIPS
SPECIAL OLYMPICS NEW JERSEY 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE,NJ 08648	23-7448729	501(C)(3)	103,000				SPONSORSHIPS
ST PATRICKS DAY PARADE COMMITTEE INC 40 MONTAGUE PL MONTCLAIR,NJ 07042	37-1556356	501(C)(3)	10,000				SPONSORSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STOMP THE MONSTER PO BOX 521 MARLBORO,NJ 07746	27-3802796	501(C)(3)	10,000				SPONSORSHIPS
SUSAN G KOMEN FOR THE CURE 4061 Bonita Beach Rd Ste 103 BONITA SPRINGS,FL 34134	68-0523074	501(C)(3)	30,000				SPONSORSHIPS
THE BOYS & GIRLS CLUB OF NEWARK INC 1 AVON AVE NEWARK,NJ 07108	22-1515405	501(C)(3)	10,000				SPONSORSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE DOMINICAN REPUBLIC RELIEF 472 BLOOMFIELD AVE CALDWELL,NJ 07006	46-0682697	501(C)(3)	7,500				SPONSORSHIPS
THE NEW HOPE BAPTIST CHURCH OF THE CITY C/O 95 OLD SHORT HILLS ROAD WEST ORANGE,NJ 07052		501(C)(3)	10,000				SPONSORSHIPS
THE PARTNERSHIP FOR MATERNAL AND CHILD 50 PARK PLACE NEWARK,NJ 07102	52-1815234	501(C)(3)	10,000				SPONSORSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE VALERIE FUND 2101 MILLBURN AVENUE MAPLEWOOD,NJ 07040	22-2126867	501(C)(3)	31,000				SPONSORSHIPS

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

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 appropriate box(es) if the organization provided any of the following to or for a person listed on 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on 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," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on 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" on 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 on 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 in column(B) reported as deferred on 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 2015 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 MR OSTROWSKY, PRESIDENT/CHIEF EXECUTIVE OFFICER, TRAVELED FIRST CLASS ON A BUSINESS TRIP FOR BARNABAS HEALTH THE EXCESS COST OVER STANDARD TRAVEL WAS APPROXIMATELY $2,104, NONE OF WHICH WAS INCLUDED IN HIS 2015 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES MR PICERNO, EXECUTIVE VICE PRESIDENT, TRAVELED FIRST CLASS ON A BUSINESS TRIP FOR BARNABAS HEALTH THE EXCESS COST OVER STANDARD TRAVEL WAS APPROXIMATELY $449, NONE OF WHICH WAS INCLUDED IN HIS 2015 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES THE ORGANIZATION'S CURRENT CHIEF MEDICAL INFORMATION OFFICER, STEPHEN P OMAHONY, RELOCATED TO THE STATE OF NEW JERSEY FOR BARNABAS HEALTH WORK PURPOSES IN ORDER TO FACILITATE THE RELOCATION OF HIS PRIMARY RESIDENCE, THE ORGANIZATION PROVIDED HIM WITH A HOUSING ALLOWANCE IN THE AMOUNT OF $18,000 WHICH WAS INCLUDED IN HIS 2015 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 2015 WHICH WAS INCLUDED IN EACH INDIVIDUAL'S 2015 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES SUSAN GARRUBBO, $893,948, ANGELA RICCO, $148,558, BEATRICE ANZUR, $118,804, GEORGE COLEMAN, $64,403, CAMILLE JADELIS, $119,610, ANTHONY SORIANO, $425,000, CATHERINE AINORA, $126,923 AND THOMAS G SCOTT, CPA, $257,199
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 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES THOMAS A BIGA, $451,335, GERALD J PICERNO, $241,539, JOHN F BONAMO, M D , M S , $230,031, MICHELLENE DAVIS, $340,243, SUSAN GARRUBBO, $1,306, DAVID A MEBANE, ESQ , $191,421, JOHN W DOLL, $166,898, JONATHAN H BARKHORN, $170,394, ANGELA RICCO, $85,104, WILLIAM CUTHILL, $271,314, MATTHEW S FULTON, $52,707, NANCY E HOLECEK, $40,524, GERALD L TOFANI, CPA, $400,886, MARK A OSTRANDER, $193,137, ANTHONY E PALMERIO, $63,510, MICHAEL SLUSARZ, $24,723 AND HODA BLAU, $13,848 THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL INCLUDES PARTICIPATION IN A BARNABAS HEALTH INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) THE AMOUNT OUTLINED HEREIN WAS INCLUDED IN HIS 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES AS IT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE JOHN F BONAMO, M D , M S , $391,397 THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES AN AMOUNT REPORTED ON A FORM W-2 ISSUED BY FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO , THE EMPLOYER'S THIRD PARTY ADMINISTRATOR OF THE ORGANIZATION'S LIFESTYLE DEFERRED PLAN ("LIFESTYLE DEFERRED") EACH PARTICIPANT IN THE LIFESTYLE DEFERRED 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 WERE REPORTED ON EACH INDIVIDUAL'S 2015 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 JOHN F BONAMO, M D , M S , $67,600, DAVID A MEBANE, ESQ , $31,361, ANGELA RICCO, $257,362, MATTHEW S FULTON, $50,000, GERALD L TOFANI, CPA, $26,239, RICHARD HENWOOD, $26,938, ANTHONY SORIANO, $132,982, AND CATHERINE AINORA, $305,025 THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES AN AMOUNT REPORTED ON A FORM W-2 ISSUED BY FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO , 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 WERE 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 2015 FORM W-2 ISSUED BY FIDELITY INVESTMENTS JOHN F BONAMO, M D , M S , $240,469, SUSAN GARRUBBO, $894,375, ANGELA RICCO, $30,001, GERALD L TOFANI, CPA, $6,623, RICHARD HENWOOD, $11,336 AND ANTHONY SORIANO, $150,498 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, HE MAY NEVER ACTUALLY RECEIVE THE UNVESTED BENEFIT AMOUNT THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN HIS 2015 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 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES MILTON C ANDERSON, $46,098, LUIS E TAVERAS, $89,127 AND EILEEN K URBAN, $47,898 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, HE MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN HIS 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES THOMAS R PERCELLO, $93,639
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 2015 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2015 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
SCHEDULE J, PART II, COLUMN F	THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUALS INCLUDES VESTED BENEFITS 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 REPORTED IN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEAR'S FORMS 990 THESE AMOUNTS WERE TREATED AS TAXABLE INCOME AND REPORTED IN THE INDIVIDUAL'S 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES MICHELLENE DAVIS, $340,243 AND JOHN W DOLL, $166,898 THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUAL INCLUDES VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) BECAUSE THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THIS AMOUNT WAS REPORTED IN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEAR'S FORMS 990 THIS AMOUNT WAS TREATED AS TAXABLE INCOME AND REPORTED ON THE INDIVIDUAL'S 2015 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES JOHN F BONAMO, M D , M S , $277,971

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 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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ROBERT G LAHITA MD TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	412,070	30,000	27,328	14,575	12,781	496,754	0
1BARRY H OSTROWSKY TRUSTEE - PRESIDENT/CEO	(I)	0	0	0	0	0	0	0
	(II)	1,341,339	720,000	30,008	272,525	13,905	2,377,777	0
2THOMAS A BIGA EXECUTIVE VICE PRESIDENT/COO	(I)	0	0	0	0	0	0	0
	(II)	864,502	477,000	457,391	22,707	20,841	1,842,441	0
3GERALD J PICERNO EXECUTIVE VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	914,137	540,000	252,106	14,575	21,841	1,742,659	0
4JOHN F BONAMO MD MS EXECUTIVE VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	357,651	320,625	940,662	17,225	16,405	1,652,568	277,971
5MICHELLENE DAVIS EXECUTIVE VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	443,748	270,000	348,118	10,519	11,030	1,083,415	340,243
6GLENN MILLER CHIEF DEVELOPMENT OFFICER	(I)	375,887	165,000	6,894	10,222	20,491	578,494	0
	(II)	0	0	0	0	0	0	0
7MILTON C ANDERSON CHIEF HUMAN RESOURCES OFFICER	(I)	0	0	0	0	0	0	0
	(II)	451,348	45,000	20,655	48,085	18,942	584,030	0
8STEPHEN P O'MAHONY CHIEF MED INF OFF(EFF 2/23/15)	(I)	294,265	0	22,073	7,680	1,906	325,924	0
	(II)	0	0	0	0	0	0	0
9DEANNA SPERLING COO - BEHAVIORAL HEALTH	(I)	119,589	53,628	1,290	18,518	6,032	199,057	0
	(II)	117,948	0	1,391	12,868	4,191	136,398	0
10HUSSEIN SYED EFF 2815 CHIEF INFO SECURITY OFFICER	(I)	184,022	8,075	649	10,596	21,273	224,615	0
	(II)	0	0	0	0	0	0	0
11SUSAN GARRUBBO SENIOR VP (TERMED 1/17/15)	(I)	0	0	0	0	0	0	0
	(II)	18,577	173,000	1,829,824	13,437	11,778	2,046,616	0
12DAVID A MEBANE ESQ SENIOR VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	479,347	210,000	226,852	22,525	22,323	961,047	0
13JOHN W DOLL SENIOR VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	424,717	164,003	167,465	10,198	22,542	788,925	166,898
14JONATHAN H BARKHORN SENIOR VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	399,029	165,000	180,274	20,130	23,341	787,774	0
15ANGELA RICCO SENIOR VP (TERMED 6/12/15)	(I)	0	0	0	0	0	0	0
	(II)	122,213	60,002	559,533	19,116	7,487	768,351	0
16LUIS E TAVERAS SENIOR VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	517,144	200,000	8,862	101,525	12,681	840,212	0
17WILLIAM CUTHILL SENIOR VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	289,473	160,000	275,520	33,125	23,312	781,430	0
18MATTHEW S FULTON SENIOR VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	365,110	82,341	114,234	14,575	11,266	587,526	0
19EILEEN K URBAN SENIOR VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	401,712	120,001	4,010	61,697	2,579	589,999	0

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 NANCY E HOLECEK SENIOR VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	349,725	115,200	47,643	22,696	- 23,341	- 558,605	0
1 VERONICA A GEISSLER SENIOR VICE PRESIDENT	(I)	281,812	72,125	4,010	22,850	14,097	394,894	0
	(II)	0	0	0	0	- 0	- 0	0
2 ROBERT C IANNACCONE SVP (TERMED 9/4/15)	(I)	187,105	31,640	1,786	9,402	10,794	240,727	0
	(II)	78,027	0	52,150	5,521	- 6,339	- 142,037	0
3 DONALD L CREECH SENIOR VICE PRESIDENT	(I)	283,577	58,001	6,887	12,974	9,398	370,837	0
	(II)	0	0	0	0	- 0	- 0	0
4 JENNIFER G VELEZ SVP (EFF 3/10/15)	(I)	0	0	0	0	0	0	0
	(II)	267,809	25,000	736	785	- 12,441	- 306,771	0
5 GERALD L TOFANI CPA VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	289,410	66,227	443,881	19,875	- 9,630	- 829,023	0
6 MARK A OSTRANDER VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	225,302	56,328	194,137	17,204	- 22,154	- 515,125	0
7 ANTHONY E PALMERIO VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	226,303	100,000	64,109	20,284	- 21,676	- 432,372	0
8 JOSEPH T SCARGLE VICE PRESIDENT	(I)	289,845	90,000	666	12,317	17,670	410,498	0
	(II)	0	0	0	0	- 0	- 0	0
9 ROBERT BRAUN VICE PRESIDENT	(I)	276,219	75,600	18,066	10,756	18,141	398,782	0
	(II)	0	0	0	0	- 0	- 0	0
10 CATHERINE A DOWDY CPA VICE PRESIDENT	(I)	251,306	98,046	15,418	17,635	19,467	401,872	0
	(II)	0	0	0	0	- 0	- 0	0
11 MICHAEL SLUSARZ VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	216,375	76,500	32,878	21,341	- 21,622	- 368,716	0
12 REGINA BUBLE VICE PRESIDENT	(I)	246,452	61,965	2,373	20,666	667	332,123	0
	(II)	0	0	0	0	- 0	- 0	0
13 TAMARA CUNNINGHAM VICE PRESIDENT	(I)	238,274	52,963	15,261	18,931	22,387	347,816	0
	(II)	0	0	0	0	- 0	- 0	0
14 LESLIE T STANABACK VICE PRESIDENT	(I)	239,165	61,998	1,277	13,485	23,182	339,107	0
	(II)	0	0	0	0	- 0	- 0	0
15 ELLEN GREENE VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	256,337	38,999	6,230	24,725	- 8,266	- 334,557	0
16 MICHAEL T REHEIS VICE PRESIDENT	(I)	222,619	64,125	7,592	19,396	8,760	322,492	0
	(II)	0	0	0	0	- 0	- 0	0
17 ANGELO SCHITTONE VICE PRESIDENT	(I)	225,848	58,280	2,283	13,146	20,559	320,116	0
	(II)	0	0	0	0	- 0	- 0	0
18 MICHAEL J MCTIGUE VICE PRESIDENT	(I)	219,962	56,470	7,965	18,666	20,649	323,712	0
	(II)	0	0	0	0	- 0	- 0	0
19 TRACY J TROVATO VICE PRESIDENT	(I)	237,715	35,000	718	14,060	21,514	309,007	0
	(II)	0	0	0	0	- 0	- 0	0

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41 ROBERT ADAMSON VICE PRESIDENT	(I)	221,967	37,500	730	13,784	12,581	286,562	0
	(II)	0	0	0	0	0	0	0
1 KATHERINE L FOWLER VICE PRESIDENT	(I)	206,024	30,751	441	10,112	318	247,646	0
	(II)	0	0	0	0	0	0	0
2 SEAN R CIELECKI VICE PRESIDENT	(I)	223,473	11,674	856	13,349	21,610	270,962	0
	(II)	0	0	0	0	0	0	0
3 ELIZABETH GILLON VICE PRESIDENT	(I)	190,737	41,441	2,684	21,222	23,057	279,141	0
	(II)	0	0	0	0	0	0	0
4 CHRISTOPHER J BUTLER VICE PRESIDENT	(I)	185,443	45,806	2,501	19,683	1,740	255,173	0
	(II)	0	0	0	0	0	0	0
5 INDU LEWVICE PRESIDENT	(I)	193,042	37,500	678	13,423	19,856	264,499	0
	(II)	0	0	0	0	0	0	0
6 BEATRICE ANZUR VP (TERMED 3/27/15)	(I)	45,200	32,544	151,117	10,373	893	240,127	0
	(II)	0	0	0	0	0	0	0
7 ROWENA C SPIGARELLI VICE PRESIDENT	(I)	175,949	52,500	120	10,975	95	239,639	0
	(II)	0	0	0	0	0	0	0
8 STEPHEN A FAUP VICE PRESIDENT	(I)	174,415	50,031	2,526	18,979	10,043	255,994	0
	(II)	0	0	0	0	0	0	0
9 GEORGE COLEMAN VP (TERMED 7/3/15)	(I)	93,691	51,072	75,139	17,572	12,890	250,364	0
	(II)	0	0	0	0	0	0	0
10 ROBERT PELLECHIO VICE PRESIDENT	(I)	179,712	37,800	1,746	15,035	2,536	236,829	0
	(II)	0	0	0	0	0	0	0
11 DEBRA MORGAN VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	206,353	6,367	2,058	19,185	20,380	254,343	0
12 BARBARA MINTZ VICE PRESIDENT	(I)	180,395	29,999	2,627	12,512	13,948	239,481	0
	(II)	0	0	0	0	0	0	0
13 RICHARD HENWOOD VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	171,824	10,277	30,439	18,502	19,651	250,693	0
14 DEBORAH L LARKIN-CARNEY VICE PRESIDENT	(I)	170,222	39,349	2,634	14,204	14,887	241,296	0
	(II)	0	0	0	0	0	0	0
15 CAMILLE JADELIS VP (TERMED 3/27/15)	(I)	38,348	32,738	128,480	6,882	19,369	225,817	0
	(II)	0	0	0	0	0	0	0
16 PATRICIA A COOK VICE PRESIDENT	(I)	148,907	40,196	1,561	16,462	8,601	215,727	0
	(II)	0	0	0	0	0	0	0
17 LAUREN BURKE VICE PRESIDENT	(I)	187,478	0	2,605	14,622	16,111	220,816	0
	(II)	0	0	0	0	0	0	0
18 ANDREW MISURO VICE PRESIDENT	(I)	154,854	30,206	4,179	16,717	15,360	221,316	0
	(II)	0	0	0	0	0	0	0
19 MAUREEN HARDING VICE PRESIDENT	(I)	142,888	30,021	722	12,860	21,213	207,704	0
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
61 EUGENE DEDEA VICE PRESIDENT	(I)	133,268	26,320	1,362	13,614	21,253	195,817	0
	(II)	0	0	0	0	0	0	0
1 CRAIG SAUNDERS MD DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	1,591,926	0	30,955	19,875	18,869	1,661,625	0
2 SHAMKANT MULGAONKAR MD DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	658,626	91,250	3,452	19,875	15,088	788,291	0
3 HODA BLAU EXECUT DIR (TERMED 7/11/15)	(I)	0	0	0	0	0	0	0
	(II)	189,720	72,000	110,689	35,657	10,943	419,009	0
4 JUSTIN H EDELMAN CORP DIRECTOR (1/1-8/30/15)	(I)	192,893	49,600	561	10,054	25,544	278,652	0
	(II)	0	0	0	0	0	0	0
5 MARGARET H CAMPBELL ASSISTANT GENERAL COUNSEL	(I)	200,540	58,500	18,622	10,510	28,888	317,060	0
	(II)	0	0	0	0	0	0	0
6 SABEENA HUSSAIN RAZA SENIOR COUNSEL	(I)	170,431	30,000	486	9,719	19,888	230,524	0
	(II)	0	0	0	0	0	0	0
7 SARA B KRAUSS SENIOR COUNSEL	(I)	167,989	31,500	660	8,763	25,894	234,806	0
	(II)	0	0	0	0	0	0	0
8 AMERICO CRINCOLI ASSISTANT VICE PRESIDENT	(I)	163,737	35,700	605	13,352	16,228	229,622	0
	(II)	0	0	0	0	0	0	0
9 JAYNE K DAUBE ASSISTANT VICE PRESIDENT	(I)	179,586	6,518	2,600	8,662	8,124	205,490	0
	(II)	0	0	0	0	0	0	0
10 ANTHONY SORIANO FORMER OFFICER	(I)	0	0	425,025	1,671	1,744	428,440	0
	(II)	0	0	283,481	0	0	283,481	0
11 THOMAS R PERCELLO FORMER OFFICER	(I)	0	0	0	0	0	0	0
	(II)	391,454	90,321	2,605	116,164	20,083	620,627	0
12 CATHERINE AINORA FORMER OFFICER	(I)	0	0	126,923	1,622	1,486	130,031	0
	(II)	0	0	305,025	0	0	305,025	0
13 THOMAS G SCOTT CPA FORMER OFFICER	(I)	0	0	257,199	0	1,881	259,080	0
	(II)	0	0	0	0	0	0	0
14 SIDNEY SELIGMAN FORMER OFFICER	(I)	4,904	0	103,184	480	1,927	110,495	0
	(II)	0	0	0	0	0	0	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.

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

OMB No 1545-0047

2015

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 Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing 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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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	X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		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		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
TAX-EXEMPT BOND ISSUES - SCHEDULE K, PART I	THE TAX-EXEMPT BOND ISSUANCES REFLECTED IN SCHEDULE K, PART I ARE ISSUED ON BEHALF OF THE BARNABAS HEALTH OBLIGATED GROUP WHICH INCLUDES THIS ORGANIZATION PLEASE NOTE THAT SCHEDULE K, 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

Return Reference	Explanation
TAX-EXEMPT BOND ISSUES - 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

▶ 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.

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

OMB No 1545-0047

2015

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 Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing 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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 ▶		0 %						
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		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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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			X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		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		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).

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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.

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OMB No 1545-0047

2015

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	EQUIPMENT FINANCING		X		X		X
B	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		12-03-2014	129,925,000	REPAY OF JCMC TAXABLE REVENUE BOND		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0		
2	Amount of bonds legally defeased	0	129,925,000		
3	Total proceeds of issue	4,946,131	129,925,000		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	0	0		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	4,946,131	0		
11	Other spent proceeds	0	0		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2017	2014		

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		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					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
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?		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				
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					

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider	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				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

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

OMB No 1545-0047

2015

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), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax incurred by 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 Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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	52,098	EMPLOYEE		No
(2) TIMOTHY SPERLING	FAMILY MEMBER - OFFICER	112,604	EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320114396

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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 A NOT-FOR-PROFIT COMPANY LOCATED IN WEST ORANGE, NEW JERSEY BH IS THE SOLE CORPORATE MEMBER OR SOLE SHAREHOLDER OF AFFILIATED ORGANIZATIONS AND SUBSIDIARIES AND PROVIDES MANAGEMENT SERVICES TO THOSE ORGANIZATIONS WHILE OPERATING AN INTEGRATED HEALTHCARE DELIVERY SYSTEM BH WAS ORGANIZED TO DEVELOP AND OPERATE A MULTIHOSPITAL HEALTHCARE SYSTEM PROVIDING A COMPREHENSIVE SPECTRUM OF HEALTHCARE SERVICES, PRINCIPALLY TO THE RESIDENTS OF NEW JERSEY AND SURROUNDING AREAS THE SERVICES AND FACILITIES OF BH INCLUDE ACUTE CARE HOSPITALS, AMBULATORY CARE FACILITIES, HOME CARE AND HOSPICE SERVICES, GERIATRIC SERVICES, A FREESTANDING INPATIENT PSYCHIATRIC FACILITY AND STATE WIDE BEHAVIORAL HEALTH NETWORK, A BURN TREATMENT FACILITY, COMPREHENSIVE CARDIAC SURGERY SERVICES, INCLUDING A HEART TRANSPLANT CENTER, A LUNG TRANSPLANT CENTER, KIDNEY TRANSPLANT CENTERS, COMPREHENSIVE CANCER SERVICES, COMPREHENSIVE BREAST CENTERS, AND THE CHILDREN'S HOSPITAL OF NEW JERSEY AT NEWARK BETH ISRAEL MEDICAL CENTER AND THE CHILDREN'S HOSPITAL AT MONMOUTH MEDICAL CENTER 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 BH IN ADDITION, TWO OF THE KEY EMPLOYEES REFLECTED ON THIS FORM 990 WHO PROVIDE SERVICES ON BEHALF OF BH AND ITS AFFILIATES ARE ALSO EMPLOYED BY SBC MANAGEMENT CORPORATION FURTHERMORE, A TRUSTEE, TWO OFFICERS AND A KEY EMPLOYEE WHO PERFORM SERVICES ON BEHALF OF BH AND ITS AFFILIATES ARE ALSO EMPLOYED BY NEWARK BETH ISRAEL MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, WHOSE SOLE MEMBER IS BH BOTH ARE REFLECTED ON THIS FORM 990 AN OFFICER AND A KEY EMPLOYEE WHO PERFORM SERVICES ON BEHALF OF BH AND ITS AFFILIATES ARE ALSO EMPLOYED BY SAINT BARNABAS MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, WHOSE SOLE MEMBER IS BH BOTH ARE REFLECTED ON THIS FORM 990 A TRUSTEE WHO PERFORMS SERVICES ON BEHALF OF BH AND ITS AFFILIATES IS ALSO EMPLOYED BY MONMOUTH MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, WHOSE SOLE MEMBER IS BH AND IS REFLECTED ON THIS FORM 990 AN OFFICER WHO PERFORMS SERVICES ON BEHALF OF BH AND ITS AFFILIATES WAS EMPLOYED BY BARNABAS HEALTH, INC FROM 1/1/2015 THROUGH 9/26/2015 AND BY SAINT BARNABAS MANAGEMENT SERVICES, LLC, A SINGLE MEMBER LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER IS SAINT BARNABAS BEHAVIORAL HEALTH CENTER ("SBBH"), A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION SBBH'S SOLE MEMBER IS BH THIS OFFICER IS REFLECTED ON THIS FORM 990 FOR THE PERIOD OF 9/27/2015 THROUGH 12/31/2015 IN ADDITION, OTHER AFFILIATES WITHIN THE SYSTEM ALSO EMPLOY INDIVIDUALS WHO PERFORM SERVICES ON BEHALF OF BH 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 BH

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 ("IRS") 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, GENDER IDENTITY, 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 NEARLY 181,000 INPATIENTS AND SAME DAY SURGERY ADMISSIONS, OVER 518,000 EMERGENCY DEPARTMENT PATIENTS, OVER 1 8 MILLION OUTPATIENTS, HOME HEALTH AND PHYSICIAN OFFICE VISITS, AND DELIVERS NEARLY 20,000 BABIES ANNUALLY BH EMPLOYS APPROXIMATELY 21,000 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 74% OF SYSTEM EMPLOYEES ARE WOMEN, AND MORE THAN 50% OF SYSTEM EMPLOYEES ARE MINORITIES MEANWHILE, WOMEN REPRESENT APPROXIMATELY 38% OF EXECUTIVES AND SENIOR OFFICIALS, APPROXIMATELY 70% OF FIRST AND MID-LEVEL OFFICIALS AND APPROXIMATELY 79% OF PROFESSIONALS EMPLOYED BY BH LIKEWISE, MINORITIES REPRESENT APPROXIMATELY 10% OF EXECUTIVES AND SENIOR OFFICIALS, APPROXIMATELY 32% OF FIRST AND MID-LEVEL OFFICIALS AND APPROXIMATELY 47% OF PROFESSIONALS EMPLOYED BY BH BH HAS MEDICAL STAFFS WITH AN AGGREGATE OF APPROXIMATELY 5,200 ACTIVE PHYSICIANS AND APPROXIMATELY 550 RESIDENTS MORE THAN 300 TRUSTEES AND 3,100 VOLUNTEERS PROVIDE SERVICE AS PART OF BH BH INCLUDES SEVEN ACUTE CARE HOSPITALS (FOUR ARE TEACHING HOSPITALS), TWO CHILDREN'S HOSPITALS, REHABILITATION CENTERS, AMBULATORY CARE AND DIAGNOSTIC FACILITIES, GERIATRIC CENTERS, A FREE-STANDING INPATIENT PSYCHIATRIC FACILITY, THE STATE'S LARGEST STATEWIDE BEHAVIORAL HEALTH NETWORK, COMPREHENSIVE HOSPICE AND HOME CARE PROGRAMS, MULTI-SITE RADIOLOGY CENTERS, PHARMACY SERVICES, THREE ACCOUNTABLE CARE ORGANIZATIONS 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 INCLUDING THE STATE'S OLDEST AND MOST EXPERIENCED HEART TRANSPLANT PROGRAM WHICH HAS PERFORMED OVER 900 HEART TRANSPLANTS (2015 TRANSPLANT VOLUME RANKS IN NATION'S TOP TEN PROGRAMS), - A LEADING REGIONAL KIDNEY TRANSPLANT CENTER THAT RANKS IN THE TOP 10 OF 240 CENTERS BY 2015 TRANSPLANT VOLUME IN THE NATION AND THE FIFTH LARGEST LIVING DONOR TRANSPLANT CENTER IN THE US -- THE PROGRAM PERFORMED THE FIRST LAPAROSCOPIC KIDNEY RETRIEVAL IN A LIVING DONOR AND THE FIRST ROBOTIC KIDNEY TRANSPLANT SURGERY IN THE WORLD, - NEW JERSEY'S ONLY LUNG TRANSPLANT PROGRAM, - A LEVEL II TRAUMA CENTER, - A RENOWNED NEUROLOGY AND NEUROSURGERY PROGRAMS INCLUDING A SPECIALIZED EPILEPSY CENTER DESIGNATED LEVEL 4 FOR ADULTS AND CHILDREN, - VALERIE FUND CHILDREN'S CENTERS FOR CANCER AND BLOOD DISORDERS, - THE INSTITUTE FOR REPRODUCTIVE MEDICINE AND SCIENCE, - NATIONALLY RECOGNIZED GERIATRIC SERVICES, - COMPREHENSIVE CANCER SERVICES, INCLUDING - THE JACQUELINE M WILENTZ COMPREHENSIVE BREAST CENTER AND A REGIONAL BREAST SURGICAL PROGRAM OF WOMEN PHYSICIANS, - COMPREHENSIVE BREAST CENTER AT THE BARNABAS HEALTH AMBULATORY CARE CENTER, HIGHEST NUMBER OF MAMMOGRAMS AND BREAST IMAGING EXAMS ANNUALLY IN THE REGION AND ONE OF THE HIGHEST IN THE U S, - ADVANCED RADIATION ONCOLOGY INCLUDING CYPERKNIFE AND TOMOTHERAPY - ONE STATE-ACCREDITED COMPREHENSIVE STROKE CENTER AND FIVE STATE-ACCREDITED PRIMARY STROKE CENTERS, - 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 - FOUR REGIONAL PERINATAL CENTERS WITH THE HIGHEST LEVEL NEONATAL INTENSIVE CARE UNITS AND TWO COMMUNITY PERINATAL CENTERS WITH INTERMEDIATE NEONATAL SERVICES GRADUATE MEDICAL EDUCATION AND OTHER EDUCATION PROGRAMS ---------- BH RECOGNIZES THE IMPORTANT RESPONSIBILITY IT HAS AND CONTRIBUTION IT CONTINUES TO MAKE 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 BH SYSTEM INCLUDE UNDERGRADUATE MEDICAL EDUCATION, GRADUATE MEDICAL EDUCATION, CONTINUING MEDICAL EDUCATION AND ALLIED HEALTH PROFESSIONS EDUCATION GRADUATE MEDICAL EDUCATION PROGRAMS ARE SPONSORED BY THE FOUR TEACHING INSTITUTIONS AFFILIATED WITH THE SYSTEM JERSEY CITY MEDICAL CENTER, MONMOUTH MEDICAL CENTER, NEWARK BETH ISRAEL MEDICAL CENTER, AND SAINT BARNABAS MEDICAL CENTER AT THE UNDERGRADUATE LEVEL, WE HAVE AFFILIATIONS WITH FOUR MEDICAL SCHOOLS THE SYSTEM IS A MAJOR CLINICAL CAMPUS FOR MEDICAL STUDENTS FROM RUTGERS-NEW JERSEY MEDICAL SCHOOL (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 FOUR TEACHING HOSPITALS HOST MORE THAN 550 RESIDENTS AND FELLOWS IN SPECIALTY TRAINING ACROSS MORE THAN 20 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 TO EDUCATION AND TRAINING PROGRAMS FOR PHYSICIANS, THERE ARE A LARGE NUMBER OF PROFESSIONAL TRAINING AND EDUCATION PROGRAMS FOR OTHER CLINICAL PERSONNEL INCLUDING NURSES, PHYSICIAN ASSISTANTS, PHARMACY, PHYSICAL THERAPISTS, SPEECH THERAPISTS, OCCUPATIONAL THERAPISTS, RADIOLOGY TECHS, RADIATION THERAPY TECHS, DIETICIANS, EMTS AND PARAMEDICS, RESPIRATORY TECHS AND MEDICAL TECHS BH BELIEVES THAT THE HIGHEST QUALITY CLINICAL EDUCATION RESULTS IN THE HIGHEST QUALITY PATIENT CARE AND ULTIMATELY DELIVERS TO OUR PATIENTS THE MOST CURRENT, COST-EFFECTIVE, AND INTEGRATED MEDICAL CARE POSSIBLE

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	AFFILIATION HISTORY RUTGERS-NEW JERSEY MEDICAL SCHOOL ---------- 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 SAINT BARNABAS MEDICAL CENTER AND NEWARK BETH ISRAEL MEDICAL CENTER BECAME MAJOR TEACHING AFFILIATES OF UMDNJ-NJMS 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 BH CONTINUES ITS MEDICAL EDUCATION RELATIONSHIP WITH RUTGERS-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 BARNABAS HEALTH QUALITY ---------- THE BH 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 CARE EXCELLENCE, RESOURCE MANAGEMENT, CLINICAL EXCELLENCE, PATIENT SAFETY, AND MEETING AND EXCEEDING INDUSTRY STANDARDS (COMPLIANCE WITH LICENSURE, ACCREDITATION AND REGULATORY REQUIREMENTS) TO BE SUCCESSFUL AT IMPROVING THESE MAJOR AREAS OF QUALITY, WE RELY ON THE PRINCIPLES OF BEING COMMITTED TO QUALITY, BEING RESPONSIBLE FOR QUALITY AND FULLY ENGAGED IN 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 EACH BH EMPLOYEE INDEPENDENTLY CONTRIBUTES TO ENSURING THAT CLINICAL CARE AND THE PATIENT AND FAMILY/CAREGIVER EXPERIENCE ARE OUTSTANDING WE HELP OUR PHYSICIANS AND STAFF TO DO BETTER BY ASSURING THAT THEY HAVE AN APPROPRIATE ENVIRONMENT WITHIN WHICH THEY CAN PROVIDE CARE - CULTURE OF RESPONSIBILITY OUR EMPLOYEES TAKE CARE OF YOU THAT MEANS YOU CAN COUNT ON ASKING AND RECEIVING THE INFORMATION YOU NEED, THE CARE YOU DESERVE, AND A HELPFUL, WILLINGNESS TO DELIVER CARE, NO MATTER WHICH BH FACILITY YOU VISIT - CONTINUOUS IMPROVEMENT WE LISTEN TO OUR PATIENTS, MEDICAL STAFF AND EMPLOYEES, AND ANALYZE OUR OWN PERFORMANCE WE STRIVE TO CONTINUOUSLY GROW AND IMPROVE CARE BY APPLYING BEST PRACTICES AND DEVELOPING NEW WAYS TO DELIVER ON EXCELLENCE - CULTURE OF QUALITY WE NOT ONLY LOOK FOR WAYS TO IMPROVE, WE REWARD OUR EMPLOYEES AND STAFF BY RECOGNIZING OUTSTANDING CARE, EXCELLENCE IN CLINICAL PROGRAMS, EXTRAORDINARY PATIENT OUTCOMES AND BOLD LEADERSHIP 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 ========== BH'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 - BECKER'S HEALTHCARE NAMED BH IN ITS 2015 LIST OF "150 GREAT PLACES TO WORK IN HEALTHCARE," A COMPILATION OF HOSPITALS, HEALTH SYSTEMS, AMBULATORY SURGERY CENTERS, PHYSICIAN GROUPS, VENDORS AND OTHER HEALTHCARE ORGANIZATIONS THAT PROVIDE EXCELLENT WORK ENVIRONMENTS AND OUTSTANDING BENEFITS TO THEIR EMPLOYEES - BARNABAS HEALTH HAS BEEN NAMED TO NJBIZ'S LIST OF "2015 BEST PLACES TO WORK IN NEW JERSEY," AN AWARD THAT IDENTIFIES, RECOGNIZES AND HONORS THE TOP PLACES OF EMPLOYMENT IN NEW JERSEY THAT BENEFIT THE STATE'S ECONOMY, ITS WORKFORCE AND BUSINESSES BARNABAS HEALTH IS AMONG 100 EMPLOYERS ACROSS THE STATE NAMED TO THE LIST WHICH IS SPLIT INTO TWO GROUPS SMALL/MEDIUM SIZED COMPANIES AND LARGE COMPANIES BARNABAS HEALTH IS ONE OF 35 LARGE-SIZE COMPANIES NAMED TO THE LIST - BH WAS NAMED TO MODERN HEALTHCARE'S 2014 LIST OF "BEST PLACES TO WORK IN HEALTHCARE," A COMPILATION OF HEALTHCARE ORGANIZATIONS THAT PROVIDE EXCELLENT WORK ENVIRONMENTS AND OUTSTANDING BENEFITS TO THEIR EMPLOYEES BH IS AMONG 100 HEALTHCARE EMPLOYERS ACROSS THE UNITED STATES NAMED TO THE LIST AND THE ONLY HEALTHCARE SYSTEM IN NEW JERSEY TO RECEIVE THIS NATIONAL RECOGNITION IN 2014 - BH HOSPITALS RECEIVED TOP SCORES AMONG NEW JERSEY HEALTHCARE INSTITUTIONS IN HOSPITAL SAFETY SCORES RELEASED IN 2015 BY THE LEAPFROG GROUP FIVE OF SEVEN BH HOSPITALS RECEIVED AN "A" THE SCORES ARE ASSIGNED TO HOSPITALS BASED ON INFECTIONS, INJURIES AND MEDICAL AND MEDICATION ERRORS - BH IS A PREMIER PARTNER FOR SPECIAL OLYMPICS, NEW JERSEY, AND A HEALTHY COMMUNITY PROGRAM PARTNER BH SERVED AS THE ONLY HEALTHCARE FOUNDING PARTNER OF THE 2014 SPECIAL OLYMPICS USA GAMES AS PART OF ITS COMMITMENT TO THE 2014 USA GAMES, BH WAS DESIGNATED THE PRESENTING SPONSOR OF FAMILY PROGRAMS AND A CONTRIBUTING SPONSOR TO THE HEALTHY YOUNG ATHLETES PROGRAM ADDITIONALLY, BH PROVIDED MORE THAN 1,200 VOLUNTEERS AT AND LEADING UP TO THE 2014 USA GAMES PRIOR TO THE GAMES, BH HOSTED SPECIAL EVENTS AT ALL OF ITS FACILITIES FOR ATHLETES COMPETING AT THE 2014 USA GAMES AND THEIR FAMILIES BH CONTINUED THIS SERVICE TO THE OVER 2,500 CONTESTANTS AT THE 2015 GAMES - BH IS ACCREDITED AS A CEO CANCER GOLD STANDARD EMPLOYER AND WAS RE-ACCREDITED AS A CEO CANCER GOLD STANDARD EMPLOYER FOR 2015 THIS PRESTIGIOUS DESIGNATION RECOGNIZES THE SYSTEM FOR ITS DEDICATION AND COMMITMENT TO MAINTAINING A HIGH STANDARD OF EXCELLENCE IN CANCER PREVENTION, EARLY DETECTION AND QUALITY CARE FOR ITS EMPLOYEES AND THEIR FAMILIES THE CEO GOLD STANDARD WAS CREATED BY THE CEO ROUNDTABLE ON CANCER -- A NONPROFIT ORGANIZATION OF CEOS DEVOTED TO FIGHTING CANCER -- IN COLLABORATION WITH THE NATIONAL CANCER INSTITUTE, MANY OF ITS DESIGNATED CANCER CENTERS, AND LEADING HEALTH NON-PROFIT ORGANIZATIONS AND PROFESSIONALS TODAY, MORE THAN ONE MILLION EMPLOYEES AND FAMILY MEMBERS ARE BENEFITING FROM THE VISION AND LEADERSHIP OF EMPLOYERS WHO HAVE CHOSEN TO BECOME GOLD STANDARD ACCREDITED - BH IS THE "OFFICIAL HEALTH CARE PROVIDER" OF SETON HALL UNIVERSITY ATHLETICS BH PROVIDES HEALTH AND WELLNESS SERVICES TO THE UNIVERSITY'S ATHLETICS DEPARTMENT, INCLUDING THE SETON HALL PIRATES' 14 NCAA DIVISION I INTERCOLLEGIATE MEN'S AND WOMEN'S TEAMS, CLUB SPORTS, INTRAMURALS AND STAFF WORKING CLOSELY WITH THE DIRECTOR OF SPORTS MEDICINE, TEAM DOCTORS AND ATHLETICS ADMINISTRATION, BH OFFERS ACCESS TO A MYRIAD OF SPECIALISTS FOR STUDENTS, FACULTY AND STAFF AS WELL AS HEALTH EDUCATION, WELLNESS AND FITNESS PROGRAMS TO KEEP STUDENTS HEALTHY WHILE PROVIDING THE BEST CARE POSSIBLE - BARNABAS HEALTH CORPORATE CARE WAS GIVEN THE "TEDDY AWARD" BY THE RISK & INSURANCE MAGAZINE AT THE ANNUAL NATIONAL WORKERS COMPENSATION AND DISABILITY CONFERENCE NAMED FOR PRESIDENT THEODORE ROOSEVELT, THE TEDDY AWARD PROGRAM IDENTIFIES AND HONORS COMPANIES AND PUBLIC ENTITIES THAT HAVE EXCEPTIONAL WORKERS COMPENSATION AND DISABILITY MANAGEMENT PROGRAMS - THE MENTAL HEALTH ASSOCIATION OF NEW JERSEY RECOGNIZED THE BARNABAS HEALTH INSTITUTE FOR PREVENTION FOR ITS EFFORTS WITH THE OPIOID OVERDOSE RECOVERY PROGRAM AT THEIR 17TH ANNUAL EVENING OF EXCELLENCE - BH WAS SELECTED TO ADVISE THE NEW BOARD OF UNIVERSITY HOSPITAL, NEWARK, NEW JERSEY

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	CLARA MAASS MEDICAL CENTER ("CMMC") ---------- CLARA MAASS MEDICAL 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 AND LEGAL ISSUES OF HEALTH SYSTEMS - SELECTED CLARA MAASS AS ONE OF ITS "100 HOSPITALS WITH GREAT HEART PROGRAMS" - CLARA MAASS MEDICAL CENTER RECEIVED ITS SEVENTH GRADE "A" SCORE IN HOSPITAL SAFETY BY THE LEAPFROG GROUP, MAKING IT ONE OF 182 HOSPITALS IN THE ENTIRE NATION TO ACHIEVE AN "A" IN ALL SEVEN SCORES RELEASED FROM THE NATIONS LEADING EXPERTS ON PATIENT SAFETY - CMMC WAS RECOGNIZED AS A TOP-PERFORMER IN THE STATE OF NEW JERSEY IN PROVIDING PATIENTS RECOMMENDED CARE IN FOUR AREAS HEART ATTACK, PNEUMONIA, 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 CMMC FOR PATIENTS WHO ARE BEING TREATED FOR HEART ATTACK, 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 - IN 2014, CMMC HAS RECEIVED THE MISSION LIFELINE BRONZE RECEIVING QUALITY ACHIEVEMENT AWARD FOR IMPLEMENTING SPECIFIC QUALITY IMPROVEMENT MEASURES OUTLINED BY THE AMERICAN HEART ASSOCIATION FOR THE TREATMENT OF PATIENTS WHO SUFFER SEVERE HEART ATTACKS - THE JOINT COMMISSION, THE LEADING ACCREDITOR OF HEALTHCARE ORGANIZATIONS IN AMERICA, AS A TOP PERFORMER ON KEY QUALITY MEASURES FOR 2014 - THE MEDICAL CENTER'S THIRD YEAR IN A ROW TO RECEIVE THIS DESIGNATION BASED UPON KEY QUALITY MEASURES BASED ON QUALITY AND SAFETY DEMONSTRATED TO PATIENTS - THOMSON REUTERS (NOW TRUVEN HEALTH ANALYTICS) NAMED CMMC ONE OF THE NATION'S 100 TOP HOSPITALS IN 2012 CLARA MAASS WAS ALSO NAMED AN EVEREST AWARD WINNER BY THOMSON REUTERS, A DISTINCTION FOR ONLY 12 HOSPITALS AMONG THE 100 WINNERS FOR DELIVERING THE GREATEST RATE OF IMPROVEMENT OVER FIVE YEARS - HEALTHGRADES - A NATIONWIDE ONLINE RESOURCE CENTER REGARDING PHYSICIANS AND HOSPITALS - RECOGNIZED CMMC WITH MULTIPLE AWARDS, - 2015 OUTSTANDING PATIENT EXPERIENCE AWARD, ONE OF 453 HOSPITALS - PATIENT SAFETY EXCELLENCE AWARD 2011, 2012, 2013, 2014, 2015 - PLACED CLARA MAASS IN TOP 10% OF HOSPITALS IN NATION FOR THREE YEARS IN A ROW - MATERNITY CARE EXCELLENCE AWARD IN 2014, THREE YEARS IN A ROW - BARIATRIC SURGERY EXCELLENCE AWARD IN 2014 - CORONARY INTERVENTION EXCELLENCE AWARD - GENERAL SURGERY EXCELLENCE AWARD - THE BARIATRIC PROGRAM IS RECOGNIZED BY AETNA AS AN INSTITUTE OF QUALITY - CLARA MAASS HAS ACHIEVED JOINT COMMISSION DISEASE SPECIFIC CARE CERTIFICATION IN ACUTE CORONARY SYNDROME ("ACS"), HEART FAILURE, TOTAL HIP REPLACEMENT AND TOTAL KNEE REPLACEMENT - THE CANCER CENTER IS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS - THE RADIATION ONCOLOGY DEPARTMENT AND RADIOLOGY DEPARTMENT IS ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY, MAMMOGRAPHY MEETS THE MAMMOGRAPHY QUALITY STANDARDS ACT - CLARA MAASS IS A NEW JERSEY DEPARTMENT OF HEALTH DESIGNATED PRIMARY STROKE CENTER - DIABETES PATIENT PROGRAM IS ACCREDITED BY THE AMERICAN ASSOCIATION OF DIABETES EDUCATORS - THE CENTER FOR SLEEP DISORDERS IS ACCREDITED BY THE AMERICAN ACADEMY OF SLEEP MEDICINE - ICAEL ACCREDITATION FOR ADULT ECHOCARDIOGRAM AND ADULT TEE - LABORATORY ACCREDITED BY THE COLLEGE OF AMERICAN PATHOLOGISTS ("CAP") - FOR 2014-15, U S NEWS & WORLD REPORT RANKED CLARA MAASS AMONG THE 50 BEST REGIONAL HOSPITALS IN THE NEW YORK METRO AREA AS A HIGH-PERFORMING HOSPITAL IN DIABETES & ENDOCRINOLOGY AND NEUROLOGY & NEUROSURGERY 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 HOSPITALS" EDITION 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 RECEIVED 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 CORONARY SYNDROME, HEART FAILURE, CARDIAC REHABILITATION, TOTAL JOINT REPLACEMENT HIP & KNEE, AND STROKE CARE - THE NEW JERSEY DEPARTMENT OF HEALTH DESIGNATED CMC AS A PRIMARY STROKE CENTER - THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS HAS GRANTED 3-YEAR ACCREDITATION TO THE J PHILLIP CITTA REGIONAL CANCER CENTER AT CMC FOR MAINTAINING EXCELLENCE IN THE DELIVERY OF COMPREHENSIVE PATIENT-CENTERED CARE THE PROGRAM RECEIVED THE OUTSTANDING ACHIEVEMENT AWARD AND IS ONE OF TWO HOSPITALS IN NJ AND ONE OF 75 IN THE NATION TO ACHIEVE THIS DESIGNATION FOR THE PERIOD SURVEYED THE PROGRAM HAS BEEN DESIGNATED AS A COMMUNITY HOSPITAL COMPREHENSIVE CANCER PROGRAM SINCE 1986 - THE AMERICAN COLLEGE OF RADIOLOGY RENEWED ACCREDITATIONS FOR MAMMOGRAPHY SERVICES, STEREOTACTIC BREAST, ULTRASOUND BREAST, ULTRASOUND GYN, GENERAL ULTRASOUND, NUCLEAR MEDICINE, MRI, AND RADIATION ONCOLOGY - THE NATIONAL ASSOCIATION OF EPILEPSY CENTERS (NAEC) HAS RE-ACCREDITED CMCS EPILEPSY PROGRAM AT THE JAY & LINDA GRUNIN NEUROSCIENCE INSTITUTE AS A LEVEL 3 EPILEPSY CENTER LEVEL 3 EPILEPSY CENTERS HAVE THE PROFESSIONAL EXPERTISE AND FACILITIES TO PROVIDE THE HIGHEST LEVEL MEDICAL EVALUATION AND TREATMENT FOR PATIENTS WITH COMPLEX EPILEPSY - THE AMERICAN DIABETES ASSOCIATION (ADA) EDUCATION RECOGNITION CERTIFICATE FOR A QUALITY DIABETES SELF-MANAGEMENT EDUCATION PROGRAM WAS AWARDED TO THE CENTER FOR DIABETES EDUCATION AT CMC - THE CENTER FOR SLEEP DISORDERS HAS EARNED RE-ACCREDITATION FROM THE AMERICAN ACADEMY OF SLEEP MEDICINE, A DESIGNATION IT HAS MAINTAINED SINCE 2006 JERSEY CITY MEDICAL CENTER ("JCMC") ---------- JCMC IS A DNV (WHICH STANDS FOR DET NORSKE VERITAS) FULLY ACCREDITED HOSPITAL AND HAS BEEN RECOGNIZED FOR ITS EXCELLENCE IN PROVIDING CARE AND SUPPORT FOR THE HEALTH AND WELLNESS OF OUR COMMUNITY DNV IS RECOGNIZED BY MEDICARE FOR THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (NIAHO) HOSPITAL ACCREDITATION PROGRAM THE FOLLOWING IS A LISTING OF AWARDS AND DESIGNATIONS RECENTLY RECEIVED BY THE JERSEY CITY MEDICAL CENTER IN RECOGNITION OF ITS SERVICE TO THE COMMUNITY - THE COMMISSION ON THE ACCREDITATION OF AMBULANCE SERVICES (CAAS) IS A NATIONAL ASSOCIATION PROVIDING EMERGENCY MEDICAL SERVICES (EMS) AGENCIES STANDARDIZATION TO INCREASE ORGANIZATIONAL PERFORMANCE AND EFFICIENCY, INCREASE CLINICAL QUALITY, SAFETY AND DECREASE RISKS THE JERSEY CITY MEDICAL CENTER EMS RECEIVED OFFICIAL NOTIFICATION STATING JERSEY CITY MEDICAL CENTER WAS REACCREDITED WITH NO DEFICIENCIES NOTED THE JCMC EMS WAS THE FIRST EMS AGENCY IN THE COUNTRY TO RECEIVE ACCREDITATION FROM CAAS AND FOUR OTHER NATIONAL ACCREDITATION AGENCIES - JERSEY CITY MEDICAL CENTER EARNED "TOP LEVEL" AWARDS FROM THE AMERICAN HEART ASSOCIATION AND AMERICAN STOKE ASSOCIATION AS A STROKE GOLD PLUS HOSPITAL & TARGET STROKE ELITE HONOR ROLL AWARD HOSPITAL - RECOGNIZED WITH THE HEI AWARD FOR LGBT PATIENT CARE - RECOGNIZED ON THE AMERICAN HOSPITAL ASSOCIATION'S EQUITY OF CARE NATIONAL LISTING AS "NATIONAL BEST IN CLASS HOSPITAL FOR DIVERSITY IN LEADERSHIP AND GOVERNANCE" - RECEIVED AN "A" HOSPITAL SAFETY SCORE FROM THE LEAPFROG GROUP, AN INDEPENDENT NATIONAL NONPROFIT GROUP MEASURING HOSPITAL SAFETY AND QUALITY, FOR THE 9TH CONSECUTIVE TIME JERSEY CITY MEDICAL IS ONE OF ONLY SIX HOSPITALS (OUT OF 67) IN NEW JERSEY AND THE ONLY ONE IN HUDSON COUNTY TO HAVE RECEIVED AN A GRADE FOR SAFETY EACH TIME ONLY 153 HOSPITALS NATIONALLY HAVE EARNED STRAIGHT "A" GRADES - US NEWS & WORLD REPORT BEST REGIONAL HOSPITAL LISTING (HIGH PERFORMANCE IN NEPHROLOGY 2012 2013) - MAGNET DESIGNATION AND RE-DESIGNATION (2014) FOR EXCELLENCE IN PATIENT CARE BY THE AMERICAN NURSES CREDENTIALING CENTER - RECOGNIZED BY THE AMERICAN COLLEGE OF SURGEONS FOR "EXCELLENCE IN TRAUMA" 2013 - STATE DESIGNATED REGIONAL TRAUMA CENTER - FIRST EMERGENCY MEDICAL SERVICE ("EMS") IN THE US TO EARN TRIPLE ACCREDITATION IN DISPATCH, EDUCATION, AND EMERGENCY MEDICAL SERVICE - CEO CANCER ROUND TABLE GOLD STANDARD - GOLD PLUS ACHIEVEMENT AWARD IN STROKE QUALITY CARE FORM THE AMERICAN HEART AND STROKE ASSOCIATION, FOUR CONSECUTIVE YEARS (2012 2015) - STATE DESIGNATED REGIONAL HEART CENTER - 100 BEST PLACES TO WORK IN THE HEALTHCARE FIELD BY BECKERS HOSPITAL REVIEW, 2012-2013 - CASTLE CONNOLLY "TOP HOSPITAL IN NJ" UNDER 350 BEDS, 2010, 2011 AND 2015 - CHF GOLD AWARD FROM AMERICAN HEART AND STROKE ASSOCIATION - AMERICAN HEATH ASSOCIATION NAMED JCMC A "GOLD FIT-FRIENDLY" COMPANY IN 2013 & 2014 - STATE DESIGNATED REGIONAL NEONATAL INTENSIVE CARE ("NICU") CENTER FOR DIAGNOSIS AND TREATMENT OF MOST CRITICALLY ILL NEWBORNS

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	- CRISTIE KERR WOMENS HEALTH CENTER IS LOCATED IN OUR MEDICAL OFFICE BUILDING ON THE JCMC CAMPUS - PRIMARY STROKE CENTER APPROVED BY THE NJ DEPARTMENT OF HEALTH MONMOUTH MEDICAL CENTER ("MMC") AND MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS ---------- MONMOUTH MEDICAL CENTER IS THE RECIPIENT OF NUMEROUS AWARDS AND HONORS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING - RECEIVED AN "A" HOSPITAL SAFETY SCORE BY THE LEAPFROG GROUP, AN INDEPENDENT NATIONAL NON-PROFIT ORGANIZATION 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 - THE LEAPFROG GROUP ALSO RANKED MONMOUTH MEDICAL CENTER AS THE SAFEST HOSPITAL FOR MATERNITY CARE IN THE REGION, WITH MONMOUTH SCORING WELL ABOVE THE STANDARD OF CARE IN KEY AREAS OF MATERNITY CARE - MONMOUTH HAS BEEN CONSISTENTLY RECOGNIZED ON KEY QUALITY MEASURES BY THE JOINT COMMISSION, THE LEADING ACCREDITOR OF HEALTH CARE ORGANIZATIONS IN AMERICA, SINCE THE TOP PERFORMER ON KEY QUALITY MEASURES PROGRAM WAS INTRODUCED IN 2011 - SUCCESSFULLY PASSED SEVEN DISEASE SPECIFIC JOINT COMMISSION SURVEYS STROKE, CARDIAC REHAB, ACS, TOTAL KNEE, TOTAL HIP, SPINE AND BREAST CANCER - THE JACQUELINE M WILENTZ BREAST CENTER IS A RECIPIENT OF THE WOMANS CHOICE AWARD FOR AMERICAS BEST BREAST CENTER FOR THREE CONSECUTIVE YEARS - SUCCESSFUL RECERTIFICATION FROM NQMBC (NATIONAL QUALITY METRICS FOR BREAST CENTER) PROGRAMS AS CERTIFIED QUALITY BREAST CENTER OF EXCELLENCE - THE JACQUELINE M WILENTZ COMPREHENSIVE BREAST CENTER AT MONMOUTH MEDICAL CENTER IS NEW JERSEY'S ONLY CERTIFIED QUALITY BREAST CENTER OF EXCELLENCE - THE HIGHEST CERTIFICATION LEVEL OFFERED BY THE NATIONAL QUALITY MEASURES FOR BREAST CENTERS (NQMBC) - HOLDS CERTIFICATION FOR MQSA (MAMMOGRAPHY QUALITY STANDARDS ACT AND PROGRAM) BY FDA FOR ALL JMWBC SITES (LONG BRANCH, COLTS NECK, HOWELL, LAKEWOOD) - RECOGNIZED BY THE NEW JERSEY STATE CANCER REGISTRY NJSCR AWARD FOR EXCELLENCE IN TIMELY CANCER CASE REPORTING - CERTIFIED BY THE AMERICAN HEART ASSOCIATION GET WITH THE GUIDELINES HEART FAILURE GOLD QUALITY ACHIEVEMENT AWARD - THE PAIN CARE SERVICE AT MMC RECOGNIZED BY HCAHPS FOR OUTSTANDING SCORES WELL ABOVE STATE AND NATIONAL RANKINGS IN THE AREA 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 AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY - A PROMINENT DESIGNATION RECOGNIZING SURGICAL PROGRAMS WITH A DEMONSTRATED TRACK RECORD OF EXCEPTIONAL PATIENT OUTCOMES MONMOUTH MEDICAL WAS THE FIRST IN NEW JERSEY TO PERFORM LAPAROSCOPIC GASTRIC BYPASS AND IS AMONG THE MOST HIGHLY EXPERIENCED CENTERS IN THE TRI-STATE AREA - MONMOUTH HOLDS THE GOLD SEAL OF ACCREDITATION FROM THE AMERICAN COLLEGE OF RADIOLOGY FOR ITS ADVANCED IMAGING SYSTEMS, AND WAS THE FIRST IN NEW JERSEY AND THE 20TH IN THE NATION TO ACHIEVE THIS STATUS FOR MAGNETIC RESONANCE IMAGING (MRI) OF THE BREAST - MMC JOINED A SELECT GROUP OF 13 U S HOSPITALS CHOSEN TO PARTICIPATE IN THE RADIOLOGIC SOCIETY OF NORTH AMERICA IMAGE SHARE NETWORK MMC WAS THE FIRST FACILITY IN NEW JERSEY TO BE CHOSEN FOR THIS PROJECT - THE UNTERBERG CHILDREN'S HOSPITAL AT MONMOUTH MEDICAL CENTER WAS 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 COUNTRY AND RANKS IN THE TOP ONE-THIRD FOR SURVIVAL AMONG SUCH UNITS THAT PARTICIPATED IN VERMONT/OXFORD NETWORK'S INTERNATIONAL DATABASE FOR BENCHMARKING - 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 - MMC RECEIVED CT ACCREDITATION FROM THE AMERICAN COLLEGE OF RADIOLOGY ("ACR") WITH ZERO DEFICIENCIES MMC, A BH FACILITY, HAS BEEN GRANTED ULTRASOUND ACCREDITATION BY THE ACR ULTRASOUND COMMITTEE - MONMOUTH 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 SLEEP DISORDERS CENTER IN MONMOUTH AND OCEAN COUNTIES, AND WAS THE FIRST TO RECEIVE ACCREDITATION BY THE AMERICAN ACADEMY OF SLEEP MEDICINE - THE PRESTIGIOUS AMERICAN DIABETES ASSOCIATION EDUCATION RECOGNITION CERTIFICATE FOR A QUALITY DIABETES SELF-MANAGEMENT EDUCATION PROGRAM WAS AWARDED TO THE PEDIATRIC ENDOCRINOLOGY PROGRAM OF THE UNTERBERG CHILDREN'S HOSPITAL AT MONMOUTH MEDICAL CENTER AS WELL AS THE CENTER FOR DIABETES EDUCATION AT MONMOUTH MEDICAL CENTER - AN HONOR ORIGINALLY BESTOWED ON THE MEDICAL CENTER IN 2007 WITH THIS RECOGNITION, THE CENTER WAS RE-CERTIFIED BY THE ADA AS OFFERING HIGH QUALITY DIABETES SELF-MANAGEMENT EDUCATION THAT IS AN ESSENTIAL COMPONENT OF EFFECTIVE DIABETES TREATMENT - THE JOEL OPATUT CARDIOPULMONARY REHABILITATION PROGRAM WAS THE FIRST IN MONMOUTH COUNTY TO BE CERTIFIED FOR BOTH CARDIAC AND PULMONARY REHABILITATION BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION - MONMOUTH RECEIVED CULTURAL DIVERSITY PARTNERSHIP AWARD FROM THE LAKEWOOD ORTHODOX JEWISH COMMUNITY FOR SENSITIVE LEADERSHIP IN ALL MATTERS OF PATIENT CARE - THE NJHA BOARD OF TRUSTEES APPROVED MONMOUTH MEDICAL CENTER AS ONE OF 17 HOSPITALS CHOSEN TO PARTICIPATE IN THE NJHA HEN PATIENT FLOW COLLABORATIVE - AN INITIATIVE THAT HAS GAINED THE ATTENTION OF MANY OF THE NATIONS MOST PROMINENT HEALTH CARE LEADERS - ONLY HOSPITAL ON THE EASTERN SEABOARD TO BE RECOGNIZED WITH THE CRIMSON PHYSICIAN PARTNERSHIP AWARD, PRESENTED TO ADMINISTRATOR-PHYSICIAN LEADERSHIP TEAMS AT ORGANIZATIONS THAT ARE MEMBERS OF THE CRIMSON PHYSICIAN PERFORMANCE TECHNOLOGIES COHORT MMCSCS LAKEWOOD CAMPUS HAS ALSO BEEN RECOGNIZED WITH DISTINGUISHED AWARDS FOR CLINICAL EXCELLENCE SOME OF THESE ARE LISTED BELOW - SUCCESSFUL TRI-ANNUAL JOINT COMMISSION SURVEY IN JUNE WITH SPECIFIC ACCLAMATIONS FOR NURSING EXCELLENCE - "HEART FAILURE" DISEASE SPECIFIC RECERTIFICATION AWARDED - NICHE (NURSES IMPROVING CARE OF HEALTHSYSTEM ELDERS) RE-DESIGNATION ACHIEVED - LEAPFROG SAFETY RATING GRADE A SUSTAINED THROUGH 2015 - GOLD LEVEL RECOGNITION IN FEDERAL EFFORT TO INCREASE ORGAN AND TISSUE DONOR REGISTRY THROUGH NJ SHARING NETWORK - PRESS GANEY SCORES FOR THE EMERGENCY DEPARTMENT AND AMBULATORY CARE CONTINUE TO BE ABOVE THE 90TH PERCENTILE WITH THE ED LEADING THE SYSTEM 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 FOLLOWING - AMERICAN HEART ASSOCIATIONS MISSION LIFELINE SILVER QUALITY ACHIEVEMENT AWARD FOR HEART ATTACK CARE (2012), GOLD QUALITY ACHIEVEMENT AWARD FOR HEART ATTACK CARE (SINCE 2013) IN RECOGNITION OF BARNABAS HEALTH HEART CENTER AT NBIMC IMPLEMENTING THE HIGHEST STANDARD OF CARE TO IMPROVE THE SURVIVAL OF PEOPLE WHO SUFFER A CERTAIN KIND OF HEART ATTACK - THE AMERICAN HEART ASSOCIATION ("AHA") AWARDED THE HEART CENTER AT NBIMC ITS "GET WITH THE GUIDELINES GOLD AWARD" FOR HEART FAILURE FOR 2011, 2012 AND 2013 THIS PRESTIGIOUS AWARD IS PRESENTED TO HOSPITALS THAT FOLLOW THE LATEST EVIDENCE-BASED TREATMENT GUIDELINES FOR HEART FAILURE AS OUTLINED BY THE AHA/AMERICAN COLLEE OF CARDIOLOGY - NBIMC AND ITS CHILDREN'S HOSPITAL OF NEW JERSEY ("CHONJ") WERE NAMED AMONG THE 2014-2015 BEST HOSPITALS METRO AREA AND NEW JERSEY RANKINGS RELEASED BY U S NEWS & WORLD REPORT NEWARK BETH ISRAEL MEDICAL CENTER WAS LISTED AS HIGH-PERFORMING IN THE NEW YORK METROPOLITAN AREA FOR CANCER, CARDIOLOGY AND HEART SURGERY, DIABETES AND ENDOCRINOLOGY, GASTROENTEROLOGY & GI SURGERY, NEPHROLOGY, NEUROLOGY AND NEUROSURGERY - NBIMC AND CHONJ WERE CHOSEN AS ONE OF FIVE HOSPITALS NATIONWIDE TO RECEIVE THE NOVA AWARD FROM THE AMERICAN HOSPITAL ASSOCIATION IN 2012 THE AWARD WAS PRESENTED AT THE HEALTH FORUM/AHA LEADERSHIP SUMMIT - NBIMC AND CHONJ WERE HONORED FOR THEIR PROGRAM, "THE BETH EMBRACES WELLNESS AN INTEGRATED APPROACH TO PREVENTION IN THE COMMUNITY" THE MEDICAL CENTER HAS THREE MAJOR AWARD WINNING WELLNESS PROGRAMS KIDS FIT, THE BETH CHALLENGE AND THE BETH GARDEN

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DESIGNATED AS A PRIMARY STROKE CENTER BY THE NEW JERSEY DEPARTMENT OF HEALTH - NJBIZ AWARDED NBIMC STAFF - 2014 EDUCATION INDIVIDUAL HEALTHCARE HERO - 2015 PHYSICIAN OF THE YEAR HEALTHCARE HERO - NICHE EXEMPLAR HOSPITAL - A DISTINCTION ONLY SIXTY-SEVEN OTHER HOSPITALS IN THE UNITED STATES HAVE ACHIEVED THE NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS) DESIGNATION INDICATES A HOSPITAL'S COMMITMENT TO ELDER CARE EXCELLENCE - NEWARK BETH ISRAEL MEDICAL CENTER WAS NAMED A HOSPITALS & HEALTH NETWORKS 2015 MOST WIRED HOSPITAL SAINT BARNABAS MEDICAL CENTER ("SBMC") ---------- SAINT BARNABAS MEDICAL CENTER IS ACCREDITED BY THE JOINT COMMISSION AND THE AMERICAN MEDICAL ASSOCIATION ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION SBMC HAS EARNED MANY CERTIFICATIONS AND ACCREDITATIONS AND HAS BEEN THE RECIPIENT OF NUMEROUS AWARDS AND HONORS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING - SBMC 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 - 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 CANCER CENTERS OF SAINT BARNABAS MEDICAL CENTER RECEIVED A THREE-YEAR ACCREDITATION FROM THE COMMISSION ON CANCER (COC) OF THE AMERICAN COLLEGE OF SURGEONS (ACOS) - DESIGNATED LEVEL 4 SPECIALIZED EPILEPSY CENTER BY THE NATIONAL ASSOCIATION OF EPILEPSY CENTERS (NAEC) FOR THE ADULT AND PEDIATRIC COMPREHENSIVE EPILEPSY CENTERS WHICH RECOGNIZES CENTERS PROVIDING THE MOST COMPLEX INTENSIVE NEURO-DIAGNOSTIC MONITORING AND TREATMENT OF EPILEPSY - 2015 MOST WIRED HOSPITAL FROM THE AMERICAN HOSPITAL ASSOCIATION - JOINT COMMISSION GOLD SEAL OF APPROVAL FOR ACUTE CORONARY SYNDROME, HEART FAILURE, CARDIAC REHABILITATION, PRIMARY STROKE, TOTAL HIP REPLACEMENT AND TOTAL KNEE REPLACEMENT - ACADEMIC CENTER OF EXCELLENCE IN WOMENS HEALTH (THE FIRST IN N J) - COMPREHENSIVE STROKE CENTER DESIGNATION BY THE NEW JERSEY DEPARTMENT OF HEALTH BARNABAS HEALTH BEHAVIORAL HEALTH CENTER ("BHBHC") ---------- BHBHC IS ACCREDITED BY THE JOINT COMMISSION, AN INDEPENDENT ORGANIZATION WHICH ACCREDITS AND CERTIFIES HEALTH ORGANIZATIONS BASED ON QUALITY AND PERFORMANCE STANDARDS BHBHC, THROUGH THE INSTITUTE FOR PREVENTION, HAS LED BH TO ACHIEVE THE CEO CANCER GOLD STANDARD FOR BH AND ITS HOSPITAL FACILITIES, RECEIVING RE-ACCREDITATION IN 2015 THE CEO CANCER GOLD STANDARD ACCREDITATION IS BASED UPON A SERIES OF CANCER-RELATED RECOMMENDATIONS TO FIGHT CANCER IN WORKPLACES IN THE UNITED STATES THE GOLD STANDARD IS A COMPREHENSIVE PROGRAM THAT CALLS FOR COMPANIES TO EVALUATE THEIR HEALTH BENEFITS AND CORPORATE CULTURE AND TAKE EXTENSIVE, CONCRETE ACTIONS IN FIVE KEY AREAS OF HEALTH AND WELLNESS - PREVENTION - SCREENING - CANCER CLINICAL TRIALS - QUALITY TREATMENT AND SURVIVORSHIP - HEALTH EDUCATION AND HEALTH PROMOTION THE INSTITUTE FOR PREVENTION PROVIDES COMPREHENSIVE WELLNESS SERVICES TO ADDRESS THE SOCIAL AND EMOTIONAL NEEDS OF INDIVIDUALS, CHILDREN, FAMILIES AND PROFESSIONALS BARNABAS HEALTH SERVICES ========== BH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT ITS SYSTEM INCLUDES THE FOLLOWING GENERAL ACUTE CARE HOSPITALS AND PSYCHIATRIC HOSPITAL LOCATED THROUGHOUT THE STATE OF NEW JERSEY 1 CLARA MAASS MEDICAL CENTER 2 COMMUNITY MEDICAL CENTER 3 JERSEY CITY MEDICAL CENTER 4 MONMOUTH MEDICAL CENTER, SOUTHERN CAMPUS 5 MONMOUTH MEDICAL CENTER 6 NEWARK BETH ISRAEL MEDICAL CENTER 7 SAINT BARNABAS MEDICAL CENTER 8 BARNABAS HEALTH BEHAVIORAL HEALTH CENTER EACH GENERAL ACUTE HOSPITAL OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES IN A NON-DISCRIMINATORY MANNER TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4 CONTROL OF EACH HOSPITAL RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF 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 QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES THE OPERATIONS OF EACH HOSPITAL, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF EACH HOSPITAL IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY SELECT CENTERS OF EXCELLENCE CLARA MAASS MEDICAL CENTER ========== 1 THE JOINT & SPINE INSTITUTE THE JOINT & SPINE INSTITUTE IS LOCATED ON A DEDICATED UNIT WITHIN THE HOSPITAL SURGERIES ARE SCHEDULED MONDAY THROUGH FRIDAY AND PATIENTS TYPICALLY RETURN HOME AFTER A THREE-NIGHT STAY FEATURES OF THE PROGRAM INCLUDE NURSES, THERAPISTS AND NURSING ASSISTANTS WHO SPECIALIZE IN THE CARE OF JOINT PATIENTS, PRIVATE AND SEMI-PRIVATE ROOMS, EMPHASIS ON GROUP ACTIVITIES AS WELL AS INDIVIDUAL CARE, FAMILY AND FRIENDS EDUCATED TO PARTICIPATE AS "COACHES" IN THE RECOVERY PROCESS, A JOINT TEAM WHO COORDINATES ALL PRE-OPERATIVE CARE AND DISCHARGE PLANNING, A COMPREHENSIVE PATIENT GUIDE TO FOLLOW FROM SIX WEEKS PRE-OP UNTIL THREE MONTHS POST-OP AND BEYOND, COORDINATED AFTER-CARE PROGRAM, REUNION LUNCHEONS FOR FORMER PATIENTS AND COACHES, NEWSLETTERS TO PROVIDE PATIENTS WITH NEW INFORMATION ABOUT ARTHRITIS AND JOINT CARE, AND PUBLIC EDUCATION SEMINARS ABOUT HIP AND KNEE PAIN 2 THE CANCER CENTER CLARA MAASS HAS A NEW STATE-OF-THE-ART CANCER CENTER THAT OFFERS COMPREHENSIVE SERVICES TO CANCER PATIENTS IN ONE CONVENIENT LOCATION INSIDE THE CONTINUING CARE BUILDING THE CENTER'S MULTIDISCIPLINARY APPROACH TO THE TREATMENT OF CANCER PATIENTS USES THE EXPERTISE OF MEDICAL ONCOLOGISTS, RADIATION ONCOLOGISTS, SURGICAL ONCOLOGISTS, SPECIALIZED NURSES, DIETICIANS, SOCIAL WORKERS AND PATHOLOGISTS OUR BOARD-CERTIFIED ONCOLOGISTS AND SUB-SPECIALISTS HAVE EXTENSIVE TRAINING AND CREDENTIALS FROM DISTINGUISHED FACILITIES ACROSS THE COUNTRY AND OFFER OUR PATIENTS ACCESS TO THE LATEST DRUGS, RESEARCH AND CLINICAL TRIALS IN THE CANCER CENTER, PATIENT NAVIGATORS MEET WITH PATIENTS AND WALK THEM THROUGH EACH STEP OF THEIR TREATMENT PLAN - FROM MEETING WITH PHYSICIANS TO ATTENDING SUPPORT GROUPS A VARIETY OF COMPLIMENTARY SERVICES ARE OFFERED TO COMPLEMENT MEDICAL TREATMENT INCLUDING NUTRITIONAL COUNSELING, PSYCHOLOGICAL COUNSELING, PALLIATIVE CARE, SUPPORT GROUPS, PAIN MANAGEMENT, REIKI, AND A DROP-IN BEREAVEMENT GROUP THAT MEETS WEEKLY THE OUTPATIENT INFUSION CENTER, LOCATED IN THE SAME BUILDING AS THE CANCER CENTER, IS STAFFED BY AN EXPERIENCED AND COMPASSIONATE TEAM OF ONCOLOGY NURSES, SOCIAL WORKERS AND SUPPORT STAFF IN ADDITION, A SPECIALIZED NURSE EDUCATOR IS ON STAFF TO PROVIDE ASSISTANCE TO PATIENTS AND THEIR FAMILIES THE UNIT HAS AN EDUCATION RESOURCE AREA FOR PATIENTS AND THEIR FAMILIES

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	DOWNSTAIRS, THE CLARA MAASS RADIATION ONCOLOGY DEPARTMENT OFFERS PATIENTS A FULL ARRAY OF SERVICES INCLUDING INTENSITY MODULATED RADIATION THERAPY ("IMRT") AND IMAGE GUIDED RADIATION THERAPY ("IGRT"), MAMMOSITE BRACHYTHERAPY FOR BREAST CANCER, HIGH DOSE RATE RADIOTHERAPY AND RADIOACTIVE SEED IMPLANTS FOR PROSTATE CANCER STATE-OF-THE-ART EQUIPMENT ENABLES PHYSICIANS TO MAP OUT PRECISE TREATMENT SITES WITH MILLIMETER ACCURACY, TREATING THE CANCER WHILE SPARING NORMAL TISSUE THE RADIATION ONCOLOGY DEPARTMENT WAS THE FIRST FACILITY IN NEW JERSEY TO OBTAIN NATIONAL ACCREDITATION BY THE AMERICAN COLLEGE OF RADIATION ONCOLOGY DIAGNOSTIC ONCOLOGY SERVICES INCLUDE CLOSED AND OPEN MRI, CT SCAN, PET/CT, ULTRASONOGRAPHY, EARLY DETECTION SCREENINGS, AND STEREOTACTIC AND CT-GUIDED BIOPSY OUR GOAL IS TO OFFER AN ARRAY OF SERVICES ON THE PATH TO WELLNESS, IN ONE CONVENIENT LOCATION, TO LESSEN THE STRESS ON OUR CANCER PATIENTS AND THEIR FAMILIES 3 DIAGNOSTIC AND INTERVENTIONAL CARDIAC SERVICES THE MOST TECHNOLOGICALLY ADVANCED EQUIPMENT IS USED TO ACCURATELY AND QUICKLY DIAGNOSE AND CONFIRM SUSPECTED CORONARY DISEASE. CLARA MAASS IS A LICENSED ADULT CARDIAC CATHETERIZATION FACILITY, WHICH ALLOWS CARDIOLOGISTS TO COORDINATE ALL ASPECTS OF TESTING THAT MAY CONTRIBUTE TO DECISIONS REGARDING MEDICAL MANAGEMENT OR CARDIOVASCULAR SURGERY REFERRAL FOR HEART DISEASE. TESTS INCLUDE ROUTINE EKGS, 24-HOUR HOLTER MONITORING, VASCULAR STUDIES, 2D ECHO WITH DOPPLER & COLOR FLOW, STRESS ECHOCARDIOGRAMS, NUCLEAR STRESS TESTING AND TRANSESOPHAGEAL ECHOCARDIOGRAPHY CMMC IS HOME TO A STATE-OF-THE-ART CARDIOVASCULAR INTERVENTIONAL SUITE WHICH INCLUDES TWO PROCEDURE ROOMS BOTH EMERGENT AND ELECTIVE ANGIOPLASTY ARE OFFERED (ONE OF 12 HOSPITALS IN THE STATE THAT WAS APPROVED TO PERFORM ELECTIVE ANGIOPLASTY IN THE C-PORT-E STUDY LED BY JOHNS HOPKINS UNIVERSITY) A SUPERVISED EXERCISE/EDUCATION PROGRAM ASSISTING INDIVIDUALS WHO HAVE OR HAVE HAD HEART ATTACK, STABLE ANGINA, VALVE SURGERY, CORONARY ARTERY BYPASS, CONGESTIVE HEART FAILURE, PACEMAKER, OR HEART TRANSPLANT IS ALSO OFFERED THE PROGRAM STRIVES TO PROVIDE EACH PARTICIPANT WITH IMPROVEMENT IN CARDIOVASCULAR FITNESS, RISK FACTOR REDUCTION, LIFESTYLE MODIFICATION AND INCREASED CONFIDENCE TO PARTICIPATE IN SAFE DAILY ACTIVITIES PATIENTS AND FAMILIES ARE PROVIDED WITH EDUCATION REGARDING RECOGNITION, PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE. 4 THE EYE SURGERY CENTER ALL OPHTHALMOLOGISTS AND SURGEONS AT THE EYE SURGERY CENTER ARE BOARD-CERTIFIED AND SPECIALIZE IN THE PREVENTION, DIAGNOSIS AND TREATMENT OF EYE PROBLEMS, DISEASES AND INJURIES CLARA MAASS EYE CARE EXPERTS WORK TOGETHER 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 OPHTHALMOLOGY SUITES ENSURE THE DELIVERANCE OF THE MOST ADVANCED QUALITY EYE CARE. CMMC 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 COMMUNITY MEDICAL CENTER ========== CMC'S RECOGNIZED MEDICAL SERVICES CENTERS OF EXCELLENCE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING 1 J PHILLIP CITTA REGIONAL CANCER CENTER CMC OFFERS A DEDICATED INPATIENT ONCOLOGY UNIT, RADIATION ONCOLOGY CENTER, INFUSION CENTER AND A FULL RANGE OF SUPPORT GROUPS AND SERVICES FOR PATIENTS AND THEIR FAMILIES CMC'S DEDICATED STAFF OF PHYSICIANS, NURSES AND ALLIED HEALTH PROFESSIONALS ADDRESSES THE NEEDS OF PATIENTS AND FAMILIES FACING A CANCER DIAGNOSIS AND TREATMENT THE CANCER PROGRAM IS NATIONALLY ACCREDITED BY THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS PROGRAMS AND SERVICES OF THIS CENTER INCLUDE - MEDICAL ONCOLOGY - A MULTIDISCIPLINARY TEAM APPROACH ENSURES 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 - THE BREAST CARE PROGRAM IS A UNIQUE PROGRAM PROVIDING WOMEN WHO UNDERGO SURGERY FOR BREAST CANCER WITH EDUCATION, SUPPORT AND REFERRAL INFORMATION BEFORE SURGERY, A WOMAN MAY MEET WITH A SPECIALLY-TRAINED NURSE CONSULTANT WHO EDUCATES HER ABOUT WHAT SHE CAN EXPECT DURING HER SURGERY, POST-OPERATIVELY, AND THROUGHOUT HER RECOVERY AND TREATMENT THE NURSE NAVIGATOR WORKS WITH THE SURGEON, NURSE, CASE MANAGER AND SOCIAL WORKER TO PROVIDE THE WOMAN WITH INDIVIDUALIZED CARE - THE GYNECOLOGIC ONCOLOGY PROGRAM AT THE J PHILLIP CITTA REGIONAL CANCER CENTER AT COMMUNITY MEDICAL CENTER IS DEDICATED TO ADDRESSING THE INDIVIDUAL NEEDS OF EACH PATIENT IN A CARING AND SUPPORTIVE ENVIRONMENT OUR GYNECOLOGIC ONCOLOGISTS WORK WITH PRIMARY CARE AND OB/GYNS TO ASSURE A CONTINUITY OF CARE DURING A PATIENT'S TREATMENT CMC OFFERS ROBOTIC SURGERY, AN EFFECTIVE SURGICAL OPTION FOR THE TREATMENT OF MANY FEMALE REPRODUCTIVE CANCERS INCLUDING EARLY-STAGE CANCERS OF THE CERVIX, ENDOMETRIUM, UTERUS AND OVARY OUR GYNECOLOGIC ONCOLOGISTS ARE AMONG THE MOST EXPERIENCED IN THE REGION IN ROBOTIC HYSTERECTOMY, AN ADVANCED SURGICAL PROCEDURE WITH BENEFITS INCLUDING LESS PAIN AND BLOOD LOSS, FEWER INFECTIONS AND A SIGNIFICANTLY SHORTER RECOVERY TIME. ADDITIONALLY, WE OFFER REMOTE AFTER LOADING HIGH-DOSE RATE (HDR) INTRACAVITARY BRACHYTHERAPY THIS OUTPATIENT PROCEDURE DRAMATICALLY REDUCES A WOMAN'S HOSPITAL STAY FROM SEVERAL DAYS TO SEVERAL HOURS - NEURO-ONCOLOGY CMC OFFERS AN INTENSIVE AND COMPREHENSIVE APPROACH TO THE CARE OF PATIENTS WITH TUMORS OF THE CENTRAL NERVOUS SYSTEM UTILIZING THE LATEST TECHNOLOGIES AND MEDICAL ADVANCES, A FULL SPECTRUM OF NEURO-ONCOLOGIC SERVICES ARE PROVIDED TO TREAT BENIGN AND MALIGNANT TUMORS ORIGINATING IN THE BRAIN AND SPINAL CORD, AS WELL AS NEUROLOGICAL COMPLICATIONS OF CANCER THAT HAS SPREAD TO OTHER REGIONS OF THE BODY - THE VALERIE FUND CHILDREN'S CENTER FOR CANCER AND BLOOD DISORDERS LOCATED WITHIN THE J PHILLIP CITTA REGIONAL CANCER CENTER AT COMMUNITY MEDICAL CENTER, THE NEW PEDIATRIC CANCER AND HEMATOLOGY PROGRAM IS AFFILIATED WITH THE UNTERBERG CHILDRENS HOSPITAL AT MONMOUTH MEDICAL CENTER AND BRINGS ACCESS TO THIS EXCEPTIONAL PEDIATRIC SUBSPECIALTY CARE AT A CONVENIENT LOCATION IN OCEAN COUNTY, CLOSE TO HOME. THIS PROGRAM IS PART OF A SELECT NETWORK OF HOSPITALS IN THE TRISTATE AREA OF NEW JERSEY, NEW YORK AND PENNSYLVANIA OUR HOSPITALS ARE PART OF THE VALERIE FUND CHILDRENS CENTER FOR CANCER AND BLOOD DISORDERS, ONE OF THE NATIONS LARGEST AND MOST ADVANCED PEDIATRIC ONCOLOGY/HEMATOLOGY NETWORKS, PROVIDING CARE TO MORE THAN 5,000 CHILDREN WITH CANCER AND BLOOD DISORDERS EACH YEAR CMCS NEW VALERIE CENTER PROVIDES ACCESS TO COMPREHENSIVE MEDICAL SERVICES TO CHILDREN, ADOLESCENTS AND YOUNG ADULTS (FROM BIRTH TO AGE 30) WITH LEUKEMIA AND OTHER CANCERS, AND BLOOD DISORDERS, SUCH AS SICKLE CELL ANEMIA, THALASSEMIA AND THROMBOCYTOPENIA - SURGICAL ONCOLOGY THE J PHILLIP CITTA REGIONAL CANCER CENTER OFFERS THE SPECIALIZED DISCIPLINE OF SURGICAL ONCOLOGY IN VARIOUS FORMS, DEPENDING ON THE EXTENT OF THE CANCER. WHEN THE CANCER HAS NOT YET SPREAD TO OTHER PARTS OF THE BODY, THE SIMPLE REMOVAL OF A SMALL TUMOR OFFERS THE GREATEST CHANCE FOR A CURE - OUTPATIENT INFUSION CENTER DESIGNED FOR PATIENT COMFORT AND CONVENIENCE, THE OUTPATIENT INFUSION CENTER PROVIDES A FULL RANGE OF INTRAVENOUS PROCEDURES FOR CANCER TREATMENT, INCLUDING CHEMOTHERAPY, TRANSFUSIONS OF BLOOD AND BLOOD PRODUCTS, THERAPEUTIC PHLEBOTOMY AND ANTIBIOTIC INFUSIONS THE CENTERS STAFF IS COMMITTED TO PROVIDING QUALITY INFUSION CARE AND EXCELLENCE IN SERVICE, KEEPING ABREAST OF CURRENT DEVELOPMENTS AND TRENDS IN THE FIELD OF INFUSION THERAPY - COMPLEMENTARY SERVICES - CMC PROVIDES SEVERAL COMPLEMENTARY SERVICES INCLUDING MASSAGE THERAPY PROVIDED BY CERTIFIED MASSAGE THERAPISTS, RELAXATION TRAINING, AND GUIDED IMAGERY BY SOCIAL WORKERS, PET THERAPY, ART THERAPY PROGRAMS AND REIKI - THERAPEUTIC TOUCH TO REDUCE STRESS AND PROMOTE RELAXATION - BY CERTIFIED REIKI THERAPISTS - ONCOLOGY DATA CENTER - THE ONCOLOGY DATA CENTER/TUMOR REGISTRY PROVIDES ESSENTIAL RESEARCH AND INFORMATION DATA IS PROVIDED AS MANDATED TO THE NEW JERSEY DEPARTMENT OF HEALTH AS WELL AS THE NATIONAL CANCER DATA BASE. DATA OBTAINED FROM THE REGISTRY IS USED TO ANALYZE VARIOUS TREATMENT PROGRAMS AND IS USED FOR USE IN CANCER RESEARCH, MEDICAL EDUCATION, FUNDING APPLICATIONS

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	- ONCOLOGY RESEARCH - THE J PHILLIP CITTA CANCER CENTER PROVIDES PATIENTS ACCESS TO NATIONAL AND REGIONAL CLINICAL RESEARCH STUDIES THE AVAILABILITY OF THESE STUDIES IN THE TREATMENT OF CANCER, CHEMOPREVENTION, AND SUPPORTIVE CARE ALLOW PATIENTS THE OPTION TO PARTICIPATE IN THE LATEST TREATMENT OPTIONS INCLUDING INVESTIGATIONAL DRUGS - ONCOLOGY PATIENT NAVIGATORS - IN PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY, THE J PHILLIP CITTA REGIONAL CANCER CENTER OFFERS A PATIENT NAVIGATOR PROGRAM FREE OF CHARGE TO ALL CANCER PATIENTS RECEIVING ONCOLOGY SERVICES AT COMMUNITY MEDICAL CENTER SINCE CANCER IS A COMPLEX DISEASE THAT IMPACTS A PERSONS LIFE IN SO MANY WAYS, THE PROGRAM IS DESIGNED TO GUIDE PATIENTS AND CAREGIVERS AS THEY FACE THE PSYCHOLOGICAL, EMOTIONAL AND FINANCIAL CHALLENGES THAT CANCER BRINGS PATIENTS ARE PROVIDED WITH INDIVIDUALIZED INFORMATION AND SERVICES TO HELP THEM NAVIGATE THEIR WAY THROUGH THE HEALTH CARE SYSTEM ALONG THEIR CANCER JOURNEY - FROM DIAGNOSIS AND TREATMENT THROUGH TO RECOVERY AND SURVIVORSHIP COMMUNITY MEDICAL CENTER "NAVIGATORS" HELP PEOPLE FACING CANCER BY PROVIDING INFORMATION ON CANCER AND TREATMENT OPTIONS, COMMUNITY RESOURCES, AND REFERRALS TO APPROPRIATE AGENCIES AND PERSONS, AMONG A HOST OF OTHER AREAS OF ASSISTANCE IN ADDITION, BREAST, LUNG AND SURVIVORSHIP NAVIGATORS ARE AVAILABLE TO PROVIDE PATIENTS WITH CANCER THE SUPPORT, EDUCATION AND RESOURCES THEY NEED TO FIGHT THEIR DISEASE - SUPPORT SERVICES - SUPPORTIVE COUNSELING, PASTORAL CARE SERVICES, EDUCATION, NUTRITION COUNSELING, PAIN MANAGEMENT, REFERRAL SERVICES AND SUPPORT GROUPS ARE ALL AVAILABLE FOR PATIENTS AND FAMILIES SOCIAL SERVICES SUCH AS FREE TRANSPORTATION (APPROXIMATELY 2,500 ROUND TRIPS ANNUALLY), WIGS AND PROSTHETIC DEVICES, FINANCIAL AND DISABILITY ASSISTANCE, AND HOME CARE ARE ALSO AVAILABLE 2 FIRST MOMENTS MATERNITY SERVICES 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 MODERN STATE-OF-THE-ART UNIT OFFERS MOMS-TO-BE THE MOST ADVANCED MATERNAL AND CHILD HEALTH TECHNOLOGY, INCLUDING 24/7 NEONATAL COVERAGE, 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 PROGRAMS AND SERVICES OF THIS CENTER INCLUDE - EXTENSIVE CHILDBIRTH PREPARATION AND INFANT CARE CLASSES - COMPREHENSIVE PARENTING SUPPORT AND EDUCATION - COMPREHENSIVE PRE AND POSTNATAL CARE - SPECIALLY DESIGNED LABOR-DELIVERY-RECOVERY ROOMS WITH JACUZZIS - 24-HOUR ANESTHESIA AND PAIN MANAGEMENT THERAPIES - SUPERIOR LACTATION EDUCATION AND SUPPORT - SPECIAL CARE NURSERY - 24-HOUR NEONATAL COVERAGE - LEVEL II SPECIAL CARE NURSERY, FOR PREMATURE NEWBORNS - FAMILY-CENTERED CARE - ALL PRIVATE ROOMS AND BATHS WITH SHOWERS 3 THE JAY AND LINDA GRUNIN NEUROSCIENCE INSTITUTE THE JAY AND LINDA GRUNIN NEUROSCIENCE INSTITUTE AT CMC BRINGS TOGETHER A HIGHLY SKILLED INTERDISCIPLINARY GROUP OF SPECIALISTS TO PROVIDE THE HIGHEST QUALITY ADVANCED CARE TO PREVENT, DIAGNOSE AND TREAT DISEASES OF THE BRAIN, THE SPINAL CORD, AND THE PERIPHERAL NERVOUS SYSTEM 24 HOURS A DAY, 365 DAYS A YEAR THE INSTITUTE COMBINES THE EXTENSIVE MEDICAL EXPERIENCE AND COMPASSION OF OUR SPECIALISTS WITH CMC'S STATE-OF-THE-ART TECHNOLOGY TO TREAT STROKE, EPILEPSY AND OTHER NEUROLOGIC CONDITIONS THROUGH - ADULT BRAIN SURGERY - CEREBRAL VASCULAR SURGERY - NEURO-INTERVENTION - NEURO-INTENSIVE CARE - NEURO-ONCOLOGY (INCLUDING STEREOTACTIC BRAIN BIOPSY, RADIATION ONCOLOGY AND CYBERKNIFE TECHNOLOGY) - NEUROPHYSIOLOGY - PAIN MANAGEMENT THE JAY AND LINDA GRUNIN NEUROSCIENCE INSTITUTE OFFERS COMPREHENSIVE CARE IN SPECIALIZED AREAS DEDICATED TO THE CARE OF PATIENTS WITH A VARIETY OF NEUROLOGIC CONDITIONS - NEURO-INTERVENTIONAL SUITE WITH AN INTEGRATED STATE-OF-THE-ART BIPLANE PROCEDURE ROOM AND PRE-AND POST-PROCEDURAL CARE AREAS - NEURO-INTENSIVE CARE UNIT - NEUROSCIENCE ACUTE CARE INPATIENT UNIT - OPERATING SUITES WITH SPECIALIZED TECHNOLOGY - RADIATION ONCOLOGY DEPARTMENT WITH A CYBERKNIFE AND HIGHLY SOPHISTICATED RAPID ARC LINEAR ACCELERATOR - ACCREDITED AS A JOINT COMMISSION AND NJ DEPARTMENT OF HEALTH STROKE CENTER A MULTI-DISCIPLINARY TEAM OF NURSES, THERAPISTS, ORTHOPEDIC AND NEUROSURGEONS WORK TO PROVIDE A COMPREHENSIVE PLANNED COURSE OF TREATMENT WITH ACTIVE INVOLVEMENT OF THE PATIENT IN THEIR TREATMENT AND RECOVERY JERSEY CITY MEDICAL CENTER ========== 1 THE CRISTIE KERR WOMENS HEALTH CENTER THE CRISTIE KERR WOMENS HEALTH CENTER OPENED IN 2010 OFFERING IMAGING AND OTHER DIAGNOSTIC SERVICES TO WOMEN IN OUR COMMUNITY THE CENTER OFFERS BREAST CANCER SCREENING PROGRAMS INCLUDING MAMMOGRAMS AND EDUCATION TO WOMEN IN THE COMMUNITY REGARDLESS OF ABILITY TO PAY THE CENTER IS THE FIRST FULL-SERVICE FACILITY IN HUDSON COUNTY TO PROVIDE DETECTION, HEALING, SUPPORT, AND RECOVERY SERVICES 2 THE FAMILY REGIONAL PERINATAL CENTER THE REGION'S HIGHEST LEVEL OF CARE FOR WOMEN AND INFANTS, THE FAMILY REGIONAL PERINATAL CENTER, PROVIDES CONFIDENCE AND HOPE FOR FAMILIES THE CENTER IS THE PLACE THAT PROVIDES CARE FOR THE REGION'S SICKEST AND MOST FRAGILE INFANTS THE CENTER HAS FULL TIME NEONATALOGISTS AND PERINATOLOGISTS, AN INTENSIVE CARE AND AN INTERMEDIATE CARE NEONATAL UNIT AND THE SUPPORT AND EXPERTISE OF A FULL SERVICE GENERAL PEDIATRICS CENTER AT JERSEY CITY MEDICAL CENTER HIGHLY TRAINED STAFF WORKS CLOSELY WITH FAMILIES WITH A MULTI-DISCIPLINARY APPROACH 3 THE EPILEPSY CENTER AT JERSEY CITY MEDICAL CENTER THE EPILEPSY CENTER AT JERSEY CITY MEDICAL CENTER OPENED IN 2010 OFFERING COMPREHENSIVE OUTPATIENT AND INPATIENT DIAGNOSTIC SERVICES, INCLUDING EVALUATION AND TREATMENT PLANS, AS WELL AS STATE-OF-THE-ART THERAPY FOR CHILDREN AND ADULTS WITH SEIZURES AND EPILEPSY 4 FANNIE E RIPPEL FOUNDATION HEART INSTITUTE ("THE INSTITUTE") THE INSTITUTE FEATURES STATE-OF-THE-ART DIAGNOSTIC TECHNOLOGY TO PROVIDE EXEMPLARY OUTPATIENT CARDIAC CARE THE INSTITUTE PROVIDES TWO HIGH-RISK CARDIAC CATHETERIZATION LABORATORIES, A SINGLE PLANE AND A THREE-DIMENSIONAL BI-PLANE ALONG WITH OTHER CRITICALLY IMPORTANT DIAGNOSTIC TECHNOLOGY THE MEDICAL CENTER IS THE REGIONS "HIGH-RISK" DESTINATION FOR PATIENTS WITH THE MOST COMPREHENSIVE CARDIAC CENTER IN HUDSON COUNTY JCMC IS HUDSON COUNTYS ONLY FULL-SERVICE HEART HOSPITAL CARDIAC SERVICES PROVIDED INCLUDE ANGIOPLASTY, DIAGNOSTIC CARDIAC CATHETERIZATION, INTRAVASCULAR ULTRASOUND, PACEMAKER & IMPLANTABLE CARDIOVERTER DEFIBRILLATOR THERAPY, MINIMALLY INVASIVE VEIN HARVESTING AND CARDIAC ARTERY BYPASS GRAFT, THORACIC AND ABDOMINAL AORTIC ANEURYSM REPAIR, MITRAL AND AORTIC VALVE REPAIR AND REPLACEMENT, ELECTROPHYSIOLOGY, PERIPHERAL VASCULAR PROCEDURES, INCLUDING ENDOVASCULAR PROCEDURES AND CARDIAC ABLATION 5 PORT AUTHORITY HEROES OF SEPTEMBER 11 TRAUMA CENTER THIS REGIONAL TRAUMA CENTER IS THE STATE-DESIGNATED LEVEL II TRAUMA CENTER FOR HUDSON COUNTY IN ADDITION TO SERVING THE GROWING COMMUNITIES OF JERSEY CITY, THE SERVICE COVERS HUDSON COUNTY, NEW JERSEY WATERWAYS, NEW JERSEY TURNPIKE, THE HOLLAND AND LINCOLN TUNNELS, AND LIBERTY STATE PARK THE TRAUMA CENTER PROVIDES 24 HOUR TRAUMA SURGERY FOR ADULTS AND CHILDREN THE CENTER HAS BEEN ACTIVE IN ALL REGIONAL DISASTERS INCLUDING THE 1993 AND 2001 WORLD TRADE CENTER BOMBINGS, THE "MIRACLE ON THE HUDSON" PLANE LANDING, SEVERAL TRAIN DERAILMENTS, AND VARIOUS HAZMAT INCIDENTS IN ADDITION, THE HOSPITAL IS A STATE DESIGNATED PRIMARY STROKE CENTER 6 THE ORTHOPEDIC INSTITUTE AT JERSEY CITY MEDICAL CENTER THE ORTHOPEDIC INSTITUTE OFFERS AN EXPANSIVE ARRAY OF ORTHOPEDIC SERVICES, FROM TOTAL JOINT REPLACEMENT AND SURGERY, TO SPORTS MEDICINE AND REHABILITATION THIS UNIQUE PROGRAM BRINGS TOGETHER A MULTI-DISCIPLINARY TEAM OF PHYSICIANS, NURSES, THERAPISTS AND TECHNICIANS WITH THE GOAL OF PROVIDING SEAMLESS COORDINATED CARE FURTHER, THERE IS A JOINT CARE COORDINATOR WORKS WITH PATIENTS HAVING JOINT REPLACEMENTS AND PROVIDES EDUCATION CLASSES PRIOR TO YOUR SURGERY THAT BETTER PREPARES PATIENTS AND THEIR FAMILIES FOR THE PROCEDURE

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	7 OUTPATIENT SERVICES JCMC OPERATES AN AMBULATORY CARE CENTER ADJACENT TO THE HOSPITAL AS WELL AS TWO SATELLITE CLINICS TO ENSURE ACCESS FOR THOSE MOST IN NEED OUR OUTPATIENT SERVICES OFFERINGS INCLUDE OBSTETRICS AND GYNECOLOGY, OPHTHALMOLOGY, DENTAL, PHYSICAL AND SPEECH THERAPY, AND AUDIOLOGY WE PROVIDE NEEDED OUTPATIENTS SERVICES TO SPECIAL NEEDS POPULATIONS IN OUR COMMUNITY INCLUDING THE HOMELESS AND ADULTS AND CHILDREN REQUIRING BEHAVIORAL HEALTH SERVICES, HIV/AIDS PATIENTS, AND THOSE IN NEED OF DIALYSIS JCMC IS THE REGIONAL PSYCHIATRIC REFERRAL CENTER PROVIDING CRISIS INTERVENTION AND EVALUATION, VOLUNTARY AND INVOLUNTARY INPATIENT SERVICES, COMMUNITY PSYCHIATRIC OUTREACH SERVICES, AND A FULL SPECTRUM OF OUTPATIENT PSYCHIATRIC AND ADDICTION SERVICES MONMOUTH MEDICAL CENTER AND MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS ========== MMC'S RECOGNIZED MEDICAL SERVICES CENTERS OF EXCELLENCE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING 1 THE UNTERBERG CHILDREN'S HOSPITAL AT MONMOUTH MEDICAL CENTER THE CHILDREN'S HOSPITAL OFFERS THE COMMUNITY RENOWNED MEDICAL EXPERTISE IN THE CARE OF CHILDREN THAT ONLY A LEADING ACADEMIC MEDICAL CENTER CAN PROVIDE, WITH 140 PEDIATRIC SPECIALISTS WHO CONCENTRATE IN 26 FIELDS OF MEDICINE THE ORGANIZATION PROVIDES SPECIALIZED PEDIATRIC CARE, OFFERING A 54-BASSINET REGIONAL NEWBORN CENTER, A 23-BED LEVEL III NEONATAL INTENSIVE CARE UNIT, AND THE REGION'S ONLY PROGRAM IN CHILDREN'S CRISIS INTERVENTION SERVICES AND SUBSPECIALTY PEDIATRIC CARE IN AREAS SUCH AS CARDIOLOGY, GASTROENTEROLOGY, SURGERY AND ORTHOPEDICS IN ADDITION, A HOST OF OUTPATIENT SERVICES FOR CHILDREN ARE OFFERED, INCLUDING A PEDIATRIC NEUROLOGY PROGRAM, PEDIATRIC MEDICAL DAY STAY UNIT, THE REGIONAL CLEFT PALATE CENTER, AND A PEDIATRIC SUBSPECIALTY CENTER IN OCEAN COUNTY FOR CHILDREN WHO REQUIRE SPECIALTY CARE IN THE AREAS OF GASTROENTEROLOGY, ENDOCRINOLOGY AND PULMONOLOGY 2 PSYCHIATRIC CENTERS/PROGRAM MMC HAS THE LARGEST PSYCHIATRIC PROGRAM IN MONMOUTH COUNTY, WITH A TOTAL OF 44 BEDS WITHIN VOLUNTARY AND INVOLUNTARY ADULT INPATIENT UNITS AND 19 BEDS IN ITS INPATIENT CHILDREN'S CRISIS INTERVENTION SERVICE, WHERE CHILDREN AND ADOLESCENTS WITH ACUTE EMOTIONAL, BEHAVIORAL OR PSYCHIATRIC PROBLEMS ARE TREATED IN ADDITION, ITS PSYCHIATRIC EMERGENCY SCREENING SERVICE ("PESS") IS THE STATE-DESIGNATED SERVICE FOR MONMOUTH COUNTY MMC ALSO OFFERS PARTIAL HOSPITALIZATION, INTENSIVE OUTPATIENT PROGRAMS, TRADITIONAL OUTPATIENT CARE AND AN EARLY INTERVENTION SUPPORT SERVICES PROGRAM ("EISS") 3 THE JACQUELINE M WILENTZ COMPREHENSIVE BREAST CENTER COMMITTED TO MEETING THE BREAST HEALTHCARE NEEDS OF ALL WOMEN, THE BREAST CENTER IS THE REGION'S LEADER IN PROVIDING THE MOST ADVANCED ARRAY OF BREAST HEALTH SERVICES THROUGH 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 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, BREAST CONSERVATION SURGERY AND PATIENT NAVIGATORS 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, INCLUDING - ANNUAL PHYSICAL BREAST EXAMINATIONS, MAMMOGRAPHY AND DIAGNOSTIC SERVICE, HEADED BY A DEDICATED BREAST RADIOLOGIST WHO OVERSEES A STAFF OF HIGHLY TRAINED TECHNOLOGISTS - CONSULTATIONS AND SECOND OPINIONS (SURGERY, MEDICAL ONCOLOGY, PATHOLOGY, MAMMOGRAPHY, PLASTIC SURGERY AND RADIATION THERAPY), BREAST CANCER HIGH RISK PROGRAM, STEREOTACTIC BIOPSY SYSTEM, TOMOSYNTHESIS, COMPUTER-AIDED DETECTION (ICAD) MAMMOGRAPHY, BREAST-SPECIFIC GAMMA IMAGING, BREAST MRI, AUTOMATED WHOLE-BREAST ULTRASOUND, HIGH-RESOLUTION BREAST ULTRASOUND, ULTRASOUND-GUIDED FINE-NEEDLE BIOPSY, DEXA SCANNING, CLINICAL RESEARCH AND A BREAST INFORMATION CENTER. - SATELLITE LOCATIONS IN COLTS NECK, HOWELL AND LAKEWOOD TO OFFER WOMEN CONVENIENT ACCESS TO SCREENING MAMMOGRAPHY AND BONE DENSITY TESTING 4 LEON HESS CANCER CENTER MMC STANDS AT THE FOREFRONT OF PROVIDING THE MOST EXTENSIVE ARRAY OF HIGHLY ADVANCED CANCER SERVICES, DELIVERED BY A MULTIDISCIPLINARY TEAM OF SPECIALISTS IN A CARING AND SUPPORTIVE ENVIRONMENT FOR DECADES, MMC'S LEADERSHIP ROLE IN ONCOLOGY SERVICES HAS BEEN BROADENED THROUGH THE ONGOING EXPANSION OF STATE-OF-THE-ART PROGRAMS AND TECHNOLOGIES OFFERED IN ALL AREAS OF CANCER PREVENTION, DETECTION AND TREATMENT THE LEON HESS CANCER CENTER AT MONMOUTH BRINGS TOGETHER A HOST OF SPECIALISTS AND A VAST ARRAY OF SERVICES UNDER ONE ROOF, MAKING CARE MORE CONVENIENT, EFFICIENT AND EFFECTIVE IT FEATURES COMPREHENSIVE MULTIDISCIPLINARY MEDICAL SERVICES THAT ARE LED BY TEAMS OF MAJOR PHYSICIAN SPECIALISTS INCLUDING MEDICAL, SURGICAL AND RADIATION ONCOLOGY TOGETHER, THESE CANCER SPECIALISTS, IN CONSULTATION WITH EACH PATIENTS PRIMARY CARE PHYSICIAN AND IN CONJUNCTION WITH THE HOSPITALS CANCER CARE MANAGEMENT TEAM, WORK TO CREATE THE MOST APPROPRIATE AND EFFECTIVE PLAN OF TREATMENT MMC IS ACCREDITED BY THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS AS A "TEACHING HOSPITAL CANCER CENTER" - THE GROUP'S HIGHEST DESIGNATION 5 THE CRANMER AMBULATORY SURGERY 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 6 THE EISENBERG FAMILY CENTER MMC DELIVERS 5,000 BABIES ANNUALLY - THE MOST IN MONMOUTH AND OCEAN COUNTIES MONMOUTH HAS BUILT ONE OF THE SAFEST OBSTETRICAL PROGRAMS IN THE NATION, MAINTAINING ONE OF THE LOWEST C-SECTION RATES IN THE NATION THE VAST MAJORITY OF THE MORE THAN 50 OBSTETRICIAN/GYNECOLOGISTS WHO SERVE AS ATTENDING PHYSICIANS ON MONMOUTHS MEDICAL STAFF ARE BOARD CERTIFIED OR ELIGIBLE IN THE DISCIPLINE MANY ALSO HOLD CERTIFICATION IN SUCH SPECIALTIES AS MATERNAL-FETAL MEDICINE (PERINATOLOGY), REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY, URO-GYNECOLOGY AND GYNECOLOGIC ONCOLOGY IN ADDITION, MMCS SKILLED AND DEDICATED NURSING STAFF IS TRAINED TO ASSIST MOTHERS AND THEIR CHILDBIRTH PARTNERS DURING LABOR AND DELIVERY, AND TO INSTRUCT NEW PARENTS AND OTHER FAMILY MEMBERS IN NEWBORN CARE 7 THE VALERIE FUND CHILDREN'S CENTER FOR CANCER AND BLOOD DISORDERS THE CENTER PROVIDES COMPREHENSIVE MEDICAL SERVICES TO CHILDREN WITH CHILDHOOD CANCERS SUCH AS LEUKEMIA, LYMPHOMAS AND NEUROBLASTOMAS, AND BLOOD DISORDERS SUCH AS SICKLE CELL ANEMIA AND WHITE CELL ABNORMALITIES CHILDREN AND YOUNG ADULTS (BIRTH TO 21 YEARS OF AGE) WITH LEUKEMIA AND OTHER CANCERS ARE TREATED ACCORDING TO THE MOST ADVANCED THERAPEUTIC PROTOCOLS PATIENTS RECEIVE TREATMENT ON AN OUTPATIENT BASIS FROM A TEAM OF SPECIALISTS, INCLUDING PEDIATRIC HEMATOLOGISTS/ONCOLOGISTS, SURGEONS, RADIOLOGISTS, NURSES, SOCIAL WORKERS, COUNSELORS AND CHILD LIFE SPECIALISTS AMONG THE VALERIE FUND'S SERVICES IS RED BLOOD CELL APHERESIS - A SOPHISTICATED EXCHANGE/TRANSFUSION OF RED BLOOD CELLS FOR PATIENTS WITH SICKLE CELL DISEASE MMC IS ONE OF EIGHT HOSPITALS IN THE TRI-STATE AREA THAT ARE PART OF THE VALERIE FUND, ONE OF THE LARGEST AND MOST ADVANCED PEDIATRIC ONCOLOGY/HEMATOLOGY NETWORKS IN THE COUNTRY 8 ROBOTIC SURGERY PROGRAM MONMOUTH CREATED THE REGIONS FIRST ROBOTIC SURGERY PROGRAM WITH THE DA VINCI'S SURGICAL SYSTEM, THE MOST ADVANCED OF THE ROBOTIC PLATFORMS THE SYSTEM COMBINES COMPUTER AND ROBOTIC TECHNOLOGIES WITH THE SKILLS OF MMCS SURGEONS TO CREATE A NEW CATEGORY OF SURGICAL TREATMENT, MAKING IT POSSIBLE TO PERFORM MORE TECHNICALLY DEMANDING SURGERIES SUCH AS PROSTATECTOMY USING A MINIMALLY INVASIVE APPROACH MMC OFFERS ROBOTIC SURGERY FOR THE REMOVAL OF A VARIETY OF CANCEROUS TUMORS AS WELL AS FOR BENIGN CONDITIONS THE ROBOTIC SURGERY SYSTEM OFFERS PATIENTS BETTER OUTCOMES, LESS PAIN, LESS SCARRING, LESS BLOOD LOSS, SHORTER HOSPITAL STAYS AND A QUICKER RETURN TO NORMAL ACTIVITIES THAN CONVENTIONAL SURGERY

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	MMCSC'S RECOGNIZED MEDICAL SERVICES AND CENTERS OF EXCELLENCE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING 1 THE EMERGENCY DEPARTMENT AT MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS THE EMERGENCY DEPARTMENT TREATS APPROXIMATELY 35,000 PATIENTS ANNUALLY, UTILIZING THE LATEST IN CARDIAC MONITORING EQUIPMENT, INCLUDING SPECIAL ROOMS FOR TRAUMA, ORTHOPEDICS, EAR/NOSE/THROAT, OBSTETRICS/GYNECOLOGY, PEDIATRICS, SUTURING AND PSYCHIATRIC EMERGENCIES THE MAIN EMERGENCY DEPARTMENT INCLUDES 30 TREATMENT BAYS AND HAS REVOLUTIONIZED HOW PATIENTS ARE TREATED IN MODERN HEALTHCARE SETTINGS BY EXPEDITING THE PROCESS WHICH PATIENTS MUST UNDERGO PRIOR TO RECEIVING MEDICAL TREATMENT THE STAFF IS FOCUSED ON RESPECTING THE INDIVIDUAL NEEDS OF ALL ADULT AND PEDIATRIC PATIENTS MMCSC IS A STATE-DESIGNATED PRIMARY STROKE CENTER AND JOINT COMMISSION CERTIFIED CHEST PAIN CENTER AND HAS OCEAN COUNTY'S ONLY PSYCHIATRIC EMERGENCY SCREENING PROGRAM (PESS) AS PART OF MMCSCS COMMITMENT TO THE AGING POPULATION IN OUR GEOGRAPHICAL AREA, THE GERIATRIC EMERGENCY MEDICINE ("GEM") UNIT WAS CREATED, RESULTING IN EFFICIENT, SAFE, SPECIALIZED MEDICAL CARE FOR OLDER ADULTS THE GEM UNIT PROVIDES AN ATMOSPHERE TO MEET THE UNIQUE HEALTHCARE NEEDS OF OUR AGING PATIENTS IN A VARIETY OF WAYS, INCLUDING AN INTERDISCIPLINARY TEAM OF CAREGIVERS SPECIALLY TRAINED IN GERIATRIC MEDICINE, A DEDICATED PHARMACIST WHO FOCUSES ON MEDICATIONS COMMONLY PRESCRIBED FOR SENIORS WITH SPECIAL ATTENTION TO ISSUES THAT CAN RESULT FROM DANGEROUS INTERACTIONS, LOWERED BEDS EQUIPPED WITH SAFETY ALARMS TO PREVENT PATIENT FALLS, AND CONSULTATIONS WITH A BOARD-CERTIFIED GERIATRICIAN MMCSCS PEDIATRIC EMERGENCY SERVICES PROGRAM IS STAFFED FULL TIME BY HIGHLY EXPERIENCED, BOARD-CERTIFIED EMERGENCY MEDICINE PHYSICIANS WITH ACCESS TO PEDIATRIC CONSULTATIONS 24 HOURS A DAY WITH ON-SITE DOUBLE BOARD CERTIFIED NEONATOLOGISTS/PEDIATRICIANS AND AN ON-CALL BOARD CERTIFIED PEDIATRICIAN WHEN NECESSARY, CONSULTATIONS WITH PEDIATRIC SUBSPECIALISTS ARE COORDINATED WITH THE MEDICAL STAFF AT THE UNTERBERG CHILDRENS HOSPITAL AT MONMOUTH MEDICAL CENTER ADDITIONALLY, INFANTS AND CHILDREN REQUIRING MORE SPECIALIZED CARE ARE TRANSPORTED TO THE CHILDRENS HOSPITAL, IF AND WHEN NECESSARY MMCSCS CHILD-FRIENDLY PEDIATRIC-DESIGNATED TREATMENT AREA IN THE EMERGENCY DEPARTMENT OFFERS A PEDIATRIC PLAYROOM WITH GAMES, TOYS AND BOOKS AND COLORFULLY DECORATED TREATMENT ROOMS EQUIPPED WITH TV AND DVD PLAYER EVERY ASPECT OF MMCSCS EMERGENCY DEPARTMENT HAS BEEN DESIGNED TO PROVIDE THE ULTIMATE IN EFFICIENCY AND COMFORT FOR PATIENTS AND THEIR FAMILIES, WHILE OFFERING THE HIGHEST QUALITY MEDICAL CARE THIS HAS LED TO NUMEROUS RECOGNITIONS AND AWARDS FOR PATIENT SATISFACTION AND QUALITY MEDICAL CARE, INCLUDING EXCEPTIONAL TURNAROUND TIME 2 THE CENTER FOR WOUND HEALING THE WOUND CARE CENTER AT MMCSC PROVIDES DIAGNOSIS, TREATMENT AND HEALING OF CHRONIC AND HARD-TO-HEAL WOUNDS CAUSED BY A VARIETY OF MEDICAL CONDITIONS INCLUDING DIABETES, TRAUMA, POOR CIRCULATION, BEDRIDDEN, SURGICAL COMPLICATIONS, VASCULAR DISEASES, ETC THE CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE APPLIES PROVEN WOUND CARE PRACTICES AND ADVANCED CLINICAL APPROACHES INCLUDING HYPERBARIC OXYGEN THERAPY (HBOT) TO HELP HEAL PATIENTS SUFFERING FROM CHRONIC WOUNDS ADDITIONALLY, OUR CENTER FREQUENTLY PARTICIPATES IN CLINICAL TRIALS UTILIZING THE LATEST WOUND CARE PRODUCTS AVAILABLE 3 BETTER HEALTH A WELLNESS PROGRAM JUST FOR SENIORS MMCSCS BETTER HEALTH PROGRAM IS A FREE MEMBERSHIP PROGRAM AVAILABLE TO SENIORS WHO WANT TO IMPROVE THEIR HEALTH AND WELL-BEING MMCSC INVITES PEOPLE AGE 55+ TO BECOME A MEMBER OF THE BETTER HEALTH PROGRAM TO HELP MAINTAIN GOOD HEALTH MEMBERS TAKE ADVANTAGE OF MANY EXCLUSIVE BENEFITS DESIGNED TO HELP TAKE CHARGE OF THEIR HEALTH AND WELLNESS ASIDE FROM TAKING STEPS TOWARD LIVING A MORE PRODUCTIVE AND FULFILLING LIFE, SPECIFIC BENEFITS INCLUDE - PREFERRED PHYSICIAN SCHEDULING WITH APPOINTMENTS GUARANTEED WITHIN 48 HOURS OF PLACING THE CALL - PREFERRED PARKING AT MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS' OUTPATIENT PAVILION - A SIMPLIFIED PRE-REGISTRATION PROCESS FOR LABORATORY AND RADIOLOGY SERVICES RESULTING IN NO-WAIT TIMES - SPECIAL VISITS FROM A PATIENT RESOURCE REPRESENTATIVE SHOULD ONE BE ADMITTED FOR AN OVERNIGHT STAY - HOME SAFETY ASSESSMENTS - A COPY OF A SPECIAL CALENDAR FOR CLUB MEMBERS - A COPY OF OUR HEALTHY AGING NEWSLETTER SENT TO THE HOME - ACCESS TO A SPECIAL WEB SITE THAT PROVIDES ADVANCE NOTICE OF - FREE SCREENING LOCATIONS - PHYSICIAN LECTURES AND TOPICS - DAILY HEALTH AND WELLNESS TIPS - VIDEOS ON LIVING A HEALTHIER LIFE EACH MONTH CARDHOLDERS ARE INVITED TO EDUCATIONAL LUNCH AND LEARNS THAT ARE OFFERED AT MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS OR, IN SOME CASES, BROUGHT TO THE COMMUNITIES IN WHICH MEMBERS LIVE THE LECTURES ARE PROVIDED BY PHYSICIANS FROM MONMOUTH MEDICAL CENTER IN LONG BRANCH AND/OR MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS IN LAKEWOOD OR OTHER MEMBERS OF OUR EDUCATIONAL TEAM TOPICS INCLUDE - HEALTHY NUTRITION WITH AN INTRODUCTORY COOKING CLASS - KNOW YOUR MEDICATIONS (AND THOSE OF YOUR LOVED ONES) - THE BENEFITS OF EXERCISE - STRESS MANAGEMENT - HOW TO GET THE MOST FROM YOUR DOCTORS VISIT - ARE YOU VACCINATED PROPERLY MONMOUTH MEDICAL CENTER SOUTHERN CAMPUS PROVIDES A VARIETY OF COMMUNITY SOCIAL EVENTS IN OR AROUND LAKEWOOD OR AT SENIOR COMMUNITIES THROUGHOUT THE AREA FOCUSED ON ARTS, ENTERTAINMENT AND COMPETITION, OUR EVENTS ARE TRULY UNIQUE AND ENABLE MEMBERS TO MEET NEW PEOPLE WHILE IMPROVING THEIR HEALTH NEWARK BETH ISRAEL MEDICAL CENTER ========== NBIMC'S RECOGNIZED MEDICAL SERVICES CENTERS OF EXCELLENCE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING 1 HEART TRANSPLANT PROGRAM & HEART FAILURE TREATMENT THE RENOWNED HEART TRANSPLANT CENTER HAS PERFORMED OVER 900 HEART TRANSPLANTS THE TEAM PERFORMED 57 TRANSPLANTS IN 2015, RANKING AMONGST THE TOP TEN HIGHEST TRANSPLANT VOLUME CENTERS IN THE COUNTRY THE HEART TRANSPLANT PROGRAM HAS BEEN ONE OF THE TEN MOST ACTIVE IN THE COUNTRY FOR EIGHT CONSECUTIVE YEARS AND IS ONE OF ONLY TWO SITES IN NATION TO ACHIEVE BETTER THAN EXPECTED 3-YEAR HEART TRANSPLANT SURVIVAL RATES FROM 2004 TO 2007 (BASED ON DATA FROM THE NATIONAL SCIENTIFIC REGISTRY OF TRANSPLANT RECIPIENTS) THE PROGRAM PROVIDES THE MOST ADVANCED TREATMENT OPTIONS AVAILABLE ANYWHERE IN NEW JERSEY FOR PEOPLE WITH CONGESTIVE HEART FAILURE OR END STAGE CARDIAC DISEASE INCLUDING THE ULTIMATE TREATMENT, ORGAN TRANSPLANTATION NBIMC'S SHORT- AND LONG-TERM SURVIVAL RATES HAVE CONTINUALLY SURPASSED BOTH REGIONAL AND NATIONAL AVERAGES FURTHERMORE THE PATIENTS SPEND LESS TIME WAITING FOR A HEART TRANSPLANT THAN MOST CANDIDATES ACROSS THE COUNTRY THE EXPERIENCED MULTIDISCIPLINARY TEAM HAS WORKED CLOSELY TOGETHER UNDER THE SAME LEADERSHIP FOR MORE THAN 20 YEARS NBIMC IS A DESIGNATED VENTRICULAR ASSIST DEVISE ("VAD") CENTER AND WAS ONE OF THE FIRST IN NJ TO EMPLOY EXTRACORPOREAL MEMBRANE OXYGENATION ("ECMO") 2 BARNABAS HEALTH HEART CENTER AT NEWARK BETH ISRAEL MEDICAL CENTER THE PREMIER CARDIAC SERVICES PROVIDE IMMEDIATE ACCESS TO HIGHLY SOPHISTICATED HEART SURGERY MEMBERS OF THE SURGICAL TEAM ARE RECOGNIZED AS NATIONAL LEADERS IN THE FIELD OF CARDIOTHORACIC SURGERY AND ARE ADVANCING THE LATEST MINIMALLY INVASIVE TECHNIQUES THAT OFFER PATIENTS FASTER RECOVERY AND FEWER COMPLICATIONS THE 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 IN CONJUNCTION WITH ITS AFFILIATE, SAINT BARNABAS MEDICAL CENTER, THE HEART CENTERS PERFORMED MORE THAN 967 OPEN HEART PROCEDURES IN 2015 3 LUNG TRANSPLANT AND THE CENTER FOR ADVANCED LUNG DISEASE NEW JERSEY'S ONLY LUNG TRANSPLANT PROGRAM, THE BARNABAS HEALTH ADVANCED LUNG DISEASE AND TRANSPLANT PROGRAM AT NEWARK BETH ISRAEL MEDICAL CENTER (NBIMC), OFFERS INCREASED ACCESS TO SINGLE AND DOUBLE LUNG TRANSPLANT AND COMPREHENSIVE TREATMENT AND MANAGEMENT OF CHRONIC AND COMPLEX LUNG DISEASE TO-DATE, THE CENTER HAS ALREADY PERFORMED 77 TRANSPLANTS THE PROGRAM BRINGS SPECIALTY SERVICES TO THE STATE IMPROVING THE LIVES OF PEOPLE WITH ADVANCED LUNG CONDITIONS INCLUDING CHRONIC OBSTRUCTIVE PULMONARY DISEASE ("COPD"), CYSTIC FIBROSIS, PULMONARY FIBROSIS AND PULMONARY HYPERTENSION

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	WHILE A PRIMARY GOAL OF THE PROGRAM IS TO IDENTIFY SUITABLE CANDIDATES FOR A TRANSPLANT, THE COMPREHENSIVE MULTIDISCIPLINARY EVALUATION CAN ALSO BENEFIT PATIENTS WHO ARE NOT TRANSPLANT CANDIDATES THE PROGRAM OFFERS COMPLETE EVALUATION AND TREATMENT PLANS FOR PATIENTS WITH LUNG DISEASES SUCH AS ASTHMA, CYSTIC FIBROSIS INTERSTITIAL LUNG DISEASES, ALPHA 1 ANTITRYPSIN DEFICIENCY, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, PULMONARY FIBROSIS, SARCOIDOSIS, LYMPHANGIOLEIOMYOMATOSIS (LAM), SCLERODERMA, PULMONARY ALVEOLAR PROTEINOSIS AND PULMONARY HYPERTENSION STATE-OF-THE-ART DIAGNOSTIC SERVICES INCLUDE CT-GUIDED BIOPSY, NAVIGATIONAL BRONCHOSCOPY AND ENDOBRONCHIAL ULTRASOUND, BRONCHIAL THERMOPLASTY, ENDOBRONCHIAL RESECTION OF TUMORS, ENDOBRONCHIAL STENTS, PLEURAX CATHETER PLACEMENT FOR MALIGNANT PLEURAL EFFUSIONS AND WHOLE LUNG LAVAGE THE CENTER HAS VARIOUS ONGOING CUTTING EDGE RESEARCH TRIALS HELPING PATIENTS WITH END-STAGE LUNG DISEASE 4 CHILDREN'S HOSPITAL OF NEW JERSEY CHILDREN'S HOSPITAL OF NEW JERSEY PROVIDES COMPREHENSIVE HEALTH CARE PROGRAMS AND SERVICES TO CHILDREN OF ALL AGES THE HOSPITAL WITHIN A HOSPITAL COMBINES THE MOST ADVANCED FACILITIES AND TECHNOLOGY DEDICATED EXCLUSIVELY TO PEDIATRIC PATIENTS WITH THE PHILOSOPHY OF FAMILY CENTERED CARE. PEDIATRIC AND NEONATAL SERVICES OF THE CHILDREN'S HOSPITAL RANGE FROM PRIMARY/PREVENTIVE CARE SERVICES TO CRITICAL 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 HEART CENTER PROVIDING THE MOST COMPREHENSIVE PEDIATRIC CARDIAC AND CARDIAC SURGERY SERVICES IN THE STATE, NEONATAL INTENSIVE AND INTERMEDIATE CARE, PEDIATRIC EMERGENCY SERVICES, PULMONARY SERVICES, THE STATE'S ONLY PEDIATRIC ECMO PROVIDER, PEDIATRIC VIDEO MONITORING UNIT, VALERIE 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 WHICH PHYSICIANS, NURSES AND CLINICAL STAFF UNDERSTAND THE UNIQUE NEEDS OF CHILDREN AND THE VITAL ROLE OF PARENTS IN THE HEALING PROCESS 5 COMPREHENSIVE HEMOPHILIA TREATMENT CENTER ONE OF ONLY SIX STATE-DESIGNATED CENTERS IN NEW JERSEY, THE COMPREHENSIVE HEMOPHILIA TREATMENT CENTER PROVIDES CARE TO BOTH PEDIATRIC AND ADULT PATIENTS WITH INHERITED BLEEDING AND CLOTTING DISORDERS THE CENTER OFFERS COMPLETE EVALUATIONS BY A TEAM OF EXPERTS INCLUDING HEMATOLOGISTS, NURSES, PSYCHOSOCIAL PROFESSIONALS AND PHYSICAL THERAPISTS CONSULTATION BY INFECTIOUS DISEASE SPECIALISTS, DENTISTS, NUTRITIONISTS, GASTROENTEROLOGISTS, ORTHOPEDISTS AND OTHER SPECIALISTS IS PROVIDED AS NEEDED OUR CENTER'S GOAL IS TO PROVIDE THE LATEST ADVANCES IN TREATMENT FOR PEOPLE WITH HEMOPHILIA, ASSIST IN THE CARE OF THE COMPLICATIONS OF HEMOPHILIA, AND CONTINUE TO PROVIDE SUPPORT TO PERSONS WITH HEMOPHILIA AND THEIR FAMILIES WITH THE GOAL OF ACHIEVING A NORMAL LIFESTYLE. THE CENTER PROVIDES CARE FOR CHILDREN AND ADULTS WITH VON WILLEBRAND DISEASE AND OTHER BLEEDING DISORDERS PATIENTS WITH THROMBOSIS (CLOTTING DISORDER) RECEIVE COMPREHENSIVE TREATMENT AT THE CENTER WE ALSO COORDINATE A HOME CARE PROGRAM WHICH ENABLES PERSONS WITH HEMOPHILIA TO LEAD NORMAL, PRODUCTIVE LIVES THE HOME CARE PROGRAM ALLOWS FOR IMMEDIATE TREATMENT, THUS AVOIDING THE DELAY, STRESS AND COST OF EMERGENCY DEPARTMENT CARE ADULT AND PEDIATRIC INFECTIOUS DISEASE AND GASTROINTESTINAL SPECIALISTS PROVIDE COMPREHENSIVE CARE FOR HEMOPHILIA PATIENTS WITH AIDS AND/OR HEPATITIS AND THEIR PARTNERS 6 ROBOTIC SURGERY ROBOTIC SURGERY IS OFFERED IN MANY SPECIALTIES INCLUDING CARDIAC, UROLOGY, PEDIATRIC SURGERY, GYNECOLOGY, URO-GYNECOLOGY AND GENERAL SURGERY PERFORMING MINIMALLY INVASIVE PROCEDURES CAN BE LESS TRAUMATIC TO PATIENTS AND ALLOW FOR QUICKER RECOVERY TIMES THE MEDICAL CENTER ALSO OFFERS BLOODLESS SURGERY AND CELEBRATED 10 YEARS OF SERVICE IN 2014 THE ROBOTIC SURGERY PROGRAM AT NBIMC WAS ONE OF THE COUNTRY'S FIRST HUNDREDS OF PHYSICIANS IN NEW JERSEY AND AROUND THE WORLD HAVE RECEIVED TRAINING FROM ROBOTIC SURGEONS AT NBIMC IN ADDITION, PHYSICIANS AT NBIMC WERE SOME OF THE FIRST TRAINED IN SINGLE SITE SURGERY SAINT BARNABAS MEDICAL CENTER ========== 1 THE CANCER CENTER THE CANCER CENTER AT SBMC INTEGRATES MANY 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, THE MELANOMA 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, WORKSHOPS ON COPING WITH CANCER, FINANCIAL COUNSELING AND NUTRITIONAL GUIDANCE. - CANCER GENETICS COUNSELING SERVICES - THE JOINT COMMISSION DISEASE SPECIFIC CERTIFICATIONS FOR HEART FAILURE, ACUTE CORONARY SYNDROME, HIP AND KNEE REPLACEMENT, CARDIAC REHABILITATION AND STROKE - INTEGRATIVE AND COMPLEMENTARY MEDICINE. - PET THERAPY - A STATE-OF-THE-ART OUTPATIENT CHEMOTHERAPY TREATMENT FACILITY WITH PRIVATE TREATMENT ROOMS, A SATELLITE PHARMACY AND PRIVATE CONSULTATION ROOMS AND NUMEROUS OTHER AMENITIES - DISTRESS SCREENING PROGRAM - THE DIAGNOSIS OF CANCER BRINGS CHAOS TO PATIENTS' LIVES FEARS FOR THEIR PHYSICAL HEALTH NATURALLY TOP THE LIST BUT STARTING TREATMENT PROMPTS A VARIETY OF DAUNTING QUESTIONS IN THE PAST, THESE PATIENT CONCERNS TOOK TIME FOR HEALTHCARE PROFESSIONALS TO DETECT AND TACKLE. THE CANCER CENTER IS LEADING THE WAY TO IDENTIFY PATIENTS NEEDING PSYCHOSOCIAL INTERVENTION THROUGH THE USE OF A REAL-TIME ON-LINE QUESTIONNAIRE. PATIENTS IN THE CANCER CENTER COMPLETE THIS ASSESSMENT AT THEIR SECOND VISIT AFTER DIAGNOSIS STAFF IS IMMEDIATELY NOTIFIED IF PATIENTS ARE IN CRISIS OR IN DISTRESS SO RESOURCES CAN BE PROVIDED BEFORE THE PATIENT LEAVES THE CENTER FOR OTHERS IN NEED OR RESOURCES BUT NOT IN AN EMERGENT FASHION, THE CONCERNS ARE TRIAGED TO PHYSICIANS, NURSING AND THE PSYCHOSOCIAL TEAM TO IDENTIFY THE INDIVIDUAL AND THE AREA THAT CAN BEST PROVIDE THE ASSISTANCE - THE LUNG CANCER INSTITUTE AT SAINT BARNABAS MEDICAL CENTER PARTNERS WITH OUR COMMUNITY TO OFFER EDUCATION, SCREENING, AND DIAGNOSTIC TOOLS TO DETECT AND TREAT LUNG CANCER ACCORDING TO THE AMERICAN CANCER SOCIETY, APPROXIMATELY 224,400 NEW CASES OF LUNG CANCER WILL BE DIAGNOSED IN 2016 AND APPROXIMATELY 158,000 PEOPLE WILL DIE FROM LUNG CANCER EACH YEAR, MORE PEOPLE DIE OF LUNG CANCER THAN COLON, BREAST AND PROSTATE CANCER COMBINED AS THE LEADING CAUSE OF CANCER DEATH IN US, LUNG CANCER IS MOST CURABLE WHEN DIAGNOSED AT AN EARLY STAGE - IN HIGH RISK PEOPLE, LUNG CANCER DEATHS DROP BY 20 PERCENT WHEN CANCER IS IDENTIFIED EARLY USING A LOW-DOSE SPIRAL CT COMPARED WITH INDIVIDUALS RECEIVING A CHEST X-RAY THE LUNG CANCER INSTITUTE JOINED THE INTERNATIONAL EARLY LUNG CANCER ACTION PROGRAM TO PROVIDE A FREE LOW-DOSE CT SCREENING PROGRAM FOR INDIVIDUALS WHO ARE AT HIGH RISK FOR DEVELOPING LUNG CANCER TO IDENTIFY ABNORMALITIES EARLIER IN 2015, THE LUNG CANCER INSTITUTE PROVIDED FREE LOW-DOSE CT SCREENINGS FOR 313 INDIVIDUALS AND IDENTIFIED TWO EARLY STAGE LUNG CANCERS 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 2 THE RENAL AND PANCREAS TRANSPLANT DIVISION THE BARNABAS HEALTH RENAL AND PANCREAS TRANSPLANT DIVISION, LOCATED AT SBMC IS ONE OF THE LARGEST PROGRAMS AMONG 240 IN THE UNITED STATES, WITH 301 KIDNEY TRANSPLANTS PERFORMED IN 2015 SBMC HAD THE 7TH HIGHEST ADULT KIDNEY TRANSPLANT VOLUME OF CENTERS IN THE NATION, AND HAD THE FIFTH HIGHEST LIVING DONOR TRANSPLANT VOLUME. THE RENAL TRANSPLANT PROGRAM, THE MOST ACTIVE KIDNEY TRANSPLANT CENTER IN NEW JERSEY, IS THE ONLY TRANSPLANT PROGRAM IN THE STATE INVOLVED IN CLINICAL RESEARCH TRIALS FOR PATIENTS THE PROGRAMS PROVIDE DECEASED AS WELL AS LIVING DONOR TRANSPLANTATION INCLUDING LIVING RELATED DONORS OR EMOTIONALLY RELATED DONORS AND ALTRUISTIC LIVING DONATION WHEN FAMILY MEMBERS ARE UNABLE TO DONATE.

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	IN 1995, BH BEGAN ITS SIMULTANEOUS PANCREAS KIDNEY TRANSPLANT PROGRAM AND IN 1996 OPENED A PEDIATRIC NEPHROLOGY PROGRAM SINCE 1968, THE RENAL TRANSPLANT CENTERS HAVE PERFORMED MEDICAL FIRST KIDNEY TRANSPLANTATION, INCLUDING TRANSPLANT IN THE YOUNGEST KIDNEY TRANSPLANT RECIPIENT IN NEW JERSEY THE FIRST LAPAROSCOPIC KIDNEY RETRIEVAL IN A LIVING DONOR AND THE FIRST ROBOTIC KIDNEY TRANSPLANT SURGERY IN THE WORLD THE PEDIATRIC NEPHROLOGY AND TRANSPLANTATION PROGRAM MANAGES CHILDREN AND ADOLESCENTS WITH ACUTE AND CHRONIC DISEASES AT ALL STAGES OF SEVERITY, INCLUDING NEPHRITIC SYNDROME AND HYPERTENSION UP TO AND INCLUDING END STAGE RENAL DISEASE THE PEDIATRIC NEPHROLOGISTS WORK CLOSELY WITH PEDIATRIC UROLOGISTS TO PROVIDE TOTAL CARE FOR PATIENTS WITH UROLOGICAL AND NEPHROLOGICAL PROBLEMS 3 THE NEUROLOGY AND NEUROSURGERY INSTITUTE AT SAINT BARNABAS MEDICAL CENTER THE NEUROLOGY AND NEUROSURGERY INSTITUTE AT SBMC, IS DEDICATED TO DIAGNOSING AND TREATING DISORDERS OF THE BRAIN AND NERVOUS SYSTEM FOR ADULTS AND CHILDREN AN UNPRECEDENTED TEAM OF EXPERTS LEADS THE PROGRAMS OF THE INSTITUTE AND OFFER THE MOST COMPREHENSIVE PROGRAM IN NEW JERSEY DEDICATED TO THE MEDICAL, SURGICAL AND PSYCHOLOGICAL TREATMENT OF NEUROLOGIC DISORDERS SPECIALIZED CARE IS OFFERED FOR INDIVIDUALS WITH EPILEPSY, MEMORY DISORDERS, MOVEMENT DISORDERS AND OTHER NEUROLOGIC DISORDERS RESULTING FROM AN INJURY OR ACCIDENT COMPREHENSIVE CARE IS ALSO PROVIDED FOR CHILDREN WITH ATTENTION DEFICIT DISORDER-HYPERACTIVITY AND LEARNING DISABILITIES, AS WELL AS FOR ADULTS WITH ATTENTION DEFICIT DISORDERS THE INSTITUTE'S COMPREHENSIVE EPILEPSY CENTERS FOR CHILDREN AND ADULTS USE SOPHISTICATED DIAGNOSTIC TECHNIQUES TO PROVIDE COMPLETE AND ACCURATE DIAGNOSIS CRITICAL TO IMPLEMENTING EFFECTIVE TREATMENT INNOVATIVE SURGICAL AND DRUG THERAPIES ARE OFFERED TO HELP INDIVIDUALS WITH EPILEPSY ACHIEVE THE BEST POSSIBLE SEIZURE CONTROL THIS INCLUDES THE PARTICIPATION IN CLINICAL TRIALS TO IDENTIFY CUTTING EDGE THERAPIES THAT CAN IMPROVE THE LIVES OF OUR PATIENTS ONE EXAMPLE IS WITH A CLINICAL TRIAL FOR THE NEUROPACE RNS SYSTEM, A DEVICE ABOUT THE SIZE OF A BOOK OF MATCHES THAT IS IMPLANTED IN THE SKULL IT DETECTS ABNORMAL ELECTRICAL ACTIVITY IN THE BRAIN AND RESPONDS BY DELIVERING IMPERCEPTIBLE LEVELS OF ELECTRICAL STIMULATION TO NORMALIZE BRAIN ACTIVITY BEFORE A PERSON HAS A SEIZURE THE RESULTS OF THIS TRIAL SHOWED THAT FOR THOSE WHO REACHED TWO-YEARS POST IMPLANT, 55 PERCENT OF THE SUBJECTS EXPERIENCED A 50 PERCENT OR GREATER REDUCTION IN SEIZURES FOR ONE 29 YEAR-OLD PATIENT TREATED AT THE INSTITUTE, IT CHANGED HIS LIFE MEDICATIONS AND SURGERY FAILED TO STOP HIS SEIZURES HIS LIFE WAS DEBILITATED DUE TO THE FREQUENCY OF HIS SEIZURES UP TO 15 EACH MONTH A CANDIDATE FOR THE NEUROPACE TRIAL, HE VOLUNTEERED TO PARTICIPATE AFTER A FEW MONTHS OF CALIBRATING THE IMPLANTED DEVICE, HIS SEIZURES STOPPED AND HE HAS REMAINED SEIZURE FREE SINCE 2010 IN FACT, HIS EEG'S ARE NOW ALMOST THE SAME AS ANYONE ELSE HE HAS A JOB AND HE IS WORKING TOWARDS GETTING A DRIVERS LICENSE. THIS DEVICE WAS APPROVED BY THE FDA IN 2013 THE COMPREHENSIVE EPILEPSY CENTERS HAVE BEEN NAMED A LEVEL 4 SPECIALIZED EPILEPSY CENTER BY THE NATIONAL ASSOCIATION OF EPILEPSY CENTERS ("NAEC") THE LEVEL 4 DESIGNATION IS THE HIGHEST GIVEN BY THE NAEC AND IDENTIFIES THOSE CENTERS THAT OFFER THE BROADEST RANGE OF COMPLEX MEDICAL AND SURGICAL TREATMENTS FOR EPILEPSY SBMC IS A STATE DESIGNATED COMPREHENSIVE STROKE CENTER AND JOINT COMMISSION CERTIFIED FOR PRIMARY STROKE 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 HEALTHCARE PROVIDERS STROKE EDUCATION AND OUTREACH CONTINUES TO TAKE PLACE AT COMMUNITY HEALTH FAIRS, CORPORATE HEALTH FAIRS, COMMUNITY HEALTH CENTERS, COMMUNITY EVENTS, SENIOR HOUSING, AND WITHIN SBMC TO INCREASE AWARENESS OF STROKE RISK FACTORS AND SYMPTOMS THE CLINICAL COORDINATOR HAS BECOME THE PUBLIC "FACE" OF THE STROKE PROGRAM COMMUNITY LEADERS INCREASINGLY REACH OUT TO HER TO TAILOR EDUCATIONAL PROGRAMS TO MEET THEIR CONSTITUENTS' HEALTH NEEDS FOR EXAMPLE, SHE CONDUCTS MONTHLY BLOOD PRESSURE/CHOLESTEROL SCREENINGS AND STROKE EDUCATION AT THE METROWEST JCC, WEST ORANGE, NEW JERSEY THE CLINICAL COORDINATOR'S OUTREACH PROGRAMS TARGET POPULATIONS AT HIGH-RISK OF STROKE AND EDUCATES CLINICIANS LIKELY TO TREAT PATIENTS AT RISK OF STROKE OUTREACH AND EDUCATION ACTIVITIES OCCUR MONTHLY AND FOCUS ON POPULATIONS AT HIGHER-RISK OF STROKE EDUCATION PROGRAMS REVIEW AND REINFORCE STROKE WARNING SIGNS AND THE IMPORTANCE OF CALLING FOR IMMEDIATE MEDICAL HELP AT THE FIRST SIGN OF STROKE THE CLINICAL COORDINATOR ENCOURAGES PROGRAM ATTENDEES TO TAKE A STROKE RISK AWARENESS SURVEY AND TO UNDERGO ON-SITE BLOOD PRESSURE AND CHOLESTEROL SCREENING THE CLINICAL COORDINATOR CAN FACILITATE REFERRALS FOR CARE FOR THOSE WHOSE RISK AWARENESS SURVEY AND BLOOD PRESSURE/CHOLESTEROL READINGS SUGGEST HIGHER-THAN-AVERAGE CHANCE OF STOKE A NOTABLE "WIN" OCCURRED FOLLOWING A STROKE AWARENESS PROGRAM AT A PHARMACEUTICAL COMPANY (HELD AS A WEBINAR TO MAXIMIZE EMPLOYEE ATTENDANCE) AN EMPLOYEE OF THE COMPANY EXPERIENCED STROKE SYMPTOMS DUE TO GREATER AWARENESS FOLLOWING THE PRESENTATION, HIS/HER COLLEAGUES ACTED QUICKLY TO GET HELP THE INDIVIDUAL DID WELL FOLLOWING TREATMENT AND THE ORGANIZATION CONTINUES TO REINFORCE THE IMPORTANCE OF PREVENTION, EARLY DETECTION AND TREATMENT OF STROKE IN ADDITION TO COMMUNITY-BASED PROGRAMS, THE CLINICAL COORDINATOR CONDUCTS STROKE EDUCATION CURRICULUM HAS BEEN DESIGNED FOR NURSES, NON-CLINICAL EMPLOYEES WITH PATIENT CONTACT SUCH AS SECURITY GUARDS WHO MAY BE THE FIRST EMPLOYEE A PATIENT ENCOUNTERS, PATIENTS, AND FAMILIES 4 BARNABAS HEALTH HEART CENTERS AT SAINT BARNABAS MEDICAL CENTER SBMC IS A REGIONAL CARDIAC SURGERY CENTER AND PART OF THE BARNABAS HEALTH HEART CENTERS, LOCATED ACROSS NEW JERSEY, WHICH HAVE INTEGRATED DIAGNOSTIC, MEDICAL AND SURGICAL SERVICES INTO ONE COMPREHENSIVE PROGRAM THAT OFFERS A FULL RANGE OF ADVANCED CARDIAC SERVICES FOR ADULTS AND CHILDREN - DIAGNOSIS, IMAGING, INTERVENTIONAL CARDIOLOGY, ELECTROPHYSIOLOGY AND THE MANAGEMENT OF HEART FAILURE AN EXPERIENCED TEAM IS PIONEERING NEW THERAPIES AND THE CLINICAL USE OF THE LATEST MECHANICAL ASSIST DEVICES THAT IMPROVE THE QUALITY OF LIFE FOR PEOPLE WITH CONGENITAL HEART DEFECTS AND HEART DISEASE. THEY PARTICIPATE IN CARDIAC RESEARCH TRIALS THAT OFFER PATIENTS ACCESS TO BREAKTHROUGH THERAPIES THE BARNABAS HEALTH HEART CENTERS CONTINUE TO LEAD THE WAY IN OFFERING MINIMALLY INVASIVE PROCEDURES AND CATHETER-BASED ALTERNATIVES TO OPEN HEART SURGERY INCLUDING ALL FORMS OF ANGIOPLASTY/STENT PROCEDURES ADVANCED ELECTROPHYSIOLOGY STUDIES OFFER SOPHISTICATED DIAGNOSIS AND TREATMENT OF HEART RHYTHM DISTURBANCES IN ADULTS AND CHILDREN 5 REGIONAL PERINATAL CENTER EACH YEAR SBMC DELIVERS CLOSE TO 6,000 BABIES AND IS RECOGNIZED AS A TOP HOSPITAL FOR HIGH-RISK PREGNANCIES SBMC'S LEVEL III REGIONAL PERINATAL CENTER, THE HIGHEST DESIGNATION IN THE STATE, OFFERS THE MOST ADVANCED INTENSIVE CARE FOR PREMATURE AND ILL NEWBORNS OUR 56-BED NEONATAL INTENSIVE/INTERMEDIATE CARE UNIT ("NICU") IS ONE OF ONLY A FEW IN THE NATION WITH THE LOWEST RATE OF CHRONIC LUNG DISEASE, A COMMON COMPLICATION FOR EXTREMELY LOW BIRTH-WEIGHT INFANTS THE NICU OFFERS THE LATEST TREATMENTS AND MODALITIES IN THE FIELD TO PROVIDE THE MOST ADVANCED CARE FOR MORE THAN 1,200 PREMATURE AND ILL NEWBORNS EACH YEAR THE SAINT BARNABAS NICU HAS ONE OF THE BEST INFANT SURVIVAL RATES AMONG NEONATAL INTENSIVE CARE UNITS IN THE NATION THE VERMONT OXFORD NETWORK, A GROUP COMPRISED OF MORE THAN 800 HOSPITALS NATIONALLY AND INTERNATIONALLY, SHOWED THAT BABIES THAT ARE BORN AT SBMC 17 WEEKS EARLY HAVE TWICE THE SURVIVAL RATE OF THOSE BORN AT OTHER HOSPITALS IN THE NETWORK SBMC ALSO OFFERS EXTENSIVE CHILDBIRTH AND FAMILY PREPARATION CLASSES THE MEMBERS OF THE DIVISION OF MATERNAL FETAL MEDICINE ASSIST OBSTETRICIANS IN THE TRI-STATE AREA IN THE CARE OF HIGH-RISK PATIENTS AND RECEIVE HIGH RISK TRANSFERS FROM OTHER COMMUNITY HOSPITALS THEY ALSO EDUCATE THE MEDICAL CENTER'S MANY OBSTETRICAL RESIDENTS OPENED IN 2011, THE REGIONAL PERINATAL SIMULATION CENTER AT SAINT BARNABAS PROVIDES VALUABLE CLINICAL TRAINING AND EDUCATION FOR PHYSICIANS, NURSES, RESIDENTS, MEDICAL STUDENTS, AND FIRST RESPONDERS (EMT'S, POLICE, AND FIREFIGHTERS) COURSES ARE OPEN TO PRACTITIONERS THROUGHOUT THE TRI-STATE AREA REGARDLESS OF AFFILIATION THE GOAL OF THE CENTER IS TO ELEVATE PATIENT CARE, IMPROVE CLINICAL PERFORMANCE, AND ENHANCE MATERNAL/CHILD HEALTH OUTCOMES IN THE REGION BY PROVIDING ACCESS TO STATE OF THE ART EDUCATION SIMULATION ENHANCES THE CURRENT EDUCATIONAL OFFERINGS AT SBMC BY PROVIDING AN EXPERIENTIAL LEARNING ENVIRONMENT WHERE CLINICIANS CAN PRACTICE AND LEARN A VARIETY OF TECHNICAL AND BEHAVIORAL SKILLS

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	6 THE JOINT AND SPINE INSTITUTE THE JOINT AND SPINE INSTITUTE OFFERS DEDICATED BEDS WITHIN THE HOSPITAL SURGERIES ARE SCHEDULED MONDAY THROUGH FRIDAY AND PATIENTS TYPICALLY RETURN HOME AFTER A THREE-NIGHT STAY FEATURES OF THE PROGRAM INCLUDE. NURSES, THERAPISTS AND NURSING ASSISTANTS WHO SPECIALIZE IN THE CARE OF JOINT PATIENTS, PRIVATE AND SEMI-PRIVATE ROOMS, EMPHASIS ON GROUP ACTIVITIES AS WELL AS INDIVIDUAL CARE, FAMILY AND FRIENDS EDUCATED TO PARTICIPATE AS "COACHES" IN THE RECOVERY PROCESS, GROUP LUNCHES WITH PATIENTS, THEIR COACHES AND OTHERS IN THE PROGRAM, A JOINT TEAM THAT COORDINATES ALL PRE-OPERATIVE CARE AND DISCHARGE PLANNING, A COMPREHENSIVE PATIENT GUIDE FOR PATIENTS FOLLOW FROM SIX WEEKS PRE-OP UNTIL THREE MONTHS POST-OP AND BEYOND, COORDINATED AFTER-CARE PROGRAM, REUNION LUNCHEONS FOR FORMER PATIENTS AND COACHES, NEWSLETTERS TO UPDATE PATIENTS WITH NEW INFORMATION ABOUT ARTHRITIS AND JOINT CARE, AND PUBLIC EDUCATION SEMINARS ABOUT HIP AND KNEE PAIN THIS PAST YEAR, THE JOINT INSTITUTE BEGAN OFFERING A SAME DAY HIP REPLACEMENT OPTION FOR APPROPRIATE PATIENTS THESE PATIENTS RECEIVE THEIR SURGERY IN THE MORNING AND ARE DISCHARGED HOME LATER THAT EVENING AFTER RECEIVING PHYSICAL THERAPY 7 THE SAINT BARNABAS CATERINA A, GREGORI, MD, WOMEN'S CENTER FOR GYNECOLOGICAL SURGERY SBMC OPERATES AN AMBULATORY SURGERY CENTER DESIGNED EXCLUSIVELY FOR AND DEDICATED TO WOMEN'S SURGICAL PROCEDURES THE WOMEN'S CENTER FEATURES RESTFUL MUSIC, WARM SOOTHING COLORS AND SOFT LIGHTING TO CREATE AN ATMOSPHERE THAT IS COMFORTING AND FOSTERS HEALING SPECIAL ATTENTION HAS BEEN GIVEN TO EVERY DETAIL -- FROM ATTRACTIVE ARTWORK TO A COMFORTABLE ROBE HIGHLY SPECIALIZED WOMEN'S SERVICES ARE AVAILABLE AT THE MEDICAL CENTER AND INCLUDE THE FIBROID CENTER, GYNECOLOGICAL CANCER AND PELVIC SURGERY THE MEDICAL CENTER OFFERS MANY ROBOTIC PROCEDURES AND BLOODLESS SURGERY MANAGEMENT PROGRAMS SUPPORTING WOMEN'S SURGERY AS WELL AS ALL SURGICAL PROCEDURES 8 THE BURN CENTER OF NEW JERSEY THE BURN CENTER IS THE ONLY STATE-CERTIFIED BURN TREATMENT FACILITY IN NEW JERSEY AND ONE OF THE LARGEST IN NORTH AMERICA WITH 12 INTENSIVE CARE BEDS AND AN 18-BED STEP-DOWN UNIT FOR LESS CRITICALLY INJURED PATIENTS THE BURN CENTER PROVIDES EXPERT CARE FOR PATIENTS OF ALL AGES THE BURN CENTER ALSO MEETS THE VERIFICATION CRITERIA OF THE AMERICAN BURN ASSOCIATION AND THE AMERICAN COLLEGE OF SURGEONS TO PROVIDE OPTIMAL CARE FOR BURN PATIENTS THE BURN CENTER IS EQUIPPED TO TREAT PEDIATRIC THROUGH GERIATRIC BURN PATIENTS WITH A FULL RANGE OF SPECIALIZED SERVICES, INCLUDING A DEDICATED OUTPATIENT DEPARTMENT WHERE INDIVIDUALS WITH SMALL OR MINOR BURNS RECEIVE TREATMENT AND DISCHARGED PATIENTS RETURN FOR FOLLOW-UP CARE MORE THAN 400 PATIENTS ARE TREATED ANNUALLY BARNABAS HEALTH BEHAVIORAL HEALTH CENTER ========== AT BHBHC, OUR MULTIDISCIPLINARY STAFF INCLUDES EXPERIENCED PROFESSIONALS IN NEARLY EVERY FACET OF BEHAVIORAL HEALTHCARE. THIS ALLOWS US TO PROVIDE TRULY CUSTOMIZED AND HIGHLY SPECIALIZED TREATMENT TRACKS FOR ADULTS AND GERIATRIC CLIENTS, AS WELL AS PROGRAMS FOR THE DUALLY DIAGNOSED IN ALL PROGRAMS, TREATMENT TEAMS ARE CREATED TO MATCH EACH CLIENT'S SPECIFIC NEEDS AND INCLUDE PROFESSIONALS WHO ARE CERTIFIED IN THEIR AREA OF EXPERTISE. OUR CLINICALLY INTENSIVE PROGRAMS ARE DESIGNED TO BRING ABOUT POSITIVE, LASTING CHANGE AND A RAPID RETURN TO HEALTH 1 STEPPING STONES - INTENSIVE OUTPATIENT PROGRAM THE STEPPING STONES INTENSIVE OUTPATIENT PROGRAM IS DESIGNED FOR INDIVIDUALS WHO REQUIRE TREATMENT THREE TO FIVE DAYS PER WEEK, DEPENDING ON THEIR NEEDS THREE AND A HALF HOUR SESSIONS ARE OFFERED MONDAY THROUGH FRIDAY WITH BOTH MORNING AND AFTERNOON SESSIONS AVAILABLE FOR THE PATIENT'S CONVENIENCE. SESSIONS CONSIST OF GROUP THERAPY AND WEEKLY INDIVIDUAL SESSIONS WITH A PSYCHIATRIST, ADVANCED PRACTICE NURSE AND AN INDIVIDUAL THERAPIST 2 GERIATRIC BEHAVIORAL HEALTH THE GERIATRIC TREATMENT PROGRAM OFFERS A COMPLETE RANGE OF INPATIENT AND OUTPATIENT MENTAL HEALTH SERVICES FOR GERIATRIC PATIENTS TREATMENTS VARY BASED ON THE SEVERITY OF PROBLEMS, BUT INCLUDE PSYCHOTHERAPY, MEDICATIONS, HOME HEALTHCARE, OUTPATIENT PROGRAMS STRUCTURED FOR MAINTAINING A HIGH LEVEL OF INDEPENDENCE, AND HOSPITALIZATION PROVIDING A STRUCTURED THERAPEUTIC APPROACH IN AN APPROPRIATE ENVIRONMENT PROGRAMS TAKE PLACE IN A SEPARATE UNIT DESIGNED FOR OLDER ADULTS A GERIATRIC PSYCHIATRIST LEADS ALL TREATMENT TEAMS AND MONITORS THE NUTRITIONAL, PHARMACOLOGICAL AND MEDICAL NEEDS OF EACH CLIENT THE GERIATRIC PSYCHIATRIST IS IDEALLY SUITED TO ADDRESS THE MENTAL HEALTH NEEDS OF OLDER ADULTS BY TAKING INTO ACCOUNT CO-EXISTING MEDICAL ILLNESSES AND MEDICATIONS, DIETARY NEEDS, FAMILY ISSUES AND SOCIAL CONCERNS AND INTEGRATES THEM INTO A HOLISTIC APPROACH TO TREATMENT 3 INPATIENT ADULT PSYCHIATRIC SERVICES BARNABAS HEALTH BEHAVIORAL HEALTH NETWORK OFFERS BOTH VOLUNTARY AND INVOLUNTARY INPATIENT UNITS AND INTENSIVE SHORT-TERM CARE FACILITIES WHICH TREAT THE MOST SEVERELY ILL CLIENTS THERE ARE SPECIALIZED TREATMENT TRACKS IN PLACE THROUGHOUT THE NETWORK FOR MICA CLIENTS AS WELL AS OTHER DUALLY DIAGNOSED CLIENTS BHBHC CLIENTS MAY ACCESS INPATIENT SERVICES THROUGH EMERGENCY SERVICES AT NUMEROUS NETWORK SITES, THROUGH BARNABAS HEALTH BEHAVIORAL HEALTH NETWORK 24-HOUR ACCESS CENTER STAFFED BY CLINICIANS TRAINED IN EMERGENCY RESPONSE, OR THROUGH PROFESSIONAL REFERRAL OTHER MEDICAL SERVICES ---------- BH 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 BARNABAS HEALTH HEART CENTERS) - CELIAC DISEASE PROGRAM - CENTER FOR HEALTH AND WELLNESS - COLON WELLNESS CENTER - COMMUNITY HEALTH - COMPREHENSIVE REHABILITATION CENTER - CORPORATE CARE - CRANIOFACIAL CENTER - CYSTIC FIBROSIS - DIABETES CARE - DIALYSIS, RENAL - EMERGENCY SERVICES - EPILEPSY CENTER, ADULT AND PEDIATRIC COMPREHENSIVE - HEALTH ASSESSMENT CENTER FOR ATHLETES - ACUTE HEMODIALYSIS - HOME HEALTH SERVICES - HOSPICE AND PALLIATIVE CARE SERVICES - IMAGING CENTERS - 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 - OBSTETRICS/GYNECOLOGY - OCCUPATIONAL MEDICINE - OSTEOPOROSIS AND METABOLIC BONE DISEASE CENTER - PAIN MANAGEMENT - 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 - RETAIL PHARMACIES - 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 MEDICINE - UROGYNECOLOGY - VALERIE FUND CHILDREN'S CENTERS - WEIGHT LOSS INSTITUTE - WOMENS CARDIAC RISK ASSESSMENT - WOMEN'S/PARENT HEALTH EDUCATION - WOMENS CENTER FOR GYNECOLOGICAL SURGERY, CATERINA GREGORI, M D - WOUND CARE CENTERS AND HYPERBARIC MEDICINE - VASCULAR CENTER

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	SUPPORT GROUPS ---------- BH 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 - WOMENS HEALTH/PARENT EDUCATION INSTRUCTIONAL CLASSES AND PROGRAMS ---------- BH OFFERS A VARIETY OF LIFESTYLE AND INSTRUCTIONAL CLASSES TO IMPROVE AN INDIVIDUAL'S OVERALL WELL-BEING THERE IS A FEE ASSOCIATED WITH SOME OF THESE PROGRAMS THESE INCLUDE, BUT ARE NOT LIMITED, TO - AQUACIZE CLASS - CPR CARDIOPULMONARY RESUSCITATION CLASS - FIRST AID PROGRAMS AND FIRST RESPONDERS - HIPPOTHERAPY THERAPY FOR CHILDREN ON HORSEBACK - INTEGRATIVE MEDICINE PROGRAMS - KARATE FOR CHILDREN WITH SPECIAL NEEDS - LEARN PROGRAM FOR WEIGHT CONTROL, KIDS FIT - MOMS IN MOTION PRENATAL AND POSTPARTUM EXERCISE - SPORTS MEDICINE PROGRAMS - STAY FIT - YOGA CLASS CHILDBIRTH PREPARATION AND PARENTING CLASSES ---------- BH OFFERS AN EXTENSIVE ARRAY OF PRENATAL CHILDBIRTH PREPARATION AND PARENTING CLASSES AND SERVICES IN ADDITION, THE WOMEN'S HEALTH SERVICE DEPARTMENT OFFERS SEMINARS ON WOMEN'S HEALTH ISSUES THE FOLLOWING COURSES AND SERVICES ARE CURRENTLY OFFERED INCLUDE, BUT ARE NOT LIMITED, TO - ADOPTIVE PARENTS BABY CARE CONSULTATIONS - BREASTFEEDING CLASS - BREAST PUMP RENTAL SERVICE - DADDY BEEPER RENTAL SERVICE - GRANDPARENTING - INFANT AND CHILD CPR - LAMAZE REFRESHER SERIES - MARVELOUS MULTIPLES PROGRAM - MOMS IN MOTION PRENATAL AND POSTPARTUM EXERCISE - PARENTING INSIGHTS - PETS AND BABIES SEMINAR - PREPARED CHILDBIRTH SERIES - PREPARED CHILDBIRTH/LAMAZE SERIES - SIBLING CLASS - WOMENS HEATH SEMINARS

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CORE FORM, PART III, QUESTION 2	DURING 2015, BARNABAS HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM, PERFORMED A CORPORATE REORGANIZATION WITH RESPECT TO ITS EMPLOYED PERSONNEL THIS RESULTED IN A TRANSFER OF EMPLOYEES PREVIOUSLY EMPLOYED BY SBC MANAGEMENT CORPORATION, A BARNABAS HEALTH AFFILIATE OF WHICH BARNABAS HEALTH, INC , THE TAX-EXEMPT PARENT ENTITY OF BARNABAS HEALTH, OWNS 100% OF THE COMMON STOCK, TO BARNABAS HEALTH, INC ACCORDINGLY, THIS ORGANIZATION HAD NO EMPLOYEES IN 2014 AND 982 EMPLOYEES IN 2015 PLEASE ALSO REFER TO OUR RESPONSE TO CORE FORM, PART I, LINE 5

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CORE FORM, PART VI, SECTION B, QUESTION 11B	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF BARNABAS HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("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 SENIOR VICE PRESIDENT/GENERAL COUNSEL, EXECUTIVE VICE-PRESIDENT AND CHIEF FINANCIAL OFFICER, VICE PRESIDENT OF INTERNAL AUDIT AND VARIOUS OTHER INDIVIDUALS OF THE SYSTEM TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S INTERNAL WORKING GROUP INCLUDING, BUT NOT LIMITED TO, THOSE INDIVIDUALS OUTLINED ABOVE, FOR THEIR REVIEW THE ORGANIZATION'S INTERNAL WORKING GROUP AND OTHER INDIVIDUALS REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM IN ADDITION, THE SYSTEM'S EXTERNAL OUTSIDE TAX COUNSEL 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, THE EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER AND THE EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER THE COMPENSATION COMMITTEE ALSO REVIEWS THE COMPENSATION AND BENEFITS OF OTHER 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, THE EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER 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, THE EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER, 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, DIRECTORS AND KEY EMPLOYEES 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 THE SAME AS REFLECTED IN CORE FORM, PART VII OF THIS FORM 990 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 THE SYSTEM, 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 THIS ORGANIZATION OR A RELATED ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THIS ORGANIZATION OR 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	JUSTIN H EDELMAN, CORPORATE DIRECTOR FOR THIS ORGANIZATION FOR THE PERIOD 1/1/2015 - 8/30/2015 BECAME AN ASSISTANT VICE PRESIDENT FOR THIS ORGANIZATION ON 8/30/2015 WHERE HE SERVED IN THIS POSITION FOR THE REMAINDER OF 2015 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 AND POST RETIREMENT CHANGES OTHER THAN NET PERIODIC BENEFIT COST - $31,532,470, AND - NET TRANSFER OF EQUITY TO SAINT BARNABAS REALTY DEVELOPMENT CORPORATION, - ($430,940)

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	THIS ORGANIZATION 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, 2015 AND DECEMBER 31, 2014, RESPECTIVELY THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS FOR THE BARNABAS HEALTH HOSPITALS AND CERTAIN OTHER AFFILIATES THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS 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
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES TOTAL FEES 37190828

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CLINICAL FEES TOTAL FEES 11305766

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING FEES TOTAL FEES 6993396

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION DIETARY MANAGEMENT FEES TOTAL FEES 576668

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION FEES TOTAL FEES 390761

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION REGULATORY FEES TOTAL FEES 1425036

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN FEES TOTAL FEES 34320

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER FEES TOTAL FEES 199576

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

OMB No 1545-0047

2015

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	44,965	0	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	(g) 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?		(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	
See Additional Data Table												

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	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.

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, 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 AND SBC MANAGEMENT CORPORATION, A RELATED ORGANIZATION, ROUTINELY PAY 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
CENTER STATE HEALTH GROUP INC 2 CRESCENT PLACE OCEANPORT, NJ 07757 22-2939956	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	BH	Yes	
CENTRAL JERSEY BEHAVIORAL HEALTH ASSOC 1691 ROUTE 9 TOMS RIVER, NJ 08754 22-3343959	HEALTH SVCS	NJ	501(C)(3)	509(a)(3)	SBBH	Yes	
CLARA MAASS FOUNDATION ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109 22-2132516	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	BH	Yes	
CLARA MAASS MEDICAL CENTER ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109 22-1500556	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	BH	Yes	
COMMUNITY MEDICAL CENTER 99 HIGHWAY 37 WEST TOMS RIVER, NJ 08755 22-3452306	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	BH	Yes	
COMMUNITY MEDICAL CENTER FOUNDATION 99 HIGHWAY 37 WEST TOMS RIVER, NJ 08755 22-2597592	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	BH	Yes	
IRVINGTON GENERAL HOSPITAL 832 CHANCELLOR AVENUE IRVINGTON, NJ 07111 22-3452411	INACTIVE	NJ	501(C)(3)	HOSPITAL	BH	Yes	
IRVINGTON HOSPITAL FOUNDATION 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 23-7025428	INACTIVE	NJ	501(C)(3)	509(a)(3)	BH	Yes	
MONMOUTH MED CNTR - SOUTHERN CAMPUS 600 RIVER AVE ANNEX BLDG E LAKEWOOD, NJ 08701 22-2630076	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	BH	Yes	
MEDICAL CENTER STAFFING SERVICES INC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 35-2219655	STAFFING SVCS	NJ	501(C)(3)	509(a)(3)	CSHG	Yes	
MEGA CARE INC 2 CRESCENT PLACE OCEANPORT, NJ 07757 22-2578561	HEALTH SVCS	NJ	501(C)(3)	509(a)(3)	CSHG	Yes	
MONMOUTH MEDICAL CENTER 300 SECOND AVENUE LONG BRANCH, NJ 07740 22-3452412	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	BH	Yes	
MONMOUTH MEDICAL CENTER - FACULTY PRACT 100 STATE HIGHWAY 36 WEST LONG BRANCH, NJ 07764 22-3357053	HEALTH SVCS	NJ	501(C)(3)	509(a)(3)	MMC	Yes	
MONMOUTH MEDICAL CENTER FOUNDATION 300 SECOND AVENUE LONG BRANCH, NJ 07740 22-2456079	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	BH	Yes	
BARNABAS HEALTH MEDICAL GROUP PC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-3316007	HEALTH SVCS	NJ	501(C)(3)	509(a)(2)	BH	Yes	
NEWARK BETH ISRAEL MEDICAL CENTER 201 LYONS AVENUE NEWARK, NJ 07112 22-3452311	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	BH	Yes	
SAINT BARNABAS BEHAVIORAL HEALTH CENTER 1691 ROUTE 9 TOMS RIVER, NJ 08754 22-2977312	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	CSHG	Yes	
SAINT BARNABAS 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	
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	
SAINT BARNABAS MEDICAL CENTER 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 22-1494440	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	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
SAINT BARNABAS OUTPATIENT CENTERS 200 SOUTH ORANGE AVENUE LIVINGSTON, NJ 07039 22-2458479	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	BH	Yes	
SAINT BARNABAS REALTY DEVELOPMENT CORP 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 22-2940008	TITLE HLDNG	NJ	501(C)(3)	509(a)(3)	BH	Yes	
UNITED RESCUE AT JERSEY CITY INC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-2458481	INACTIVE	NJ	501(C)(3)	509(a)(3)	BH	Yes	
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	
UNION HOSPITAL 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 22-1413947	INACTIVE	NJ	501(C)(3)	HOSPITAL	BH	Yes	
SANDY HOOK FRNDS OF ST BARNABAS BURN FDN 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 22-3236202	FUNDRAISING	NJ	501(C)(3)	509(A)(3)	BH	Yes	
LIBERTY HEALTHCARE SYSTEM INC 350 Montgomery Street JERSEY CITY, NJ 07302 22-3113960	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	BH	Yes	
LIBERTY BEHAVIORAL HEALTH ASSOCIATES 350 MONTGOMERY STREET JERSEY CITY, NJ 07302 22-3506358	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	JCMC	Yes	
LIBERTY CHILD HEALTH SERVICES 350 MONTGOMERY STREET JERSEY CITY, NJ 07302 22-3386849	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	JCMC	Yes	
LIBERTY HEALTHCARE SYSTEM FOUNDATION 350 MONTGOMERY STREET JERSEY CITY, NJ 07302 22-3113911	FUNDRAISING	NJ	501(C)(3)	509(A)(2)	LHCS	Yes	
LIBERTY HOME CARE 350 MONTGOMERY STREET JERSEY CITY, NJ 07302 22-3327677	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	LHCS	Yes	
LIBERTY REHAB CTR FACULTY PRACTICE PLAN 350 MONTGOMERY STREET JERSEY CITY, NJ 07302 22-3605610	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	JCMC	Yes	
LIBERTY SURGICAL ASSOCIATES 350 MONTGOMERY STREET JERSEY CITY, NJ 07302 22-3386850	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	JCMC	Yes	
LIBERTY RIVERSIDE HEALTHCARE 350 MONTGOMERY STREET JERSEY CITY, NJ 07302 22-3284894	INACTIVE	NJ	501(C)(3)	HOSPITAL	LHCS	Yes	
NEW MARGARET HAGUE CTR WOMENS JCM OBGYN 350 MONTGOMERY STREET JERSEY CITY, NJ 07302 22-3363012	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	JCMC	Yes	
JERSEY CITY FAMILY HEALTH CENTER 350 MONTGOMERY STREET JERSEY CITY, NJ 07302 22-3579538	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	LHCS	Yes	
JERSEY CITY MEDICAL CENTER 350 MONTGOMERY STREET JERSEY CITY, NJ 07302 22-2783298	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	BH	Yes	
GREENVILLE HOSPITAL 350 MONTGOMERY STREET JERSEY CITY, NJ 07302 22-0963805	INACTIVE	NJ	501(c)(3)	HOSPITAL	LHCS	Yes	
Barnabas Health Physician Associates PC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 47-3922235	INACTIVE	NJ	501(C)(3)	509(a)(2)	BH	Yes	
RWJ BARNABAS HEALTH INC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 81-0682747	INACTIVE	NJ	501(C)(3)	509(A)(3)	N/A		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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?		(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	
INNOVATIVE PURCHASING CONCEPTS 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-3786557	PURCHASING	NJ	NA					No				
KIM-MED ASSOCIATES 300 SECOND AVENUE LONG BRANCH, NJ 07740 22-2775619	REAL ESTATE	NJ	N/A					No				
NEW JERSEY IMAGING NTWKLLC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 46-0623701	HEALTHCARE SVcs	NJ	NA					No				
CENTRAL JERSEY ACO LLC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 45-5460713	HEALTHCARE SVCS	NJ	BH	RELATED	266,750	62,500		No			No	75 000 %
SHREWSBURY DIAGNOSTIC IMAGING LLC 1131 BROAD STREET SUITE 110 SHREWSBURY, NJ 07702 20-3833246	HEALTHCARE SVCS	NJ	NA					No				
LIBERTY HEALTHCARE MANAGEMENT 350 MONTGOMERY STREET JERSEY CITY, NJ 07302 22-3597891	MANAGEMENT	NJ	NA					No				
LIBERTYUSP SURGERY CENTERS LLC 15305 DALLAS PKWY SUITE 1600 LB 28 ADDISON, TX 75001 26-4756962	HEALTHCARE SVCS	TX	NA					No				
JERSEY ASC VENTURES LLC 1A BURTON HILLS BLVD NASHVILLE, TN 37215 47-3368037	MEDICAL	TN	NA									
VNA HEALTH GROUP OF NEW JERSEY LLC 176 RIVERSIDE AVENUE RED BANK, NJ 07701 47-4841103	MEDICAL	NJ	NA									

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
(1) LIVINGSTON SERVICES CORP 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-2779395	HEALTHCARE SVCS	NJ	NA	C CORP					No
(1) LIVINGSTON INFUSION CARE INC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-3190756	HEALTHCARE SVCS	NJ	NA	C CORP					No
(2) MAJOR SECURITY SERVICES INC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-3040539	SECURITY SVCS	NJ	NA	C CORP					No
(3) CENTER STATE MANAGEMENT CORP 300 SECOND AVENUE LONG BRANCH, NJ 07740 22-2506125	MGMT SVCS	NJ	NA	C CORP					No
(4) KIMBALL HLTH CARE AFFILIATES 300 SECOND AVENUE LONG BRANCH, NJ 07740 22-2701213	INVESTMENT	NJ	NA	C CORP					No
(5) HEALTH CARE FACILITIES MGT 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-3532988	MAINT SVCS	NJ	NA	C CORP					No
(6) SBC MANAGEMENT CORPORATION 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-3414332	MGMT SVCS	NJ	BH	C CORP	19,404,226	15,684,248	100 000 %	Yes	
(7) PROFESSIONAL QUALITY LIAB 100 BANK STREET BURLINGTON, VT 05401 20-5163819	INSURANCE SVCS	VT	BH	C CORP	4,542	2,146,004	100 000 %	Yes	
(8) NJ HEALTH CARE SYSTEM INC 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 22-3536986	INACTIVE	NJ	NA	C CORP					No
(9) CPIC 44 CHURCH STREET HAMILTON,BERMUDA HM11 BD	FINANCIAL VEHICLE	BD	NA	FOREIGN CORP					No
(10) LSC PHARMACY SERVICES INC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 45-2552776	PHARMACY SVCS	NJ	NA	C CORP					No
(11) LIBERTY HEALTHCARE CAPITAL 350 MONTGOMERY STREET JERSEY CITY, NJ 07302 22-3444345	LEASE/FINANCE	NJ	NA	C CORP					No
(12) JCMC PHYSICIANS ASSOCIATES PC 355 GRAND STREET JERSEY CITY, NJ 07302 46-5329974	INACTIVE	NJ	NA	C CORP					No

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	COMMUNITY MEDICAL CENTER	D	18,131,970	COST
(1)	COMMUNITY MEDICAL CENTER	E	5,441,229	COST
(2)	MONMOUTH MEDICAL CENTER	D	24,490,091	COST
(3)	MONMOUTH MEDICAL CENTER	E	3,861,451	COST
(4)	BARNABAS HEALTH MEDICAL GROUP PC	D	713,503	COST
(5)	BARNABAS HEALTH MEDICAL GROUP PC	E	195,004	COST
(6)	NEWARK BETH ISRAEL MEDICAL CENTER	D	23,289,298	COST
(7)	NEWARK BETH ISRAEL MEDICAL CENTER	D	1,516,467	COST
(8)	SAINT BARNABAS MEDICAL CENTER	D	30,530,711	COST
(9)	SAINT BARNABAS MEDICAL CENTER	E	5,016,063	COST
(10)	JERSEY CITY MEDICAL CENTER	D	3,092,071	COST
(11)	JERSEY CITY MEDICAL CENTER	E	5,496,947	COST
(12)	SAINT BARNABAS BEHAVIORAL HEALTH CENTER	E	665,918	COST
(13)	SAINT BARNABAS BEHAVIORAL HEALTH CENTER	D	15,982,506	COST
(14)	CLARA MAASS MEDICAL CENTER	D	11,888,247	COST
(15)	CLARA MAASS MEDICAL CENTER	E	2,287,399	COST
(16)	SBC MANAGEMENT CORPORATION	D	43,029,450	COST
(17)	SBC MANAGEMENT CORPORATION	E	2,139,330	COST
(18)	SAINT BARNABAS HOSPICE AND PALLIATIVE CARE	E	1,931,865	COST
(19)	SAINT BARNABAS HOSPICE AND PALLIATIVE CARE	E	673,385	COST
(20)	CENTER STATE HEALTH GROUP INC	D	26,634,564	COST
(21)	CENTER STATE HEALTH GROUP INC	E	49,246,136	COST
(22)	LSC PHARMACY SERVICES INC	D	1,216,949	COST
(23)	LSC PHARMACY SERVICES INC	E	14,622,570	COST
(24)	MEGA CARE INC	E	3,001,116	COST

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	MEGA CARE INC	E	755,757	COST
(1)	LIVINGSTON SERVICES CORPORATION	E	483,592	COST
(2)	LIVINGSTON SERVICES CORPORATION	E	260,146	COST
(3)	LIBERTY HEALTHCARE SYSTEM INC	D	2,747,428	COST
(4)	INNOVATIVE PURCHASING CONCEPTS LLC	E	152,759	COST
(5)	MONMOUTH MEDICAL CENTER - FPP	E	119,495	COST
(6)	CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES	E	1,189,309	COST
(7)	CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES	E	181,285	COST
(8)	SAINT BARNABAS REALTY DEVELOPMENT CORPORATION	E	2,404,708	COST
(9)	SAINT BARNABAS OUTPATIENT CENTERS	E	1,709,874	COST
(10)	SAINT BARNABAS OUTPATIENT CENTERS	D	3,600,457	COST
(11)	HEALTH CARE FACILITIES MANAGEMENT INC	E	185,098	COST
(12)	HEALTH CARE FACILITIES MANAGEMENT INC	E	55,224	COST
(13)	LIVINGSTON INFUSION CARE INC	D	1,904,350	COST
(14)	LIVINGSTON INFUSION CARE INC	E	1,786,268	COST
(15)	COMMERCIAL PROFESSIONAL INSURANCE CO LTD	D	415,001	COST
(16)	COMMERCIAL PROFESSIONAL INSURANCE CO LTD	E	17,677,328	COST
(17)	MEGA CARE INC	L	2,515,952	COST
(18)	CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES	L	90,437	COST
(19)	CLARA MAASS MEDICAL CENTER	L	23,607,577	COST
(20)	COMMUNITY MEDICAL CENTER	L	32,573,096	COST
(21)	MONMOUTH MEDICAL CENTER	L	43,275,214	COST
(22)	NEWARK BETH ISRAEL MEDICAL CENTER	L	48,004,009	COST
(23)	SAINT BARNABAS BEHAVIORAL HEALTH CENTER	L	817,103	COST
(24)	SAINT BARNABAS HOSPICE AND PALLIATIVE CARE	L	1,944,931	COST

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51)	SAINT BARNABAS MEDICAL CENTER	L	64,502,495	COST
(1)	SAINT BARNABAS OUTPATIENT CENTERS	L	5,848,462	COST
(2)	JERSEY CITY MEDICAL CENTER	L	15,266,604	COST
(3)	SAINT BARNABAS REALTY DEVELOPMENT CORPORATION	R	430,941	COST