Eo	<sub>m</sub> 990-T	E	cempt Organization				<b>77</b>	OMB No 1545-0047
10	, <b>.</b>	Eor cale	dilid proxy (a) ndar year 2019 or other tax year begir		01/01 2019 and and and		019	_െ 4 വ
Der	partment of the Treasury	FOI Cale	Go to www irs.gov/Form990				<u></u>	<u> </u>
	ernal Revenue Service	<b>▶</b> Do	not enter SSN numbers on this form				:)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization ( Check b	ox if na	me changed and see instructions	s)		loyer identification number loyees' trust, see instructions )
	address changed	1					(Empi	loyees busi, see instructions )
_	Exempt under section	Drint	BARNABAS HEALTH, IN					405070
	X 501( C()(3)	Print or	Number, street, and room or suite no	If a P C	box, see instructions			1405279
_	408(e) 220(e)	1 . 7 20	95 OLD SHORT HILLS	ROAL	)			lated business activity code nstructions)
-	408A530(a)	1	City or town, state or province, countr					
C E	Book value of all assets	1	WEST ORANGE, NJ 070	-			5230	000
ā	at end of year	F Gro	up exemption number (See instruct	tions)	<b>&gt;</b>			
_	5518965775.	G Che	ck organization type 🕨 🗓 501	I(c) co	prporation 501(c)	trust	401(a)	trust Other trust
			inization's unrelated trades or busine	esses				y (or first) unrelated
			RTNERSHIP INVESTMENTS					re than one, describe the
	•		end of the previous sentence, co	mplete	e Parts I and II, complete a Sc	chedule M for eac	ch additio	onal
_	During the tax year		ete Parts III-v corporation a subsidiary in an affil	lated o	roun or a narent-subsidi	I group?		X Yes No
	•		identifying named or the parent co	-	•	7	グーバ	109 2747
			ATHERINE DOWDY, CPA			e number ▶ (7	32) 92	3-8929
P	art I Unrelated	Trade o	or Business Income	,	(A) Income	(B) Expen	ses	(C) Net
1	a Gross receipts or	sales						
	b Less returns and allowa		c Balance ▶		TAL Devenue Service		<u></u>	
2			ule A, line 7)	Rec	Ived US Bank - USB		····	+ - / -
_	p		2 from line 1c		1 3			+-/
7			Part II, line 17) (attach Form 4797)	4b	NOV / 2020			
	=		rusts	4c	110 10 1			
က <sub>5</sub>	Income (loss) from a p	artnership oi	r an S corporation (attach statement)	5		ATCH 2		-2,683,256.
6					<u>'Ogden, UT</u>	/		
SEP.			come (Schedule E)	7		/_		
ິງ <sub>8</sub> ¬ 9			ints from a controlled organization (Schedule F) 1(c)(7), (9), or (17) organization (Schedule G)	-		_/		•
ر 10 لل			ncome (Schedule I)	10	†	/		
Z 11		-	lule J)	11				
Z 12	Other income (Se		tions, attach schedule)	12				
$Q_{13}$			ough 12	13	-2,683,256.			-2,683,256.
999			Taken Elsewhere (See instr ne unrelated business incom		ons for limitations on de	eductions.) (L	)educti	ons must be directly
14			directors, and trustees (Schedule K)		/		. 14	
15			• • • • • • • • • • • • • • • • • • • •					
16	Repairs and main	tenance		<i>.</i>			. 16	
17	Bad debts						. 17	
18			see instructions)					
19	Taxes and license	S		• • •			. 19	
20 21			4562)on Schedule A and elsewhere on re				 21b	
22								
23	Contributions to o	ieferred c	compensation plans				. 23	
24	Employee benefit	programs	<b>.</b>				. 24	
25	Excess exempt ex	penses (S	Schedule I)				. 25	
26			chedule J)					
27			chedule)					<del>                                     </del>
28 29			s 14 through 27					-2,683,256.
30	/		g loss arising in tax years beginning				_	
31			e income Subtract line 30 from line					-2,683,256.
	Paperwork Reduct		otice, see instructions.					Form <b>990-T</b> (2019)
JSA 9X2740 1	1 000							GIO DIGI
	DDQ0S2 U60	U						PAGE

PAGE 1

Form s	990-T <sub>.</sub> (2019) BARNABAS HEALTH, INC.	22-2	2405279		Pag
Par	t III / Total Unrelated Business Taxable Income				
32.	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	<i>1</i> 52	-2,6	83,	25
3	Amounts paid for disallowed fringes	33			
4	Charitable contributions (see instructions for limitation rules)	34			
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line-			-	
	34 from the sum of lines 32 and 33	35	-2,6	83,	25
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				_
	instructions)	36			
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	31	-2,6	83,	25
	<b>∕</b> 1_	38		1,	0
	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37, 1				_
	enter the smaller of zero or line 37	29	-2,6	83,	25
	Tax Computation				_
	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40			
	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on				_
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	41			
	Proxy tax. See instructions	42			_
	Alternative minimum tax (trusts only).	43			_
	Tax on Noncompliant Facility Income See instructions	44			_
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45			_
Part		10			_
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a				_
	Other credits (see instructions)				
	General business credit Attach Form 3800 (see instructions)				
	Credit for prior year minimum tax (attach Form 8801 or 8827)				
	Total credits. Add lines 46a through 46d	460			
	· · · · · · · · · · · · · · · · · · ·	47			_
۱7 ۱۰	Subtract line 46e from line 45	<del></del>			_
		48			
	Total tax. Add lines 47 and 48 (see instructions)	49			_
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			_
	Payments A 2018 overpayment credited to 2019				
	2019 estimated tax payments				
	Tax deposited with Form 8868				
	Foreign organizations Tax paid or withheld at source (see instructions)				
	Backup withholding (see instructions)				
	Credit for small employer health insurance premiums (attach Form 8941)				
g	Other credits, adjustments, and payments Form 2439				
	Form 4136 Other Total ▶ <b>51g</b>				
	Total payments. Add lines 51a through 51g	52			
	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53	<del>_</del>		_
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			_
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55			_
	Enter the amount of line 55 you want	56		_	
Part	Statements Regarding Certain Activities and Other Information (see instructions	s)		_	_
7	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	other	authority	Yes	1
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	-			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country		1
	here <b>&gt;</b>			_	1
8	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust	?		1
	If "Yes," see instructions for other forms the organization may have to file				
	Enter the consent of two consents about the consent discount between the formation of the consents of the cons				$\perp$
	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		y knowledge a	and be	lief
59	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the buttue correct and complete Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge	est of m		thic	ret
<sub>9</sub> Sign	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		IRS discuss	uns	
<sub>9</sub> Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	y the I	preparer sh	own_	$\neg$
s <u>9</u> Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue, correct, and complete Declaration of which preparer has any knowledge    Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue, and the penjury in the	y the	preparer sh	own_	$\neg$
sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	y the high the enstruction	preparer shons)? X Ye	own_	1
Sign Here	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	y the he he instruction if	preparer shons)?X Ye PTIN P006	own s 4248	36
Sign Here	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bit true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	y the hand the enstruction of the mployed	preparer sh pons)? X Ye PTIN P0066	own s 4248	36
Sign Here	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bit true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	y the hand the enstruction of the mployed	preparer shons)?X Ye PTIN P006	own s 4248	36

Form 990-T (2019)		<del> </del>				<del> </del>				Page 3
Schedule A - Cost of Go		nter method	<u>d of invent</u>							
1 Inventory at beginning of y	· -					ar	6			_
2 Purchases	1 1				_	ild. Subtract line				
3 Cost of labor	<del></del>					here and in Part	1 1			
4a Additional section 263A co				I, line 2			7			
(attach schedule)				8 Do the	rules of	section 263A (wi	ith res	pect to	Yes	No
<b>b</b> Other costs (attach schedu					•	or acquired for	•			
5 Total. Add lines 1 through				to the org	anization?	<del> </del>	<u></u> .	<u></u>		Х
Schedule C - Rent Income	e (From Real P	roperty a	nd Perso	nal Property	Leased V	Vith Real Proper	ty)			
(see instructions)							_		_	
Description of property								_		
(1)										
(2)										
(3)										
(4)										
	2. Rent recei	ved or accrui	ed							
(a) From personal property (if the for personal property is more th more than 50%)	an 10% but not	percent	age of rent fo	personal property or personal property based on profit or	y exceeds	3(a) Deductions dir in columns 2(a				ome
(1)			-							
(2)			-							
(3)										
(4)				-					_	
Total		Total								
(c) Total income. Add totals of co	olumns 2(a) and 2(	b) Enter				(b) Total deduction				
here and on page 1, Part I, line 6		-				Enter here and on property in the Enter here and on property in the Enter here.				
Schedule E - Unrelated De			e instructi	ions)						
				income from or	3 [	Deductions directly conf			e to	
1 Description of deb	t-financed property			to debt-financed	(a) Charlet	debt-finance				
			P	roperty		nt line depreciation ch schedule)		Other deduction		
(1)										
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju- of or alloca debt-financed (attach sche	ble to property	4	Column divided column 5		income reportable n 2 x column 6)	(columi	locable dedi n 6 x total o 3(a) and 3(b	f colum	
	(attaon some		<u> </u>	%		·		<u>`</u>		
(1) (2)				<del>%</del>						
(3)				% %				<del></del> -		
				%						
(4)	<del></del>		<u> </u>	- 76	Enter hor	e and on page 1.	Enter h	ere and or	1 0000	. 1
				ِ ا		e 7, column (A)		line 7, colu		
Totals					L					-

Schedule F - Interest, Alli	uities, Royaltie						Lations (	instructi	0113)	
1 Name of controlled organization	2 Employer identification numb	per 3 Ne	et unre	ontrolled Or	4 Total		fied includ	t of column 4 the ed in the contro ation's gross in	olling	6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										_
Nonexempt Controlled Organi	zations									<u> </u>
7 Taxable Income	8 Net unrelated (	I .		Total of specific		inc	Part of colur luded in the anization's gr	controlling		Deductions directly nected with income in column 10
(1)	- 22									
(2)										
(3)		-								
(4)								_		
Totals					▶	Er	dd columns ( ter here and o art I, line 8, co	on page 1,	En	dd columns 6 and 11 ter here and on page 1, int I, line 8, column (B)
Schedule G-Investment II	ncome of a Sec	ction 501(	c)(7),	(9), or (17	) Orga	nizati	on (see in	structions)		
1 Description of income	2 Amount o			3 Deduction directly core (attach sch	tions inected		4	Set-asides ch schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				· · ·	· · ·					,
(2)		· · · · · ·				-				
(3)										·
(4)									$\neg$	
Totals ▶ Schedule I – Exploited Exe	Finter here and Part I, line 9, c	column (A)	or Th		oina la					Enter here and on page 1, Part I, line 9, column (B)
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business inc	es with n of d	4 Net incom from unrelat or business 2 minus col If a gain, co cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5. G from	ross income activity that ot unrelated ness income	6 Experatrobuta	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)							_			
(4)				1						
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rt I,				_			Enter here and on page 1, Part II, line 25
Schedule J- Advertising Ir	i <b>come</b> (see instr	uctions)		1		-				
	<del></del>		ncol	idated Bac	ic					
Part I Income From Per		ted on a CC	nsoi	4 Advert	ısıng					7 Excess readership
. 1 Name of periodical	2 Gross advertising income	3 Direct advertising of		gain or (los 2 minus co a gain, cor cols 5 thro	3) If	5	Circulation income	6 Reade costs		costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										,
<u>.                                    </u>							*	<del> </del>		
Totals (carry to Part II, line (5))									_	Form <b>990-T</b> (2019)

	<del>-`                                 </del>		<del></del>							, ugc <b>u</b>
Part II	Income From Per			rate Basis (	(For eac	h periodical	listed in	Part II,	fill in	columns
	2 through 7 on a	line-by-line basis	5.)		•	•				
-	<del>-</del>			4 Advertisi	ina			i	7 Exce	ess readership

Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶			, , ,	• •		
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶		,			1	
Schedule K - Compensatio	n of Officers, D	irectors, and Ti	rustees (see instr	uctions)		
				3 Percent of	4 Composition	

	1 Name	-	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)				%	
(2)				%	-

Form **990-T** (2019)

ATTACHMENT 1

## NAME AND FEIN OF PARENT CORPORATION

RWJ BARNABAS HEALTH, INC. 81-0682747

ATTACHMENT 2

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

BLACKSTONE PROPERTY PARTNERS, LP	-90,626.
BRIGHTWOOD CAPITAL FUND III-U, LP	1,847.
CHATHAM ASSET PRIVATE DEBT & STRAT CAP FUND, LP	-2,671,571.
CHATHAM PDSC FUND II, LP	867.
GLOBAL INFRASTRUCTURE PARTNERS III-A/B AIV, L.P.	76,227.

INCOME (LOSS) FROM PARTNERSHIPS

-2,683,256.

Barnabas Health, Inc.		
FEID: 22-2405279		
Federal Form 990-T		
For the year ended December 31, 201	)	
E L LE COOT L' CO N. C.		
Federal Form 990-T, Line 30; Net operating loss arising in	tax yea	ars beginning
after January 1, 2018		
Description Description	·	Amount £.,
Net operating loss generated 12/31/2018	\$	77,530
	1	

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Barnabas Health, Inc.		
FEID: 22-2405279		
Federal Form 990-T		
For the year ended December 31, 2019		
	<u> </u>	
Federal Form 990-T, Line 36; Net operating loss arising in tax	x yea	rs beginning
before January 1, 2018		
Description / (2)	-	Amount
Description / Organization / Organiz	\$	
		Amount • ;
Net operating loss generated 12/31/2013	\$	300,929
Description  Net operating loss generated 12/31/2013  Net operating loss generated 12/31/2014	\$	300,929 385,412
Net operating loss generated 12/31/2013 Net operating loss generated 12/31/2014 Net operating loss generated 12/31/2015	\$ \$ \$	300,929 385,412 452,585

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