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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

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
BARNABAS HEALTH INC
% CATHERINE DOWDY CPA
Doing business as

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

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

D Employer identification number
22-2405279

E Telephone number
(973) 322-4032

G Gross receipts $ 444,491,955

F Name and address of principal officer
BARRY H OSTROWSKY
95 OLD SHORT HILLS ROAD
WEST ORANGE, NJ 07052

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW RWJBH ORG

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

L Year of formation 1982

M State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF THE LEGACY BARNABAS HEALTH AFFILIATES, PRE-RWJ AFFILIATION, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	1,024
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-258,212
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-258,212

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	13,000
9	Program service revenue (Part VIII, line 2g)	381,857,157	412,750,165
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,088,377	17,024,165
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77,810	395,448
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	414,023,344	430,182,778
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,067,329	1,520,213
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)	78,034,066	95,901,811
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)	305,898,668	319,947,389
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	385,000,063	417,369,413
19	Revenue less expenses Subtract line 18 from line 12	29,023,281	12,813,365

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,328,781,633	2,603,414,967
21	Total liabilities (Part X, line 26)	2,649,158,472	2,966,143,910
22	Net assets or fund balances Subtract line 21 from line 20	-320,376,839	-362,728,943

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

****** 2017-11-15
Signature of officer Date

CATHERINE DOWDY VP FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Scott J Mariani	Scott J Mariani			P00642486

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

Firm's address ▶ 200 Jefferson Park Suite 400
Whippany, NJ 079811070

Phone no (973) 898-9494

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE ORGANIZATION IS AN AFFILIATE WITHIN RWJBARNABAS HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF SAINT BARNABAS MEDICAL CENTER AND OTHER BARNABAS HEALTH LEGACY TAX-EXEMPT HOSPITALS AND MEDICAL CENTERS THE ORGANIZATION IS ALSO THE TAX-EXEMPT PARENT ENTITY OF VARIOUS BARNABAS HEALTH LEGACY ENTITIES WHICH ARE AFFILIATES WITHIN A TAX-EXEMPT NOT FOR-PROFIT INTEGRATED HEALTHCARE DELIVERY SYSTEM IN NEW JERSEY WHOSE CHARITABLE PURPOSES INCLUDE PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO THE COMMUNITY AND ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY PLEASE REFER TO THE SYSTEM'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 242,715,092 including grants of $ 1,520,213) (Revenue $ 266,675,803)
See Additional Data

4b (Code) (Expenses $ 130,968,225 including grants of $ 0) (Revenue $ 145,520,250)
See Additional Data

4c (Code) (Expenses $ 2,106,962 including grants of $ 0) (Revenue $ 295,900)
See Additional Data

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

4e **Total program service expenses ▶** 375,790,279

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	1,115		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	1,024		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		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?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶CATHERINE DOWDY CPA 2 CRESCENT PLACE OCEANPORT, NJ 07757 (732) 923-8929

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								4,386,860	24,141,119	1,974,383

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 212

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CERNER CORPORATION, 2702 ROCKCREEK PARKWAY KANSAS CITY, MO 64117	CONSULTING	19,832,104
QUEST DIAGNOSTICS INCORPORATED, 1 MALCOLM AVENUE TETERBORO, NJ 07608	MEDICAL	8,570,292
AUXILIO INC, PO BOX 388 PALO ALTO, CA 94302	CONSULTING	5,307,372
EXECUTIVE HEALTH RESOURCES INC, 3797 MOMENTUM PLACE CHICAGO, IL 606895337	EHR/DENIALS MGMT	3,572,775
MCKESSON TECHNOLOGIES INC, 5995 WINDWARD PARKWAY CHICAGO, IL 606895337	IT	3,341,633

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 92

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	13,000			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $ _____					
	h **Total.** Add lines 1a-1f . . . . . ▶		13,000			
Program Service Revenue		Business Code				
	2a PROGRAM SERVICE REVENUE	541900	412,750,165	412,750,165		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f . . . . ▶		412,750,165			
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		29,167,656		-258,212	29,425,868
	4 Income from investment of tax-exempt bond proceeds ▶		2,125,785			2,125,785
	5 Royalties . . . . . ▶		0			
		(i) Real	(ii) Personal			
	6a Gross rents	395,448				
	b Less rental expenses					
	c Rental income or (loss)	395,448	0			
	d Net rental income or (loss) . . . . . ▶		395,448			395,448
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		39,901			
	b Less cost or other basis and sales expenses	14,309,177				
	c Gain or (loss)	-14,309,177	39,901			
	d Net gain or (loss) . . . . . ▶		-14,269,276			-14,269,276
Other Revenue	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					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d . . . . . ▶		0			
	12 Total revenue. See Instructions . . . . . ▶		430,182,778	412,750,165	-258,212	17,677,825

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,520,213	1,520,213		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,767,333	2,490,600	276,733	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	75,225,407	67,702,866	7,522,541	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,817,262	3,435,536	381,726	
9 Other employee benefits	7,799,830	7,019,847	779,983	
10 Payroll taxes	6,291,979	5,662,781	629,198	
11 Fees for services (non-employees)				
a Management	0			
b Legal	10,177,046	9,159,341	1,017,705	
c Accounting	3,025,000	2,722,500	302,500	
d Lobbying	467,968	421,171	46,797	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	70,715,956	63,644,359	7,071,597	0
12 Advertising and promotion	16,177,564	14,565,595	1,611,969	
13 Office expenses	9,464,617	8,518,155	946,462	
14 Information technology	21,173,624	19,056,262	2,117,362	
15 Royalties	0			
16 Occupancy	8,002,797	7,202,517	800,280	
17 Travel	776,384	698,746	77,638	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	7,439,860	6,695,874	743,986	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	10,672,330	9,605,097	1,067,233	
23 Insurance	8,747,973	7,873,176	874,797	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a BH HLTH PLAN, MED CLAIMS	112,792,608	101,513,347	11,279,261	0
b BH HLTH PLAN, PRESCRIPS	24,161,527	21,745,374	2,416,153	0
c REPAIRS & MAINTENANCE	6,749,566	6,074,609	674,957	0
d DUES & SUBSCRIPTIONS	795,979	716,381	79,598	0
e All other expenses	8,606,590	7,745,932	860,658	
25 **Total functional expenses.** Add lines 1 through 24e	417,369,413	375,790,279	41,579,134	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	237,203	1	0
	2	Savings and temporary cash investments	173,783,990	2	34,160,990
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	8,278,005	9	13,234,563
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 122,553,988			
	b	Less accumulated depreciation — 10b: 66,631,567	40,702,280	10c	55,922,421
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	1,512,823,837	13	2,410,745,208
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	592,956,318	15	89,351,785
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,328,781,633	16	2,603,414,967
Liabilities	17	Accounts payable and accrued expenses	42,972,571	17	47,675,847
	18	Grants payable	0	18	0
	19	Deferred revenue	8,523,295	19	868,840
	20	Tax-exempt bond liabilities	161,915,603	20	205,605,364
	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	3,085,357	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,432,661,646	25	2,711,993,859
	26	**Total liabilities.** Add lines 17 through 25	2,649,158,472	26	2,966,143,910
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	-320,376,839	27	-362,728,943
	28	Temporarily restricted net assets	0	28	0
	29	Permanently restricted net assets	0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	-320,376,839	33	-362,728,943
	34	Total liabilities and net assets/fund balances	2,328,781,633	34	2,603,414,967

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	430,182,778
2	Total expenses (must equal Part IX, column (A), line 25)	2	417,369,413
3	Revenue less expenses Subtract line 2 from line 1	3	12,813,365
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-320,376,839
5	Net unrealized gains (losses) on investments	5	52,607,657
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	-107,773,126
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-362,728,943

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 22-2405279

Name: BARNABAS HEALTH INC

Form 990 (2016)

Form 990, Part III, Line 4a:

EXPENSES INCURRED IN SUPPORTING THE LEGACY BARNABAS HEALTH AFFILIATES, PRE RWJ AFFILIATION, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM BARNABAS HEALTH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

EXPENSES INCURRED IN OPERATING BARNABAS HEALTH ACO-NORTH, LLC, AN ACCOUNTABLE CARE ORGANIZATION WHOSE SOLE CORPORATE MEMBER IS BARNABAS HEALTH, INC PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARC E BERSON CHAIRMAN - TRUSTEE	10.00	X		X				0	0	0
ALBERT R GAMPER JR CHAIRMAN - TRUSTEE	10.00	X		X				0	0	0
DONALD JUMP VICE CHAIRMAN - TRUSTEE	10.00	X		X				0	0	0
RICHARD O'NEILL VICE CHAIRMAN - TRUSTEE	10.00	X		X				0	0	0
ALAN E DAVIS ESQ 1ST VICE CHAIRMAN - TRUSTEE	10.00	X		X				0	0	0
JOSEPH MAURIELLO 2ND VICE CHAIRMAN - TRUSTEE	10.00	X		X				0	0	0
VINCENT J APRUZZESE ESQ TRUSTEE	10.00	X						0	0	0
ANNE EVANS-ESTABROOK TRUSTEE	10.00	X						0	0	0
ROBERT GACCIONE TRUSTEE	10.00	X						0	0	0
THOMAS M GALLAGHER TRUSTEE	10.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THEODORE GOODING TRUSTEE	1 0 0 0	X						0	0	0
THOMAS F KELAHER TRUSTEE	1 0 0 0	X						0	0	0
RICHARD J KOGAN TRUSTEE	1 0 0 0	X						0	0	0
ROBERT G LAHITA MD TRUSTEE	50 0 0 0	X						0	457,974	23,383
GARY V LOTANO TRUSTEE	1 0 0 0	X						0	0	0
ROBERT E MARGULIES ESQ TRUSTEE	1 0 0 0	X						0	0	0
BARRY H OSTROWSKY TRUSTEE - PRESIDENT/CEO	60 0 0 0	X		X				0	2,770,018	290,266
KENNETH A ROSEN ESQ TRUSTEE	1 0 0 0	X						0	0	0
BENNETT C ROTHENBERG MD TRUSTEE	1 0 0 0	X						0	0	0
RAYMOND F SHEA JR ESQ TRUSTEE	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES S VACCARO TRUSTEE	1 0 0 0	X						0	0	0
JOHN W DOLL TREASURER - CFO	60 0 0 0			X				0	978,630	39,769
GERALD J PICERNO CHIEF OPERATING OFFICER	60 0 0 0			X				0	2,214,658	43,874
THOMAS A BIGA PRESIDENT - NORTHERN REGION	55 0 0 0				X			0	2,308,539	49,804
JOHN F BONAMO MD MS EXECUTIVE VP AND CMO	55 0 0 0				X			0	1,454,203	40,205
MILTON C ANDERSON EXECUTIVE VP AND CAO	55 0 0 0				X			0	1,114,892	158,145
GLENN MILLER CHIEF DEVELOPMENT OFFICER	55 0 0 0				X			653,306	0	257,184
NANCY E HOLECEK CHIEF NURSING OFFICER	55 0 0 0				X			0	551,030	52,312
EILEEN K URBAN SVP/CHIEF INVESTMENT OFFICER	55 0 0 0				X			0	544,262	106,444
STEPHEN P O'MAHONY CHIEF MEDICAL INFO OFFICER	55 0 0 0				X			461,659	0	39,544

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			
DEANNA SPERLING COO - BEHAVIORAL HEALTH	55 0 0 0				X			0	387,359	54,573
MARY ELIZABETH DENO VP/CHIEF HR OFFICER	55 0 0 0				X			354,416	0	63,172
ROWENA C SPIGARELLI CHIEF COMPLIANCE OFFICER	55 0 0 0				X			278,858	0	14,139
MICHELE H SCHWEERS VP/CHIEF HR OFFICER	55 0 0 0				X			0	218,445	42,292
HUSSEIN SYED CHIEF INFO SECURITY OFFICER	55 0 0 0				X			199,703	0	26,076
MICHELLENE DAVIS EXECUTIVE VICE PRESIDENT	55 0 0 0				X			0	1,187,278	22,582
JONATHAN H BARKHORN SVP (TERMED 5/2/16)	55 0 0 0				X			0	2,094,579	4,400
DAVID A MEBANE ESQ SVP/GENERAL COUNSEL-SECRETARY	55 0 0 0				X			0	1,323,869	52,565
LUIS E TAVERAS SVP (TERMED 10/29/16)	55 0 0 0				X			0	1,172,384	105,596
WILLIAM CUTHILL SVP FACILITIES	55 0 0 0				X			0	903,094	57,922

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATTHEW S FULTON SENIOR VICE PRESIDENT	55 0 0 0				X			0	685,256	16,182
DAVID W MCCLUNG SVP (TERMED 7/5/16)	55 0 0 0				X			0	583,426	6,143
JENNIFER G VELEZ SVP COMM & BEHAV HLTH	55 0 0 0				X			0	531,250	37,980
ANTHONY E PALMERIO CPA SVP SYS INTERNAL AUDIT	55 0 0 0				X			0	431,094	46,711
DONALD L CREECH SVP PERIOPERATIVE SVCS	55 0 0 0				X			389,272	0	30,004
JOSEPH T SCARGLE VICE PRESIDENT	50 0 0 0					X		407,973	0	38,133
ROBERT BRAUN VP ONCOLOGY SERVICES	50 0 0 0					X		392,662	0	34,655
CATHERINE A DOWDY CPA CORPORATE CONTROLLER	50 0 0 0					X		389,364	0	34,915
MARGARET H CAMPBELL ESQ DEPUTY GENERAL COUNSEL	50 0 0 0					X		383,835	0	10,700
VERONICA A GEISSLER VICE PRESIDENT	50 0 0 0					X		367,927	0	39,960

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANGELA RICCO FORMER OFFICER	0.0 0.0						X	0	606,502	0
THOMAS R PERCELLO FORMER OFFICER	55.0 0.0						X	0	495,277	131,505
HODA BLAU FORMER OFFICER	0.0 0.0						X	0	443,923	0
ANTHONY SORIANO FORMER OFFICER	0.0 0.0						X	107,885	278,161	0
CATHERINE AINORA FORMER OFFICER	0.0 0.0						X	0	271,702	0
ROBERT C IANNACCONE FORMER OFFICER	50.0 0.0						X	0	133,314	3,248

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BARNABAS HEALTH INC

Employer identification number
22-2405279

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 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 7

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 7					0	0

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 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) ▶	(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) ▶	(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** ▶ ☐

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 ▶ ☐

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 ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 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		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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	Yes	
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		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 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		No
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		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

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?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		No

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

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

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART I	THE ORGANIZATION IS AN INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3), 509(A)(3) SUPPORTI NG ORGANIZATION OF THE BARNABAS HEALTH TAX-EXEMPT IRC SECTION 501(C)(3) ORGANIZATIONS CLAS SIFIED AS IRC SECTION 509(A)(1) AND 509(A)(2) PUBLIC CHARITIES PLEASE REFER TO SCHEDULE R AND R-1

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, QUESTION 6	PLEASE REFER TO SCHEDULE I, PART II

Additional Data

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

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) SAINT BARNABAS MEDICAL CENTER	221494440	3	Yes		0	0
(A) SAINT BARNABAS MEDICAL CENTER	221494440	3	Yes		0	0
(A) MONMOUTH MEDICAL CENTER	223452412	3	Yes		0	0
(A) MONMOUTH MEDICAL CENTER	223452412	3	Yes		0	0
(B) NEWARK BETH ISRAEL MEDICAL CENTER	223452311	3	Yes		0	0
(B) NEWARK BETH ISRAEL MEDICAL CENTER	223452311	3	Yes		0	0
(C) CLARA MAASS MEDICAL CENTER	221500556	3	Yes		0	0
(C) CLARA MAASS MEDICAL CENTER	221500556	3	Yes		0	0
(D) COMMUNITY MEDICAL CENTER	223452306	3	Yes		0	0
(D) COMMUNITY MEDICAL CENTER	223452306	3	Yes		0	0
(E) SAINT BARNABAS BEHAVIORAL HEALTH CENTER	222977312	3	Yes		0	0
(E) SAINT BARNABAS BEHAVIORAL HEALTH CENTER	222977312	3	Yes		0	0
(F) JERSEY CITY MEDICAL CENTER	222783298	3	Yes		0	0
(F) JERSEY CITY MEDICAL CENTER	222783298	3	Yes		0	0

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

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

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file**Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

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

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

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

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		467,968
j	Total Add lines 1c through 1i			467,968
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B	THE ORGANIZATION IS AN AFFILIATE WITHIN RWJBARNABAS HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THIS ORGANIZATION PAID FOUR OUTSIDE LOBBYING FIRMS TO PERFORM LOBBYING ACTIVITIES ON BEHALF OF VARIOUS AFFILIATES WITHIN THE SYSTEM IN THE AMOUNTS OF $150,000, $120,000, $70,000 and $60,000, RESPECTIVELY, DURING 2016 THIS ORGANIZATION IS A MEMBER OF THE NEW JERSEY BUSINESS AND INDUSTRY ASSOCIATION AND THE HOSPITAL ALLIANCE OF NEW JERSEY WHICH BOTH ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER ORGANIZATIONS A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF BARNABAS HEALTH AND ITS AFFILIATES DURING 2016 THIS ALLOCATION AMOUNTED TO $14,468 IN 2016 A PERCENTAGE OF THE 2016 TOTAL COMPENSATION FOR A SENIOR VICE PRESIDENT AND AN ASSISTANT VICE PRESIDENT HAS BEEN ALLOCATED TOWARD LOBBYING ACTIVITIES PERFORMED ON BEHALF OF BARNABAS HEALTH AND ITS AFFILIATES ON BOTH A FEDERAL AND STATE LEVEL THIS ALLOCATION AMOUNTED TO $53,500 IN 2016 PLEASE NOTE THAT THESE INDIVIDUALS ARE EMPLOYED BY AND COMPENSATED BY A RELATED FOR-PROFIT ORGANIZATION

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BARNABAS HEALTH INC

Employer identification number
22-2405279

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' 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		151,546		151,546
b Buildings		4,975,909	2,064,267	2,911,642
c Leasehold improvements		473,079	233,836	239,243
d Equipment		109,141,071	64,333,464	44,807,607
e Other		7,812,383		7,812,383
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				55,922,421

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) BOND INDENTURE AGREEMENTS	110,702,857	F
(2) LIMITED USE	2,129,197,481	F
(3) USE ASSETS	30,009,555	F
(4) INVESTMENT IN AFFILIATES	140,635,315	F
(5) OTHER INVESTMENTS	200,000	F
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	2,410,745,208	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO AFFILIATES, CURRENT	2,490,353,323
SELF-INSURANCE LIABILITIES	82,395,032
3RD PARTY PAYORS	0
ACCRUED PENSION LIABILITY	66,163,340
OTHER CURRENT LIABILITIES	19,532,929
OTHER LONG-TERM LIABILITIES	46,089,822
ACCRUED INTEREST EXPENSES	7,459,413
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	2,711,993,859

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: 22-2405279
Name: BARNABAS HEALTH INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X	THE ORGANIZATION IS AN AFFILIATE WITHIN RWJBARNABAS HEALTH ("RWJBH"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM RWJBH ISSUES AUDITED CONSOLIDATED FINANCIAL STATEMENTS WHICH INCLUDE ALL RELATED ENTITIES, INCLUDING THIS ORGANIZATION THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS FOR THE RWJBH HOSPITALS AND CERTAIN OTHER RWJBH AFFILIATES THE FOOTNOTE BELOW IS FROM RWJBH'S 2016 AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND REPORTS RWJBH'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) THE CORPORATION DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

► 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
BARNABAS HEALTH INC

Employer identification number
22-2405279

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

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

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Central America and the Caribbean	1	1	Program Services	FINANCIAL VEHICLE	30,344,233
(2)						
(3)						
(4)						
(5)						
3a	Sub-total	1	1			30,344,233
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	1	1			30,344,233

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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

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).

Return Reference	Explanation
SCHEDULE F, PART I	THIS ORGANIZATION PAID COMMERCIAL PROFESSIONAL INSURANCE CO , LTD , A FINANCIAL VEHICLE, $30,344,233 FOR THE BENEFIT OF CERTAIN RELATED ORGANIZATIONS INCLUDED BELOW BARNABAS HEALTH MEDICAL GROUP, P C - $2,244,441, CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES - $122,146, CLARA MAASS MEDICAL CENTER - $2,201,690, COMMUNITY MEDICAL CENTER - $2,809,368, JERSEY CITY MEDICAL CENTER - $2,665,846, LSC PHARMACY SERVICES, INC - $12,216, LIVINGSTON INFUSION CARE, INC - $15,268, MONMOUTH MEDICAL CENTER - $4,895,019, NEWARK BETH ISRAEL MEDICAL CENTER - $7,686,066, SAINT BARNABAS BEHAVIORAL HEALTH CENTER - $58,020, SAINT BARNABAS MEDICAL CENTER - $7,231,070, AND SAINT BARNABAS OUTPATIENT CENTERS - $403,083 THE AMOUNTS INCLUDED ABOVE ARE REIMBURSED TO BARNABAS HEALTH, INC IN ADDITION, THE TAX-EXEMPT AFFILIATES REPORT THIS AMOUNT ON SCHEDULE F OF THEIR FORM 990

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BARNABAS HEALTH INC

Employer identification number
22-2405279

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 48

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(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
SCHEDULE I, PART I, QUESTION 2	GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION, INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLIANCE FOR LUPUS RESEARCH INC 28 WEST 44TH STREET NO 501 NEW YORK, NY 10036	58-2492929	501(C)(3)	25,000				SPONSORSHIPS
AMERICAN CANCER SOCIETY 2600 ROUTE ONE NORTH BRUNSWICK, NJ 07902	13-1788491	501(C)(3)	27,500				SPONSORSHIPS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATION PO BOX 4002012 DES MOINES, IA 50340	13-5613797	501(C)(3)	105,000				SPONSORSHIPS
AMERICAN LUNG ASSOC OF THE NE 45 ASH STREET EAST HARTFORD, CT 06108	06-0646594	501(C)(3)	25,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTHRITIS FOUNDATION 555 ROUTE ONE SOUTH ISELIN, NJ 08830	80-0489313	501(C)(3)	20,000				SPONSORSHIPS
ASBURY PARK MUSIC FOUNDATION INC PO BOX 1396 ASBURY PARK, NJ 07712	45-2675974	501(C)(3)	25,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION OF FUND RAISING PROF NJ 4300 WILSON BLVD NO 300 ARLINGTON, VA 222034167	22-2535774	501(C)(3)	10,000				SPONSORSHIPS
BIG BROTHERS BIG SISTERS OF ESSEX & HUDSON 500 BOARD STREET 2ND FLR NEWARK, NJ 07102	22-3676931	501(C)(3)	25,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA NATIONAL COUNCIL 25 RAMAPO VALLEY ROAD OAKLAND, NJ 07436	22-3626147	501(C)(3)	6,000				SPONSORSHIPS
CALDWELL UNIVERSITY INC 120 BLOOMFIELD AVE CALDWELL, NJ 07006	22-1500483	501(C)(3)	5,190				SPONSORSHIPS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CEREBRAL PALSY OF NORTH JERSEY INC 220 SOUTH ORANGE AVE NO 300 LIVINGSTON, NJ 07039	22-6069076	501(C)(3)	25,000				SPONSORSHIPS
CHABAD OF SE MORRIS COUNTY 42 PARK AVENUE MADISON, NJ 07940	26-0551735	501(C)(3)	50,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST THE KING PREP SCHOOL OF NEWARK NJ 239 WOODSIDE AVE NEWARK, NJ 07104	06-1803490	501(C)(3)	31,825				SPONSORSHIPS
COMMUNITY FOUNDATION OF NEW JERSEY 35 KNOX HILL ROAD MORRISTOWN, NJ 07963	22-2281783	501(C)(3)	100,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EXECUTIVE WOMEN OF NJ 170 KINNELON ROAD KINNELON, NJ 07405	22-6534516	501(C)(3)	96,000				SPONSORSHIPS
FRIENDSHIP CIRCLE NEW JERSEY INC 10 MIROLAB ROAD LIVINGSTON, NJ 07039	46-3008950	501(C)(3)	18,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IRONBOUND COMMUNITY CORPORATION 317 ELM STREET NEWARK, NJ 07105	22-1916086	501(C)(3)	10,000				SPONSORSHIPS
JAZZ HOUSE KIDS INC 347 BLOOMFIELD AVE MONTCLAIR, NJ 07042	56-2303577	501(C)(3)	8,000				SPONSORSHIPS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JEWISH VOCATIONAL SERVICE 6505 WILSHIRE BLVD SUITE 200 LOSS ANGELES, CA 90048	95-1691012	501(C)(3)	7,500				SPONSORSHIPS
JOHN F KENNEDY MED CTR FOUNDATION 98 JAMES STREET EDISON, NJ 08820	22-2315044	501(C)(3)	15,000				SPONSORSHIPS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JDRF INTERNATIONAL 26 BROADWAY 15TH FL NEW YORK, NY 10004	23-1907729	501(C)(3)	11,000				SPONSORSHIPS
LIBERTY SCIENCE CENTER INC 222 JERSEY CITY BLVD JERSEY CITY, NJ 07305	22-2302253	501(C)(3)	100,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES 1275 MAMARONECK AVE WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	39,000				SPONSORSHIPS
MONMOUTH UNIVERSITY 400 CEDER AVE WEST LONG BRANCH, NJ 07764	21-0634584	501(C)(3)	15,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ASSOC FOR THE ADVANCEMENT 4805 MOUNT HOPE DRIVE BALTIMORE, MD 21215	13-1084135	501(C)(3)	6,200				SPONSORSHIPS
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE NEW YORK, NY 100174057	13-5661935	501(C)(3)	25,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NFL PLAYER CARE FOUNDATION 345 PARK AVENUE NEW YORK, NY 10154	26-1146632	501(C)(3)	5,500				SPONSORSHIPS
NEW JERSEY BLACK ISSUES CONVENTION PO BOX 1843 NEWARK, NJ 07101	22-2532996	501(C)(3)	8,125				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW JERSEY GOLF FOUNDATION INC 255 OLD NEW BRUNSWICK RD PISCATAWAY, NJ 08854	20-1213527	501(C)(3)	20,000				SPONSORSHIPS
NEW JERSEY HEALTH CARE QUALITY INSTITUTE 3628 ROUTE 1 PRINCETON, NJ 08540	31-1530922	501(C)(3)	10,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW JERSEY INSTITUTE FOR SOCIAL JUSTICE 60 PARK PL NO 511 NEWARK, NJ 07102	22-3478143	501(C)(3)	25,000				SPONSORSHIPS
NEW JERSEY ORGAN AND TISSUE SHARING 691 CENTRAL AVENUE NEW PROVIDENCE, NJ 07974	22-2490603	501(C)(3)	35,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW JERSEY PERFORMING ARTS CENTER ONE CENTER ST NEWARK, NJ 07102	22-2889703	501(C)(3)	33,000				SPONSORSHIPS
NEW JERSEY THEATRE ALLIANCE 8 MARCELLA AVENUE WEST ORANGE, NJ 07052	22-2383501	501(C)(3)	10,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK JETS FOUNDATION 610 FIFTH AVENUE FLOOR 2 NEW YORK, NY 10020	23-7108291	501(C)(3)	10,000				SPONSORSHIPS
NEWARK BOYS CHORUS SCHOOL 1016 BROAD STREET NEWARK, NJ 07102	22-1893378	501(C)(3)	50,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NJ SOCIAL WORK SCHOLARSHIP EDUC 136 MARION DRIVE WEST ORANGE, NJ 07052	46-4395824	501(C)(3)	7,500				SPONSORSHIPS
PAPER MILL PLAYHOUSE 22 BROOKSIDE DR MILLBURN, NJ 07041	22-1550515	501(C)(3)	15,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUTGERS UNIVERSITY FOUNDATION 7 COLLEGE AVE WINANTS HALL NEW BRUNSWICK, NJ 08901	23-7318742	501(C)(3)	25,000				SPONSORSHIPS
SPECIAL OLYMPICS NEW JERSEY 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE, NJ 08648	23-7448729	501(C)(3)	108,000				SPONSORSHIPS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST JOHN THE BAPTIST FOUNDATION PO BOX 240 MENDHAM, NJ 07945	13-6123979	501(C)(3)	10,000				SPONSORSHIPS
THE RWJ UNIVERSITY HOSPITAL FOUNDATION 10 PLUM STREET NO 910 NEW BRUNSWICK, NJ 08901	22-2378007	501(C)(3)	10,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STOMP THE MONSTER PO BOX 521 MARLBORO, NJ 07746	27-3802796	501(C)(3)	10,000				SPONSORSHIPS
SUSAN G KOMEN FOR THE CURE 4061 Bonita Beach Rd Ste 103 BONITA SPRINGS, FL 34134	68-0523074	501(C)(3)	50,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DOMINICAN REPUBLIC RELIEF 472 BLOOMFIELD AVE CALDWELL, NJ 07006	46-0682697	501(C)(3)	10,000				SPONSORSHIPS
THE NJ STATE CHAMBER OF COMMERCE 216 W STATE STREET TRENTON, NJ 08608	22-1153980	501(C)(3)	8,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE VALERIE FUND 2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040	22-2126867	501(C)(3)	31,000				SPONSORSHIPS
UNITED JEWISH APPEAL FEDERATION 4 PRINCESS ROAD STE 211 LAWRENCEVILLE, NJ 08648	23-2215070	501(C)(3)	6,000				SPONSORSHIPS

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BARNABAS HEALTH INC

Employer identification number
22-2405279

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
See Additional Data	

Additional Data

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

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, QUESTIONS 1A AND 1B	A RELATED ORGANIZATION PROVIDED, FOR WORK PURPOSES ONLY, A CAR AND DRIVER FROM BARNABAS HEALTH'S TRANSPORTATION POOL FOR BARRY H OSTROWSKY, PRESIDENT/CHIEF EXECUTIVE OFFICER, SO HE COULD WORK DURING TRAVEL FOR BARNABAS HEALTH RELATED BUSINESS, INCLUDING COMMUTING TO AND FROM ALL BARNABAS HEALTH'S FACILITIES AND OFFICES MR OSTROWSKY'S 2016 FORM W-2 INCLUDES AN AMOUNT WHICH REPRESENTS HIS PORTION OF PERSONAL USAGE THIS TRANSPORTATION BENEFIT IS PROVIDED PURSUANT TO A WRITTEN EMPLOYMENT AGREEMENT MR OSTROWSKY, PRESIDENT/CHIEF EXECUTIVE OFFICER, TRAVELED FIRST CLASS ON A BUSINESS TRIP FOR BARNABAS HEALTH WORK PURPOSES THE EXCESS COST OVER STANDARD TRAVEL WAS APPROXIMATELY $5,509, NONE OF WHICH WAS INCLUDED IN HIS 2016 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES A RELATED ORGANIZATION PAID FOR FINANCIAL/TAX PLANNING SERVICES FOR MR OSTROWSKY THE FINANCIAL/TAX PLANNING SERVICES AMOUNT WAS INCLUDED IN HIS 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES MR PICERNO, CHIEF OPERATING OFFICER, TRAVELED FIRST CLASS ON A BUSINESS TRIP FOR BARNABAS HEALTH WORK PURPOSES THE EXCESS COST OVER STANDARD TRAVEL WAS APPROXIMATELY $516, NONE OF WHICH WAS INCLUDED IN HIS 2016 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES DR BONAMO, EXECUTIVE VICE PRESIDENT/CHIEF MEDICAL OFFICER, TRAVELED FIRST CLASS ON A BUSINESS TRIP FOR BARNABAS HEALTH WORK PURPOSES THE EXCESS COST OVER STANDARD TRAVEL WAS APPROXIMATELY $363, NONE OF WHICH WAS INCLUDED IN HIS 2016 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES MS DAVIS, EXECUTIVE VICE PRESIDENT, TRAVELED FIRST CLASS ON TWO BUSINESS TRIPS FOR BARNABAS HEALTH WORK PURPOSES THE EXCESS COST OVER STANDARD TRAVEL WAS APPROXIMATELY $407, NONE OF WHICH WAS INCLUDED IN HER 2016 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4A	THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING CALENDAR YEAR 2016 WHICH WAS INCLUDED IN EACH INDIVIDUAL'S 2016 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES JONATHAN H BARKHORN, $405,574, LUIS E TAVERAS, $81,538, DAVID W MCCLUNG, $196,492, ANGELA RICCO, $309,000 AND ANTHONY SORIANO, $107,885

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES PARTICIPATION IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") AS THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES GERALD J PICERNO, $307,527, JOHN W DOLL, $100,719, THOMAS A BIGA, $628,038, JOHN F BONAMO, M D , M S , $306,708, NANCY E HOLECEK, $47,031, MICHELLENE DAVIS, $143,469, JONATHAN H BARKHORN, $242,956, DAVID A MEBANE, ESQ , $335,181, WILLIAM CUTHILL, $363,639, MATTHEW S FULTON, $71,139 AND ANTHONY E PALMERIO, CPA, $70,560 THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES AN AMOUNT REPORTED ON A FORM W-2 ISSUED BY FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO , THE EMPLOYER'S THIRD PARTY ADMINISTRATOR OF THE ORGANIZATION'S LIFESTYLE DEFERRED PLAN ("LIFESTYLE DEFERRED") EACH PARTICIPANT IN THE LIFESTYLE DEFERRED MAY AUTHORIZE THE EMPLOYER TO REDUCE HIS/HER FUTURE COMPENSATION BY AN AMOUNT AND TO HAVE A CORRESPONDING AMOUNT CREDITED TO THE PARTICIPANT'S ACCOUNT (S) THE AMOUNTS OUTLINED HEREIN WERE REPORTED ON EACH INDIVIDUAL'S 2016 FIDELITY INVESTMENTS FORM W-2 AND INCLUDED IN THE SCHEDULE J, PART II, COLUMN E, TOTAL COMPENSATION COLUMN, WHICH REPRESENTS A DISTRIBUTION FROM EACH INDIVIDUAL'S LIFESTYLE DEFERRED ACCOUNT MONIES WHICH FUNDS WERE SUBJECT TO THE ORGANIZATION'S GENERAL CREDITORS DAVID A MEBANE, ESQ , $31,508, HODA BLAU, $298,936 ANTHONY SORIANO, $133,196, AND CATHERINE AINORA, $271,702 THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES AN AMOUNT REPORTED ON A FORM W-2 ISSUED BY FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO , THE EMPLOYER'S THIRD PARTY ADMINISTRATOR OF THE ORGANIZATION'S SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") EACH PARTICIPANT MAY AUTHORIZE THE EMPLOYER TO REDUCE HIS/HER FUTURE COMPENSATION BY AN AMOUNT AND TO HAVE A CORRESPONDING AMOUNT CREDITED TO THE PARTICIPANT'S ACCOUNT(S) THE AMOUNTS OUTLINED HEREIN WERE REPORTED ON EACH INDIVIDUAL'S FIDELITY INVESTMENTS FORM W-2 AND INCLUDED IN THE SCHEDULE J, PART II, COLUMN E, TOTAL COMPENSATION COLUMN, WHICH REPRESENTS A DISTRIBUTION FROM EACH INDIVIDUAL'S SERP MONIES WHICH FUNDS WERE SUBJECT TO THE ORGANIZATION'S GENERAL CREDITORS THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2016 FORM W-2 ISSUED BY FIDELITY INVESTMENTS JONATHAN H BARKHORN, $1,059,412, ANGELA RICCO, $53,890, HODA BLAU, $144,987 AND ANTHONY SORIANO, $144,965 THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUAL INCLUDES UNVESTED BENEFITS IN A LONG TERM INCENTIVE PLAN WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, HE MAY NEVER ACTUALLY RECEIVE THE UNVESTED BENEFIT AMOUNT THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN HIS 2016 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES BARRY H OSTROWSKY, $250,000 THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES MILTON C ANDERSON, $127,146 EILEEN K URBAN, $88,908 AND LUIS E TAVERAS, $99,142 THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES GLENN MILLER, $219,497 , MARY ELIZABETH DENO, $47,592 AND THOMAS R PERCELLO, $81,429

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 7 AND CORE FORM, PART VII	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2016 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1ROBERT G LAHITA MD TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	414,953	30,000	13,021	14,575	- 8,808	- 481,357	0
1BARRY H OSTROWSKY TRUSTEE - PRESIDENT/CEO	(I)	0	0	0	0	0	0	0
	(II)	1,673,539	1,012,500	83,979	272,436	- 17,830	- 3,060,284	0
2JOHN W DOLL TREASURER - CFO	(I)	0	0	0	0	0	0	0
	(II)	665,691	209,557	103,382	11,925	- 27,844	- 1,018,399	0
3GERALD J PICERNO CHIEF OPERATING OFFICER	(I)	0	0	0	0	0	0	0
	(II)	1,052,379	846,027	316,252	12,895	- 30,979	- 2,258,532	0
4THOMAS A BIGA PRESIDENT - NORTHERN REGION	(I)	0	0	0	0	0	0	0
	(II)	875,251	794,227	639,061	22,525	- 27,279	- 2,358,343	0
5JOHN F BONAMO MD MS EXECUTIVE VP AND CMO	(I)	0	0	0	0	0	0	0
	(II)	710,508	411,727	331,968	19,875	- 20,330	- 1,494,408	0
6MILTON C ANDERSON EXECUTIVE VP AND CAO	(I)	0	0	0	0	0	0	0
	(II)	703,327	405,023	6,542	129,134	- 29,011	- 1,273,037	0
7GLENN MILLER CHIEF DEVELOPMENT OFFICER	(I)	418,183	231,727	3,396	229,435	27,749	910,490	0
	(II)	0	0	0	0	- 0	- 0	0
8NANCY E HOLECEK CHIEF NURSING OFFICER	(I)	0	0	0	0	0	0	0
	(II)	353,153	142,591	55,286	22,525	- 29,787	- 603,342	0
9EILEEN K URBAN SVP/CHIEF INVESTMENT OFFICER	(I)	0	0	0	0	0	0	0
	(II)	405,441	129,127	9,694	101,496	- 4,948	- 650,706	0
10STEPHEN P O'MAHONY CHIEF MEDICAL INFO OFFICER	(I)	360,025	95,625	6,009	11,938	27,606	501,203	0
	(II)	0	0	0	0	- 0	- 0	0
11DEANNA SPERLING COO - BEHAVIORAL HEALTH	(I)	0	0	0	0	0	0	0
	(II)	293,858	80,529	12,972	36,986	- 17,587	- 441,932	0
12MARY ELIZABETH DENO VP/CHIEF HR OFFICER	(I)	277,297	76,225	894	59,192	3,980	417,588	0
	(II)	0	0	0	0	- 0	- 0	0
13ROWENA C SPIGARELLI CHIEF COMPLIANCE OFFICER	(I)	239,591	38,858	409	12,764	1,375	292,997	0
	(II)	0	0	0	0	- 0	- 0	0
14MICHELE H SCHWEERS VP/CHIEF HR OFFICER	(I)	0	0	0	0	0	0	0
	(II)	156,664	44,284	17,497	15,447	- 26,845	- 260,737	0
15HUSSEIN SYED CHIEF INFO SECURITY OFFICER	(I)	184,640	8,236	6,827	11,012	15,064	225,779	0
	(II)	0	0	0	0	- 0	- 0	0
16MICHELLENE DAVIS EXECUTIVE VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	685,862	355,106	146,310	12,323	- 10,259	- 1,209,860	0
17JONATHAN H BARKHORN SVP (TERMED 5/2/16)	(I)	0	0	0	0	0	0	0
	(II)	174,454	200,000	1,720,125	0	- 4,400	- 2,098,979	0
18DAVID A MEBANE ESQ SVP/GENERAL COUNSEL-SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	588,934	355,106	379,829	22,525	- 30,040	- 1,376,434	0
19LUIS E TAVERAS SVP (TERMED 10/29/16)	(I)	0	0	0	0	0	0	0
	(II)	627,665	369,000	175,719	99,142	- 6,454	- 1,277,980	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
21 WILLIAM CUTHILL SVP FACILITIES	(I)	0	0	0	0	0	0	0
	(II)	339,499	191,727	371,868	33,125	24,797	961,016	0
1 MATTHEW S FULTON SENIOR VICE PRESIDENT	(I)	0	0	0	0	0	0	0
	(II)	375,340	176,863	133,053	14,575	1,607	701,438	0
2 DAVID W MCCLUNG SVP (TERMED 7/5/16)	(I)	0	0	0	0	0	0	0
	(II)	228,927	116,184	238,315	0	6,143	589,569	0
3 JENNIFER G VELEZ SVP COMM & BEHAV HLTH	(I)	0	0	0	0	0	0	0
	(II)	382,731	145,447	3,072	10,631	27,349	569,230	0
4 ANTHONY E PALMERIO CPA SVP SYS INTERNAL AUDIT	(I)	0	0	0	0	0	0	0
	(II)	226,793	131,727	72,574	18,227	28,484	477,805	0
5 DONALD L CREECH SVP PERIOPERATIVE SVCS	(I)	286,124	88,740	14,408	9,937	20,067	419,276	0
	(II)	0	0	0	0	0	0	0
6 JOSEPH T SCARGLE VICE PRESIDENT	(I)	319,203	87,210	1,560	9,938	28,195	446,106	0
	(II)	0	0	0	0	0	0	0
7 ROBERT BRAUN VP ONCOLOGY SERVICES	(I)	281,193	92,400	19,069	9,938	24,717	427,317	0
	(II)	0	0	0	0	0	0	0
8 CATHERINE A DOWDY CPA CORPORATE CONTROLLER	(I)	286,908	79,800	22,656	16,873	18,042	424,279	0
	(II)	0	0	0	0	0	0	0
9 MARGARET H CAMPBELL ESQ DEPUTY GENERAL COUNSEL	(I)	256,214	108,058	19,563	10,228	472	394,535	0
	(II)	0	0	0	0	0	0	0
10 VERONICA A GEISSLER VICE PRESIDENT	(I)	285,895	75,039	6,993	22,400	17,560	407,887	0
	(II)	0	0	0	0	0	0	0
11 ANGELA RICCO FORMER OFFICER	(I)	0	0	0	0	0	0	0
	(II)	243,612	0	362,890	0	0	606,502	0
12 THOMAS R PERCELLO FORMER OFFICER	(I)	0	0	0	0	0	0	0
	(II)	396,994	90,321	7,962	103,954	27,551	626,782	0
13 HODA BLAU FORMER OFFICER	(I)	0	0	0	0	0	0	0
	(II)	0	0	443,923	0	0	443,923	0
14 ANTHONY SORIANO FORMER OFFICER	(I)	0	0	107,885	0	0	107,885	0
	(II)	0	0	278,161	0	0	278,161	0
15 CATHERINE AINORA FORMER OFFICER	(I)	0	0	0	0	0	0	0
	(II)	0	0	271,702	0	0	271,702	0
16 ROBERT C IANNACCONE FORMER OFFICER	(I)	0	0	0	0	0	0	0
	(II)	104,444	0	28,870	0	3,248	136,562	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BARNABAS HEALTH INC

Employer identification number
22-2405279

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FT78	11-10-2011	37,010,000	EQUIPMENT/CONSTRUCTION/RENOVATION		X		X		X
B	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579ERMO	11-29-2012	106,685,000	REFUND/BOND ISSUANCE COSTS		X		X		X
C	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		12-03-2014	129,925,000	REPAY OF JCMC TAXABLE REVENUE BOND		X		X		X
D	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	645790FR2	11-02-2016	755,808,475	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	0	0
2	Amount of bonds legally defeased	37,010,000	0	129,925,000	550,873,190
3	Total proceeds of issue	0	106,685,000	129,925,000	755,808,475
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	419,301	1,722,302	0	4,856,153
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	0	0	0
11	Other spent proceeds	36,590,699	104,962,698	0	200,079,132
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion		2009	2014	

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X	X			X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X				X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 077 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						
6	Total of lines 4 and 5		0 077 %						
7	Does the bond issue meet the private security or payment test?		X		X				X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
TAX-EXEMPT BOND ISSUES - SCHEDULE K, PART I	THE TAX-EXEMPT BOND ISSUANCES REFLECTED IN SCHEDULE K, PART I ARE ISSUED ON BEHALF OF THE RWJBARNABAS HEALTH OBLIGATED GROUP WHICH INCLUDES THIS ORGANIZATION PLEASE NOTE THAT SCHEDULE K, PARTS II, III AND IV HAVE BEEN COMPLETED BASED UPON THE TOTAL AMOUNT OF THE TAX-EXEMPT BOND ISSUANCE FOR THE OBLIGATED GROUP, NOT BY EACH INDIVIDUAL INSTITUTION OR ENTITY PLEASE NOTE THAT THE PROCEEDS FROM THE NOVEMBER 29, 2012 TAX-EXEMPT BOND ISSUANCE IN THE AMOUNT OF $106,685,000 WERE USED SOLELY TO REFUND TAX-EXEMPT BOND ISSUANCES THAT WERE ISSUED PRIOR TO JANUARY 1, 2003 The proceeds of series 2016a TAX-EXEMPT BONDS were used to provide funds to finance (i) the legal defeasance of (a) saint barnabas health care system issue, series 2006a, (b) Robert wood Johnson university hospital issue, series 2013b, (c) variable rate composite program Robert wood Johnson university hospital project series 2003a-3, and (d) rwj health care corpORATION at Hamilton obligated group issue, series 2013, (ii) the refinancing of the bridge loaN, (iii) the financing by, and reimbursement to, RWJ BARNABAS HEALTH, INC for various capital improvements at clara maass medical center, saint barnabas medical center and Monmouth medical center southern campus, and (iv) the payment of the costs of issuance

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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BARNABAS HEALTH INC

Employer identification number
22-2405279

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

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

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

Part II **Loans to and/or From Interested Persons.**

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

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

Part III **Grants or Assistance Benefiting Interested Persons.**

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

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

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CHRISTINA M CRONKITE	FAMILY MEMBER - OFFICER	53,590	EMPLOYEE		No
(2) TIMOTHY SPERLING	FAMILY MEMBER - OFFICER	127,631	EMPLOYEE		No

Part V **Supplemental Information**

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

Return Reference	Explanation

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BARNABAS HEALTH INC

Employer identification number
22-2405279

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART I, LINE 5, TOTAL NUMBER OF INDIVIDUALS EMPLOYED	BARNABAS HEALTH, INC ("BH") IS A NOT-FOR-PROFIT COMPANY LOCATED IN WEST ORANGE, NEW JERSEY BH IS AN AFFILIATE WITHIN RWJBARNABAS HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM BH IS THE SOLE CORPORATE MEMBER OR SOLE SHAREHOLDER OF VARIOUS AFFILIATED ORGANIZATIONS AND SUBSIDIARIES AND PROVIDES MANAGEMENT SERVICES TO THOSE ORGANIZATIONS WHILE OPERATING AN INTEGRATED HEALTHCARE DELIVERY SYSTEM BH WAS ORGANIZED TO DEVELOP AND OPERATE A MULTIHOSPITAL HEALTHCARE SYSTEM PROVIDING A COMPREHENSIVE SPECTRUM OF HEALTHCARE SERVICES, PRINCIPALLY TO THE RESIDENTS OF NEW JERSEY AND SURROUNDING AREAS THE SERVICES AND FACILITIES OF BH INCLUDE ACUTE CARE HOSPITALS, AMBULATORY CARE FACILITIES, HOME CARE AND HOSPICE SERVICES, GERIATRIC SERVICES, A FREESTANDING INPATIENT PSYCHIATRIC FACILITY AND STATE WIDE BEHAVIORAL HEALTH NETWORK, A BURN TREATMENT FACILITY, COMPREHENSIVE CARDIAC SURGERY SERVICES, INCLUDING A HEART TRANSPLANT CENTER, A LUNG TRANSPLANT CENTER, KIDNEY TRANSPLANT CENTERS, COMPREHENSIVE CANCER SERVICES, COMPREHENSIVE BREAST CENTERS, AND THE CHILDREN'S HOSPITAL OF NEW JERSEY AT NEWARK BETH ISRAEL MEDICAL CENTER AND THE CHILDREN'S HOSPITAL AT MONMOUTH MEDICAL CENTER BH OWNS 100% OF THE COMMON STOCK OF SBC MANAGEMENT CORPORATION, A FOR-PROFIT ENTITY SBC MANAGEMENT CORPORATION EMPLOYS INDIVIDUALS WHO PERFORM SERVICES ON BEHALF OF BARNABAS HEALTH AND ITS AFFILIATES ACCORDINGLY, THIS FORM 990 TREATS THE CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER WHO ARE EMPLOYED BY SBC MANAGEMENT CORPORATION AS AN OFFICER OF BH IN ADDITION, FOURTEEN OF THE KEY EMPLOYEES REFLECTED ON THIS FORM 990 WHO PROVIDE SERVICES ON BEHALF OF BH AND ITS AFFILIATES ARE ALSO EMPLOYED BY SBC MANAGEMENT CORPORATION A TRUSTEE WHO PERFORMS SERVICES ON BEHALF OF BH AND ITS AFFILIATES IS ALSO EMPLOYED BY NEWARK BETH ISRAEL MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, WHOSE SOLE MEMBER IS BH AND IS REFLECTED ON THIS FORM 990 A TRUSTEE AND A KEY EMPLOYEE WHO PERFORM SERVICES ON BEHALF OF BH AND ITS AFFILIATES ARE ALSO EMPLOYED BY MONMOUTH MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, WHOSE SOLE MEMBER IS BH BOTH ARE REFLECTED ON THIS FORM 990 A KEY EMPLOYEE WHO PERFORMS SERVICES ON BEHALF OF BH AND ITS AFFILIATES IS ALSO EMPLOYED BY SAINT BARNABAS MANAGEMENT SERVICES, LLC, A SINGLE MEMBER LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER IS SAINT BARNABAS BEHAVIORAL HEALTH CENTER ("SBBH"), A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION SBBH'S SOLE MEMBER IS BH AND IS REFLECTED ON THIS FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTION 4	EFFECTIVE APRIL 1, 2016, RWJ HEALTH CARE CORPORATION AND ITS AFFILIATES (COLLECTIVELY, RWJ) AND BARNABAS HEALTH, INC AND ITS AFFILIATES (COLLECTIVELY, BARNABAS HEALTH) COMPLETED A TRANSACTION PURSUANT TO A MERGER AGREEMENT DATED MARCH 16, 2016 TO FORM RWJ BARNABAS HEALTH THE PARENT CORPORATIONS OF RWJ AND BARNABAS HEALTH AGREED TO JOINTLY SPONSOR A NEWLY FORMED PARENT COMPRISED OF ALL ENTITIES OF BOTH SYSTEMS THE MERGER WAS ACCOMPLISHED THROUGH THE ESTABLISHMENT OF A NEW SYSTEM PARENT CORPORATION AS THE SOLE MEMBER OF THE FORMER PARENT CORPORATIONS OF EACH SYSTEM (RWJ AND BARNABAS HEALTH, RESPECTIVELY) THE PARENT CORPORATION OF THE NEWLY MERGED HEALTHCARE SYSTEM, RWJ BARNABAS HEALTH, INC , IS A NOT-FOR-PROFIT, TAX-EXEMPT CORPORATION THE MERGER WAS EFFECTED TO CREATE AN INTEGRATED HEALTHCARE DELIVERY SYSTEM THAT WOULD EXPAND THE SCOPE OF, AND ACCESS TO, HEALTHCARE SERVICES WITHIN COMMUNITIES SERVED BY BOTH RWJ AND BARNABAS HEALTH

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTIONS 6 & 7	RWJ BARNABAS HEALTH, INC ("RWJ BH") IS THE SOLE MEMBER OF THIS ORGANIZATION RWJ BH HAS THE RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 11B	THE ORGANIZATION IS AN AFFILIATE WITHIN RWJBARNABAS HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") RWJ BARNABAS HEALTH, INC IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF ITS GOVERNING BODY (ITS BOARD OF TRUSTEES) PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS") IN ADDITION, THE RWJ BARNABAS HEALTH, INC AUDIT COMMITTEE ASSUMED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND FILING PROCESS FOR ALL TAX-EXEMPT AFFILIATES WITHIN THE SYSTEM AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS, THE SYSTEM HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND SYSTEM INDIVIDUALS INCLUDING SENIOR VICE PRESIDENT/GENERAL COUNSEL, CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT OF SYSTEM INTERNAL AUDIT AND VARIOUS OTHER INDIVIDUALS ("INTERNAL WORKING GROUP") TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR REVIEW THE ORGANIZATION'S INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL THIS FORM 990 WAS ALSO REVIEWED AT A SPECIAL MEETING WHICH INCLUDED THE ORGANIZATION'S CHIEF FINANCIAL OFFICER, A BOARD MEMBER OF THE ORGANIZATION AND THE OUTSIDE PROFESSIONAL CPA FIRM WHICH WAS RETAINED TO PREPARE THE FEDERAL FORM 990 FOLLOWING THIS REVIEW, THE FINAL FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 12	THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WITH WHICH IT REGULARLY MONITORS AND ENFORCES COMPLIANCE THIS CONFLICT OF INTEREST POLICY REQUIRES THAT A CONFLICT OF INTEREST FORM CONSISTENT WITH BEST GOVERNANCE PRACTICES AND INTERNAL REVENUE SERVICE GUIDELINES BE CIRCULATED TO OFFICERS, TRUSTEES AND KEY EMPLOYEES ANNUALLY IN A SITUATION IN WHICH A TRUSTEE DISCLOSES AN INTEREST THAT COULD GIVE RISE TO A CONFLICT, THE TRUSTEE'S POTENTIAL CONFLICT IS REFERRED TO THE SYSTEM'S CORPORATE NOMINATING AND GOVERNANCE COMMITTEE WHICH EVALUATES THE CONFLICT AND ITS POTENTIAL IMPACT ON THE TRUSTEE'S PARTICIPATION ON THE BOARD OR ON CERTAIN ISSUES WHICH MAY COME BEFORE THE BOARD AS APPROPRIATE THE COMMITTEE WILL TAKE ACTION TO ADDRESS THE CONFLICT

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	THE ORGANIZATION IS AN AFFILIATE WITHIN RWJBARNABAS HEALTH, A TAX-EXEMPT INTEGRATED HEALTH CARE DELIVERY SYSTEM THE ORGANIZATION'S BOARD OF TRUSTEES MAINTAINS AN EXECUTIVE COMPENSA TION COMMITTEE ("COMMITTEE") THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION P HILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS O F THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, T HE CHIEF OPERATING OFFICER AND THE CHIEF FINANCIAL OFFICER THE COMPENSATION COMMITTEE ALS O REVIEWS THE COMPENSATION AND BENEFITS OF OTHER OFFICERS AND KEY EMPLOYEES OF BARNABAS HE ALTH INCLUDING, WITHOUT LIMITATION, THE CHIEF EXECUTIVE OFFICERS OF BARNABAS HEALTH'S HOSP ITALS AND MEDICAL CENTERS THE COMPENSATION COMMITTEE, WHICH IS REQUIRED BY THE CORPORATIO N'S BYLAWS TO BE COMPRISED SOLELY OF INDEPENDENT TRUSTEES, SEEKS GUIDANCE AND SUBSTANTIATI ON FROM A NATIONALLY RECOGNIZED COMPENSATION CONSULTANT THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED CO MPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED THE COMMITTEE'S RE VIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENI OR MANAGEMENT OF THE ORGANIZATION IS REASONABLE THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBE RS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, THE CHI EF OPERATING OFFICER AND THE CHIEF FINANCIAL OFFICER THE THREE FACTORS WHICH MUST BE SATI SFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING 1 THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPL ICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2 THE AUTHORIZED BO DY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DET ERMINATION, AND 3 THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINAT ION" CONCURRENTLY WITH MAKING THAT DETERMINATION THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES, EACH OF WHOM ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF IN TEREST THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE RE VIEW OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING , BUT NOT LIMITED TO, SIMILARLY SIZED HEALTHCARE SYSTEMS AND HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DE TERMINATION THROUGH THE TIMELY

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	PREPARATION OF WRITTEN MINUTES OF THE EXECUTIVE COMPENSATION COMMITTEE MEETINGS DURING WH ICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED THE AC TIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL INCLUDING, B UT NOT LIMITED TO, THE PRESIDENT/CHIEF EXECUTIVE OFFICER, THE CHIEF OPERATING OFFICER, THE CHIEF FINANCIAL OFFICER AND THE CHIEF EXECUTIVE OFFICERS OF BARNABAS HEALTH'S HOSPITALS A ND MEDICAL CENTERS THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED I N THIS FORM 990 ARE REVIEWED ANNUALLY BY THE BARNABAS HEALTH PRESIDENT/CHIEF EXECUTIVE OFF ICER WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WIT H THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTO RS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE OR GANIZATION OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, I NDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFO RMANCE FEEDBACK MEETINGS

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION HAS ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT IN CONJUNCTION WITH THE ISSUANCE OF THESE TAX-EXEMPT BONDS, THE ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED WITH THE TAX-EXEMPT BOND PROSPECTUS WHICH WAS MADE AVAILABLE TO THE GENERAL PUBLIC FOR REVIEW IN ADDITION, THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION OR A RELATED ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	THOMAS R PERCELLO, FORMER VICE PRESIDENT OF THE ORGANIZATION, IS STILL EMPLOYED WITHIN RWJBARNABAS HEALTH AS A SENIOR VICE PRESIDENT OF FINANCE/CHIEF FINANCIAL OFFICER OF COMMUNITY MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION ROBERT C IANNACCONE, FORMER SENIOR VICE PRESIDENT OF THE ORGANIZATION, WAS EMPLOYED WITHIN RWJBARNABAS HEALTH AS A VICE PRESIDENT OF NEWARK BETH ISRAEL MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION FROM 1/1/2016 THROUGH 4/29/2016

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	Certain individuals were reported as officers or key employees on the 2015 Form 990, Part VII Upon a review of their respective duties, roles and responsibilities it was determined that these individuals do not satisfy the criteria to be an officer or key employee under (1) Form 990 rules, regulations and instructions, (2) State of New Jersey law, or (3) the organizations bylaws Accordingly, these individuals have not been included on this 2016 Form 990 as either an officer, key employee or a former officer nor should have been reported on previous years Forms 990 In addition, certain individuals were reported as officers on the 2015 Form 990, Part VII Upon a review of their respective duties, roles and responsibilities it was determined that these individuals do not satisfy the criteria to be an officer under (1) Form 990 rules, regulations and instructions, (2) State of New Jersey law, or (3) the organizations bylaws However, it was determined that these individuals satisfy the criteria to be classified as a key employee for Form 990 reporting purposes Accordingly, these individuals have been included on this 2016 Form 990 as a key employee Please note that the organization did not amend its 2015 Form 990 with respect to the reclassifications outlined above

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART X, LINE 20	The organization is a member of RWJ Barnabas Health, a tax-exempt integrated healthcare delivery system ("System") The System has a number of outstanding long-term obligated group debt liabilities, including the following bond issuances - New Jersey Health Care Facilities Financing Authority Revenue and Refunding Bonds Series 2016A, - New Jersey Health Care Facilities Financing Authority Revenue and Refunding Bonds Series 2014A, - New Jersey Health Care Facilities Financing Authority Revenue and Refunding Bonds Series 2012A, - New Jersey Health Care Facilities Financing Authority Revenue and Refunding Bonds Series 2011B, - New Jersey Health Care Facilities Financing Authority Taxable Revenue Bonds Series 2016, and - New Jersey Health Care Facilities Financing Authority Taxable Revenue Bonds Series 2012 The bonds outlined above and various other long-term borrowings are allocated by RWJ Barnabas Health, Inc and Barnabas Health, Inc to the following System member hospitals and certain other affiliates The balance sheet of these respective member hospitals and certain other affiliates reflects a due to related party liability and are reflected on the balance sheets of the following subsidiary organizations - Children's Specialized Hospital, EIN 22-1487148 - Clara Maass Medical Center, EIN 22-1500556 - Community Medical Center, EIN 22-3452306 - Jersey City Medical Center, EIN 22-2783298 - Monmouth Medical Center, EIN 22-3452412 - Newark Beth Israel Medical Center, EIN 22-3452311 - Robert Wood Johnson University Hospital, EIN 22-1487243 - Robert Wood Johnson University Hospital at Hamilton, EIN 21-0634572 - Robert Wood Johnson University Hospital Rahway, EIN 22-1487305 - Saint Barnabas Behavioral Health Center, EIN 22-2977312 - Saint Barnabas Medical Center, EIN 22-1494440 - Saint Barnabas Realty Development Corporation, EIN 22-2940008 Schedule K was prepared on a consolidated basis and is included in the Form 990 of Barnabas Health, Inc , EIN 22-2405279

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDES - PENSION AND POST RETIREMENT CHANGES OTHER THAN NET PERIODIC BENEFIT COST - ($63,462,599), - LOSS ON EARLY EXTINGUISHMENT OF DEBT - ($58,631,212), - NET TRANSFER OF EQUITY FROM RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT AND FOR-PROFIT ORGANIZATIONS - $9,698,631, - GAIN ON DISPOSAL OF INVESTMENT IN QUALCARE, INC - $1,256,554, AND - WRITE-OFF OF CITY OF IRVINGTON SERIES D BOND OBLIGATION - $3,365,500

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN RWJBARNABAS HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM'S TAX-EXEMPT PARENT ENTITY IS RWJBARNABAS HEALTH, INC AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF RWJ BARNABAS HEALTH, INC AND ALL AFFILIATES WITHIN THE SYSTEM FOR THE PERIOD ENDED DECEMBER 31, 2016 THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS FOR THE RWJBARNABAS HEALTH HOSPITALS AND CERTAIN OTHER AFFILIATES THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS THE RWJ BARNABAS HEALTH, INC AUDIT COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES TOTAL FEES 38815276

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CLINICAL FEES TOTAL FEES 15254506

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING FEES TOTAL FEES 14694260

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION REGULATORY FEES TOTAL FEES 821602

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION DIETARY MANAGEMENT FEES TOTAL FEES 644278

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER FEES TOTAL FEES 399149

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN FEES TOTAL FEES 83536

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION FEES TOTAL FEES 3349

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BARNABAS HEALTH INC

Employer identification number
22-2405279

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BARNABAS HEALTH ACO-NORTH LLC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 45-4531828	HLTHCARE SVCS	NJ	295,900	0	BH

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No

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.

See Additional Data Table

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

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.

See Additional Data Table

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

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

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

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 35-2219655	STAFFING SVCS	NJ	501(C)(3)	509(a)(3)	SBRDC		No
(1) 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-3316007	HEALTH SVCS	NJ	501(C)(3)	509(a)(2)	BH	Yes	
(2) 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 47-3922235	INACTIVE	NJ	501(C)(3)	509(a)(2)	BH	Yes	
(3) 2 CRESCENT PLACE OCEANPORT, NJ 07757 22-2939956	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	BH	Yes	
(4) 1691 ROUTE 9 TOMS RIVER, NJ 08754 22-3343959	HEALTH SVCS	NJ	501(C)(3)	509(a)(3)	SBBH		No
(5) 150 NEW PROVIDENCE ROAD MOUNTAINSIDE, NJ 07092 22-1487148	PED CARE	NJ	501(C)(3)	HOSPITAL	RWJHCC		No
(6) 150 NEW PROVIDENCE ROAD MOUNTAINSIDE, NJ 07092 13-6844298	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	CSH		No
(7) ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109 22-2132516	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	BH	Yes	
(8) ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109 22-1500556	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	BH	Yes	
(9) 99 HIGHWAY 37 WEST TOMS RIVER, NJ 08755 22-3452306	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	BH	Yes	
(10) 99 HIGHWAY 37 WEST TOMS RIVER, NJ 08755 22-2597592	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	BH	Yes	
(11) 44 BRIGHT STREET JERSEY CITY, NJ 07302 22-0963805	INACTIVE	NJ	501(c)(3)	HOSPITAL	LHCS		No
(12) 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 23-7025428	INACTIVE	NJ	501(C)(3)	509(a)(3)	BH	Yes	
(13) 44 BRIGHT STREET JERSEY CITY, NJ 07302 22-2783298	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	BH	Yes	
(14) ONE HAMILTON HEALTH PLACE HAMILTON, NJ 08690 22-2627639	CHILD CARE	NJ	501(C)(3)	509(A)(2)	RWJHCCH		No
(15) ONE HAMILTON HEALTH PLACE HAMILTON, NJ 08690 46-2038300	FUNDRASING	NJ	501(1)(3)	509(A)(3)	LCCC		No
(16) 44 BRIGHT STREET JERSEY CITY, NJ 07302 22-3506358	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	JCMC		No
(17) 44 BRIGHT STREET JERSEY CITY, NJ 07302 22-3113911	FUNDRAISING	NJ	501(C)(3)	509(A)(2)	LHCS		No
(18) 44 BRIGHT STREET JERSEY CITY, NJ 07302 22-3113960	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	BH	Yes	
(19) 44 BRIGHT STREET JERSEY CITY, NJ 07302 22-3284894	INACTIVE	NJ	501(C)(3)	HOSPITAL	LHCS		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	(g) Section 512 (b)(13) controlled entity? No
(21) 44 BRIGHT STREET JERSEY CITY, NJ 07302 22-3386850	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	JCMC		No
(1) 2 CRESCENT PLACE OCEANPORT, NJ 07757 22-2578561	HEALTH SVCS	NJ	501(C)(3)	509(a)(3)	CSHG		No
(2) 600 RIVER AVE ANNEX BLDG E LAKEWOOD, NJ 08701 22-2630076	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	BH	Yes	
(3) 300 SECOND AVENUE LONG BRANCH, NJ 07740 22-3452412	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	BH	Yes	
(4) 100 STATE HIGHWAY 36 WEST LONG BRANCH, NJ 07764 22-3357053	HEALTH SVCS	NJ	501(C)(3)	509(a)(3)	MMC		No
(5) 300 SECOND AVENUE LONG BRANCH, NJ 07740 22-2456079	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	BH	Yes	
(6) ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08901 22-1946837	HLTHCARE SVCS	NJ	501(C)(3)	509(A)(3)	RWJHCC		No
(7) 44 BRIGHT STREET JERSEY CITY, NJ 07302 22-3363012	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	JCMC		No
(8) 201 LYONS AVENUE NEWARK, NJ 07112 22-3452311	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	BH	Yes	
(9) 972 SHOPPES BOULEVARD NORTH BRUNSWICK, NJ 08902 26-3659270	HLTHCARE SVCS	NJ	501(C)(3)	509(A)(2)	NA		No
(10) 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 81-0682747	INACTIVE	NJ	501(C)(3)	509(A)(3)	NA		No
(11) ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08901 22-2568905	HOLDING CO	NJ	501(C)(3)	509(A)(3)	RWJBH		No
(12) ONE HAMILTON HEALTH PLACE HAMILTON, NJ 08690 22-2566863	HOLDING CO	NJ	501(C)(3)	509(A)(3)	RWJHCC		No
(13) ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08901 22-2474955	PROPERTY	NJ	501(C)(3)	509(A)(3)	RWJHCC		No
(14) ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08903 22-1487243	HLTHCARE SVCS	NJ	501(C)(3)	HOSPITAL	RWJHCC		No
(15) ONE HAMILTON HEALTH PLACE HAMILTON, NJ 08690 22-2552329	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	RWJHCCH		No
(16) 865 STONE STREET RAHWAY, NJ 07065 22-2405094	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	RWJUHR		No
(17) ONE HAMILTON HEALTH PLACE HAMILTON, NJ 08690 21-0634572	HLTHCARE SVCS	NJ	501(C)(3)	HOSPITAL	RWJHCCH		No
(18) 10 PLUM STREET NO 910 NEW BRUNSWICK, NJ 08901 22-2378007	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	RWJHCC		No
(19) 865 STONE STREET RAHWAY, NJ 07065 22-1487305	HLTHCARE SVCS	NJ	501(C)(3)	HOSPITAL	RWJHCC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(41) 1691 ROUTE 9 TOMS RIVER, NJ 08754 22-2977312	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	CSHG		No
(1) 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-3769036	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	BH	Yes	
(2) 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-2354659	HEALTH SVCS	NJ	501(C)(3)	509(a)(1)	BH	Yes	
(3) 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 22-1494440	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	BH	Yes	
(4) 200 SOUTH ORANGE AVENUE LIVINGSTON, NJ 07039 22-2458479	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	BH	Yes	
(5) 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 22-2940008	TITLE HLDNG	NJ	501(C)(3)	509(a)(3)	BH	Yes	
(6) 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 22-3236202	FUNDRAISING	NJ	501(C)(3)	509(A)(3)	BH	Yes	
(7) 110 REHILL AVENUE SOMERVILLE, NJ 08876 22-3295495	INACTIVE	NJ	501(C)(3)	509(A)(2)	RWJUH		No
(8) 110 REHILL AVENUE SOMERVILLE, NJ 08876 22-2665685	INACTIVE	NJ	501(C)(3)	509(A)(2)	RWJUH		No
(9) 201 LYONS AVENUE NEWARK, NJ 07112 22-2587176	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	BH	Yes	
(10) 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-2458481	INACTIVE	NJ	501(C)(3)	509(a)(2)	JCMC		No
(11) 176 RIVERSIDE AVENUE RED BANK, NJ 07701 47-4841103	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	MEGA CARE		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CENTRAL JERSEY ACO LLC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 45-5460713	HEALTHCARE SVCS	NJ	BH	RELATED	0	0		No			No	75 000 %
(1) INNOVATIVE PURCHASING CONCEPTS 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-3786557	INACTIVE	NJ	NA									
(2) JERSEY ASC VENTURES LLC 1A BURTON HILLS BLVD NASHVILLE, TN 37215 47-3368037	MEDICAL	TN	NA									
(3) KIM-MED ASSOCIATES 300 SECOND AVENUE LONG BRANCH, NJ 07740 22-2775619	INACTIVE	NJ	NA									
(4) LIBERTY HEALTHCARE MANAGEMENT 44 BRIGHT STREET JERSEY CITY, NJ 07302 22-3597891	MANAGEMENT	NJ	NA									
(5) LIBERTYUSP SURGERY CENTERS LLC 15305 DALLAS PKWY SUITE 1600 LB 28 ADDISON, TX 75001 26-4756962	HEALTHCARE SVCS	TX	NA									
(6) NEW JERSEY IMAGING NTWKLLC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 46-0623701	HEALTHCARE SVCS	NJ	NA									
(7) RWJ-REGENT II LLC ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08903 80-0878969	HEALTHCARE SVCS	NJ	NA									
(8) RWJ-REGENT LLC 10 PLUM STREET 4TH FLOOR NEW BRUNSWICK, NJ 08901 45-3853994	HEALTHCARE SVCS	NJ	NA									
(9) SHREWSBURY DIAGNOSTIC IMAGING LLC 1131 BROAD STREET SUITE 110 SHREWSBURY, NJ 07702 20-3833246	HEALTHCARE SVCS	NJ	NA									
(10) HAMILTON ENDO & SURG LLC 1235 WHITEHORSE-MERCERVILLE RD STE HAMILTON, NJ 08619 22-3837967	HEALTHCARE SVCS	NJ	NA									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ACUCARE PHYSICIANS PC 110 REHILL AVENUE SOMERVILLE, NJ 08876 22-3566010	MEDICAL SVCS	NJ	NA	C CORP					No
(1) CENTER STATE MANAGEMENT CORP 300 SECOND AVENUE LONG BRANCH, NJ 07740 22-2506125	MGMT SVCS	NJ	NA	C CORP					No
(2) CSH VENTURES INC 200 SOMERSET STREET NEW BRUNSWICK, NJ 08901 47-2729885	MED CONSULTING	NJ	NA	C CORP					No
(3) EOS INC 110 REHILL AVENUE SOMERVILLE, NJ 08876 30-0382075	INACTIVE	NJ	NA	C CORP					No
(4) HEALTH CARE FACILITIES MGT 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-3532988	MAINT SVCS	NJ	NA	C CORP					No
(5) JCMC PHYSICIANS ASSOCIATES PC 44 BRIGHT STREET JERSEY CITY, NJ 07302 46-5329974	INACTIVE	NJ	NA	C CORP					No
(6) KIMBALL HLTH CARE AFFILIATES 300 SECOND AVENUE LONG BRANCH, NJ 07740 22-2701213	INVESTMENT	NJ	NA	C CORP					No
(7) LIBERTY HEALTHCARE CAPITAL 44 BRIGHT STREET JERSEY CITY, NJ 07302 22-3444345	LEASE/FINANCE	NJ	NA	C CORP					No
(8) LIVINGSTON INFUSION CARE INC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-3190756	HEALTHCARE SVCS	NJ	NA	C CORP					No
(9) LIVINGSTON SERVICES CORP 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-2779395	HEALTHCARE SVCS	NJ	NA	C CORP					No
(10) LSC PHARMACY SERVICES INC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 45-2552776	PHARMACY SVCS	NJ	NA	C CORP					No
(11) MAJOR SECURITY SERVICES INC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-3040539	SECURITY SVCS	NJ	NA	C CORP					No
(12) NEW JERSEY HEALTH INC 110 REHILL AVENUE SOMERVILLE, NJ 08876 22-3339824	INACTIVE	NJ	NA	C CORP					No
(13) NEW JERSEY HEALTHCARE ASSOC PC 110 REHILL AVENUE SOMERVILLE, NJ 08876 22-3339827	INACTIVE	NJ	NA	C CORP					No
(14) NJ HEALTH CARE SYSTEM INC 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 22-3536986	INACTIVE	NJ	NA	C CORP					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) NJ MGT SERVICES ORGANIZATION 110 REHILL AVENUE SOMERVILLE, NJ 08876 22-3339486	INACTIVE	NJ	NA	C CORP					No
(1) PROFESSIONAL QUALITY LIAB 100 BANK STREET BURLINGTON, VT 05401 20-5163819	INSURANCE SVCS	VT	BH	C CORP	0	4,151,170	100 000 %	Yes	
(2) RWJ HAMILTON PHYSICIAN ENTERPRISE PA ONE HAMILTON HEALTH PLACE HAMILTON, NJ 08690 46-0765254	HLTHCARE SVCS	NJ	NA	C CORP					No
(3) RWJ HEALTH NETWORK INC ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08901 22-3420314	HLTHCARE SVCS	NJ	NA	C CORP					No
(4) RWJ KIDNEY TRANSPLANT ASSOC ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08901 03-0382501	HLTHCARE SVCS	NJ	NA	C CORP					No
(5) RWJ MED ASSOC AT HAMILTON ONE HAMILTON HEALTH PLACE HAMILTON, NJ 08690 22-3454267	PROF SVCS	NJ	NA	C CORP					No
(6) RWJ MED SVCS ORG AT HAMILTON ONE HAMILTON HEALTH PLACE HAMILTON, NJ 08690 22-3454270	HLTHCARE SVCS	NJ	NA	C CORP					No
(7) RWJ MEDICAL ASSOCIATES PA ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08901 22-3586872	HLTHCARE SVCS	NJ	NA	C CORP					No
(8) RWJ MULTI-SPECIALTY GROUP PA ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08901 03-0382492	HLTHCARE SVCS	NJ	NA	C CORP					No
(9) RWJ PHYSICIAN ENTERPRISE PA 3 EXECUTIVE DRIVE SUITE 400 SOMERSET, NJ 08873 45-3967414	HLTHCARE SVCS	NJ	NA	C CORP					No
(10) RWJ SURGERY CENTER INC ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08901 22-3698431	HLTHCARE SVCS	NJ	NA	C CORP					No
(11) SBC MANAGEMENT CORPORATION 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-3414332	MGMT SVCS	NJ	BH	C CORP	30,294,887	0	100 000 %	Yes	
(12) SHC ENTERPRISES INC 110 REHILL AVENUE SOMERVILLE, NJ 08876 22-2665595	MANAGEMENT	NJ	NA	C CORP					No
(13) SOMERSET CARDIOLOGY GROUP PC 110 REHILL AVENUE SOMERVILLE, NJ 08876 37-1640531	MEDICAL SVCS	NJ	NA	C CORP					No
(14) SOMERSET CARDIOLOGY PARTNERS PC 110 REHILL AVENUE SOMERVILLE, NJ 08876 90-0668649	MEDICAL SVCS	NJ	NA	C CORP					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(31) SOMERSET REALTY GROUP INC 110 REHILL AVENUE SOMERVILLE, NJ 08876 22-3269525	REAL ESTATE	NJ	NA	C CORP					No
(1) SOMERSET STAFFING CORP 110 REHILL AVENUE SOMERVILLE, NJ 08876 11-3829651	INACTIVE	NJ	NA	C CORP					No
(2) VISION HEALTHCARE INC 865 STONE STREET RAHWAY, NJ 07065 20-4285005	INVESTMENT	NJ	NA	C CORP					No
(3) WARREN INTERNAL MEDICINE PC 110 REHILL AVENUE SOMERVILLE, NJ 08876 35-2366107	MEDICAL SVCS	NJ	NA	C CORP					No
(4) CPIC 44 CHURCH STREET HAMILTON, BERMUDA HM11 BD	FINANCIAL VEHICLE	BD	NA	FOREIGN CORP					No
(5) SYSTEM AND AFFILIATE MEMBERS LTD POWER HOUSE 7 PAR-LA-VILLE ROAD HAMILTON HM11 BD 98-0656382	FINANCIAL VEHICLE	BD	NA	FOREIGN CORP					No

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	COMMUNITY MEDICAL CENTER	E	43,588,249	COST
(1)	COMMUNITY MEDICAL CENTER	D	6,354,101	COST
(2)	MONMOUTH MEDICAL CENTER	E	68,852,324	COST
(3)	MONMOUTH MEDICAL CENTER	D	8,434,178	COST
(4)	BARNABAS HEALTH MEDICAL GROUP PC	E	4,148,979	COST
(5)	BARNABAS HEALTH MEDICAL GROUP PC	D	195,004	COST
(6)	NEWARK BETH ISRAEL MEDICAL CENTER	E	82,897,015	COST
(7)	NEWARK BETH ISRAEL MEDICAL CENTER	D	3,569,527	COST
(8)	SAINT BARNABAS MEDICAL CENTER	E	74,708,953	COST
(9)	SAINT BARNABAS MEDICAL CENTER	D	7,405,390	COST
(10)	JERSEY CITY MEDICAL CENTER	E	8,157,601	COST
(11)	JERSEY CITY MEDICAL CENTER	D	5,498,010	COST
(12)	CLARA MAASS MEDICAL CENTER	E	37,404,368	COST
(13)	CLARA MAASS MEDICAL CENTER	D	2,911,174	COST
(14)	SBC MANAGEMENT CORPORATION	E	68,046,514	COST
(15)	SBC MANAGEMENT CORPORATION	D	2,635,804	COST
(16)	SAINT BARNABAS HOSPICE AND PALLIATIVE CARE	E	73,530	COST
(17)	SAINT BARNABAS HOSPICE AND PALLIATIVE CARE	D	673,635	COST
(18)	CENTER STATE HEALTH GROUP INC	E	27,330,813	COST
(19)	CENTER STATE HEALTH GROUP INC	D	84,111,314	COST
(20)	LIBERTY HEALTHCARE SYSTEM INC	E	2,747,428	COST
(21)	SAINT BARNABAS BEHAVIORAL HEALTH CENTER	E	212,734	COST
(22)	SAINT BARNABAS BEHAVIORAL HEALTH CENTER	D	222,993	COST
(23)	SAINT BARNABAS REALTY DEVELOPMENT CORPORATION	E	383,630	COST
(24)	SAINT BARNABAS REALTY DEVELOPMENT CORPORATION	D	19,244,440	COST

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	SAINT BARNABAS OUTPATIENT CENTERS	E	1,722,626	COST
(1)	SAINT BARNABAS OUTPATIENT CENTERS	D	1,407,659	COST
(2)	THE NEWARK BETH ISRAEL MEDICAL CENTER FDN	E	71,483	COST
(3)	COMMUNITY MEDICAL CENTER FOUNDATION	E	55,800	COST
(4)	MONMOUTH MEDICAL CENTER FOUNDATION	E	113,490	COST
(5)	MEGA CARE INC	E	356,597	COST
(6)	MEGA CARE INC	D	774,157	COST
(7)	MONMOUTH MEDICAL CENTER-FACULTY PRACTICE PLAN	E	584,179	COST
(8)	MONMOUTH MEDICAL CENTER-FACULTY PRACTICE PLAN	D	122,394	COST
(9)	CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES	E	184,928	COST
(10)	CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES	D	181,399	COST
(11)	CLARA MAASS MEDICAL CENTER	L	24,576,797	COST
(12)	COMMUNITY MEDICAL CENTER	L	35,269,993	COST
(13)	MONMOUTH MEDICAL CENTER	L	47,082,196	COST
(14)	NEWARK BETH ISRAEL MEDICAL CENTER	L	50,240,185	COST
(15)	SAINT BARNABAS MEDICAL CENTER	L	70,736,127	COST
(16)	SAINT BARNABAS OUTPATIENT CENTERS	L	3,808,311	COST
(17)	JERSEY CITY MEDICAL CENTER	L	22,987,985	COST
(18)	BARNABAS HEALTH MEDICAL GROUP PC	S	4,921,298	COST
(19)	MEGACARE INC	S	89,717	COST
(20)	CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES	S	1,447,923	COST
(21)	CLARA MAASS MEDICAL CENTER	S	10,828,136	COST
(22)	COMMUNITY MEDICAL CENTER	S	18,852,854	COST
(23)	HEALTH CARE FACILITIES MANAGEMENT INC	S	648,464	COST
(24)	JERSEY CITY MEDICAL CENTER	S	20,904,814	COST

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51)	LIVINGSTON SERVICES CORPORATION	S	1,280,532	COST
(1)	MONMOUTH MEDICAL CENTER-FACULTY PRACTICE PLAN	S	427,924	COST
(2)	MONMOUTH MEDICAL CENTER	S	22,389,898	COST
(3)	NEWARK BETH ISRAEL MEDICAL CENTER	S	23,306,095	COST
(4)	SAINT BARNABAS BEHAVIORAL HEALTH CENTER	S	1,107,076	COST
(5)	SAINT BARNABAS MEDICAL CENTER	S	28,306,095	COST
(6)	SAINT BARNABAS OUTPATIENT CENTERS	S	73,418	COST