

Form

990-T

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2020 or other tax year beginning 01-01-2020 and ending 12-31-2020

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2020

Open to Public
Inspection for 501(c)(3)
Organizations Only

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) St Barnabas Hospital	D Employer identification number 13-1740122
		Number, street, and room or suite no. If a P.O. box, see instructions. 4422 THIRD AVENUE	E Group exemption number (see instructions)
		City or town, state or province, and ZIP or foreign postal code BRONX, NY 10457	F <input type="checkbox"/> Check box if an amended return.
B Exempt under section <input checked="" type="checkbox"/> 501(c3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	C Book value of all assets at end of year ▶ 509,709,936		
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity			
H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) ▶			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶ ST BARNABAS COMMUNITY ENTERPRISES. 06-1175581			
L The books are in care of ▶ JERUSHA BONTE 4422 THIRD AVENUE BRONX, NY 10457		Telephone number ▶ (718) 960-3868	

Part I

Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II

Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) ▶	1	0
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶	2	
3 Proxy tax. See instructions ▶	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		0
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter the tax amount here	4		0
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		
6a Payments: A 2019 overpayment credited to 2020	6a		
b 2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ▶	6g		
7 Total payments. Add lines 6a through 6g	7		
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ▶	9		0
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ▶	10		
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax▶ Refunded▶	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶	Yes	No
		No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		No
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
4a Did the organization change its method of accounting? (see instructions)		No
4b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	MARY GROCHOWSKI Signature of officer	2021-11-09 Date	EVP/CFO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name NICOLE M SOKOLOWSKI	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P01683199
	Firm's name ▶ ERNST & YOUNG US LLP			Firm's EIN ▶ 34-6565596
	Firm's address ▶ 1 MANHATTAN WEST NEW YORK, NY 10001			Phone no. (212) 773-3000

ST. BARNABAS HOSPITAL
EIN: 13-1740122
QUARRY UNDERWRITING ASSURANCE LIMITED

STATEMENT 1

SCHEDULE C, LINE 9	Amount
Underwriting Income	1,333,624
Investment Income	<u>1,341,984</u>
	2,675,608

SCHEDULE C, LINE 17	Amount
Loss control program grant	167,814
Professional fees	90,450
Management fees	55,000
Actuarial fees	70,000
Travel and meeting expenses	15,408
Government fees	11,220
Legal fees	6,376
Tax Fees	175
Bank Charges	603
Miscellaneous fees	<u>647</u>
	417,693

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QUARRY UNDERWRITING ASSURANCE LIMITED

STATEMENT 2

SCHEDULE F, LINE 7- Other Investments

	BOY	EOY
Other Investments	12,950,808	15,372,242
Premiums Receivables	-	595,018
Total	12,950,808	15,967,260

SCHEDULE F, LINE 16- Other current liabilities

	BOY	EOY
Accrued Expenses	41,838	199,647
Premiums received in advance	115,271	-
Losses Payable	150,951	1,100,659
Provision for losses and loss adjustment expense	8,779,364	9,016,322
Total	9,087,424	10,316,628

ST. BARNABAS HOSPITAL

STATEMENT 3

EIN: 13-1740122

QUARRY UNDERWRITING ASSURANCE LIMITED

SCHEDULE G, LINE 19 - Other Information

Question #:	3
Code:	DED
Description Line 1:	Deductions taken into account
Amount:	417,693

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STATEMENT 4

SCHEDULE H, LINE 2i

	Net Additions	Net Subtractions
Loss and Loss Adjustment	949,708	
Reserves on Loss and Loss Adjustment	236,958	
Gross Insurance Premiums Written		2,520,290
Total	1,186,666	2,520,290