

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
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

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 SUPPORTS VARIOUS AFFILIATES WITHIN RWJBARNABAS HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box, 3 Number of voting members (23), 4 Number of independent voting members (20), 5 Total number of individuals employed (1,753), 6 Total number of volunteers (0), 7a Total unrelated business revenue (-77,530), 7b Net unrelated business taxable income.

Table with 4 columns: Description, Prior Year, Current Year. Rows 8-19: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid, 15 Salaries, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2019-11-11
CATHERINE A DOWDY svp 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 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

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 CERTAIN OTHER RWJBARNABAS HEALTH TAX-EXEMPT HOSPITALS AND MEDICAL CENTERS THE ORGANIZATION SUPPORTS VARIOUS RWJBARNABAS HEALTH 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

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 \$ 412,098,414 including grants of \$ 281,456) (Revenue \$ 446,382,272)
See Additional Data

4b (Code) (Expenses \$ 231,508,057 including grants of \$ 0) (Revenue \$ 268,184,522)
See Additional Data

4c (Code) (Expenses \$ 4,524,310 including grants of \$ 0) (Revenue \$ 7,074,221)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 648,130,781

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Contains 22 numbered questions regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	23	Yes	<input type="checkbox"/>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> <input checked="" type="checkbox"/>	24a	Yes	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28b	Yes	<input type="checkbox"/>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/>	33	Yes	<input type="checkbox"/>
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> <input checked="" type="checkbox"/>	34	Yes	<input type="checkbox"/>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	<input type="checkbox"/>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	35b	Yes	<input type="checkbox"/>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	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	<input type="checkbox"/>

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	1,297	<input type="checkbox"/>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	<input type="checkbox"/>
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	<input type="checkbox"/>

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	1,753			
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?					
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				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No		

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (23), 1b (20), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 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-A 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.
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 VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Contributions, Gifts, Grants and Other Similar Amounts) and 1g (Noncash contributions).

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include 2a-2f and 2g Total.

Main revenue table with 5 main columns. Rows include 3-5 (Investment income, etc.), 6a-6d (Rental income), 7a-7d (Net gain from sales), 8a-8c (Fundraising events), 9a-9c (Gaming activities), 10a-10c (Inventory sales), 11a-11e (Miscellaneous Revenue), and 12 Total revenue.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	281,456	281,456		
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.	411,276	370,148	41,128	
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.	128,470,862	115,623,776	12,847,086	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	6,527,546	5,874,791	652,755	
9 Other employee benefits.	15,245,251	13,720,727	1,524,524	
10 Payroll taxes.	10,661,798	9,595,618	1,066,180	
11 Fees for services (non-employees)				
a Management.	0			
b Legal.	12,119,444	10,907,500	1,211,944	
c Accounting.	1,927,000	1,734,300	192,700	
d Lobbying.	577,856	520,070	57,786	
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).	133,526,848	120,174,162	13,352,686	0
12 Advertising and promotion.	27,901,215	25,111,094	2,790,121	
13 Office expenses.	7,622,344	6,860,110	762,234	
14 Information technology.	44,688,232	40,219,409	4,468,823	
15 Royalties.	0			
16 Occupancy.	9,962,984	8,966,686	996,298	
17 Travel.	1,067,175	960,457	106,718	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	0			
20 Interest.	9,610,033	8,649,030	961,003	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	19,808,902	17,828,012	1,980,890	
23 Insurance.	1,091,678	982,510	109,168	
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	221,205,982	199,085,384	22,120,598	0
b BH HLTH PLAN, PRESCRIPS	36,025,192	32,422,673	3,602,519	0
c REPAIRS & MAINTENANCE	11,602,793	10,442,514	1,160,279	0
d DUES & SUBSCRIPTIONS	2,191,119	1,972,007	219,112	0
e All other expenses	17,618,328	15,828,347	1,789,981	
25 Total functional expenses. Add lines 1 through 24e.	720,145,314	648,130,781	72,014,533	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	292,578,782	2	626,485,677
	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	14,137,980	9	30,222,753
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 200,146,160		
	b Less accumulated depreciation	10b 100,691,879	69,203,683	10c 99,454,281
	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	3,418,864,028	13	3,390,534,327
	14 Intangible assets	0	14	45,000,000
	15 Other assets See Part IV, line 11	224,528,042	15	212,138,309
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,019,312,515	16	4,403,835,347	
Liabilities	17 Accounts payable and accrued expenses	76,867,472	17	108,437,408
	18 Grants payable	0	18	0
	19 Deferred revenue	2,761,136	19	1,594,759
	20 Tax-exempt bond liabilities	201,174,281	20	197,291,717
	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	0	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	3,815,314,343	25	4,303,854,905
	26 Total liabilities. Add lines 17 through 25	4,096,117,232	26	4,611,178,789
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-76,804,717	27	-207,343,442
	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 <input type="checkbox"/> 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	-76,804,717	33	-207,343,442	
34 Total liabilities and net assets/fund balances	4,019,312,515	34	4,403,835,347	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	920,079,317
2	Total expenses (must equal Part IX, column (A), line 25)	2	720,145,314
3	Revenue less expenses Subtract line 2 from line 1	3	199,934,003
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-76,804,717
5	Net unrealized gains (losses) on investments	5	-318,467,134
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	-12,005,594
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-207,343,442

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
b Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 (2018)

Form 990, Part III, Line 4a:

EXPENSES INCURRED IN SUPPORTING RWJBARNABAS HEALTH AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM RWJBARNABAS 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

Form 990, Part III, Line 4b:

EXPENSES INCURRED FOR ALL COVERED RWJBARNABAS HEALTH EMPLOYEES RELATING TO RWJBARNABAS HEALTH'S SELF-INSURED HEALTH PLAN, INCLUDING MEDICAL CLAIMS AND PRESCRIPTIONS

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

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			
JACK MORRIS CHAIRMAN - TRUSTEE	1 0 0 0	X		X				0	0	0
MARC E BERSON VICE CHAIRMAN - TRUSTEE	1 0 0 0	X		X				0	0	0
ROBERT L BARCHI MD PHD TRUSTEE	1 0 0 0	X						0	0	0
ALAN E DAVIS ESQ TRUSTEE	1 0 0 0	X						0	0	0
ANNE EVANS-ESTABROOK TRUSTEE	1 0 0 0	X						0	0	0
ALBERT R GAMPER JR TRUSTEE	1 0 0 0	X						0	0	0
JOHN A HOFFMAN ESQ TRUSTEE	1 0 0 0	X						0	0	0
STEVEN B KALAFER TRUSTEE	1 0 0 0	X						0	0	0
RICHARD J KOGAN TRUSTEE	1 0 0 0	X						0	0	0
BRIAN P LEDDY 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			
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
JOSEPH MAURIELLO TRUSTEE	1 0 0 0	X						0	0	0
BARRY H OSTROWSKY TRUSTEE - PRESIDENT/CEO	6 0 0 0	X		X				0	4,937,334	40,831
LESTER J OWENS TRUSTEE	1 0 0 0	X						0	0	0
SUSAN C REINHARD PHD TRUSTEE	1 0 0 0	X						0	0	0
KENNETH A ROSEN ESQ TRUSTEE	1 0 0 0	X						0	0	0
JAMES C SALWITZ MD TRUSTEE	2 0 0 0	X						0	50,000	0
BRENTON SAUNDERS TRUSTEE	1 0 0 0	X						0	0	0
DEFOREST B SOARIES JR 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			
PAUL V STAHLIN TRUSTEE	1 0 0 0	X						0	0	0
BRIAN L STROM MD MPH TRUSTEE	1 0 0 0	X						0	0	0
JAMES S VACCARO TRUSTEE	1 0 0 0	X						0	0	0
MURDO J GORDON TRUSTEE (TERM 9/1/2018)	1 0 0 0	X						0	0	0
JOHN W DOLL TREASURER - CFO	60 0 0 0			X				0	1,868,179	36,962
THOMAS A BIGA PRESIDENT - NORTHERN REGION	55 0 0 0				X			0	3,492,405	42,359
AMY B MANSUE PRESIDENT - SOUTHERN REGION	55 0 0 0				X			0	1,788,064	89,800
JOHN F BONAMO MD MS EXECUTIVE VP AND CMO	55 0 0 0				X			0	1,924,471	40,772
MILTON C ANDERSON EXECUTIVE VP AND CAO	55 0 0 0				X			0	1,819,520	39,802
JOSEPH F SCOTT FACHE EXECUTIVE VP HEALTH TRANSFORM	55 0 0 0				X			0	1,759,635	360,985

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			
GLENN MILLER CHIEF DEVELOPMENT OFFICER	55 0 0 0				X			0	1,282,471	37,740
MARTIN S EVERHART CHIEF HUMAN RESOURCES OFFICER	55 0 0 0				X			0	1,055,424	21,921
EILEEN K URBAN SVP/CHIEF INVESTMENT OFFICER	55 0 0 0				X			0	927,860	18,926
NANCY E HOLECEK CNO NORTHERN REGION	55 0 0 0				X			0	756,021	50,659
LORI A COLINERI CNO SOUTHERN REGION	55 0 0 0				X			0	753,324	37,009
PATRICK KNAUS SVP/CHIEF PLANNING OFFICER	55 0 0 0				X			0	726,596	34,900
ROWENA C SPIGARELLI CHIEF COMPLIANCE OFFICER	55 0 0 0				X			0	506,246	27,688
ROBERT ADAMSON CHIEF PHARMACY OFFICER	55 0 0 0				X			376,235	0	35,040
MICHELLENE DAVIS EXECUTIVE VICE PRESIDENT	55 0 0 0				X			0	1,393,690	22,210
JOSHUA M BERSHAD MD EXECUTIVE VICE PRESIDENT	55 0 0 0				X			0	1,005,161	39,902

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			
DAVID A MEBANE ESQ SVP/GENERAL COUNSEL-SECRETARY	55 0 0 0				X			0	1,617,173	50,702
JENNIFER G VELEZ SVP COMM & BEHAV HLTH	55 0 0 0				X			0	1,190,880	35,090
ROBERT G IRWIN SENIOR VICE PRESIDENT/CIO	55 0 0 0				X			0	1,081,221	38,025
WILLIAM CUTHILL SVP FACILITIES	55 0 0 0				X			0	907,587	61,585
MICHAEL KNECHT SVP PUBLIC & COMM AFFAIRS	55 0 0 0				X			0	640,655	29,800
ANTHONY E PALMERIO SVP SYS INTERNAL AUDIT	55 0 0 0				X			0	567,315	46,315
STEPHEN P O'MAHONY CHIEF MEDICAL INFO OFFICER	50 0 0 0					X		621,151	0	38,672
DEANNA SPERLING RWJBH BEHAVIORAL HEALTH CEO	50 0 0 0					X		490,481	0	150,244
REGINA BUBLE VICE PRESIDENT	50 0 0 0					X		481,154	0	37,486
JORDAN RUCH VICE PRESIDENT	50 0 0 0					X		462,157	0	42,110

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			
JUSTIN H EDELMAN SVP PUBLIC RELATIONS(EFF 1/28)	50 0 0 0					X		454,226	0	41,522
GERALD J PICERNO FORMER	0 0 0 0						X	0	1,200,000	0
STEPHEN K JONES FORMER OFFICER	0 0 0 0						X	0	716,979	5,478
JONATHAN H BARKHORN FORMER	0 0 0 0						X	0	261,252	0

SCHEDULE A
(Form 990 or
990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

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 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	7				0	0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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.		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).		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.		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.		
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.		
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.		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.		
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.		
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).		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?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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 .	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).		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).		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 .		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 .		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 .		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.		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.)		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
		11a	No
		11b	No
		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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
		1	Yes
		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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
		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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		1	
		2	
		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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		2a	
		2b	
		3a	
		3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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) SUPPORTING ORGANIZATION OF THE RWJBARNABAS HEALTH TAX-EXEMPT IRC SECTION 501(C)(3) ORGANIZATIONS CLASSIFIED AS IRC SECTION 509(A)(1) AND 509(A)(2) PUBLIC CHARITIES. PLEASE REFER TO SCHEDULE R AND R-1

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 INTERNAL 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) MONMOUTH MEDICAL CENTER	223452412	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
(D) COMMUNITY MEDICAL CENTER	223452306	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

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

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2018
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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 BARNABAS HEALTH INC	Employer identification number 22-2405279
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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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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-
1				
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

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

- 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-
- 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) 2015	(b) 2016	(c) 2017	(d) 2018	(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)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	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		577,856
j Total Add lines 1c through 1i			577,856
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).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

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 FIRMS TO PERFORM LOBBYING ACTIVITIES ON BEHALF OF VARIOUS AFFILIATES WITHIN THE SYSTEM WHICH TOTALED \$469,500 DURING 2018 THIS ORGANIZATION IS A MEMBER OF THE NEW JERSEY BUSINESS AND INDUSTRY ASSOCIATION WHICH ENGAGES IN LOBBYING EFFORTS ON BEHALF OF ITS MEMBER ORGANIZATIONS A PORTION OF THE DUES PAID TO THIS ORGANIZATION HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF RWJBARNABAS HEALTH AND ITS AFFILIATES DURING 2018 THIS ALLOCATION AMOUNTED TO \$792 IN 2018 A PERCENTAGE OF THE 2018 TOTAL COMPENSATION FOR A SENIOR VICE PRESIDENT AND AN ASSISTANT VICE PRESIDENT HAS BEEN ALLOCATED TOWARD LOBBYING ACTIVITIES PERFORMED ON BEHALF OF RWJBARNABAS HEALTH AND ITS AFFILIATES ON BOTH A FEDERAL AND STATE LEVEL THIS ALLOCATION AMOUNTED TO \$107,564 IN 2018 PLEASE NOTE THAT THESE INDIVIDUALS ARE EMPLOYED BY AND COMPENSATED BY A RELATED FOR-PROFIT ORGANIZATION

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X ► \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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				
b Buildings		16,357,004	3,679,547	12,677,457
c Leasehold improvements		473,079	329,541	143,538
d Equipment		162,061,026	96,682,791	65,378,235
e Other		21,255,051		21,255,051
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				99,454,281

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	32,107,514	F
(2) LIMITED USE	3,130,858,522	F
(3) USE ASSETS	0	F
(4) INVESTMENT IN AFFILIATES	227,368,291	F
(5) OTHER INVESTMENTS	200,000	F
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	3,390,534,327	

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	3,993,317,802
SELF-INSURANCE LIABILITIES	128,810,820
3RD PARTY PAYORS	641,977
ACCRUED PENSION LIABILITY	78,019,735
OTHER CURRENT LIABILITIES	84,536,828
OTHER LONG-TERM LIABILITIES	5,685,759
ACCRUED INTEREST EXPENSES	12,841,984
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	4,303,854,905

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 2018 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 DECEMBER 31, 2018 AND 2017

**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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean	1	1	Program Services	FINANCIAL VEHICLE	41,653,432
3a Sub-total	1	1			41,653,432
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	1			41,653,432

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

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

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

Part 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)

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, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I	<p>THIS ORGANIZATION ACCRUED FOR ACCOUNTING PURPOSES PAYMENTS TO COMMERCIAL PROFESSIONAL INSURANCE CO , LTD , A FINANCIAL VEHICLE, \$41,653,432 FOR THE BENEFIT OF CERTAIN RELATED ORGANIZATIONS INCLUDED BELOW BARNABAS HEALTH MEDICAL GROUP, P C - \$2,269,246, CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES - \$125,424, CHILDREN'S SPECIALIZED HOSPITAL - \$514,956, CLARA MAASS MEDICAL CENTER - \$2,363,899, COMMUNITY MEDICAL CENTER - \$3,162,794, JERSEY CITY MEDICAL CENTER - \$3,216,087, MONMOUTH MEDICAL CENTER - \$5,359,856, NEWARK BETH ISRAEL MEDICAL CENTER - \$7,949,875, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - \$6,276,983, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT HAMILTON - \$1,127,253, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY - \$588,559, SAINT BARNABAS BEHAVIORAL HEALTH CENTER - \$71,581, SAINT BARNABAS MEDICAL CENTER - \$7,539,097, SAINT BARNABAS OUTPATIENT CENTERS - \$442,756, AND OTHER RWJBARNABAS HEALTH RELATED ENTITIES - \$645,066 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 A FORM 5471 IS ATTACHED TO THE FORM 990 OF SAINT BARNABAS MEDICAL CENTER (FEID 22-1494440), A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, AS THIS ENTITY IS THE OWNER OF COMMERCIAL PROFESSIONAL INSURANCE CO , LTD , NOT BARNABAS HEALTH, INC</p>

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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
THE CODY FUND FOR MENTAL HEALTH 300 EXECUTIVE DRIVE SUITE 360 WEST ORANGE, NJ 07052	45-4566326	501(C)(3)	50,000				SPONSORSHIPS
NEWARK COMMUNITY ECONOMIC DEVELOPMENT 111 MULBERRY STREET SUITE 1 NEWARK, NJ 07102	26-0829057	501(C)(3)	40,000				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
LOCAL INITIATIVES SUPPORT CORP 501 SEVENTH AVENUE 7TH FLOOR NEW YORK, NY 10018	13-3030229	501(C)(3)	150,000				SPONSORSHIPS
COMING HOME OF MIDDLESEX CO 75 BAYARD STREET 2ND FLOOR NEW BRUNSWICK, NJ 08901	26-3667672	501(C)(3)	40,012				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 PARTNERSHIP FOR MATERNAL & CHILD HEALTH 50 PARK PLACE NEWARK, NJ 07102	52-1815234	501(C)(3)	9,665				SPONSORSHIP

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
BARNABAS HEALTH INC

Employer identification number
22-2405279

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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</p>	1b	Yes			
<p>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?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes			
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, QUESTIONS 1A AND 1B	A RELATED ORGANIZATION PROVIDED, FOR WORK PURPOSES ONLY, A CAR AND DRIVER FROM BARNABAS HEALTH'S TRANSPORTATION POOL FOR BARRY H OSTROWSKY, PRESIDENT/CHIEF EXECUTIVE OFFICER, SO HE COULD WORK DURING TRAVEL FOR RWJBARNABAS HEALTH RELATED BUSINESS, INCLUDING COMMUTING TO AND FROM ALL RWJBARNABAS HEALTH'S FACILITIES AND OFFICES. MR. OSTROWSKY'S 2018 FORM W-2 INCLUDES AN AMOUNT WHICH REPRESENTS HIS PORTION OF PERSONAL USAGE. THIS TRANSPORTATION BENEFIT IS PROVIDED PURSUANT TO A WRITTEN EMPLOYMENT AGREEMENT. A RELATED ORGANIZATION PAID FOR FINANCIAL/TAX PLANNING SERVICES FOR MR. OSTROWSKY. THE FINANCIAL/TAX PLANNING SERVICES AMOUNT WILL BE INCLUDED IN HIS FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. MR. OSTROWSKY, PRESIDENT/CHIEF EXECUTIVE OFFICER, TRAVELED FIRST CLASS ON A BUSINESS TRIP FOR RWJBARNABAS HEALTH WORK PURPOSES. THE EXCESS COST OVER STANDARD TRAVEL WAS APPROXIMATELY \$1,780, NONE OF WHICH WAS INCLUDED IN HIS 2018 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES. MR. KNAUS, SENIOR VICE PRESIDENT/CHIEF PLANNING OFFICER, TRAVELED FIRST CLASS ON A BUSINESS TRIP FOR RWJBARNABAS HEALTH WORK PURPOSES. THE EXCESS COST OVER STANDARD TRAVEL WAS APPROXIMATELY \$571, NONE OF WHICH WAS INCLUDED IN HIS 2018 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES. MS. DAVIS, EXECUTIVE VICE PRESIDENT, TRAVELED FIRST CLASS ON A BUSINESS TRIP FOR RWJBARNABAS HEALTH WORK PURPOSES. THE EXCESS COST OVER STANDARD TRAVEL WAS APPROXIMATELY \$2,157, NONE OF WHICH WAS INCLUDED IN HER 2018 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES.

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4A	THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING CALENDAR YEAR 2018 WHICH WAS INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES STEPHEN K JONES, \$700,000 AND JONATHAN H BARKHORN, \$250,237

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4B	<p>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 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES BARRY H OSTROWSKY, \$975,000, JOHN W DOLL, \$362,500, THOMAS A BIGA, \$1,029,000, AMY B MANSUE, \$335,000, JOHN F BONAMO, M D , M S , \$383,385, MILTON C ANDERSON, \$236,626, GLENN MILLER, \$248,533, MARTIN S EVERHART, \$173,000, EILEEN K URBAN, \$150,000, NANCY E HOLECEK, \$125,000, LORI A COLINERI, \$125,000, MICHELLENE DAVIS, \$214,417, JOSHUA M BERSHAD, M D , \$167,000, DAVID A MEBANE, ESQ , \$399,500, JENNIFER G VELEZ, \$237,500, ROBERT G IRWIN, \$174,000, WILLIAM CUTHILL, \$145,000, ANTHONY E PALMERIO, CPA, \$95,000 AND GERALD J PICERNO, \$1,200,000 THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES CURRENT YEAR VESTING IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES AMY B MANSUE, \$95,618, JOSEPH F SCOTT, FACHE, \$309,529 AND GLENN MILLER, \$7,717 THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL 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 AMOUNT OUTLINED HEREIN WAS REPORTED ON HIS 2018 FIDELITY INVESTMENTS FORM W-2 AND INCLUDED IN THE SCHEDULE J, PART II, COLUMN E, TOTAL COMPENSATION COLUMN, WHICH REPRESENTS A DISTRIBUTION FROM HIS LIFESTYLE DEFERRED ACCOUNT MONIES WHICH FUNDS WERE SUBJECT TO THE ORGANIZATION'S GENERAL CREDITORS DAVID A MEBANE, ESQ , \$33,661 THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUAL INCLUDES INTEREST CREDITS ON AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) FROM HER FORMER EMPLOYER, CHILDRENS SPECIALIZED HOSPITAL, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN HER 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES AMY B MANSUE, \$65,224 THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUAL INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUAL MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN HIS 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES JOSEPH F SCOTT, FACHE, \$350,000</p>

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 2018 WHICH AMOUNTS WERE INCLUDED IN COLUMN B (II) HEREIN AND IN EACH INDIVIDUAL'S 2018 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

Return Reference	Explanation
SCHEDULE J, PART II, COLUMN F	THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUALS INCLUDES VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) BECAUSE THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THOSE AMOUNTS WERE REPORTED IN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEAR'S FORMS 990 THESE AMOUNTS WERE TREATED AS TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES AMY B MANSUE, \$95,618 AND GLENN MILLER, \$7,717



Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BARRY H OSTROWSKY TRUSTEE - PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	2,087,409	1,800,000	1,049,925	23,375	17,456	4,978,165	0
JOHN W DOLL TREASURER - CFO	(i)	0	0	0	0	0	0	0
	(ii)	841,720	657,150	369,309	12,375	24,587	1,905,141	0
THOMAS A BIGA PRESIDENT - NORTHERN REGION	(i)	0	0	0	0	0	0	0
	(ii)	1,343,290	1,109,157	1,039,958	24,762	17,597	3,534,764	0
AMY B MANSUE PRESIDENT - SOUTHERN REGION	(i)	0	0	0	0	0	0	0
	(ii)	753,384	547,037	487,643	80,349	9,451	1,877,864	95,618
JOHN F BONAMO MD MS EXECUTIVE VP AND CMO	(i)	0	0	0	0	0	0	0
	(ii)	778,231	632,150	514,090	20,625	20,147	1,965,243	0
MILTON C ANDERSON EXECUTIVE VP AND CAO	(i)	0	0	0	0	0	0	0
	(ii)	738,394	692,159	388,967	12,375	27,427	1,859,322	0
JOSEPH F SCOTT FACHE EXECUTIVE VP HEALTH TRANSFORM	(i)	0	0	0	0	0	0	0
	(ii)	962,318	457,037	340,280	350,000	10,985	2,120,620	0
GLENN MILLER CHIEF DEVELOPMENT OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	687,242	332,142	263,087	10,313	27,427	1,320,211	7,717
MARTIN S EVERHART CHIEF HUMAN RESOURCES OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	544,330	271,889	239,205	12,375	9,546	1,077,345	0
EILEEN K URBAN SVP/CHIEF INVESTMENT OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	527,835	227,160	172,865	15,125	3,801	946,786	0
NANCY E HOLECEK CNO NORTHERN REGION	(i)	0	0	0	0	0	0	0
	(ii)	413,210	207,218	135,593	23,375	27,284	806,680	0
LORI A COLINERI CNO SOUTHERN REGION	(i)	0	0	0	0	0	0	0
	(ii)	415,422	207,218	130,684	12,375	24,634	790,333	0
PATRICK KNAUS SVP/CHIEF PLANNING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	524,124	192,154	10,318	10,313	24,587	761,496	0
ROWENA C SPIGARELLI CHIEF COMPLIANCE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	347,191	157,160	1,895	10,196	17,492	533,934	0
ROBERT ADAMSON CHIEF PHARMACY OFFICER	(i)	307,799	66,000	2,436	17,893	17,147	411,275	0
	(ii)	0	0	0	0	0	0	0
MICHELLENE DAVIS EXECUTIVE VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	692,916	482,212	218,562	12,375	9,835	1,415,900	0
JOSHUA M BERSHAD MD EXECUTIVE VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	565,423	267,158	172,580	15,125	24,777	1,045,063	0
DAVID A MEBANE ESQ SVP/GENERAL COUNSEL- SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	688,110	482,037	447,026	23,375	27,327	1,667,875	0
JENNIFER G VELEZ SVP COMM & BEHAV HLTH	(i)	0	0	0	0	0	0	0
	(ii)	589,314	357,218	244,348	10,313	24,777	1,225,970	0
ROBERT G IRWIN SENIOR VICE PRESIDENT/CIO	(i)	0	0	0	0	0	0	0
	(ii)	536,180	307,156	237,885	17,875	20,150	1,119,246	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WILLIAM CUTHILL SVP FACILITIES	(i)	0	0	0	0	0	0	
	(ii)	469,155	282,140	156,292	37,125	24,460	969,172	
MICHAEL KNECHT SVP PUBLIC & COMM AFFAIRS	(i)	0	0	0	0	0	0	
	(ii)	407,001	227,152	6,502	4,125	25,675	670,455	
ANTHONY E PALMERIO SVP SYS INTERNAL AUDIT	(i)	0	0	0	0	0	0	
	(ii)	288,141	182,218	96,956	20,120	26,195	613,630	
STEPHEN P O'MAHONY CHIEF MEDICAL INFO OFFICER	(i)	422,341	195,000	3,810	10,313	28,359	659,823	
	(ii)	0	0	0	0	0	0	
DEANNA SPERLING RWJBH BEHAVIORAL HEALTH CEO	(i)	280,760	187,218	22,503	133,125	17,119	640,725	
	(ii)	0	0	0	0	0	0	
REGINA BUBLE VICE PRESIDENT	(i)	303,280	170,500	7,374	20,762	16,724	518,640	
	(ii)	0	0	0	0	0	0	
JORDAN RUCH VICE PRESIDENT	(i)	306,727	154,354	1,076	17,875	24,235	504,267	
	(ii)	0	0	0	0	0	0	
JUSTIN H EDELMAN SVP PUBLIC RELATIONS (EFF 1/28)	(i)	316,363	136,080	1,783	12,381	29,141	495,748	
	(ii)	0	0	0	0	0	0	
GERALD J PICERNO FORMER	(i)	0	0	0	0	0	0	
	(ii)	0	0	1,200,000	0	0	1,200,000	
STEPHEN K JONES FORMER OFFICER	(i)	0	0	0	0	0	0	
	(ii)	15,121	0	701,858	600	4,878	722,457	
JONATHAN H BARKHORN FORMER	(i)	0	0	0	0	0	0	
	(ii)	11,015	0	250,237	0	0	261,252	

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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

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) Deceased		(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			
		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 %		0 %		0 %		0 %	
6 Total of lines 4 and 5	0 077 %		0 %		0 %		0 %	
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

Additional Data

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

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 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		02-01-2017	13,899,984	REFUND CSH SERIES 2013A AND 2013B		X		X		X

Part II Proceeds

	A	B	C	D				
1 Amount of bonds retired	0							
2 Amount of bonds legally defeased	13,899,984							
3 Total proceeds of issue	13,899,984							
4 Gross proceeds in reserve funds	0							
5 Capitalized interest from proceeds	0							
6 Proceeds in refunding escrows	0							
7 Issuance costs from proceeds	0							
8 Credit enhancement from proceeds	0							
9 Working capital expenditures from proceeds	0							
10 Capital expenditures from proceeds	0							
11 Other spent proceeds	0							
12 Other unspent proceeds	0							
13 Year of substantial completion								
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X							
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		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						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
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 %							
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 %							
7 Does the bond issue meet the private security or payment test?		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						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 %							
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		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							

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						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		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						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider	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						
b Name of provider	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						
7 Has the organization established written procedures to monitor the requirements of section 148?	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							

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

Return Reference	Explanation

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CHRISTINA M CRONKITE	FAMILY MEMBER - OFFICER	13,876	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)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
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	<p>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 PROVIDES MANAGEMENT SERVICES TO VARIOUS AFFILIATED ORGANIZATIONS AND SUBSIDIARIES 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, CERTAIN KEY EMPLOYEES REFLECTED ON THIS FORM 990 WHO PROVIDE SERVICES ON BEHALF OF BH AND ITS AFFILIATES ARE ALSO EMPLOYED BY SBC MANAGEMENT CORPORATION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTION 2	STEVEN B KALAFER AND JACK MORRIS - BUSINESS RELATIONSHIP

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	<p>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</p>

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	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN RWJBARNABAS HEALTH, A TAX-EXEMPT INTEGRATED HEALTH CARE DELIVERY SYSTEM RWJ BARNABAS HEALTH, INC ("RWJ BH") IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM RWJ BH'S BOARD OF TRUSTEES MAINTAINS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, THE CHIEF OPERATING OFFICER AND THE CHIEF FINANCIAL OFFICER THE COMPENSATION COMMITTEE ALSO REVIEWS THE COMPENSATION AND BENEFITS OF OTHER OFFICERS AND KEY EMPLOYEES OF RWJBARNABAS HEALTH INCLUDING, WITHOUT LIMITATION, THE CHIEF EXECUTIVE OFFICERS OF RWJBARNABAS HEALTH'S HOSPITALS AND MEDICAL CENTERS THE COMPENSATION COMMITTEE, WHICH IS REQUIRED BY THE CORPORATION'S BYLAWS TO BE COMPRISED SOLELY OF INDEPENDENT TRUSTEES, SEEKS GUIDANCE AND SUBSTANTIATION FROM A NATIONALLY RECOGNIZED COMPENSATION CONSULTANT THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, THE CHIEF OPERATING OFFICER AND THE CHIEF FINANCIAL OFFICER THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING 1 THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2 THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3 THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES, EACH OF WHOM ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEW OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING, BUT NOT LIMITED TO, SIMILARLY SIZED HEALTHCARE SYSTEMS AND HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE THE CO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE EXECUTIVE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL INCLUDING, BUT NOT LIMITED TO, THE PRESIDENT/CHIEF EXECUTIVE OFFICER, THE CHIEF OPERATING OFFICER, THE CHIEF FINANCIAL OFFICER AND THE CHIEF EXECUTIVE OFFICERS OF RWJBARNABAS HEALTH'S HOSPITALS AND MEDICAL CENTERS THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE RWJBARNABAS HEALTH PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS

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 AND SCHEDULE J	JOHN J GANTNER, PRESIDENT/CHIEF EXECUTIVE OFFICER OF ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - NEW BRUNSWICK, IS NOT BEING REPORTED AS A KEY EMPLOYEE ON THE 2018 FORM 990, PART VII OF BARNABAS HEALTH, INC , AS HE HAS NO ROLE, RESPONSIBILITIES OR DUTIES FOR THIS ORGANIZATION PLEASE NOTE THAT THE ORGANIZATION DID NOT AMEND ITS 2017 FORM 990 WITH RESPECT TO THE ABOVE

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 X, LINE 20	<p>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 2017A, - NEW JERSEY HEALTH CARE FACILITIES FINANCING AUTHORITY REVENUE AND REFUNDING BONDS SERIES 2017B, - 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</p>

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 - (\$19,231,072), - PENSION ADMINISTRATION COSTS - (\$85,255), - NET TRANSFER OF EQUITY FROM RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT AND FOR-PROFIT ORGANIZATIONS - \$9,794,099, - NON-OPERATING REVENUE - \$604,620, - RETURN OF INVESTMENT IN PROFESSIONAL QUALITY LIABILITY INSURANCE CO , A RELATED ORGANIZATION - \$2,000,000, - CONTRIBUTED CAPITAL - \$90,558, - RUTGERS HEALTH CONTRIBUTION FOR MEDICAL RESEARCH AND EDUCATION - (\$55,000,000), AND - INVESTMENT IN JERSEY ASC VENTURES, LLC - \$49,821,456

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 YEARS ENDED DECEMBER 31, 2018 AND DECEMBER 31, 2017, RESPECTIVELY 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 UNMODIFIED 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 49685268

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CLINICAL SYSTEM FEES TOTAL FEES 27465927

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN PRACTICE COSTS TOTAL FEES 15000000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION FEES TOTAL FEES 13444966

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING FEES TOTAL FEES 11581682

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL ASO FEES TOTAL FEES 7774380

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION RESEARCH FEES TOTAL FEES 4991667

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PRESCRIPTION ADMIN FEES TOTAL FEES 1582988

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN FEES TOTAL FEES 885255

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION DIETARY MANAGEMENT FEES TOTAL FEES 442939

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION REGULATORY FEES TOTAL FEES 104080

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER FEES TOTAL FEES 567696

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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	HLHCARE SVCS	NJ	7,074,221	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	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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	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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		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	THE ORGANIZATION IS A MEMBER OF RWJBARNABAS HEALTH, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM BARNABAS HEALTH, INC , SBC MANAGEMENT CORPORATION AND CENTER STATE HEALTH GROUP, INC , ALL RELATED ORGANIZATIONS, ROUTINELY TRANSFER FUNDS AND ENGAGE IN BUSINESS ACTIVITIES ON BEHALF OF THE SYSTEM'S AFFILIATES, INCLUDING THIS ORGANIZATION THESE TRANSACTIONS MAY BE 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

Schedule Form 9020

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
95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 35-2219655	STAFFING SVCS	NJ	501(C)(3)	509(a)(3)	SBRDC		No
95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-3316007	HEALTH SVCS	NJ	501(C)(3)	509(a)(2)	RWJ BH		No
2 CRESCENT PLACE OCEANPORT, NJ 07757 22-2939956	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	RWJ BH		No
1691 ROUTE 9 TOMS RIVER, NJ 08754 22-3343959	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	SBBH		No
150 NEW PROVIDENCE ROAD MOUNTAINSIDE, NJ 07092 22-1487148	PED CARE	NJ	501(C)(3)	HOSPITAL	RWJ BH		No
ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109 22-2132516	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	RWJ BH		No
ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109 22-1500556	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	RWJ BH		No
99 HIGHWAY 37 WEST TOMS RIVER, NJ 08755 22-3452306	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	RWJ BH		No
99 HIGHWAY 37 WEST TOMS RIVER, NJ 08755 22-2597592	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	RWJ BH		No
355 GRAND STREET JERSEY CITY, NJ 07302 22-0963805	INACTIVE	NJ	501(c)(3)	HOSPITAL	RWJ BH		No
95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 23-7025428	INACTIVE	NJ	501(C)(3)	509(a)(3)	RWJ BH		No
355 GRAND STREET JERSEY CITY, NJ 07302 22-2783298	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	RWJ BH		No
ONE HAMILTON HEALTH PLACE HAMILTON, NJ 08690 22-2627639	CHILD CARE	NJ	501(C)(3)	509(A)(2)	RWJ BH		No
ONE HAMILTON HEALTH PLACE HAMILTON, NJ 08690 46-2038300	FUNDRAISING	NJ	501(C)(3)	509(A)(3)	LCCC		No
355 GRAND STREET JERSEY CITY, NJ 07302 22-3506358	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	JCMC		No
355 GRAND STREET JERSEY CITY, NJ 07302 22-3113960	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	RWJ BH		No
355 GRAND STREET JERSEY CITY, NJ 07302 22-3284894	INACTIVE	NJ	501(C)(3)	HOSPITAL	RWJ BH		No
355 GRAND STREET JERSEY CITY, NJ 07302 22-3386850	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	JCMC		No
2 CRESCENT PLACE OCEANPORT, NJ 07757 22-2578561	HEALTH SVCS	NJ	501(C)(3)	509(a)(3)	CSHG		No
600 RIVER AVE ANNEX BLDG E LAKEWOOD, NJ 08701 22-2630076	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	RWJ BH		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
300 SECOND AVENUE LONG BRANCH, NJ 07740 22-3452412	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	RWJ BH		No
100 STATE HIGHWAY 36 WEST LONG BRANCH, NJ 07764 22-3357053	HEALTH SVCS	NJ	501(C)(3)	509(a)(3)	MMC		No
300 SECOND AVENUE LONG BRANCH, NJ 07740 22-2456079	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	RWJ BH		No
ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08901 22-1946837	HLTHCARE SVCS	NJ	501(C)(3)	509(A)(3)	RWJ BH		No
355 GRAND STREET JERSEY CITY, NJ 07302 22-3363012	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	JCMC		No
201 LYONS AVENUE NEWARK, NJ 07112 22-3452311	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	RWJ BH		No
972 SHOPPES BOULEVARD NORTH BRUNSWICK, NJ 08902 26-3659270	HLTHCARE SVCS	NJ	501(C)(3)	509(A)(2)	NA		No
95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 81-0682747	INACTIVE	NJ	501(C)(3)	509(A)(3)	NA		No
ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08901 22-2568905	HOLDING CO	NJ	501(C)(3)	509(A)(3)	RWJ BH		No
ONE HAMILTON HEALTH PLACE HAMILTON, NJ 08690 22-2566863	HOLDING CO	NJ	501(C)(3)	509(A)(3)	RWJHCC		No
ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08901 22-3420314	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	RWJ BH		No
ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08901 22-2474955	PROPERTY	NJ	501(C)(3)	509(A)(3)	RWJHCC		No
ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08903 22-1487243	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	RWJ BH		No
ONE HAMILTON HEALTH PLACE HAMILTON, NJ 08690 22-2552329	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	RWJ BH		No
865 STONE STREET RAHWAY, NJ 07065 22-2405094	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	RWJUHR		No
ONE HAMILTON HEALTH PLACE HAMILTON, NJ 08690 21-0634572	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	RWJ BH		No
10 PLUM STREET NO 910 NEW BRUNSWICK, NJ 08901 22-2378007	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	RWJ BH		No
865 STONE STREET RAHWAY, NJ 07065 22-1487305	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	RWJ BH		No
1691 ROUTE 9 TOMS RIVER, NJ 08754 22-2977312	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	CSHG		No
95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-3769036	FUNDRAISING	NJ	501(C)(3)	509(a)(1)	RWJ BH		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
95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-2354659	HEALTH SVCS	NJ	501(C)(3)	509(a)(1)	RWJ BH		No
94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 22-1494440	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	RWJ BH		No
200 SOUTH ORANGE AVENUE LIVINGSTON, NJ 07039 22-2458479	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	RWJ BH		No
94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 22-2940008	TITLE HLDNG	NJ	501(C)(3)	509(a)(3)	RWJ BH		No
94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 22-3236202	FUNDRAISING	NJ	501(C)(3)	509(A)(3)	RWJ BH		No
110 REHILL AVENUE SOMERVILLE, NJ 08876 22-3295495	INACTIVE	NJ	501(C)(3)	509(A)(2)	RWJUH		No
110 REHILL AVENUE SOMERVILLE, NJ 08876 22-2665685	INACTIVE	NJ	501(C)(3)	509(A)(2)	RWJUH		No
355 GRAND STREET JERSEY CITY, NJ 07302 22-3113911	FUNDRAISING	NJ	501(C)(3)	509(a)(2)	RWJ BH		No
95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-2458481	HEALTH SVCS	NJ	501(C)(3)	509(a)(2)	JCMC		No
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 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) KIMBALL HLTH CARE AFFILIATES 300 SECOND AVENUE LONG BRANCH, NJ 07740 22-2701213	INVESTMENT	NJ	NA	C CORP					No
(6) LIBERTY HEALTHCARE CAPITAL 355 GRAND STREET JERSEY CITY, NJ 07302 22-3444345	LEASE/FINANCE	NJ	NA	C CORP					No
(7) LIVINGSTON INFUSION CARE INC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-3190756	HEALTHCARE SVCS	NJ	NA	C CORP					No
(8) LIVINGSTON SERVICES CORP 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-2779395	HEALTHCARE SVCS	NJ	NA	C CORP					No
(9) LSC PHARMACY SERVICES INC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 45-2552776	PHARMACY SVCS	NJ	NA	C CORP					No
(10) MAJOR SECURITY SERVICES INC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-3040539	SECURITY SVCS	NJ	NA	C CORP					No
(11) NEW JERSEY HEALTH INC 110 REHILL AVENUE SOMERVILLE, NJ 08876 22-3339824	INACTIVE	NJ	NA	C CORP					No
(12) NEW JERSEY HEALTHCARE ASSOC PC 110 REHILL AVENUE SOMERVILLE, NJ 08876 22-3339827	INACTIVE	NJ	NA	C CORP					No
(13) NJ HEALTH CARE SYSTEM INC 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039 22-3536986	INACTIVE	NJ	NA	C CORP					No
(14) NJ MGT SERVICES ORGANIZATION 110 REHILL AVENUE SOMERVILLE, NJ 08876 22-3339486	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) PROFESSIONAL QUALITY LIAB 100 BANK STREET BURLINGTON, VT 05401 20-5163819	INSURANCE SVCS	VT	BH	C CORP	0	0	100 000 %	Yes	
(1) RWJ HAMILTON PHYSICIAN ENTERPRISE PA ONE HAMILTON HEALTH PLACE HAMILTON, NJ 08690 46-0765254	HEALTHCARE SVCS	NJ	NA	C CORP					No
(2) RWJ KIDNEY TRANSPLANT ASSOC ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08901 03-0382501	HEALTHCARE SVCS	NJ	NA	C CORP					No
(3) RWJ MED ASSOC AT HAMILTON ONE HAMILTON HEALTH PLACE HAMILTON, NJ 08690 22-3454267	PROF SVCS	NJ	NA	C CORP					No
(4) RWJ MED SVCS ORG AT HAMILTON ONE HAMILTON HEALTH PLACE HAMILTON, NJ 08690 22-3454270	HEALTHCARE SVCS	NJ	NA	C CORP					No
(5) RWJ MEDICAL ASSOCIATES PA ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08901 22-3586872	HEALTHCARE SVCS	NJ	NA	C CORP					No
(6) RWJ MULTI-SPECIALTY GROUP PA ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08901 03-0382492	HEALTHCARE SVCS	NJ	NA	C CORP					No
(7) RWJ PHYSICIAN ENTERPRISE PA 3 EXECUTIVE DRIVE SUITE 400 SOMERSET, NJ 08873 45-3967414	HEALTHCARE SVCS	NJ	NA	C CORP					No
(8) RWJ SURGERY CENTER INC ONE ROBERT WOOD JOHNSON PLACE NEW BRUNSWICK, NJ 08901 22-3698431	HEALTHCARE SVCS	NJ	NA	C CORP					No
(9) SBC MANAGEMENT CORPORATION 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052 22-3414332	MGMT SVCS	NJ	BH	C CORP	49,261,115	97,309,104	100 000 %	Yes	
(10) SHC ENTERPRISES INC 110 REHILL AVENUE SOMERVILLE, NJ 08876 22-2665595	MANAGEMENT	NJ	NA	C CORP					No
(11) SOMERSET CARDIOLOGY GROUP PC 110 REHILL AVENUE SOMERVILLE, NJ 08876 37-1640531	MEDICAL SVCS	NJ	NA	C CORP					No
(12) SOMERSET CARDIOLOGY PARTNERS PC 110 REHILL AVENUE SOMERVILLE, NJ 08876 90-0668649	MEDICAL SVCS	NJ	NA	C CORP					No
(13) SOMERSET REALTY GROUP INC 110 REHILL AVENUE SOMERVILLE, NJ 08876 22-3269525	REAL ESTATE	NJ	NA	C CORP					No
(14) SOMERSET STAFFING CORP 110 REHILL AVENUE SOMERVILLE, NJ 08876 11-3829651	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
(31) VISION HEALTHCARE INC 865 STONE STREET RAHWAY, NJ 07065 20-4285005	INVESTMENT	NJ	NA	C CORP					No
(1) WARREN INTERNAL MEDICINE PC 110 REHILL AVENUE SOMERVILLE, NJ 08876 35-2366107	MEDICAL SVCS	NJ	NA	C CORP					No
(2) CPIC 44 CHURCH STREET HAMILTON, BERMUDA HM11 BD	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)	CPIC	E	6,035,310	COST
(1)	CPIC	E	26,534,730	COST
(2)	CLARA MAASS MEDICAL CENTER	L	26,970,986	COST
(3)	COMMUNITY MEDICAL CENTER	L	39,058,895	COST
(4)	MONMOUTH MEDICAL CENTER	L	53,328,306	COST
(5)	NEWARK BETH ISRAEL MEDICAL CENTER	L	60,457,826	COST
(6)	SAINT BARNABAS MEDICAL CENTER	L	85,556,257	COST
(7)	SAINT BARNABAS OUTPATIENT CENTERS	L	4,372,426	COST
(8)	JERSEY CITY MEDICAL CENTER	L	29,749,236	COST
(9)	SAINT BARNABAS BEHAVIORAL HEALTH CENTER	L	1,153,350	COST
(10)	CHILDREN'S SPECIALIZED HOSPITAL	L	6,000,392	COST
(11)	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL	L	103,163,009	COST
(12)	ROBERT WOOD JOHNSON UNIV HOSP AT HAMILTON	L	15,368,250	COST
(13)	ROBERT WOOD JOHNSON UNIV HOSPITAL RAHWAY	L	10,830,240	COST
(14)	LIVINGSTON INFUSION CARE INC	L	5,747,399	COST
(15)	LSC PHARMACY SERVICES INC	L	1,750,056	COST
(16)	BARNABAS HEALTH MEDICAL GROUP PC	S	8,390,128	COST
(17)	CENTRAL JERSEY BEHAVIORAL HEALTH ASSOCIATES	S	2,678,760	COST
(18)	CLARA MAASS MEDICAL CENTER	S	12,792,219	COST
(19)	COMMUNITY MEDICAL CENTER	S	22,524,715	COST
(20)	JERSEY CITY MEDICAL CENTER	S	23,095,955	COST
(21)	LIVINGSTON SERVICES CORPORATION	S	2,027,085	COST
(22)	MONMOUTH MEDICAL CENTER-FACULTY PRACTICE PLAN	S	399,926	COST
(23)	MONMOUTH MEDICAL CENTER	S	26,097,685	COST
(24)	NEWARK BETH ISRAEL MEDICAL CENTER	S	27,330,407	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 BEHAVIORAL HEALTH CENTER	S	1,391,322	COST
(1) SAINT BARNABAS MEDICAL CENTER	S	34,061,655	COST
(2) CHILDREN'S SPECIALIZED HOSPITAL	S	9,642,143	COST
(3) ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL	S	61,894,640	COST
(4) ROBERT WOOD JOHNSON UNIV HOSP AT HAMILTON	S	7,753,931	COST
(5) ROBERT WOOD JOHNSON UNIV HOSPITAL RAHWAY	S	6,359,973	COST
(6) LAKEVIEW CHILD CARE CENTER INC	S	362,275	COST
(7) ROBERT WOOD JOHNSON PHYSICIAN ENTERPRISE PA	S	5,116,946	COST