

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
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

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

C Name of organization
ST BARNABAS HOSPITAL
% JERUSHA BONTE
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
4422 Third Avenue
City or town, state or province, country, and ZIP or foreign postal code
Bronx, NY 10457

D Employer identification number
13-1740122
E Telephone number
(718) 960-3868
G Gross receipts \$ 419,211,414

F Name and address of principal officer
DAVID PERLSTEIN PRES COO
4422 Third Avenue
Bronx, NY 10457

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.sbhny.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1866

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ST BARNABAS HOSPITAL IS COMMITTED TO IMPROVING THE HEALTH OF OUR COMMUNITY AND IS DEDICATED TO PROVIDING COMPASSIONATE, COMPREHENSIVE AND INNOVATIVE HEALTH CARE

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)	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	19
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	2,928
6 Total number of volunteers (estimate if necessary)	254
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,593,313	7,469,750
9 Program service revenue (Part VIII, line 2g)	333,784,669	349,173,860
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,005,206	2,079,382
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,508,326	12,207,150
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	352,891,514	370,930,142
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	833,275	864,750
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)	217,555,739	238,353,897
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	149,519,068	146,885,349
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	367,908,082	386,103,996
19 Revenue less expenses Subtract line 18 from line 12	-15,016,568	-15,173,854

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	389,522,672	392,935,405
21 Total liabilities (Part X, line 26)	253,012,447	243,090,474
22 Net assets or fund balances Subtract line 21 from line 20	136,510,225	149,844,931

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
Date 2017-10-23
MARY GROCHOWSKI Sr VP/CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name LAURA KIELCZEWSKI
Preparer's signature LAURA KIELCZEWSKI
Date
Check if self-employed PTIN P00740769
Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶
Firm's address ▶ 5 TIMES SQUARE Phone no (212) 773-3000
NEW YORK, NY 10036

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

ST BARNABAS HOSPITAL IS COMMITTED TO IMPROVING THE HEALTH OF OUR COMMUNITY AND IS DEDICATED TO PROVIDING COMPASSIONATE, COMPREHENSIVE AND INNOVATIVE HEALTH CARE IN A SAFE ENVIRONMENT WHERE THE PATIENT ALWAYS COMES FIRST ALL INDIVIDUALS WILL BE PROVIDED COMPLETE, OPEN AND TIMELY ACCESS TO THE HIGHEST QUALITY OF CARE, REGARDLESS OF THEIR ABILITY TO PAY

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 \$	152,631,067	including grants of \$	0	(Revenue \$	351,600,900)
	See Additional Data						

4b	(Code)	(Expenses \$	129,302,288	including grants of \$	0	(Revenue \$	63,988,017)
	See Additional Data						

4c	(Code)	(Expenses \$	12,227,599	including grants of \$	0	(Revenue \$	11,060,877)
	See Additional Data						

4d	Other program services (Describe in Schedule O)						
	(Expenses \$	1,398,021	including grants of \$		(Revenue \$	94,125,887)	

4e	Total program service expenses ▶	295,558,975					
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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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
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? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		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?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i> b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> 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? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b Yes	Yes	
28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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	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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (20); 1b Enter the number of voting members included in line 1a, above, who are independent (19); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (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? (No); 16b 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?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (NY); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] 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 (JERUSHA BONTE 4422 THIRD AVENUE BRONX, NY 10457 (718) 960-3868).

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	4,066,046		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,403,704		
	g Noncash contributions included in lines 1a-1f \$ _____				
	h Total. Add lines 1a-1f		7,469,750		

Program Service Revenue			Business Code				
	2a HOSPITAL PATIENT SERVICE		621110	306,026,852	306,026,852	0	0
b SOUTHERN MEDICAL GROUP		621110	10,265,404	10,265,404	0	0	
c FORDHAM TREMONT		621110	11,060,877	11,060,877	0	0	
d SBH PC INCOME		900099	20,660,205	20,660,205	0	0	
e AFFILIATE RENT		900099	1,160,522	1,160,522	0	0	
f All other program service revenue							
g Total. Add lines 2a-2f			349,173,860				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,522,988			1,522,988
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
		903,357					
	b Less rental expenses	1,272,201					
	c Rental income or (loss)	-368,844	0				
	d Net rental income or (loss)			-368,844			-368,844
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		46,300,154	1,265,311				
	b Less cost or other basis and sales expenses	45,631,733	1,377,338				
	c Gain or (loss)	668,421	-112,027				
	d Net gain or (loss)			556,394			556,394
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0				
	b Less direct expenses	b	0				
c Net income or (loss) from fundraising events			0				
9a Gross income from gaming activities See Part IV, line 19	a	0					
b Less direct expenses	b	0					
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a	0					
b Less cost of goods sold	b	0					
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue	Business Code						
11a EHR MEANINGFUL USE	900099	834,788	834,788	0	0		
b SELECT HEALTH DISTRIBUTION	900099	135,146		0	135,146		
c 340B DRUG PRICING PROGRAM	621500	1,592,252	1,592,252	0	0		
d All other revenue		10,013,808		0	10,013,808		
e Total. Add lines 11a-11d		12,575,994					
12 Total revenue. See Instructions		370,930,142	351,600,900	0	11,859,492		

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	864,750	864,750		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	6,698,876	5,158,135	1,540,741	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	170,205,922	131,058,560	39,147,362	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,256,099	10,207,196	3,048,903	0
9 Other employee benefits	35,243,445	27,137,453	8,105,992	0
10 Payroll taxes	12,949,555	9,971,157	2,978,398	0
11 Fees for services (non-employees)				
a Management	21,094,195	21,094,195	0	0
b Legal	2,337,769	2,337,769	0	0
c Accounting	328,492	0	328,492	0
d Lobbying	32,074	0	32,074	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	26,741,457	20,590,922	6,150,535	0
12 Advertising and promotion	63,977	49,262	14,715	
13 Office expenses	11,225,552	8,643,675	2,581,877	
14 Information technology	0	0	0	0
15 Royalties	0	0	0	0
16 Occupancy	4,229,653	3,256,833	972,820	
17 Travel	0	0	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	1,483,896	1,142,600	341,296	
20 Interest	3,834,618	2,952,656	881,962	
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	20,930,392	16,116,402	4,813,990	0
23 Insurance	7,386,435	5,687,555	1,698,880	
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 PROVISION FOR BAD DEBT	9,001,384	9,001,384	0	0
b HIP CLAIMS EXPENSE	7,350,456	0	7,350,456	0
c MEDICAL SUPPLIES	17,512,106	17,512,106	0	0
d TEMPORARY SERVICES	2,776,365	2,776,365	0	0
e All other expenses	10,556,528		10,556,528	
25 Total functional expenses. Add lines 1 through 24e	386,103,996	295,558,975	90,545,021	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	672,586
	2 Savings and temporary cash investments	9,583,812	2	14,477,923
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	32,869,766	4	36,540,434
	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	4,045,022	9	4,991,001
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	623,974,417		
	b Less accumulated depreciation	411,533,311		
	11 Investments—publicly traded securities	48,905,354	11	46,062,456
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	82,257,360	15	77,749,899
16 Total assets. Add lines 1 through 15 (must equal line 34)	389,522,672	16	392,935,405	
Liabilities	17 Accounts payable and accrued expenses	88,790,844	17	89,615,263
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	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	100,259,614	23	92,729,569
	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	63,961,989	25	60,745,642
	26 Total liabilities. Add lines 17 through 25	253,012,447	26	243,090,474
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	116,292,345	27	128,102,767
	28 Temporarily restricted net assets	2,861,839	28	4,337,409
	29 Permanently restricted net assets	17,356,041	29	17,404,755
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	136,510,225	33	149,844,931
	34 Total liabilities and net assets/fund balances	389,522,672	34	392,935,405

Part XI Reconciliation 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	370,930,142
2	Total expenses (must equal Part IX, column (A), line 25)	2	386,103,996
3	Revenue less expenses Subtract line 2 from line 1	3	-15,173,854
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	136,510,225
5	Net unrealized gains (losses) on investments	5	849,115
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	27,659,445
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	149,844,931

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a	Yes	
<p>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</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 13-1740122

Name: ST BARNABAS HOSPITAL

Form 990 (2016)

Form 990, Part III, Line 4a:

ST BARNABAS HOSPITAL PROVIDED COMPASSIONATE AND COMPREHENSIVE HEALTH CARE SERVICES TO THE PEOPLE OF THE BRONX COMMUNITY IN THE CITY OF NEW YORK DURING 2016, THE HOSPITAL PROVIDED INPATIENT HEALTHCARE SERVICES TO 14,517 PATIENTS

Form 990, Part III, Line 4b:

DURING 2016, THE HOSPITAL PROVIDED 488,604 OUTPATIENT HEALTHCARE SERVICES THESE SERVICES INCLUDED 151,636 AMBULATORY CARE VISITS, 82,625 EMERGENCY & PEDIATRIC EMERGENCY VISITS, 32,859 DIALYSIS TREATMENTS, 7,586 AMBULATORY SURGERY TREATMENTS, 204,460 METHADONE MAINTENANCE CLINIC TREATMENTS

Form 990, Part III, Line 4c:

THE MISSION OF SBH BEHAVIORAL HEALTH, FORMERLY KNOWN AS FORDHAM-TREMONT MENTAL HEALTH SERVICES, IS TO IMPROVE THE MENTAL HEALTH AND THE OVERALL QUALITY OF LIFE FOR THE DIVERSE RESIDENTS OF THE COMMUNITY THE CENTER PROVIDED HEALTHCARE SERVICES TO 91,446 PATIENTS

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			
Afua Atta-Mensah Trustee	1 0 0 0	X						0	0	0
Andrew P Mezey MD Trustee	1 0 0 0	X						0	0	0
Artie Johnson Trustee	1 0 0 0	X						0	0	0
Barry A Wintner CFA Trustee	1 0 0 0	X						0	0	0
Charles Moerdler Esq Trustee	1 0 0 0	X						0	0	0
David Harris Trustee	1 0 0 0	X						0	0	0
Elizabeth Sanchez LCSW Secretary	1 0 0 0	X		X				0	0	0
Helen Foster Trustee	1 0 0 0	X						0	0	0
Hon John A Barone Trustee	1 0 0 0	X						0	0	0
John J Lordan 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								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John Tognino Vice Chairman	1 0 0 0	X		X				0	0	0
Maureen D Donovan Esq Vice Chairman	1 0 0 0	X		X				0	0	0
Mildred Allen PhD Trustee	1 0 0 0	X						0	0	0
Richard Ketchum Trustee	1 0 0 0	X						0	0	0
Nancy Busch Rossnagel Trustee	1 0 0 0	X						0	0	0
Todd Reinglass Trustee	1 0 0 0	X						0	0	0
Victor Wright Chairman	1 0 0 0	X		X				0	0	0
Wendy Rodriguez Trustee	1 0 0 0	X						0	0	0
Wilma Alonso Trustee	1 0 0 0	X						0	0	0
KAREN PARRISH 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			
Scott Cooper MD Pres & CEO Thru 6/30/16	50 0 1 25			X				1,279,306	20,600	27,647
Leonard Walsh EVP/Chief Operating Officer	50 0 0 0			X				576,801	30,501	23,389
Jitendra Barmecha Senior VP/ CIO	50 0 0 0			X				453,245	0	22,777
David Perlstien Pres & COO Effective 7/1/16	50 0 2 5			X				631,906	0	21,135
Todd Gorlewski Senior Vice President/CFO	50 0 0 0			X				449,482	0	22,590
Keith D Wolf Sr VP & General Counsel	50 0 0 0			X				386,968	20,600	22,750
Patricia S Belair Senior Vice President	50 0 0 0			X				342,826	0	24,432
John Digirolomo Senior Vice President	50 0 0 0			X				223,231	4,560	19,328
Arlene Ortiz-Allende Senior Vice President	50 0 0 0			X				224,181	0	22,743
Mary Grochowski Vice President	22 5 37 5			X				59,025	177,076	21,341

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	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			
Ann Marie McDonald Vice President	50 0 0 0			X				270,433	0	20,175
Robert Church Vice President	50 0 0 0			X				249,387	0	19,390
ERIC C APPELBAUM SVP/CMO	50 0 1 0			X				411,874	0	20,447
IRENE KAUFMANN SVP POP HEALTH & EX DIR BPHC	50 0 1 0			X				278,276	0	21,575
RUTH E CASSIDY SENIOR VP	50 0 0 0			X				227,441	0	19,176
SAM COOKS VICE PRESIDENT	50 0 0 0			X				198,322	0	16,822
MAUREEN EISNER VP PATIENT EXPERIENCE	50 0 0 0			X				177,441	0	16,542
IRENE BORGEN VP AMB TRANSFOR & INNOVAT	50 0 0 0			X				152,472	0	14,248
ALLISON B MILLER VICE PRESIDENT	50 0 0 0			X				104,219	0	6,643
Ridwan Shabsigh Chair, Department of Surgery	50 0 0 0					X		803,078	0	26,979

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			
Sulejman Celaj Divisional Dir of Cardiology	50 0 0 0					X		700,863	0	21,803
Edward Telzak Chair, Dept of Medicine	50 0 0 0					X		538,844	0	20,082
Daniel G Murphy Chair & Dir Emergency Med	50 0 0 0					X		525,345	0	20,230
Andrea Culliford Chief of Gastroenterology	50 0 0 0					X		417,721	0	20,988

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ST BARNABAS HOSPITAL

Employer identification number

13-1740122

Part I 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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - 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 _____
 - 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- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2015 Schedule A, Part II, line 14	15

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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		
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		
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		
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 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
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		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
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 I of Schedule L (Form 990 or 990-EZ).		
	8		
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		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) 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		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
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		

Part IV Supporting Organizations (continued)

		Yes	No
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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 <input type="checkbox"/> 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2016

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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 ST BARNABAS HOSPITAL	Employer identification number 13-1740122
--	--

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2 Political expenditures	▶ \$ _____
3 Volunteer hours	_____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2 Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-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)		(b)
	Yes	No	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)?		No	
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?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		32,074
j Total Add lines 1c through 1i			32,074
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?		No	

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

	Yes	No
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
FORM 990, SCHEDULE C, PART II-B, LINE 11	ST BARNABAS HOSPITAL HAS PAID MEMBERSHIP DUES TO GREATER NEW YORK HOSPITAL ASSOCIATION (GNYHA) AND HOSPITAL ASSOCIATION OF NEW YORK STATE (HANYS) IN 2016 GNYHA AND HANY'S SPENT \$13,280 AND \$18,794, RESPECTIVELY, TO INFLUENCE LEGISLATION IN THE STATE OF NEW YORK

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
ST BARNABAS HOSPITAL

Employer identification number
13-1740122

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	29,228,748	34,580,079	37,139,074	40,140,376	38,049,820
b Contributions	13,341,745	33,010	275,687	0	2,064,483
c Net investment earnings, gains, and losses	2,255,417	-36,772	2,234,209	4,039,741	4,026,073
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	5,280,386	5,347,569	5,000,000	7,000,000	4,000,000
f Administrative expenses	12,500	0	68,891	41,043	0
g End of year balance	39,533,024	29,228,748	34,580,079	37,139,074	40,140,376

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 100 000 %
 - 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) | No |
| (ii) related organizations | 3a(ii) | No |
| 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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,792,660		12,792,660
b Buildings		309,605,028	181,329,616	128,275,413
c Leasehold improvements		11,915,604	11,419,833	495,771
d Equipment		254,447,120	209,584,239	44,862,881
e Other		35,214,005	9,199,623	26,014,381
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				212,441,106

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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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 FROM THIRD PARTY PROGRAM	23,563,345
(2) OTHER ACCOUNT RECEIVABLES	6,479,577
(3) FUND IN TRUST	17,404,755
(4) DUE FROM UCHC	9,832,781
(5) OTHER ASSETS	20,469,441
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	77,749,899

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
EST LONG-TERM MALPRACTICE LIAB	11,116,257
ACCRUED POSTRETIREMENT BENEFIT	822,116
ACCRUED PENSION LIABILITY	39,938,414
OTHER LONG TERM LIABILITIES	8,868,855
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	60,745,642

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-1740122

Name: ST BARNABAS HOSPITAL

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 1c	Prior period adjustment Net investment earnings in prior year on line 1c were adjusted from \$36,772 to (\$36,772) Schedule D, Part V, Line 4 INTENDED USE OF ENDOWMENT FUNDS CONSISTENT WITH INDUSTRY PRACTICE, MANAGEMENT AND THE HOSPITAL'S BOARD OF TRUSTEES FURTHER UNDERSTAND THAT EXPENDITURES FROM A DONOR-RESTRICTED FUND IS LIMITED TO THE USES AND PURPOSES FOR WHICH THE ENDOWMENT FUND IS ESTABLISHED AND THE USE OF NET APPRECIATION, REALIZED GAINS (WITH RESPECT TO ALL ASSETS) AND UNREALIZED GAINS (WITH RESPECT ONLY TO READILY MARKETABLE ASSETS) IS LIMITED TO THE EXTENT THAT THE FAIR VALUE OF A DONOR-RESTRICTED FUND EXCEEDS THE HISTORIC DOLLAR VALUE OF THE FUND (UNLESS THE APPLICABLE GIFT INSTRUMENT INDICATES THAT NET APPRECIATION SHALL NOT BE EXPENDED), TO THE EXTENT THAT SUCH EXPENDITURE IS PRUDENT, CONSIDERING THE LONG AND SHORT TERM NEEDS OF THE HOSPITAL IN CARRYING OUT ITS PURPOSES, ITS PRESENT AND ANTICIPATED FINANCIAL REQUIREMENTS, EXPECTED TOTAL RETURN ON ITS INVESTMENTS AND GENERAL ECONOMIC CONDITIONS

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
ST BARNABAS HOSPITAL

Employer identification number

13-1740122

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** Activities 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
Central America and the Caribbean			Investments	EQUITY INVESTMENT	1,791,724
3a Sub-total					1,791,724
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					1,791,724

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)

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 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 separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Additional Data

Software ID:

Software Version:

EIN: 13-1740122

Name: ST BARNABAS HOSPITAL

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).

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 ST BARNABAS HOSPITAL

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Employer identification number
 13-1740122

OMB No 1545-0047
2016
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other _____ 300 %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			12,130,765	14,953,686	0	0 %
b Medicaid (from Worksheet 3, column a)			166,276,875	153,047,487	13,229,387	3 510 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs			178,407,640	168,001,173	13,229,387	3 510 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			44,935,805	19,317,527	25,618,278	6 790 %
g Subsidized health services (from Worksheet 6)			62,360,979	39,002,651	23,358,328	6 190 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			864,750		864,750	0 230 %
j Total. Other Benefits			108,161,534	58,320,178	49,841,356	13 210 %
k Total. Add lines 7d and 7j			286,569,174	226,321,351	63,070,743	16 720 %

Part III Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	35,792,824
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	24,505,729
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	11,287,095
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

See Additional Data Table	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 ST BARNABAS HOSPITAL

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V - SECTION C</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE PART V - SECTION C</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

ST BARNABAS HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 % and FPG family income limit for eligibility for discounted care of 300 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE SECTION C		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE SECTION C		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

ST BARNABAS HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	Yes	
-----------	--	-----	--

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

ST BARNABAS HOSPITAL

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 6

Name and address	Type of Facility (describe)
1 SBH Health System Ambulatory Care Clinic 4487 3rd AVENUE BRONX, NY 10457	HOSPITAL EXTENSION CLINIC
2 SBH Behavioral Health Facility 2021 Grand Concourse BRONX, NY 10453	HOSPITAL EXTENSION CLINIC
3 SBH Health System Methadone 4535-39 THIRD AVENUE BRONX, NY 10457	HOSPITAL EXTENSION CLINIC
4 SBH Behavioral Health Facility 260 East 188th Street BRONX, NY 10458	HOSPITAL EXTENSION CLINIC
5 SBH Behavioral Health Facility 326 East 149th Street BRONX, NY 10451	HOSPITAL EXTENSION CLINIC
6 SBH Health System Hemodialysis Clinic 4443 3RD AVENUE BRONX, NY 10457	HOSPITAL EXTENSION CLINIC
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	THE HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT WHICH IS POSTED ON THE HOSPITALS WEBSITE, WWW SBHNY ORG AND IS AVAILABLE TO THE PUBLIC FORM 990, SCHEDULE H, PART I, LINE 7 PERCENT OF TOTAL EXPENSE WAS CALCULATED AFTER DIVIDING THE NET COMMUNITY BENEFIT EXPENSE BY THE TOTAL EXPENSES OF THE ORGANIZATION FROM FORM 990, PART IX, LINE 25, COLUMN A

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES ARE IDENTIFIED AS THOSE SERVICES WHICH ARE ESSENTIAL TO THE COMMUNITY THE HOSPITAL IS INCURRING LOSSES WHILE PROVIDING THESE SERVICES TO THE COMMUNITY COST OF SUBSIDIZED HEALTH SERVICES WAS CALCULATED BY APPLYING HOSPITAL RATIO OF COST TO CHARGE TO THE GROSS CHARGES FOR SUBSIDIZED SERVICES AND THE COST WAS OFFSET BY THE REVENUE RECEIVED FROM THIRD PARTY PAYERS NET COMMUNITY BENEFIT EXPENSE WAS CALCULATED AFTER REDUCING THE COST FOR BAD DEBT EXPENSES, COST FOR MEDICAID PROGRAMS AND CHARITY CARE COST ASSOCIATED WITH THE SUBSIDIZED HEALTH SERVICES

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	BAD DEBT METHODOLOGY COST OF BAD DEBT EXPENSE WAS CALCULATED BY APPLYING THE RATIO COST OF CHARGE TO THE BAD DEBT EXPENSES SCHEDULE H, PART III, LINE 4 THE ORGANIZATION'S FOOTNOTE DISCLOSURE REGARDING BAD DEBT EXPENSE INCLUDES THE FOLLOWING ACCOUNT BALANCES ARE WRITTEN OFF AGAINST THE ALLOWANCE WHEN MANAGEMENT FEELS IT IS PROBABLE THE RECEIVABLE WILL NOT BE RECOVERED HISTORICAL COLLECTION AND PAYER REIMBURSEMENT EXPERIENCE IS AN INTEGRAL PART OF THE ESTIMATION PROCESS RELATED TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN ADDITION, THE HOSPITAL ASSESSES THE CURRENT STATE OF ITS BILLING FUNCTIONS IN ORDER TO IDENTIFY ANY KNOWN COLLECTION OR REIMBURSEMENT ISSUES AND ASSESS THE IMPACT, IF ANY, ON ALLOWANCE ESTIMATES THE HOSPITAL BELIEVES THAT THE COLLECTABILITY OF ITS RECEIVABLES IS DIRECTLY LINKED TO THE QUALITY OF ITS BILLING PROCESSES, MOST NOTABLY THOSE RELATED TO OBTAINING THE CORRECT INFORMATION IN ORDER TO BILL EFFECTIVELY FOR THE SERVICES IT PROVIDES REVISIONS TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS ESTIMATES ARE RECORDED AS AN ADJUSTMENT TO THE PROVISION FOR BAD DEBTS

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART III, LINE 8	ST BARNABAS HOSPITAL DOES NOT REPORT ANY SHORTFALL ON LINE 7 DUE TO THE FACT THAT THE HOSPITAL RECEIVES A SIGNIFICANT AMOUNT OF MONEY FROM DISPROPORTIONATE SHARE AND GRADUATE MEDICAL EDUCATION THE HOSPITAL SERVES A LARGE INDIGENT POPULATION AND HAS AN EXTENSIVE TEACHING PROGRAM CONSISTING OF 270 RESIDENTS AND INCURS LOSSES IN PROVIDING CARE TO THE INDIGENT POPULATIONS AND TRAINING HEALTHCARE PROFESSIONALS

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART III, LINE 9B	ALL SELF-PAY PATIENTS ARE SCREENED FOR MEDICAID ELIGIBILITY, HOWEVER, IF THE PATIENT WAS NOT DEEMED ELIGIBLE AND HAS NO MEANS OF PAYING THEY ARE REFERRED TO THE PATIENT FINANCIAL SERVICES OFFICE WHERE IT IS DETERMINED WHETHER THEY QUALIFY FOR CHARITY CARE BASED ON SLIDING SCALE OPTIONS PROPER DOCUMENTATION IS REQUIRED TO BE SUBMITTED IN ORDER TO QUALIFY FOR CHARITY CARE OPTIONS - LITERATURE WILL ALSO BE SENT TO THE PATIENT PERTAINING TO THEIR SITUATION ALL ACTIONS TAKEN ON AN ACCOUNT SHOULD BE DOCUMENTED IN THE HOSPITAL BUSINESS OFFICE WITHOUT ANY HESITATION

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 2	<p>NEEDS ASSESSMENT THE COMMUNITY HEALTH NEEDS ASSESSMENT [CHNA] DESCRIBES THE PEOPLE AND THE HEALTH OF OUR BRONX COMMUNITY USING MULTIPLE DATA SOURCES IT IS THE BASIS FOR OUR THREE YEAR COMMUNITY SERVICE PLAN THAT WILL GUIDE SBH FROM 2016 THROUGH 2018 IN IMPROVING THE HEALTH STATUS OF OUR COMMUNITY PREPARED BY THE ST BARNABAS HOSPITAL COMMUNITY SERVICE PLAN WORKGROUP, THIS CHNA IS A COLLABORATION BETWEEN THE HOSPITAL AND COMMUNITY LEADERS FROM THE LOCAL DISTRICT PUBLIC HEALTH OFFICE OF THE NYC DOHMH (DEPARTMENT OF MENTAL HEALTH AND HYGIENE), HEALTHCARE PROGRAMS OF THE NYC DOHMH SUCH AS THE TAKE CARE NEW YORK INITIATIVE, LOCAL BUSINESSES, EDUCATIONAL INSTITUTIONS, NON-PROFIT ORGANIZATIONS, COMMUNITY-BASED AND CULTURAL INSTITUTIONS, GOVERNMENTAL AND FAITH BASED ORGANIZATIONS, ELECTED OFFICIALS AND COMMUNITY RESIDENTS THE WORKGROUP INCLUDES A MULTITUDE OF COMMUNITY AND HEALTH LEADERS FROM THE BRONX, MANY OF WHOM WERE INVOLVED WITH THE HOSPITAL'S COMMUNITY SERVICE PLAN CAMPAIGN OF 2016-2018 THE CHNA WORK BEGAN IN DECEMBER 2015 AND WAS COMPLETED IN OCTOBER 2016 OUR CHNA IDENTIFIES OUR HOSPITAL COMMUNITY'S GREATEST NEEDS ENABLING US TO ENSURE THAT LIMITED RESOURCES ARE DIRECTED APPROPRIATELY TOWARD OUTREACH, PREVENTION, EDUCATION AND WELLNESS INITIATIVES WHERE THE GREATEST IMPACT CAN BE REALIZED IN ADDITION TO THE CHNA, THE HOSPITAL FACILITATES VARIOUS PROGRAMS TO ADDRESS COMMUNITY HEALTH NEEDS THROUGHOUT THE YEAR THIS INCLUDES BUT IS NOT LIMITED TO COMMUNITY HEALTH FAIRS, ANNUAL BLOOD DRIVES, OUR MOBILE MAMMOGRAPHY BUS AS WELL AS OTHER COMMUNITY-CENTERED INITIATIVES</p>

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE ST BARNABAS IS COMMITTED TO ENSURING THAT EVERYONE VISITING THE FACILITY IS AWARE OF ITS FINANCIAL AID POLICY AND FINANCIAL AID PROGRAM FOR UNINSURED AND UNDERINSURED PATIENTS IN THIS VEIN, THE HOSPITAL PUBLISHES A FINANCIAL AID BROCHURE, ACCESS BEST CARE, IN BOTH ENGLISH AND SPANISH, THE PREDOMINANT LANGUAGES OF THE HOSPITAL COMMUNITY IN ADDITION, HOSPITAL FINANCIAL AID DOCUMENTS AND APPLICATIONS ARE AVAILABLE IN FIVE LANGUAGES (ENGLISH, SPANISH, ALBANIAN, FRENCH AND CHINESE) COLLECTION AGENCY VENDORS ARE REQUIRED TO ACKNOWLEDGE IN WRITING THEIR AWARENESS AND COMPLIANCE WITH HOSPITAL COLLECTION POLICIES AS THEY REPRESENT AN EXTENSION OF THE HOSPITAL FINANCE OFFICE

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION SBH HEALTH SYSTEM HAS IDENTIFIED THE BRONX AS ITS PRIMARY SERVICE AREA AND IT IS WITHIN THIS GEOGRAPHIC AREA THAT SBH HEALTH SYSTEM HAS DISTRIBUTED ITS COMMUNITY-BASED PRIMARY CARE AND SPECIALTY AMBULATORY SERVICES SBHS PRIMARY SERVICE AREA IS COMPRISED OF THE FOLLOWING BRONX ZIP CODES 10451, 10453, 10454, 10455, 10457, 10458, 10459, 10460, AND 10468 HOWEVER, GIVEN THAT SBH OPERATES A LEVEL 2 TRAUMA CENTER AND OFFERS HIGH-DEMAND PROGRAMS SUCH AS A MOBILE MAMMOGRAPHY PROGRAM, IT SERVES THE ENTIRE BRONX BRONX COUNTY IS NEW YORK CITY'S FIRST BOROUGH TO HAVE A MAJORITY OF PEOPLE OF COLOR AND IT IS THE ONLY BOROUGH WITH A LATINO MAJORITY THE BRONX IS AMONGST THE YOUNGEST COUNTIES IN NEW YORK STATE WITH A MEDIAN AGE OF 33.6 AND 25.3% OF THE POPULATION BEING UNDER THE AGE OF 18Y THE BRONX HAS THE HIGHEST PROPORTION OF SINGLE-PARENT HEADED HOUSEHOLDS IN THE US (19.2%) FURTHERMORE, WITH THE BRONX HAS QUALIFIED AS A WHOLE COUNTY HEALTH PROFESSIONS SHORTAGE AREA (HPSA) BY HRSA, SINCE 2008, AS ALMOST HALF (45%) OF OUR POPULATION IS CURRENTLY LIVING IN A HPSA DESIGNATED GEOGRAPHIC AREA

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 5	PROMOTION OF PUBLIC HEALTH THROUGH THE HOSPITAL'S PERFORMING PROVIDER SYSTEM, BRONX PARTNERS FOR HEALTH COMMUNITIES (BPHC), THE HOSPITAL IS COMMITTED TO IMPROVING THE HEALTH AND WELLNESS OF THE BRONX COMMUNITY BY IMPLEMENTING INNOVATIVE COMMUNITY-LEVEL PROJECTS WHICH TRANSFORM THE SYSTEM OF CLINICAL DELIVERY, THE HOSPITAL SEEKS TO PROMOTE COMMUNITY HEALTH THROUGH THE DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROJECTS THAT ARE DESIGNED TO MEET THE COMMUNITY'S UNIQUE HEALTH NEEDS, THE HOSPITAL IS BUILDING A COORDINATED, COMMUNITY-BASED HEALTHCARE SYSTEM FOCUSED ON THE WELLNESS OF EVERY BRONX RESIDENT

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTHCARE SYSTEM N/A

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT NEW YORK STATE

Additional Data**Software ID:****Software Version:****EIN:** 13-1740122**Name:** ST BARNABAS HOSPITAL**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1											
Name, address, primary website address, and state license number											
1	St Barnabas Hospital 183RD STREET AND THIRD AVENUE BRONX, NY 10457 WWW STBARNABASHOSPITAL.ORG 7000014H	X			X			X			1

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 5	<p>THIS COMMUNITY HEALTH NEEDS ASSESSMENT [CHNA] DESCRIBES THE PEOPLE AND THE HEALTH OF OUR BRONX COMMUNITY USING MULTIPLE DATA SOURCES IT IS THE BASIS FOR OUR THREE-YEAR COMMUNITY SERVICE PLAN THAT WILL GUIDE SBH FROM 2016 THROUGH 2018 IN IMPROVING THE HEALTH STATUS OF OUR COMMUNITY PREPARED BY THE ST BARNABAS HOSPITAL COMMUNITY SERVICE PLAN WORKGROUP, THIS CHNA IS A COLLABORATION BETWEEN THE HOSPITAL AND COMMUNITY LEADERS FROM THE LOCAL DISTRICT PUBLIC HEALTH OFFICE OF THE NYC DOHMH, HEALTHCARE PROGRAMS OF THE NYC DOHMH SUCH AS THE TAKE CARE NEW YORK INITIATIVE, LOCAL BUSINESSES, EDUCATIONAL INSTITUTIONS, NON-PROFIT ORGANIZATIONS, COMMUNITY-BASED AND CULTURAL INSTITUTIONS, GOVERNMENTAL AND FAITH-BASED ORGANIZATIONS, ELECTED OFFICIALS AND COMMUNITY RESIDENTS THE WORKGROUP INCLUDES A MULTITUDE OF COMMUNITY AND HEALTH LEADERS FROM THE BRONX, MANY OF WHOM WERE INVOLVED WITH THE HOSPITALS COMMUNITY SERVICE PLAN CAMPAIGN A LISTING OF ALL THE CSP WORKGROUP MEMBERS INCLUDING THEIR SPECIAL KNOWLEDGE, EXPERTISE AND PROFESSIONAL AFFILIATION IS PRESENTED IN APPENDIX 1 SBH COMMUNITY SERVICE PLAN WORKGROUP THE CHNA WORK BEGAN IN DECEMBER 2015 AND WAS COMPLETED IN OCTOBER 2016 SCHEDULE H, PART V, SECTION B, LINE 7A THE HOSPITAL'S CHNA REPORT IS AVAILABLE AT THE DIRECT WEBSITE http //www.sbhny.org/community/community-service-plan/?term=chna SCHEDULE H, PART V, SECTION B, LINE 10A THE HOSPITAL'S MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY IS AVAILABLE AT THE DIRECT WEBSITE http //www.sbhny.org/community/community-service-plan/?term=chna</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 11	THE HOSPITAL WORKS WITH AFFILIATES AND COMMUNITY LEADERS TO FULFILL THE HEALTH NEEDS OF THE COMMUNITY AS DELINEATED IN THE CHNA AS HEALTH TRENDS IN OUR COMMUNITY POPULATION CHANGE THE HOSPITAL CONDUCTS VARIOUS COMMUNITY ACTIVITIES SUCH AS BREAST CANCER AWARENESS WALKS, ANNUAL BLOOD DRIVES, AND SEMINARS WITH HOSPITAL CLINICIANS TO ENSURE THAT THESE EVOLVING NEEDS ARE ADDRESSED IN 2016, THE HOSPITAL WAS ALSO A LEAD PARTNER IN ONE OF THE PERFORMING PROVIDER SERVICES ORGANIZED IN CONJUNCTION WITH NYS DELIVERY SYSTEM REFORM INCENTIVE PAYMENT PROGRAM INITIATIVES AND HAVE VARIOUS ON-GOING PROGRAMS THAT FOCUS ON DEVELOPING PRIMARY, PREVENTIVE AND OTHER COMMUNITY BASED CARE FOR PATIENTS WITHIN THE COMMUNITY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, LINES 16A, 16B AND 16C	http://www.sbhny.org/financial-services/#financial-assistance ISH PDF

Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization ST BARNABAS HOSPITAL

Employer identification number 13-1740122

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

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

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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
FORM 990, SCHEDULE I, PART I, LINE 2	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS ALL OPERATIONS ARE CLOSELY MANAGED BY THE DEPARTMENT HEADS / MANAGERS AND VARIOUS DEPARTMENTS WITHIN FINANCE AND ADMINISTRATION (I E , CFO, ASSOCIATE DIRECTOR OF GRANTS AND CONTRACTS, LEGAL SERVICES AND ADMINISTRATIVE SERVICES) THERE IS REGULAR MONTHLY MONITORING BY THESE MANAGERS MID-YEAR BUDGET REVIEWS ARE PERFORMED BY SENIOR MANAGEMENT TO REVIEW THE ACTIVITIES OF ALL PROGRAMS AND ADJUST TO CHANGES IN BUDGET ASSUMPTIONS QUARTERLY REPORTS ARE SUBMITTED TO THE SPONSOR PER CONTRACT OR GRANT REQUIREMENTS

Additional Data

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

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
BRONX WORKS 60 EAST TREMONT AVENUE BRONX, NY 10453	13-4074478	501(c)(3)	25,000				GENERAL SUPPORT
HEALTHCARE INDUSTRY GRANT CORP 330 W 42ND ST NEW YORK, NY 10036	13-4197609	501(c)(3)	10,000				GENERAL SUPPORT

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
MORRIS HEIGHTS HEALTH CENTER INC 85 West BURNSIDE AVENUE BRONX, NY 10453	06-1081232	501(C)(3)	6,000				GENERAL SUPPORT
American Cancer Society 250 Williams Street NW Atlanta, GA 30303	13-1788491	501(c)(3)	7,500				GENERAL SUPPORT

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
MONTEFIORE MEDICAL CENTER 111 EAST 210th STREET BRONX, NY 10467	13-1740114	501(c)(3)	17,000				GENERAL SUPPORT
PROMESA FOUNDATION 311 E 175th Street BRONX, NY 10457	13-3411787	501(c)(3)	10,000				GENERAL SUPPORT

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
BRONX TOURISM COUNCIL 198 E 161ST STE 201 BRONX, NY 10453	13-3079387	501(C)(3)	7,500				GENERAL SUPPORT
United Hospital Fund 1411 Bdwy 12th Fl NEW YORK, NY 10018	13-1562656	501(C)(3)	8,100				GENERAL SUPPORT

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
UNION COMMUNITY HEALTH CENTER 260 E 188TH ST BRONX, NY 10458	13-4074478	501(C)(3)	750,000				GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.**

2015
Open to Public Inspection

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

Name of the organization ST BARNABAS HOSPITAL	Employer identification number 13-1740122
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Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b									
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									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> 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	No								
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? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
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? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
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	No								
8 Were any amounts reported on Form 990, Part VII, paid or accrued 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
FORM 990, SCHEDULE J, PART I, LINE 3	COMPENSATION COMMITTEE OF THE BOARD CONDUCTS AN ANNUAL REVIEW OF PRESIDENT/CEO COMPENSATION. AS PART OF THIS REVIEW, THE COMMITTEE REFERENCES AVAILABLE MARKET DATA FOR COMPARABLE POSITIONS AND INTERNAL EQUITY CONSIDERATIONS, AND IT UTILIZES AN ANALYSIS OF CEO SALARIES PREPARED BY SULLIVAR COTTER, AN INDEPENDENT EXTERNAL ADVISOR, USING INDUSTRY BENCHMARKING DATA. THE REVIEW PROCESS COVERS ALL OFFICERS, INCLUDING PRESIDENT/CEO. FORM 990, SCHEDULE J, PART I, LINE 4A SCOTT COOPER, MD, PRESIDENT & CEO, RECEIVED SEVERANCE PAYMENTS IN THE AMOUNT OF \$401,794 DURING 2016.
FORM 990, SCHEDULE J, PART II	OFFICERS' COMPENSATION ST BARNABAS HOSPITAL SHARES PROFESSIONAL, PERSONNEL AND OTHER ANCILLARY SERVICES WITH ITS RELATED ENTITIES FOR NORMAL BUSINESS OPERATIONS. TOTAL COMPENSATION FOR OFFICERS DISCLOSED IN SCHEDULE J IS PAID BY ST BARNABAS HOSPITAL. HOWEVER, SALARY EXPENSES ARE ALLOCATED TO RELATED ORGANIZATION ST BARNABAS NURSING HOME, INC (SBHNS) BASED ON THE EMPLOYEE'S TIME DEVOTED TO THE ORGANIZATION. THE ALLOCATED COMPENSATION IS TREATED AS IF PAID DIRECTLY BY ST BARNABAS NURSING HOME AND WAS REPORTED ON FORM 990 OF SBHNS FOR TAX YEAR 2016.

Additional Data

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

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

(A) Name 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				
1 Scott Cooper MD Pres & CEO Thru 6/30/16	(i)	877,512	0	401,794	12,919	14,037	1,306,262	0
	(ii)	20,600	0	0	331	-	21,291	0
1 Leonard Walsh EVP/Chief Operating Officer	(i)	576,801	0	0	12,588	9,885	599,274	0
	(ii)	30,501	0	0	663	-	31,417	0
2 Jitendra Barmecha Senior VP/ CIO	(i)	453,245	0	0	15,554	7,042	475,841	0
	(ii)	0	0	0	0	-	181	0
3 David Perlstein Pres & COO Effective 7/1/16	(i)	631,906	0	0	13,250	7,688	652,844	0
	(ii)	0	0	0	0	-	197	0
4 Todd Gorlewski Senior Vice President/CFO	(i)	449,482	0	0	15,554	6,860	471,896	0
	(ii)	0	0	0	0	-	176	0
5 Keith D Wolf Sr VP & General Counsel	(i)	386,968	0	0	14,776	7,016	408,760	0
	(ii)	20,600	0	0	778	-	21,558	0
6 Patricia S Belair Senior Vice President	(i)	342,826	0	0	15,554	8,656	367,036	0
	(ii)	0	0	0	0	-	222	0
7 John Digirolomo Senior Vice President	(i)	223,231	0	0	11,116	7,729	242,076	0
	(ii)	4,560	0	0	285	-	5,043	0
8 Ariene Ortiz-Allende Senior Vice President	(i)	224,181	0	0	13,559	8,954	246,694	0
	(ii)	0	0	0	0	-	230	0
9 Mary Grochowski Vice President	(i)	59,025	0	0	14,473	6,696	80,194	0
	(ii)	177,076	0	0	0	-	177,248	0
10 Ann Mane Mcdonald Vice President	(i)	270,433	0	0	13,250	6,752	290,435	0
	(ii)	0	0	0	0	-	173	0
11 Robert Church Vice President	(i)	249,387	0	0	12,504	6,714	268,605	0
	(ii)	0	0	0	0	-	172	0
12 Ridwan Shabsigh Chair, Department of Surgery	(i)	803,078	0	0	13,250	13,729	830,057	0
	(ii)	0	0	0	0	-	0	0
13 Sulejman Celaj Divisional Dir of Cardiology	(i)	700,863	0	0	13,250	8,553	722,666	0
	(ii)	0	0	0	0	-	0	0
14 Edward Telzak Chair, Dept of Medicine	(i)	479,769	59,075	0	13,250	6,832	558,926	0
	(ii)	0	0	0	0	-	0	0
15 Daniel G Murphy Chair & Dir Emergency Med	(i)	500,345	25,000	0	13,250	6,980	545,575	0
	(ii)	0	0	0	0	-	0	0
16 Andrea Culliford Chief of Gastroenterology	(i)	417,721	0	0	13,250	7,738	438,709	0
	(ii)	0	0	0	0	-	0	0
17 ERIC C APPELBAUM SVP/CMO	(i)	411,874	0	0	13,250	7,017	432,141	0
	(ii)	0	0	0	0	-	180	0
18 IRENE KAUFMANN SVP POP HEALTH & EX DIR BPHC	(i)	278,276	0	0	13,250	8,117	299,643	0
	(ii)	0	0	0	0	-	208	0
19 RUTH E CASSIDY SENIOR VP	(i)	227,441	0	0	11,707	7,282	246,430	0
	(ii)	0	0	0	0	-	187	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 SAM COOKS VICE PRESIDENT	(i)	198,322	0	0	9,896	6,753	214,971	0
	(ii)	0	0	0	0	-	-	0
1 MAUREEN EISNER VP PATIENT EXPERIENCE	(i)	177,441	0	0	9,000	7,353	193,794	0
	(ii)	0	0	0	0	-	-	0
2 IRENE BORGEN VP AMB TRANSFOR & INNOVAT	(i)	152,472	0	0	7,618	6,464	166,554	0
	(ii)	0	0	0	0	-	-	0
						166	166	

Schedule K (Form 990)

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
2016
 Open to Public Inspection

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

Employer identification number
 13-1740122

Part I 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 DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	000000000	12-23-2015	13,297,587	SEE PART VI		X		X		X
B DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	000000000	01-09-2013	9,958,377	SEE PART VI		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	0		0					
2 Amount of bonds legally defeased	0		0					
3 Total proceeds of issue	13,297,587		9,958,377					
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	97,906		69,891					
8 Credit enhancement from proceeds	0		0					
9 Working capital expenditures from proceeds	0		0					
10 Capital expenditures from proceeds	1,052,702		9,888,486					
11 Other spent proceeds	0		0					
12 Other unspent proceeds	12,146,979		0					
13 Year of substantial completion			2014					
	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?								
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?		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				
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).

Return Reference	Explanation
Part I, Line 1, col (f) - purpose of the issue	Bond A - To secure funds for the acquisition of equipment Bond B - To secure funds for the acquisition of equipment Part III line 9, Part IV line 7, and Part V The Hospital is currently finalizing an internal policy establishing written procedures to ensure that violations of federal tax requirements are identified timely and remediated in accordance with requirements and corrected through the voluntary closing agreement program if self-remediation is not available as stipulated under regulations sections 1 141-12 and 1 145-2, and section 148 The policy will be finalized December 31, 2017

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **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.**

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ST BARNABAS HOSPITAL

Employer identification number
13-1740122

Part I Excess Benefit Transactions (section 501(c)(3), 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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?		
			To	From			Yes	No	Yes	No	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) BRONX PARK PULMONARY MEDICINE	ENTITY MORE THAN 35% OWNED BY SCOTT COOPER, PRES/CEO OF SBH	499,271	HEALTH & DISABILITY BENEFITS		No
(2) STROOCK STROOCK AND LAVAN LLP	TRUSTEE IS PARTNER AT LAW FIRM	125,824	LEGAL SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE L, PART IV, LINE 1	BUSINESS TRANSACTIONS WITH INTERESTED PERSONS DR COOPER IS A PARTNER OF BRONX PARK PULMONARY MEDICINE DURING 2016, DR SCOTT COOPER WAS NOT PAID BY BRONX PARK PULMONARY MEDICINE FOR SALARY OR PENSION BENEFITS HOWEVER, BRONX PARK PULMONARY MEDICINE PAID HEALTH AND DISABILITY INSURANCE PREMIUM FOR DR SCOTT COOPER DURING 2016 IN ADDITION, BUSINESS-RELATED EXPENSES, SUCH AS GAS AND PARKING FEES WERE PAID BY BRONX PARK PULMONARY ON BEHALF OF DR SCOTT COOPER DURING 2016 ST BARNABAS PAID \$499,271 FOR SERVICES PROVIDED BY BRONX PARK PULMONARY MEDICINE DURING 2016
FORM 990, SCHEDULE L, PART IV, LINE 2	STROOCK, STROOCK AND LAVAN, LLP LAW FIRM ASSISTS ST BARNABAS HOSPITAL WITH CONSULTING WORK RELATED TO THE POWER PLANT CONSTRUCTION CONTRACT LOCATED 4422 THIRD AVENUE, BRONX, NY 10457 AS WELL AS OTHER REAL PROPERTIES ISSUES THE HOSPITAL HAS PAID STROOCK, STROOCK AND LAVAN, LLP LAW FIRM \$125,824 FOR LEGAL SERVICES WHICH THE HOSPITAL REPORTED ON FORM 1099 CHARLES MOERDLER, ESQ, SBH BOARD MEMBER, IS A PARTNER OF THIS LAW FIRM MR CHARLES MOERDLER RECEIVES COMPENSATION FOR ONLY HOURS THAT HE HAS TO REPRESENT THE HOSPITAL AS PART OF A MATTER THAT RESULTS IN LITIGATION MR CHARLES MOERDLER RECEIVES NO COMPENSATION FOR ANY HOURS HE SPENDS ADVISING THE HOSPITAL ANY TIME HE DONATES IS VOLUNTARY IN CONJUNCTION WITH HIS ROLE AS BOARD TRUSTEE OTHER PARTNERS AND STAFF THAT PROVIDE LEGAL SERVICES FROM STROOCK, STROOCK AND LAVAN, LLP LAW FIRM BILL FOR THEIR SERVICES ACCORDINGLY AND ALL LEGAL INVOICES ARE REVIEWED BY HOSPITAL'S IN-HOUSE COUNSEL AND FINANCE

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
ST BARNABAS HOSPITAL**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

2016**Open to Public Inspection**

Employer identification number

13-1740122

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	OTHER PROGRAM SERVICE ACCOMPLISHMENTS ST BARNABAS HOSPITAL ALSO PROVIDED VARIOUS OTHER PROGRAMS TO SUPPORT THE HOSPITAL'S EXEMPT PURPOSE, SUCH AS FINANCIAL AID PROGRAMS AND HEALTH AND EDUCATION PROMOTION PROGRAMS AND VARIOUS COMMUNITY OUTREACH ACTIVITIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1	EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE CONSISTS ONLY OF MEMBERS OF THE GOVERNING BODY IT IS AUTHORIZED TO ACT ON BEHALF OF THE CORPORATION BETWEEN MEETINGS OF THE BOARD AND T O TAKE ANY ACTION OTHER THAN THOSE ITEMS SPECIFICALLY PROHIBITED BY NEW YORK LAW

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 6	MEMBERS OF THE ORGANIZATION THE ORGANIZATION HAS A SINGLE CORPORATE MEMBER, ST BARNABAS C COMMUNITY ENTERPRISES, INC WHICH IS A NOT-FOR-PROFIT 501(C)(3) CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	ELECTION OF THE GOVERNING BODY THE SOLE CORPORATE MEMBER ELECTS THE GOVERNING BODY OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	DECISIONS OF THE GOVERNING BODY THE MEMBER MUST APPROVE ANY AMENDMENTS TO THE BYLAWS OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	REVIEW PROCESS FOR FORM 990 FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS AND ANY CHANGES ARE INCORPORATED A FINAL COPY OF THE 990 IS PROVIDED TO THE FULL BOARD PRIOR TO FILING WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	CONFLICT OF INTEREST POLICY ST BARNABAS HOSPITAL'S ("SBH") CONFLICT OF INTEREST POLICIES APPLY TO ITS GOVERNING BOARD, CORPORATE OFFICERS, EMPLOYEES AND ANY OTHERS REPRESENTING THE ORGANIZATION SBH'S BYLAWS REQUIRE THAT MEMBERS OF ITS GOVERNING BOARD AND ITS CORPORATE OFFICERS DISCLOSE ALL CONFLICTS OF INTEREST PROMPTLY AT THE TIME THEY ARISE, AND ANNUALLY VIA A WRITTEN DISCLOSURE PROCESS THE GOVERNING BOARD IS IN CHARGE OF REVIEWING CONFLICT OF INTEREST TRANSACTIONS AND ASSOCIATED DECISIONS, AND MAKING A DETERMINATION REGARDING ANY RESTRICTIONS TO BE IMPOSED ON THE TRANSACTION THEIR DETERMINATION AND ALL MATERIAL FACTS ARE RECORDED IN MEETING MINUTES SBH'S EMPLOYEES ARE LIKEWISE REQUIRED TO DISCLOSE TO THEIR SUPERVISORS PROMPTLY, AND IN WRITING, ALL CONFLICTS OF INTEREST THAT ARISE AND UPPER-LEVEL MANAGERS ADDITIONALLY COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT AN EMPLOYEE'S SUPERVISOR IS CHARGED WITH REVIEWING A REPORTED CONFLICT OF INTEREST AND ENSURING THAT THE EMPLOYEE IS NOT INVOLVED IN DECISIONS RELATED TO THE CONFLICT

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS NET ASSET TRANSFER 24,165,500 CHANGE IN PENSION LIABILITY 4,44 8,407 NET ASSETS RELEASED 954,464 ----- Total 27,659,445

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
ST BARNABAS HOSPITAL

Employer identification number

13-1740122

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (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) Molly Rose LLC C/O SBH 4422 Third Ave Bronx, NY 10457 26-1897452	SRVC COMPANY	NY	0	0	SBH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) St Barnabas Nursing Home 2175 Quarry Road Bronx, NY 10457 13-3622351	Nursing Home	NY	501(c)(3)	10	SBCE	Yes	
(2) St Barnabas Community Enterprises 183rd Street and Third Ave Bronx, NY 10457 06-1175581	Health Care	NY	501(c)(3)	3	None		No
(3) St Barnabas Community Health Plan Inc 4422 Third Ave Bronx, NY 10457 13-3717546	MEDICAID CO	NY	501(c)(3)	10	SBCE	Yes	
(4) Adams Place Holding Corporation 183rd Street and Third Ave Bronx, NY 10457 13-3731627	Title Holding	NY	501(c)(2)		SBCE	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) Arthur Management Corporation C/O SBH 4422 Third Ave Bronx, NY 10457 06-1174733	Holding Co	NY	SBCE	C Corp					
(2) St Barnabas Correctional Health System C/O SBH 4422 Third Ave Bronx, NY 10457 06-1174731	FRMR Billing	NY	AMC	C Corp					
(3) SBH Physician PC 4422 Third Ave Bronx, NY 10457 27-2892195	Medicine	NY	SBH	C Corp					
(4) QUARRY UNDERWRITING ASSURANCE LTD 62 FORUM LANE CAYMAN BAY, GRAND CAYMAN KY1-1203 CJ 98-1254123	INSURANCE	CJ	SBH	EXEMPTED CO					

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, 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	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	
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	No
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	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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
(1) Arthur Management Corporation	N	2,294,483	FMV
(2) Arthur Management Corporation	O	381,582	FMV
(3) Arthur Management Corporation	P	72,835	FMV
(4) SBH Physicians PC	Q	20,660,205	FMV
(5) ST BARNABAS HOSPITAL	S	24,053,474	FMV

Part VII **Supplemental Information**

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

Return Reference**Explanation**