,		`						2939	3 0 8	800	616	۵
)										_
الى الى		/ _{AM}	ENDED RETURN	- SECTIO	ON 5	12(A)(7) R	EPEAL	I'	Z(^L			
٠- العو			cempt Organi					Tax Retu	rn	1		
Form	. "990-T	-				der section			• • •	ОМВ	No 1545-0687	
		For cale	ndar year 2018 or other t	-			•	• •	2018	9)M 10	
Donor	tment of the Treasury	T OI Calc	Go to www.irs.g		_					4	4W 10	
-	al Revenue Service	▶ Do	not enter SSN numbers						c)(3)	Open to 501(c)(3)	Public Inspection for Organizations Only	
A	Check box if		Name of organization (me changed and se			D Emp	loyer identif	fication number	_
	address changed								(Emp	loyees' trust, s	see instructions)	
B Exe	empt under section		BARNABAS HEA	LTH, IN	C.							
X	501(C)(3)	Print	Number, street, and roo	m or suite no	faPO	box, see instruction	ns		22-2	2405279	1	
	408(e) 220(e)	Type									ess activity code	;
	408A530(a)	.,,,,	95 OLD SHORT	HILLS	ROAD	· _			(See	instructions)		
	529(a)		City or town, state or pr		-	ZIP or foreign postal	l code					
	ok value of all assets and of year		WEST ORANGE,	NJ 070	52				5230	100		
	·		up exemption number	<u>` </u>	<u>_</u>	·····						
	4403835347.		ck organization type			'	501(c) trust	401(a) trust	Other trus	st
H E	nter the number of	the orga	nization's unrelated trad	des or busine	sses	<u>1</u>		Describ	e the onl	y (or first) u	unrelated	
tra	ade or business her	e ►PAF	RTNERSHIP INVE	STMENTS		If	only one,	complete Parts	-V If mo	re than one	, describe the	
fır	st in the blank spa	ce at the	end of the previous s	entence, co	mplete	Parts I and II, co	mplete a S	chedule M for ea	ch additio	nal		
	ade or business, the			 						————		_
			corporation a subsidia	•	_	· · ·		controlled group?		▶ L	X Yes N	10
			identifying number of t		rporati	on ▶ ATC		. 5 /-	22102	2 0000		
			THERINE DOWDY			Telephone number ► (732) 923-892 (A) Income (B) Expenses						—
			or Business Incom	1e		(A) Inco	me	(B) Exper	ises	 	(C) Net	<u> </u>
	Gross receipts or s			c Balance								ì
ь 2	Less returns and allowa		ule A, line 7)	J C Balance	1c 2					+		
3			2 from line 1c	· · · · · ·	3				-	+ -		
_	•		ttach Schedule D)	√ /\	4a					+		
b			Part II, line 17) (attach Fo	4797	4b			,	,	+		—
c			rusts	,	4c			_				_
5	•		an S corporation (attach state		5	-7	7,530.	ATCH 2		-	-77,530	5.
6		-			6							_
7	•	-	come (Schedule E)		7					1		
8			nts from a controlled organizat		8							_
9	•		1(c)(7), (9), or (17) organizatio									_
10			ncome (Schedule I)		10							_
11	Advertising incom	e (Sched	lule J)		11							_
12	Other income (Se	e instruc	tions, attach schedule)		12							_

-77,530. -77,530. Total. Combine lines 3 through 12..... 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K). 14 15 Salaries and wages 15 Repairs and maintenance . . 16 17 Bad debts. 17 18 Interest (attach schedule) (see instructions) 18 19 Charitable contributions (See instructions for limitation rules) . 20 20 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22b 23 23 24 Contributions to deferred compensation plans . . . 24 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I). 26 27 27 28 28 29 29 -77,530. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . . 31 -77,530. Unrelated business taxable income. Subtract line 31 from line 30

For Paperwork Reduction Act Notice, see instructions 8X2740 1000 DDQ0S2 JG000

Form 990-T (2018)

PAGE 1

Form	990-T (2018)		Page 2
Pa	rt III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33	- 77,530.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	- 77,530.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	-77,530 .
Pa	t IV Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	
40	Trusts Taxable at Trust Rates See instructions for tax computation income tax on		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
	t V Tax and Payments	44	
	1	,	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a Other credits (see instructions)		
	General business credit Attach Form 3800 (see instructions)		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	45-	
	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47	0.
48	Total tax Add lines 46 and 47 (see instructions)	48	<u> </u>
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
	Payments A 2017 overpayment credited to 2018	İ	
p	2018 estimated tax payments		
С	Tax deposited with Form 8868		
	Foreign organizations Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)	ŀ	
	Credit for small employer health insurance premiums (attach Form 8941)	,	
g	Other credits, adjustments, and payments Form 2439	Ì	
	Form 4136 Other Total ▶ 50g		
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want	55	
Pai	tVI Statements Regarding Certain Activities and Other Information (see instructions	<u>s) </u>	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		·
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	•	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreigr	·
	here ▶		<u> </u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust	2 X
	If "Yes," see instructions for other forms the organization may have to file		.
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of m	y knowledge and belief, it is
Sig	May 1	/ the	IRS discuss this return
Her	e / (Colling) owy 1/20 1/20 / >V +, nance with	the	preparer shown below
	Signature of officer // Date / Title (see	instructi	ons)? X Yes No
D	Print/Type preparer's name Preparer's signature Date Check		PTIN
Paid	SCOTT J MARIANI WWW 128 2010 self-er	nployed	P00642486
		EIN ▶	22-2027092
	Only Firm's address ► 200 JEFFERSON PARK SUITE 400, WHIPANY, NJ 07981-1070 Phone	no 97	73-898-9494
JSA			Form 990-T (2018)

Form 990-T (2018)

 \blacktriangleright

Total dividends-received deductions included in column 8

Page 4

Schedule F—Interest, Anni				ontrolled Or						
1. Name of controlled organization 6	2. Employer identification numb	er 3 Ne	3 Net unrelated (loss) (see instr		1		· IIICIaaea		olling	6 Deductions directly connected with income in column 5
(1)										
(2)					<u> </u>		ļ <u> </u>			
(3)					<u> </u>		ļ			
(4)					<u> </u>					
Nonexempt Controlled Organi	zations					40.0	4 -61	0.45-24-2	- 44	Dadustian disadi
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specific payments made		includ	rt of column led in the co zation's gros	ntrolling		Deductions directly nected with income in column 10
(1)					-					
(2)						· , · · · ·		-		
(3)	· · · · · · · · · · · · · · · · · · ·				1					
(4)										
Totals					.	Enter Part	here and on l, line 8, colu	page 1, mn (A)	Ente	d columns 6 and 11 er here and on page 1, 1 I, line 8, column (B)
Schedule G-Investment Ir	come of a Sec	tion 501(c)(/),	(9), Or (17 3 Deduc		nizatior				5 Total deductions
1 Description of income	2 Amount of	income		directly con (attach sci	nected			f-asides schedule)		and set-asides (col 3 plus col 4)
(1)									-+	
(2)			-							
(3)			-							
(4)	Enter here and		(2 5 5 2	· · · · · · · · · · · · · · · · · · ·	Tra Carperson	3755-915-87F-2	CHANGT ES	-0-61-7310-785 ¹ 78		Enter here and on page 1
Totals ▶ Schedule I-Exploited Exe	Part I, line 9, co	olumn (A)	er Th			tting		ctions)		Part I, line 9, column (8)
Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business in	es with	4 Net incor from unrelation business 2 minus co If a gain, c cols 5 thre	ne (loss) led trade (column lumn 3) ompute	5 Gros from acus	ss income ctivity that unrelated ss income	6 Expe	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								-		
(2)										
(3)										
(4)										
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa	ırt I,							Enter here and on page 1, Part II, line 26
Schedule J- Advertising Ir	icome (see instri	uctions)								
Part I Income From Per	iodicals Report	ed on a Co	onsol	idated Bas	sis					
1. Name of periodical	2 Gross advertising income	3 Direct advertising (t	4. Adver gain or (los 2 minus or a gain, co cols 5 thm	tising is) (col ol 3) If mpute		culation come	6 Reade cost	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				Date:				†		450000000000000000000000000000000000000
(2)	<u> </u>							<u> </u>		
(3)	1							 		
(4)										
Totals (carry to Part II, line (5))							······································			Form 990-T (2018)

BARNABAS HEALTH, INC. Partill Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

. 1 Name of periodical	2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		`				
(2)		1				
(3)		ŧ				
(4)				_		
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)	`	%	
(3)		- %	•
(4)		%	
Total Enter here and on page 1, Part II, line 14			

Form 990-T (2018)

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

RWJ BARNABAS HEALTH, INC. 81-0682747

ATTACHMENT 2

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

ATLAS ENERGY GROUP, LLC BRIGHTWOOD CAPITAL FUND III-U, LP CHATHAM ASSET PRIVATE DEBT & STRAT CAP FUND, LP GLOBAL INFRASTRUCTURE PARTNERS III-A/B AIV, L.P. GLOBAL INFRASTRUCTURE PARTNERS III-A/B, L.P. KKR & CO., L.P. LEAVITT EQUITY PARTNERS I, LP TRITIUM I, LP	5,768. 3,284. 744,672. 80,122565,002. 260. 1,232347,866.
INCOME (LOSS) FROM PARTNERSHIPS	-77,530.

Barnabas Health, Inc.	
FEID: 22-2405279	
Federal Form 990-T	
For the year ended December 31, 2018	
Federal Form 990-T, Line 31; Net operating loss deduction	
Description	Amount
Net operating loss generated 12/31/2013	\$ 300,929
Net operating loss generated 12/31/2014	\$ 385,412
Net operating loss generated 12/31/2015	\$ 452,585
Net operating loss generated 12/31/2016	\$ 258,212
Net operating loss generated 12/31/2017	\$ 565,698
Net operating loss available for December 31, 2018	\$ 1,962,836

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BARNABAS HEALTH, INC. EIN: 22-2405279 AMENDED FORM 990-T FOR THE YEAR ENDED DECEMBER 31, 2018

THE TAXPAYER'S FEDERAL FORM 990-T, EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN, HAS BEEN AMENDED TO REFLECT THE RETROACTIVE REPEAL OF INTERNAL REVENUE CODE §512(A)(7). THE FOLLOWING WITHIN THIS FORM 990-T HAVE BEEN AMENDED TO REFLECT THIS CHANGE:

- FORM 990-T, PART III, LINE 34 AMOUNTS PAID FOR DISALLOWED FRINGES
- FORM 990-T, PART III, LINE 35 DEDUCTION FOR NET OPERATING LOSS
- FORM 990-T, PART III, LINE 36 TOTAL OF UNRELATED BUSINESS TAXABLE INCOME BEFORE SPECIFIC DEDUCTION
- FORM 990-T, PART III, LINE 38 UNRELATED BUSINESS TAXABLE INCOME