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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public
Inspection

Check if a		ar year	, or tax year beginning 10-01-2008	and ending 09-30-200	י	D Employer iden	itification number
Address cl	· · Fie		C Name of organization The Miriam Hospital				
	nange	IRS elor	Doing Business As			05-0258905 E Telephone nur	
Name cha		it or e. See	bolling business As				
_ Initial retu	urn Spe	cific	Number and street (or P O box if mail is i	not delivered to street addre	ss) Room/suite	(401) 793-2	
– Terminatio		ruc- is.	164 Summit Avenue		,	G Gross receipts \$	416,065,383
- Amended	return		City or town, state or country, and ZIP +	4			
_ Application			Providence, RI 02906				
Application	· [
			e and address of principal officer J Babineau MD		H(a) Is this affiliat	s a group return f	for □ Yes 🔽 No
	1	.64 Su	mmıt Avenue		aiiiiai	les	j res je no
	F	rovide	nce, RI 02906		H(b) Are all	affiliates included	1?
				<u> </u>			see instructions)
lax-exen	npt status 🖊	501(c)	(3) ◀ (insert no) 4947(a)(1) or	527 —————	H(c) Group	p exemption num	ber 🟲
Websit	e: 🕨 www life	span o	rg/partners/tmh				
Type of or	manization 🔽 (`ornorati	on Trust Association Other		I Year of for	rmation 1926 M	State of legal domicile R1
Part I	Summar		my mase, masseatton, other p		E real of to	111111111111111111111111111111111111111	State of legal doffficie. 10
1		•	organization's mission or most sign	ificant activities			
_			Miriam Hospital is to inspire one an		alth and spirit	t of the lives we t	ouch
2							
2	Chack this I	00 M	if the organization discontinued its	onerations or disposed	of more than	25% of its asset	·c
		,					1
			nembers of the governing body (Part				
4 5 6			dent voting members of the governin))		
5			ployees (Part V, line 2a)				•
6			unteers (estimate if necessary) .			6	83
' /a	_		ed business revenue from Part VIII,		•		1,448,82
Ь	Net unrelate	a busi	ness taxable income from Form 990-	1, line 34		7b	43,71
					Prio	r Year	Current Year
<u>.</u> 8			grants (Part VIII, line 1h)			6,503,752	4,105,341
			evenue (Part VIII, line 2g)		335,829,669	355,601,744	
10			ne (Part VIII, column (A), lines 3, 4,			3,680,008	-1,120,647
_ ++		-	art VIII, column (A), lines 5, 6d, 8c,		5,191,269 7,235,		
12			d lines 8 through 11 (must equal Pa			351,204,698	365,821,732
13			r amounts paid (Part IX, column (A),			37,900	105,512
14			r for members (Part IX, column (A), l			0,,500	0
15			mpensation, employee benefits (Part				
	10)	iner co	inpensation, employee beliefits (Fund	. 1X, column (A), imes s		153,743,179	159,894,522
8							
9 16a	Profession	al fund	aising fees (Part IX, column (A), line	:11e)			C
90 20 20 20 20 20 20 20 20 20 20 20 20 20			, , , , , , , , , , , , , , , , , , , ,	911e)			(
90 00 00 00 00 00 00 00 00 00 00 00 00 0	Total fundrais	ing expe	enses (Part IX, column (D), line 25) 🕒	<u> </u>		186.438.375	
16a E b	Total fundrais	ing expe	enses (Part IX, column (D), line 25) • 0 Part IX, column (A), lines 11a-11d,	11f-24f)		186,438,375	204,333,836
16a E 17 18	Total fundrais O ther expe Total expe	ing expe inses (nses A	enses (Part IX, column (D), line 25) • 0 Part IX, column (A), lines 11a-11d, dd lines 13-17 (must equal Part IX	11f-24f) , column (A), line 25)		340,219,454	204,333,836 364,333,870
16a b 17 18 19	Total fundrais O ther expe Total expe	ing expe inses (nses A	enses (Part IX, column (D), line 25) • 0 Part IX, column (A), lines 11a-11d,	11f-24f) , column (A), line 25)	3	10,985,244	204,333,836 364,333,870 1,487,862
16a 17 18 19	Total fundras O ther expe Total expe Revenue le	ing expenses (enses (Part IX, column (D), line 25) • 0 Part IX, column (A), lines 11a-11d, dd lines 13-17 (must equal Part IX enses Subtract line 18 from line 12	11f-24f) , column (A), line 25)	Beginni	10,985,244 ng of Year	204,333,836 364,333,870 1,487,862 End of Year
16a 17 18 19	Total fundrais O ther expe Total expe Revenue le	ing experiences (nses Assexp	enses (Part IX, column (D), line 25) • 0 Part IX, column (A), lines 11a-11d, dd lines 13-17 (must equal Part IX enses Subtract line 18 from line 12	11f-24f) , column (A), line 25)	Beginnii	340,219,454 10,985,244 ng of Year 338,100,117	204,333,836 364,333,870 1,487,862 End of Year 354,877,512
16a 17 18 19	Total fundrais O ther expe Total expe Revenue le	ing experiences (nses Assexp	enses (Part IX, column (D), line 25) • 0 Part IX, column (A), lines 11a-11d, dd lines 13-17 (must equal Part IX enses Subtract line 18 from line 12	11f-24f) , column (A), line 25)	Beginnii	10,985,244 ng of Year	204,333,836 364,333,870 1,487,862 End of Year 354,877,512
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Total program service expenses►\$

4e

	()					r age .
Par	t IIII Statemer	nt of Program Serv	ice Accomp	olishments (see ınstr	uctions.)	
1	Briefly describe th	ie organization's missio	n			
The	mission of The Miria	m Hospital is to inspire	one another to	ımprove the health and s	spirit of the lives we touch	
2	•	n undertake any signifi or 990-EZ?		ervices during the year w		Yes ✓ No
	If "Yes," describe t	hese new services on S	Schedule O			
3		n cease conducting, or	-	nt changes in how it cond		Yes ✓ No
	If "Yes," describe t	hese changes on Sche	dule O			
4	Section 501(c)(3)	and 501(c)(4) organiza	itions and secti	5	rgest program services by ex required to report the amoui rvice reported	•
4a	(Code) (Expenses \$	268,394,888	ıncludıng grants of \$	15,447) (Revenue \$	321,471,016)
	cardiology, radiology,	and programs provided by , laboratory, renal dialysis, i aphy, and magnetic resonar	ırology, gastroente	erology, endocrinology, gyneco	neral surgery, cardiovascular care, ology, nephrology, neurology, ophi	orthopedics, nuclear thalmology, trauma care,
	(Code) (Expenses \$	28,061,549	ıncludıng grants of \$) (Revenue \$	19,719,038)
	Medical Education TM	IH provides the setting for ai	nd substantially sup	pports medical education in var	rious clinical training and nursing pro payors by \$8 3 million in 2009 (C	ograms The total cost of
	(Code) (Expenses \$	23,756,485	ıncludıng grants of \$) (Revenue \$	20,484,213)
	investigators and 167 epidemiological resea	employees totaling \$20 5 m rch and clinical trials in AIDS	nillion The followin and HIV infection i	g is a selection of research bei ncluding vaccine development,	rigators and totaling \$127,000 to 27 ing conducted at the hospital cance coronary heart disease, and nutrit civities (Continue on Schedule O)	er treatment and prevention,
4d	Other program se	rvices (Describe in Sc	hedule O)			
	(Expenses \$	·	cluding grants o	f\$) (Revenue \$)

(Must equal Part IX, Line 25, column (B).)

320,212,922

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	5		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		N o
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I .	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

	990 (2008)			Page 5
Par	Tt V Statements Regarding Other IRS Filings and Tax Compliance		<u> </u>	I
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable			
	1a 200			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		163	
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
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 this return (see	2b	Yes	
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3Ь	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 the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		No
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			110
	were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting			
	organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess			
_	business holdings at any time during the year?	8		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	ĺ	I	I

10b

11a

11b

12b

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club

b Gross income from other sources (Do not net amounts due or paid to other sources

b If "Yes," enter the amount of tax-exempt interest received or accrued during the

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

against amounts due or received from them)

facilities

Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders . . .

Νo

12a

(401) 444-7914

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Se	ction A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 19			
b	Enter the number of voting members that are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		Νο
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No
_Se	ction B. Policies			
4.0		42	Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
D	to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		Νο
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the Mary A Wakefield 167 Point Street Providence, RI 02903	ne orga	ınızatıor	ı ►

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
 - ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the	•	tion did not compensate any officer	dire	ctor	, tru	stee	or ke	ey employee		
		(C) Position (check all that apply)			(E)	(F)				
(A) Name and Title	(B) Average hours per week	x <u>I</u> ndividual		Office		Highest compensated employee Key employee		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Timothy J Babineau MD Pres eff 9/8/09	40 00	Х		х				0	344,517	24,193
Sandra Coletta Chief Operating Officer							х	0	312,385	1,967
Samuel K Suls Treasurer	2 00	Х		х				0	0	0
Ronald A DeLellis MD Trustee	2 00	Х						0	0	0
Rogers C Griffith Physician	40 00					х		270,361	0	35,122
Robert W Corwin Physician	40 00					х		266,501	0	40,957
Robert L Bahr MD Trustee	3 00	Х						0	0	0
Richard L Gold MD Trustee	4 00	Х						0	0	0
Rena R Wing Physician	40 00					х		243,048	0	24,096
Rebecca L Burke Chief Nursing Officer	40 00				х			0	257,366	60,438
Phillip Kydd Trustee	1 00	Х						0	0	0
Papa Kaku E Badoe Physician	40 00					х		220,277	0	36,102
Neil R Greenspan MD Trustee	2 00	Х						0	0	0
Mary Jo Kaplan Trustee	3 00	Х						0	0	0
Mary A Wakefield CFO	12 00			х				0	588,717	95,295
Marie J Langlois Trustee	50	Х						0	0	0
Marc A Crisafulli Trustee	2 00	Х						0	0	0

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

		(C) Position (check all that apply)						(D)	(E)	(F) Estimated	
(A) Name and Title	(B) Average hours per week	x Individual	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W- 2/1099- MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations	
Kathleen C Hittner MD Pres thru9/8/09	40 00	х		х				0	593,014	101,812	
Judith B Levitt Trustee	5 00	Х						0	0	0	
Jeffrey M Burock Physician	40 00					х		227,110	0	31,278	
Jeffrey G Brier Trustee	2 00	х						0	0	0	
Frederick S Crisafulli MD Trustee	2 00	х						0	0	0	
Frederick N Levinger Trustee	3 00	х						0	0	0	
Edward D Feldstein Chairman	10 00	Х		х				0	0	0	
Dayle H Joseph Trustee	4 00	х						0	0	0	
David L Edmonds Trustee	2 00	х						0	0	0	
Bertram M Lederer Trustee	2 00	Х						0	0	0	
Arthur J Sampson Executive Director	40 00				х			0	387,177	77,932	
Alan H Litwin Secretary	4 00	х		х				0	0	0	
41. 7. 1					<u> </u>	<u> </u>		1,227,297	2,483,176	529,192	
1b Total2 Total number of		(including those in 1a) who rece	· ·	• \re +	han	<u> </u>	0.00		2,403,170	323,132	

compensation from the organization►130

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			
	on the latter res, complete schedule from such marviadar	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
		-	103	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
University Surgical Associates PO Box 16149 Rumford, RI 02916	Medical Services	1,262,485
University Medicine Foundation 178 Norwood Avenue Cranston, RI 02905	Medical Services	14,632,020
Quest Diagnostics 12436 Collections Center Drive Chicago, IL 60693	Medical Services	710,639
Narragansett Bay Anesthesia 690 Canton St Ste 325 Westwood, MA 02090	Medical Services	1,690,947
Brown University PO Box 1911 Providence, RI 02912	Medical Services	1,883,137
2 Total number of independent contractors (including those in 1) who received more than \$ from the organization ▶16	100,000 in compensation	

					(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
\$ \$	1a	Federated camp	aigns 1a					
E Ž	ь	Membership due	es 1b					
e,e ∏0	С	Fundraising eve						
IIIS II a	d	Related organiza		3,970,625				
ું હોંઘ	e	Government grants		54,089				
Sir Sir		_		80,627		}		
萝萝	f	similar amounts not						
contributions, gins, grants and other similar amounts	g	lines 1a-1f \$						
ಕರ	h	Total. Add lines	1a-1f		4,105,341			
en				Business Code				
ven	2a	Temp Restricted (Si	<u> </u>	900,099	545,980	545,980		
2 8	Ь	Patient Service Rev		900,099	333,138,874	333,138,874		
100	С	Laboratory		621,500	1,432,677		1,432,677	
yer.	d	Direct Rev from Res	search	900,099	20,484,213	20,484,213		
<u>ا</u>	e							
Program Serwice Revenue	f	All other progra	m service revenue					
_	g	Total. Add lines	2a-2f		355,601,744			
	3	Investment inco	ome (including dividen	ds, interest				
		and other simila	ramounts)	🕨	1,993,746			1,993,746
	4	Income from invest	ment of tax-exempt bond	proceeds 🕨	18,197			18,197
	5	Royalties			0			
			(ı) Real	(II) Personal				
	6a	Gross Rents	550,761					
	b	Less rental expenses	503,758					
	С	Rental income	47,003					
	d	or (loss) L	ne or (loss)	 ►	47,003		10,834	36,169
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	46,607,303	(11)				
		assets other than inventory						
	b	Less cost or	49,739,893					
		other basis and sales expenses						
	С	Gain or (loss)	-3,132,590					
	d	Net gain or (loss	s)		-3,132,590			-3,132,590
ər	8a	Gross income fr events (not incl	_					
Other Revenue		\$ of contributions	 reported on line 1c)					
lev		See Part IV, line						
<u>.</u>			а					
lle Lle	b	Less direct exp	oenses b					
5	С	Net income or (I	oss) from fundraising	events 🟲	0			
	9a	Gross income fr See Part IV, line						
	_		a					
	b	Less direct exp			0			
	C		oss) from gaming acti	vities	0			
	10a	Gross sales of II returns and allo						
	b	Less cost of an	ods sold b					
	С		loss) from sales of inve	entory 🟲	0			
		Miscellaneous		Business Code				
	11a	State DSH Reve	nue		1,600,000	1,600,000		
	ь	Indirect Rev from			3,622,255	3,622,255		
					1,108,603	-		1,108,603
	C	Cafeteria Reven			857,433	834,117	5,317	17,999
	d	All other revenu			7,188,291	037,117	3,317	11,539
	e 12	Total. Add lines			365,821,732	360,225,439	1,448,828	42,124
	14	9c, 10c, and 11	Add lines 1h, 2g, 3, 4, e	ə, οu, /a, δc, ►	333,021,732	233,223,433	1,110,020	12,127

	990 (2008)				Page 10
Par	t IX Statement of Functional Expenses				
А	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D).	
Do no	ot include amounts reported on lines 6b, b, 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 governments and organizations in the U.S. See Part IV, line 21	15,447	15,447		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	90,065	90,065		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	o			
7	Other salaries and wages	123,870,162	119,828,998	4,041,164	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,459,000	4,313,529	145,471	
9	Other employee benefits	22,751,692	22,098,800	652,892	
10	Payroll taxes	8,813,668	8,526,129	287,539	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
С	Accounting	0			
d	Lobbying	3,349	3,349		
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	18,004,103	17,924,611	79,492	
12	Advertising and promotion	135,382	130,421	4,961	
13	Office expenses	84,770,679	84,064,933	705,746	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	7,435,189	6,653,105	782,084	
17	Travel	659,770	643,876	15,894	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	336,641	303,680	32,961	
20	Interest	3,064,664		3,064,664	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	10,579,614		10,579,614	
23	Insurance	2,249,116	2,249,116		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	UBIT	14,862	14,862		
b	Purch Svs & Equip Cont	37,055,620	13,399,249	23,656,371	
С	Provision for bad debts	17,086,869	17,086,869		
d	License Fee	14,430,777	14,430,777		
e	All Other Expense	8,507,201	8,435,106	72,095	
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	364,333,870	320,212,922	44,120,948	0
26	Joint Costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					<u> </u>	<u> </u>
					(A)		(B)
					Beginning of year		End of	year
	1	Cash—non-interest-bearing				1		0
	2	Savings and temporary cash investments	•		12,282,035	2		0,554,812
	3	Pledges and grants receivable, net	•		1,452,502	3		1,165,849
	4	Accounts receivable, net			35,480,506	4	3-	4,800,345
	5	Receivables from current and former officers, directors, trustee other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				5		0
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of				6		0
	7	Notes and loans receivable, net			550,000	7		550,000
Assets	8	Inventories for sale or use			3,180,332	8	;	3,704,858
8	9	Prepaid expenses and deferred charges			1,904,934	9	:	2,815,745
⋖	10a	Land, buildings, and equipment cost basis	10a	299,032,772				
	ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	143,624,642	156,218,547	10c	15	5,408,130
	11	Investments—publicly traded securities			71,225,478	11	8:	2,637,762
	12	Investments—other securities See Part IV, line 11			6,398,486	12		7,059,665
	13	Investments—program-related See Part IV, line 11		-	, ,	13		0
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11			49,407,297	15	Δι	6,180,346
	16	Total assets. Add lines 1 through 15 (must equal line 34).		• •	338,100,117	16		4,877,512
	17		•		27,963,835	17		8,813,367
		Accounts payable and accrued expenses .			27,900,000			
	18	Grants payable				18		
	19	Deferred revenue			54 400 074	19		
٠.	20 Tax-exempt bond liabilities			51,460,371	20	6	9,995,486	
ē	21 Escrow account liability Complete Part IV of Schedule D				21			
Liabilities	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties	s .	•		23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			26,285,734	25	3	7,184,617
	26	Total liabilities. Add lines 17 through 25			105,709,940	26	13	5,993,470
S O O		Organizations that follow SFAS 117, check here ► ✓ and comthrough 29, and lines 33 and 34.	plete l	ines 27				
Balance	27	Unrestricted net assets			203,576,107	27	19:	2,478,600
<u>ස</u>	28	Temporarily restricted net assets			21,150,522	28	1:	9,752,885
<u> </u>	29	Permanently restricted net assets			7,663,548	29	(6,652,557
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ a lines 30 through 34.	nd con	ıplete				
S 0.	30	Capital stock or trust principal, or current funds				30		
sets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
ASS	32	Retained earnings, endowment, accumulated income, or other fi				32		
Net	33	Total net assets or fund balances			232,390,177	33	21	B,884,042
ž	34	Total liabilities and net assets/fund balances			338,100,117	34		4,877,512
Pa	rt XI	Financial Statements and Reporting			333,133,111	<u> </u>		
		I maneral otatements and keporting						N-
1	Acco	unting method used to prepare the Form 990	Accr	ual Other			Yes	No
2a	Were	the organization's financial statements compiled or reviewed by	an inc	lependent account	ant?	2a		No
ь	Were	the organization's financial statements audited by an independe	nt acc	ountant?		2b	Yes	
c	If "Ye	es" to 2a or 2b, does the organization have a committee that ass , review, or compilation of its financial statements and selection	umes	responsibility for o	oversight of the	2c	Yes	
3a	Asa	result of a federal award, was the organization required to underge Audit Act and OMB Circular A-133?	jo an a	audit or audits as s	et forth in the	3a	Yes	
b		es," did the organization undergo the required audit or audits? .				3b	Yes	

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As Filed Data -

DLN: 93493228007150

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

iam Ho	ospital						١	025000	-		
+ T	Peason	for Public C	harity Status (to be con	mnleted	hy all or	ganizatio					
				_				TH3G GCC			
Γ								(A)(i).			
<u></u>	•		*					X7(-7-			
<u></u>					•	tion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	le H)	
<u></u>	-	·	•			-				•	
•		_	•		•			()()	. , ,		
Г	•			universit	y owned o	r operated	by a gove	rnmental	unit desc	rıbed ın	
•					•	•	, ,				
\sqcap	A federal, s	tate, or local g	overnment or governmental i	unıt descr	ıbed ın Se	ct ion 170	(b)(1)(A)	(v).			
\Box	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	· · ınıt or fror	n the gene	eral public	
	described i	n Section 170(I	b)(1)(A)(vi) (Complete Pari	tII)		_			_	·	
Γ	A communi	ty trust descril	oed in Section 170(b)(1)(A)((vi) (Com	plete Par	tII)					
Γ	An organiza	ation that norm	ally receives (1) more than	331/3% o	f its supp	ort from c	ontributior	ns, membe	rship fees	, and gross	
	receipts fro	m activities re	lated to its exempt functions	—subject	to certair	n exceptio	ns, and (2) no more	than 331/	'3% of	
	ıts support	from gross inv	estment income and unrelate	d busines	s taxable	income (l	less sectio	on 511 ta:	x) from bu	sınesses	
	acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ection 509((a)(4). (S	ee ınstruc	tions)	
Γ	_	=	·					•	•	•	
									Section 5	09(a)(3). Check	
								_	□ Type	III - Other	
\Box	•						_				
•	•	- ,	•			•			•	•	
			ed a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,	
			as the organization accepted	d anv dift	or contrib	utıon from	anv of the	1		'	
				, 3			,,				
	(i) a perso	n who directly o	or indirectly controls, either a	alone or to	gether wi	th persons	s describe	d ın (ıı)		Yes No	
			= '	_	tion?				11g	(i)	
	• • •		``,						11g(
			•						11g(iii)	
	Provide the	following infor	mation about the organizatio	ns the org	janization	supports					
		(**) = T.1.	· · · · · · · · · · · · · · · · · · ·	,							
		(II) EIN	1 * * * * * 1			1				(vii) A mount of support?	
				_						Заррон	
Š			(See Instructions))	your go	verning						
					nent?				1		
				Yes	No	Yes	No	Yes	No		
			1		I	1	I	I		I	
			+				+		ł	-	
	(i) Ne Supp	A church, of A school de A hospital a hospital's rangement of A federal, sandescribed in A community An organizate receipts from the support acquired by An organizate one or more the box that a Town other than section 50 if the organizate check this since A ugu following per (i) a person and (iii) beliging a 5% in the support acquired by An organization of the box that a Town other than section 50 if the organization of the box that a th	Reason for Public Companization is not a private found of the A school described in Section 170(b) (1)(A)(iv). A medical research organ hospital's name, city, and An organization operated Section 170(b)(1)(A)(iv). A federal, state, or local good An organization that norm described in Section 170(b) A community trust described in Section 170(c) A community trust described in Section 170(c) A community trust described in Section 170(c) A norganization that norm receipts from activities resits support from gross invacquired by the organization organized one or more publicly supposed one or more p	Reason for Public Charity Status (to be conganization is not a private foundation because it is (Please A church, convention of churches, or association of che A school described in Section 170(b)(1)(A)(ii). (Attack A hospital or a cooperative hospital service organization A medical research organization operated in conjunction hospital's name, city, and state An organization operated for the benefit of a college or Section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmentally described in Section 170(b)(1)(A)(vi) (Complete Part A community trust described in Section 170(b)(1)(A)(vi) (Complete Part A community trust described in Section 170(b)(1)(A)(A)(A) (A) (A) (A) (A) (A) (A) (A) (Reason for Public Charity Status (to be completed ganzation is not a private foundation because it is (Please check on A church, convention of churches, or association of churches de A school described in Section 170(b)(1)(A)(ii). (Attach Schedul A school described in Section 170(b)(1)(A)(ii). (Attach Schedul A hospital or a cooperative hospital service organization descril A medical research organization operated in conjunction with a hospital's name, city, and state An organization operated for the benefit of a college or universit Section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit description and construction of the section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in 170(b)(1)(A)(vi) (Complete Part II) A community trust described in 170(b)(1)(A)(vi) (Complete Part II) A community trust described in 170(b)(1)(A)(vi) (Complete Part II) A community trust described in 170(b)(1)(A)(vi) (Complete Part II) A community trust described in 170(b)(1)(A)(vi) (Complete Part II) A community trust described in 170(b)(1)(A)(vi) (Complete Part II) A community trust described in 170(b)(1)(A)(vi) (Complete Part II) A community trust described in 170(b)(1)(A)(vi) (Complete Part II) A community tru	Reason for Public Charity Status (to be completed by all or ganization is not a private foundation because it is (Please check only one org an action is not a private foundation because it is (Please check only one org an action is not a private foundation because it is (Please check only one org an action is not a private for a control foundation of churches described in A chorol described in Section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iv). (Complete Part II) A medical research organization operated in conjunction with a hospital dhospital's name, city, and state An organization operated for the benefit of a college or university owned of Section 170(b)(1)(A)(iv). (Complete Part II) A dederal, state, or local government or governmental unit described in Section 170(b)(1)(A)(vii) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vii) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vii) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vii) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vii) (Complete Part III) A community trust described in the sexempt functions—subject to certain its support from gross investment income and unrelated business taxable acquired by the organization after June 30, 1975 See Section 509(a)(2). An organization organized and operated exclusively to test for public safe An organization organized and operated exclusively for the benefit of, to pone or more publicly supported organizations described in section 509(a)(2). An organization organized and operated exclusively for the benefit of, to pone or more publicly supported organization and complete limitation	Reason for Public Charity Status (to be completed by all organization ganization is not a private foundation because it is (Please check only one organization A church, convention of churches, or association of churches described in Section 170(b) (1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(i) A medical research organization operated in conjunction with a hospital described in hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated Section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in Section 170 An organization that normally receives a substantial part of its support from a gove described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from c receipts from activities related to its exempt functions—subject to certain exception its support from gross investment income and unrelated business taxable income (acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complet An organization organized and operated exclusively to test for public safety See Set An organization organized and operated exclusively for the benefit of, to perform the one or more publicly supported organizations described in section 509(a)(1) or see the box that describes the type of supporting organization and complete lines 11e to a Type II c Type III - Functionally Interest the organization and complete lines 11e to a Type III for the organization and complete lines 11e to a Type III - Functionally Interest or the organization of the organization received a written determination from the IRS that it is a Type II, check this box Since August 17, 2006, has the organization accepted any gift or contributi	Reason for Public Charity Status (to be completed by all organizations) (See ganization is not a private foundation because it is. (Please check only one organizations). (See ganization is not a private foundation because it is. (Please check only one organization). A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(ii). (Attach Schedule E). A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(ii). (A medical research organization operated in conjunction with a hospital described in Section hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a government orgovernmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II). An organization section 170(b)(1)(A)(iv) (Complete Part II). A community trust described in Section 170(b)(1)(A)(vi). (Complete Part II). An organization that normally receives (1) more than 331/3% of its support from contribution receipts from activities related to its exempt functions—subject to certain exceptions, and (2 its support from gross investment income and unrelated business taxable income (less section acquired by the organization after June 30, 1975. See Section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See Section 509(a) (1) or section 509(Reason for Public Charity Status (to be completed by all organizations) (See Instruct granization is not a private foundation because it is (Please check only one organization) (See Instruct granization is not a private foundation because it is (Please check only one organization) (See Instruct Granization of Churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule E) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iv). (Complete Part II) A rederal, state, or local government or governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) A norganization that normally receives a substantial part of its support from a governmental unit or for described in Section 170(b)(1)(A)(vi) (Complete Part II) A norganization that normally receives (1) more than 331/3% of its support from contributions, member receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more its support from gross investment income and unrelated business taxable income (less section 511 tax acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (Since An organization organized and operated exclusively for the benefit of, to perform the functions of, or to one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See the box that describes the type of supporting organization and complete lines 11e through 11h a Type II b Type II c Type III c Functionally Integrated d Dyracity of the section 509(a)(Reason for Public Charity Status (to be completed by all organizations) (See Instructions) Ganization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(ii). A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule E) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). (A)(iii). (A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). (Complete Part II) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) A norganization that normally receives (1) more than 331/3% of its support from contributions, membership fees receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% its support from gross investment income and unrelated business taxable income (less section 511 tax) from busing a captured by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part II) An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions or organization organizated and operated exclusively for the benefit of, to perform the functions of, or to carry out one or more publicly supported organization after June 30, 1975 See Section 509(a)(2). (Complete Part II) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out one or more publicly supported organization and complete	

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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 IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)						
	Facts and Circumstances Test						

Schedule A (Form 990 or 990-EZ) 2008

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ 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," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ 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," to Form 990, Part IV, Line 5 (Proxy Tax)

	ection 501(c)(4), (5), or (6) organi ame of the organization	zations complete Part III		Employer ider	ntification number
	e Mırıam Hospital				
Par		by all organizations exempt the the instructions for Schedule (05-0258905 n 501(c) and section	
1	Provide a description of the or	ganization's direct and indirect politi	cal campaign act	ivities in Part IV	
2	Political expenditures	,			\$
3	V olunteer hours				
Pai	rt I-B To be completed to for Schedule C for d	oy all organizations exempt etails.)	under sectioi	501(c)(3). (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955		\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectioi	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form 4	720 for this year	-7	✓ Yes
4a	Was a correction made?				┌ Yes
b	If "Yes," describe in Part IV				
Pai		oy all organizations exempt sfor Schedule C for details.)	under sectioi	n 501(c), except sect	tion 501(c)(3).
1	•	ended by the filing organization for se	ction 527 exemp	ot function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribu	ted to other orga	nızatıons for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add lines	s 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes
5	State the names, addresses a were made Enter the amount p political contributions received segregated fund or a political a	j organization's own interna blitical organization, such a	l funds or were s a separate		
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
				+	
Ear	Danarwark Raduation Act Natice	see the instructions for Form 990.	Cat No E	00945 Sabodula C (Form 900 or 900 E7\ 300
LOL	ravelwoik Reduction Act NOTICE	, see the histructions for Form 990.	Cal No 50	JUUHA SCHEOUIE LI	ていいけ フラレ ひに サダリービム ノ としい

(election under sec	tion 501(h)). (See the instructions for Schedule C for de		768
<u> </u>			
Limits on Lo	bbying Expenditures—	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
Total lobbying expenditures (add line	es 1a and 1b)		
Other exempt purpose expenditures			
Total exempt purpose expenditures	(add lines 1c and 1d)		
columns—			
or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 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		
Grassroots nontaxable amount (ente	r 25% of line 1f)		
Subtract line 1g from line 1a Enter -	0- if line g is more than line a		
Subtract line 1f from line 1c Enter -	O- if line f is more than line c		
If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form 4720 repo	orting	┌ Yes ┌ No
	Check If the filing organization Check If the filing organization Limits on Low (The term "expenditures to influe Total lobbying expenditures to influe Total lobbying expenditures (add line Other exempt purpose expenditures Total exempt purpose expenditures to Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 Grassroots nontaxable amount (enter Subtract line 1g from line 1a Enter Subtract line 1f from line 1c Enter - Output Interes Inter	(election under section 501(h)). (See the instructions for Schedule C for detect of the filing organization belongs to an affiliated group (heck of the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) 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 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 \$225,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a Enter -0 - if line g is more than line a Subtract line 1ffrom line 1c Enter -0 - if line g is more than line a Subtract line 1ffrom line 1c Enter -0 - if line f is more than line a	Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a Enter -0 - if line g is more than line a Subtract line 1ffrom line 1c Enter -0 - if line g is more than line c If there is an amount other than zero on either line 1 in or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
с	Total lobbying expenditures									
d	Grassroots non-taxable amount									
e	Grassroots ceiling amount (150% of line d, column (e))									
f	Grassroots lobbying expenditures									

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a)		(b)
		Yes	No	A mount
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			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		3,349
j	Total lines 1c through		'	3,349
	11			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
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?		No	

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			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 carryover lobbying and political expenditures from the prior year?	3		

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Part II-B, Line 11	Description	The Miriam Hospital pays membership fees to the Hospital Association of Rhode Island This organization engages in lobbying activities on behalf of the Hospital

1 \$

Part IV Supplemental Information									
Ident if ier	Return Reference	Explanation							

Schedule C (Form 990 or 990EZ) 2008

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DLN: 93493228007150

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Name of the organization **Employer identification number** The Miriam Hospital 05-0258905 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts

Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes ☐ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-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 2a Total number of conservation easements b

- 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🕨
- Number of states where property subject to conservation easement is located
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

In Part XIV, 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" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

- 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 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X Cat No 52283D

For Paperwork Reduction Act Notice, see the Intructions for Form 990

▶ \$

☐ Yes

<u>Par</u>	Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	cal Trea	sures, or	<u>Othe</u>	<u>r Similar</u>	Asse	ts (co	ntınued)		
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e foll	owing that	are a signific	cant u	ise of its co	llection	ו			
а	Public exhibition		d	\sqcap	Loan or e	xchange pro	grams						
b	☐ Scholarly research e ☐ Other												
c	Preservation for future generations												
4	Provide a description of the organization's co Part XIV	ollections and explai	n how	v they	further th	ne organizatio	n's e	empt purpo	se in				
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	Г	Yes	┌ No		
Pai	Trust, Escrow and Custodial A Part IV, line 9, or reported an an						answ	ered "Yes	" to Fo	orm 99	90,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	dıary	for c	ontribution	ns or other as	sets	not	Γ	Yes	Г No		
Ь	If "Yes," explain why in Part XIV and comple	ete the following tabl	e										
									A mou	ınt			
c	Beginning balance						1c						
d	Additions during the year						1d						
е	Distributions during the year						1e						
f	Ending balance						1f						
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Г	Yes	┌ No		
b	If "Yes," explain the arrangement in Part XIV	<i>'</i>											
Pa	rt V Endowment Funds. Complete												
		(a)Current Year	(b) Prior	Year (o	Two Years Bac	k (d)	Three Years B	ack (e)Four Ye	ears Back		
1a	Beginning of year balance	77,300,591											
b	Contributions	22,261,170											
С	Investment earnings or losses	-882,788											
d	Grants or scholarships	25 244 266											
е	Other expenditures for facilities and programs	25,341,266											
f	Administrative expenses												
g	End of year balance	73,337,707											
2	Provide the estimated percentage of the yea	r end balance held a	s				!		_				
а	Board designated or quasi-endowment 🕨	82 600 %											
ь	Permanent endowment												
С	Term endowment ► 17 400 %												
3a	Are there endowment funds not in the posses	ssion of the organiza	tion t	:hat a	re held an	ıd admınıster	ed for	the					
	organization by							r		Yes	No		
	(i) unrelated organizations			•					3a(i)		No		
	(ii) related organizations							[3a(ii)		N o		
	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the	•						[3b		No		
4	t VI Investments—Land, Buildings	<u> </u>				Dart V June	. 10						
·	t VI investments—Land, Buildings	s, and Equipmen	IL. 3										
	Description of investment				Cost or othe (Investmen			(c) Deprecia	ation	(d) Boo	k value		
 1a	Land					4,36	50,140		$\overline{}$	4	4,360,140		
ь	Buildings					179,87	77,554	57,97	0,575		1,906,979		
с	Leasehold improvements												
d	Equipment					110,64	19,488	85,65	4,067	24	1,995,421		
e	Other					4,14	15,590			4	1,145,590		

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	<u> </u>	
(a) Description of security or category	(b) Book value		d of valuation
(including name of security)		Cost or end-of-	year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation · year market value
		Cost of ella-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descri	ption		(b) Book value
O ther			145,830
Interest in the NA of TMH Foundation			44,171,161
Deferred financing costs			1,863,355
Total. (Column (b) should equal Form 990, Part X, col.(B) line :			46,180,346
Part X Other Liabilities. See Form 990, Part X	ľ		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Third-party payor settlements	15,445,993		
Lease payable	198,595		
Est health benefit self-ins	1,707,546		
Due to affiliates	1,165,046		
Construction loan payable	201,026		
Accrued post-retirement benefit liab	277,300		
Accrued pension liability	17,985,800		
A batement liability	203,311		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	37.184.617		

	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	365,821,732
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	364,333,870
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,487,862
4	Net unrealized gains (losses) on investments	4	292,237
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-15,286,234
9	Total adjustments (net) Add lines 4 - 8	9	-14,993,997
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-13,506,135
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Re	, ,
1	Total revenue, gains, and other support per audited financial		351,331,493
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-14,993,997
3	Subtract line 2e from line 1	3	366,325,490
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b .		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-503,758
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	365,821,732
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	364,837,628
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	364,837,628
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	-503,758
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	364,333,870

Complete this part to 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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Change in funded status of pension and other postretirement \$ - 10533119 Effect of changing pension and postret measurement date \$ -1034100 Decrease in Net Assets of TMHF \$ -3719015
Part V, Line 4	endowment fund	Endowment funds primarily include designated assets set aside by The Miriam Hospital's Board for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes, and assets whose use by the Hospital has been limited by grantors or donors to a specific purpose. The largest term endowments held by the Hospital are used to support general healthcare activities and research at the discretion of Hospital management.

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2008

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public **Inspection**

	ne of the organization					Employer ide	entification number					
The	Mırıam Hospital					05-025890	5					
P		rmation on Ac 990, Part IV, lır		de the United States	s. Complete		-					
1				ecords to substantiate	the amount	of the grant	s or					
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award											
	the grants or assista	nce					✓ Yes					
2	For grant makers. Descr United States	ribe in Part IV the	organization's pi	ocedures for monitoring t	ne use of grai	nt funds outsid	le the					
3	Activites per Region (U	Jse Schedule F-1	(Form 990) ıf ad	ditional space is needed)								
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a progr describe sp	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures in					
Sub	-Saharan Africa	0	0	Program Services	Research	-	48,500					
Sou	ith Asia	0	0	Program Services	Research		12,768					
Mıd	dle East/North Africa	0	0	Program Services	Research		3,125					
Eur	ope	0	0	Program Services	Research		11,641					
Eas	t Asia & the Pacific	0	0	Program Services	Research		14,031					

Totals .

90,065

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Research	48,015	Wire Transfer			
		Europe	Research	9,473	Wire Transfer			

Part III	Grants and O	ther Assistance t	o Individual:	s Outside the Unit	ted States. Complete	ıf the organization a	inswered "Yes" to Form 9	90, Part IV, line 16.		
	Use Schedule F-1 (Form 990) if additional space is needed.									
								(1) M 11 1 6		

	(10 1100000				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Research	South Asia	1	7,041	Wire Transfer			
Research	East Asia & The Pacific	1	10,078	Wire Transfer			
	·						

Schedule F (Form 990) 2008

Part IV Supplemental Infor		Tage 1
		in Part I, line 2, and any other additional information.
Identifier Grantmaker's Description of How Grants are Used in Foreign Country	ReturnReference	Explanation When a foreign institution is the subrecipient of an award received by a Lifespan Affiliate, the following procedures are followed. A subrecipient agreement is prepared and executed between the foreign institution and the Lifespan affiliate. The agreement describes the funding source, terms and conditions of the award, statement of work, payment method and audit. The foreign institution prepares an invoice to the Lifespan affiliate for expenses incurred under the agreement. Once received, the invoice is approved by both the principal investigator at the Lifespan affiliate and the research administrator in the Office of Research Administration Check requests and wire transfer forms are prepared by the principal investigator, approved by the research administrator and forwarded to the Finance Department, where payment is processed to the foreign institution Additionally, when the award is a federal award, a questionnaire is completed by the appropriate subrecipient official supplying information about the institution's financial system and method of accounting for the award. A request is also made for audited financial statements. When a foreign individual is not associated with an institution, a Professional Services. Agreement (PSA) is executed and the individual sends an invoice to the Lifespan affiliate principal investigator of the project or sponsored agreement that states the number of hours, dates of services, work performed, reimbursement for expenses and compensation amount. The same approval process and payment is used as described above.

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OMB No 1545-0047

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SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20. ► Attach to Form 990.

Hospitals

Name of the organization The Miriam Hospital

Employer identification number

05-0258905 Charity Care and Certain Other Community Benefits at Cost (Optional for 2008) Yes No 1a Does the organization have a charity care policy? If "No," skip to question 6a **1**a 1b If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals Applied uniformly to all hospitals Applied uniformly to most hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care 3a T 100% T 200% Other Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care 3b If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care Does the organization's policy provide free or discounted care to the "medically indigent"? Does the organization budget amounts for free or discounted care provided under its charity care policy? 5a If "Yes," did the organization's charity care expenses exceed the budgeted amount? If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted 5с **6a** Does the organization prepare an annual community benefit report? . Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Charity Care and Certain Other Community Benefits at Cost (a) Number of **Charity Care and** (b) Persons activities or (c) Total community (d) Direct offsetting (e) Net community benefit (f) Percent of **Means-Tested Government** served total expense benefit expense revenue expense programs (optional) **Programs** (optional) Charity care at cost (from worksheets 1 and 2) Unreimbursed Medicaid (from worksheet 3. column a) Unreimbursed costs-other means-tested government programs (from Worksheet 3, column b) d Total Charity Care and Means-Tested Government Programs Other Benefits Community health improvement services and community benefit operations (from (worksheet 4) . . . Health professions education (from worksheet 5) . . Subsidized health services (from worksheet 6) . .

Research (from worksheet 7) Cash and in-kind contributions to community groups (from worksheet 8) j Total Other Benefits . . . k Total (line 7d and 7j) . .

			(c) Total community building expense	(d) Direct offset revenue	ting (e) Net communit building expense		(f) Perc total ex	
1 Physical improvements and housing								
2 Economic development								
3 Community support								
4 Environmental improvements								
5 Leadership development and training								
for community members 6 Coalition building								
Coalition buildingCommunity health improvement								
advocacy								
Workforce development Other				+				
LO Total								
Part IIII Bad Debt, Medicar	e, and Coll	ection Pract	tices (Optional fo	or 2008)				
1 Does the organization report b Statement No 15? 2 Enter the amount of the organi 3 Enter the estimated amount of attributable to patients eligible 4 Provide in Part VI the text of t In addition, describe the costifor including other bad debt and section B—Medicare 5 Enter total revenue received for Enter Medicare allowable cost 6 Enter line 5 less line 6—surpl 8 Describe in Part VI the extent the costing methodology or so following methods was used	zation's bad de the organizate under the organizate under the organizate de under the organizate of comments in comments in comments of care related us or (shortfall to which any urce used to comments of care to compens the organization of the or	ebt expense (at lon's bad debt expense (at lon's bad debt expense) and the organization of the organizatio	t cost) expense (at cost) erity care policy on's financial statem rmining the amounts and IME) s on line 5 ed on line 7 should to mount reported on line tio	anents that describes reported on lines 5 6 7 De treated as common 6 and indicates Other	pes bad debt expense s 2 and 3, or rationale munity benefit, and which of the	9a 9b		
Part IV Management Com (a) Name of entity		Joint Ventu o) Description of practivity of entity	rimary	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit %	pro	e) Physicofit % or wnershij	stock
				•	or stock ownership%	1	•	
l						+		
2								
3								
2 3 4								
2 3 4								
2 3 4 5								
2 3 4 5								
1 2 3 4 5 5 5 7 8 8								
2 3 4 5 5 7								
2 3 4 5 5								
2 3 4 5 7 3 9								
2 3 4 5 5 7 3 9								
2 3 4 5 5 7 3 9								
2 3 4 5 5								

Part V Facility Information (Required for 2008)

Part V Facility Information (Required for 200	18)								
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
TMH Pre-admission Testing Cntr									Outpatient Pre-admission
208 Collyer St 3rd Floor									assessmt & educ
Providence, RI 02904									assessine d cade
TMH Diagnostic Imaging Center									
195 Collyer St Suite 101									Outpatient Radiology
Providence, RI 02904									
TMH Cardiac RehabPulm Rehab									
208 Collyer Street									Outpatient Cardiac Clinic
Providence, RI 02904									
TMH Outpatient Rehabilitation									
195 Collyer Street									Outpatient Rehab PT, OT, Speech
Providence, RI 02904	1					_			
TMH Wgt Cntrl & Diabetes Res									Contraction to Bridge and A. Edwards and
196 Richmond Street									Outpatient Research & Education
Providence, RI 02903	1								_
TMH Immunology Research Center 14 Thırd St and 11 Thırd St									Outpatient Counseling
Providence, RI 02906									Outpatient Counseling
TMH Behavioral Medicine Clinic							-		
1 Hoppin St Coro West 3									Outpatient Clinic
Providence, RI 02903									
RISE TB Clinic									
14 Third Street									TB Clinic
Providence, RI 02906									1 B Gilling
TMH Laboratory									
400 Bald Hill Road									Phlebotomy Lab
Warwick, RI 02886									,,
TMH Laboratory									
1 Commerce Street									Phlebotomy Lab
Lincoln, RI 02865									
TMH Laboratory									
1 Hoppin Street									Phlebotomy Lab
Providence, RI 02903									
The Miriam Hospital									
164 Summit Avenue	X	Х		X		X	Х		
Providence, RI 02906									
	1		l _	I	l		I	1	

P	art VI Supplemental Information (Optional for 2008)
	mplete this part to provide the following information
	Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
_	
_	
_	
_	
_	
_	
_	
_	
2	Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves
_	
_	
3	Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy
_	
4	Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
_	
_	
5	Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
_	
_	
6	Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
_	
7	If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served
_	
8	If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I

(Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

DLN: 93493228007150

Open to Public

Internal Revenue Service Name of the organization	Complete	ir the organization ans	wered "Yes," on Form 99	U, Part IV, lines 21 or 2	22. Attach to Form 990.	Employer identi	Inspection fication number
The Miriam Hospital						05-0258905	
Part I General Info	rmation on Gra	nts and Assistance	e				
the selection criteria us Describe in Part IV the	ed to award the grain organization's proce	nts or assistance? edures for monitoring th		ne United States			
Form 990, Part Part IV and Sc	: IV, line 21 for ar hedule I-1 if addi	ny recipient that rece tional space is	and Organizations erved more than \$5,0	00. Check this box i	f no one recipient rec		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hope Funds for Cancer Research226 Bellevue Avenue Newport, RI 02840	20-5799367	501(c)(3)	6,000	0			Sponsorship of cancer research event
2 Enter total number of se							1
							▶ 0

	•												
Part III	Gra	nts and Oth	er Assistance	to Individua	Is in the U	nited States.	Complete if the o	organization	answered '	'Yes" or	n Form 990,	Part IV, lin	e 22.
	Use	Schedule I-1	. (Form 990) if	additional spac	e is needed								

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		The Mırıam Hospital (TMH) is committed to community programs and provides support to many charitable organizations in Southern New England All contributions are approved by management and are given to non-profit, typically 501(c)(3) organizations, whose missions and goals align with those of TMH

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As Filed Data -

DLN: 93493228007150

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

ın Part III

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

rne	мінаті ноѕрікаї	0.5	-0258905		
Pa	t I Questions Regarding Compensation	53	0230303		
				Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III				
	First class or charter travel	₩ Housing allowance or residence for per			
	Travel for companions	Payments for business use of personal	residence		
	▼ Tax idemnification and gross-up payments	✓ Health or social club dues or initiation	fees		
	Discretionary spending account	Personal services (e g , maid, chauffeu	r, chef)		
b	If line 1a is checked, did the organization follow a wriprovision of all the expenses described above? If "No		nt or	Yes	
2	Did the organization require substantiation prior to reofficers, directors, trustees, and the CEO/Executive			Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee Independent compensation consultant Form 990 of other organizations		o committee		
	Form 990 of other organizations	Approval by the board of compensation	Committee		
4	During the year, did any person listed in Form 990, P	VII, Section A, line 1a			
а	Receive a severance payment or change of control p	nent?	4a		Νo
b	Participate in, or receive payment from, a supplemen	nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-ba	d compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	e the applicable amounts for each item in P	art III		
	501(c)(3) and 501(c)(4) organizations only must cor	ete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, I compensation contingent on the revenues of	1a, did the organization pay or accrue any			
а	The organization?		5a		No
Ь	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, I compensation contingent on the net earnings of	1a, did the organization pay or accrue any			
а	The organization?		6a		No
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, I payments not described in lines 5 and 67 If "Yes," described in lines 6 and 67 If "Yes," de		ed 7	Yes	
8	Were any amounts reported in Form 990, Part VII, posubject to the initial contract exception described in		cribe		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & incentive compensation		(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Timothy J Babineau MD	(ı) (ıı)	127,388	195,000	22,129	20,125	4,068	368,710	
Sandra Coletta	(ı) (ıı)		51,742	41,983	1,073	894	314,352	195,483
Rogers C Griffith	(ı) (ıı)	259,115	7,000	4,246	17,900	17,222	305,483	202,771
Robert W Corwin	(ı) (ıı)		33,787	10,824	27,533	13,424	307,458	
Rena R Wing	(ı) (ıı)	239,577		3,471	16,826	7,270	267,144	182,286
Rebecca L Burke	(ı) (ıı)		45,200	18,667	47,027	13,411	. 317,804	
Papa Kaku E Badoe	(ı) (ıı)	219,258		1,019	15,936	20,166	256,379	165,208
Mary A Wakefield	(ı) (ıı)		120,000	24,828	81,798	13,497	684,012	351,537
Kathleen C Hittner MD	(ı) (ıı)		95,400	29,360	84,774	17,038	694,826	373,211
Jeffrey M Burock	(ı) (ıı)		38,850	4,131	13,868	17,410	258,388	170,333
Arthur J Sampson	(ı) (ıı)	295,764	68,872	22,541	63,326	14,606	465,109	238,729
	(ii) (i)							
	(ii)		ļ					
	(i) (ii)		+	+			-	

Part III Supplemental Information

Ident if ier	Ret urn Ref erence	Explanat ion
Sch J, Part I, Line 7		The Lifespan Annual Incentive Compensation Plan provides a financial award opportunity for designated members of management, based on quantified objectives that are approved in advance by the Compensation Committee of the Board of Directors. A specified level of financial performance must be met before any award is earned. The objectives vary from year to year and generally include various aspects of financial measures in addition to non-financial performance measures. For certain participants in the Annual Incentive Compensation Plan, the award opportunity is divided into two pools. The first pool represents 80% of any earned incentive award, based on the achievement of the team performance objectives. The remaining 20% pool is distributed on an individual basis to participants at the discretion of the CEO, in each case subject to approval by the Compensation Committee of the Lifespan Corporation Board of Directors.
Sch J, Part I, Line 1a	information in regards to	Tax indemnification and gross-up payments The Lifespan Executive Long Term Disability program provides financial protection to designated Lifespan executives in the event that they become disabled. Premiums are paid to the insurance carrier by the insureds on an after tax basis to allow for income replacement at a reasonable cost. The income associated with the premiums is grossed-up to cover the total cost of the benefit as provided in the Lifespan Executive Benefit Plan and is included in Medicare wages, more specifically on Schedule J, Part II, column B (III) Housing allowance or residences for personal use. A temporary housing allowance may be provided on a case-by-case basis as part of the recruitment of key executives. The allowance is documented in the individual employment contract or employment offer. In fiscal year 2009 Lifespan provided this benefit to one new executive and the taxable amounts paid for relocation are included in Medicare wages, more specifically on Schedule J, Part II, column B (III) Health or social club dues or initiation fees. The job responsibilities of certain executives include development of relationships with business leaders and donors. Those relationships are facilitated by the ability to meet in a setting where focused business discussions take place. The Hope and University Clubs, which require individual memberships, are places in Providence where businessmen and women, civic, community and social leaders can gather in a business-like atmosphere. The cost of membership is considered by Lifespan to be reasonable and necessary and thus a qualified business expense not taxable to the employee. IRS regulations regarding documentation requirements are followed for any payments made for meetings held at the respective club, including the business purpose and nature of the business benefit derived, the nature of the business discussion or activity, and the identity and business relationship of attendees.

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DLN: 93493228007150

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public Inspection

Name of the organization Employer identification number The Miriam Hospital 05-0258905 Bond Issues (Required for 2008) (h) O n Behalf of (g) Defeased (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes No RI Health & Ed Bldg Corp 52-1300173 762243K36 03-30-2009 19,582,506 | See Schedule O Χ Χ RI Health & Ed Bldg Corp 52-1300173 762243SS3 02-14-2006 40.725.126 | See Schedule O Χ Х Proceeds (Optional for 2008) Ε В C D Α Total Proceeds of Issue Gross Proceeds in Reserve Funds Proceeds in Refunding or Defeasance Escrows 3 Other Unspent Proceeds Issuance Costs from Proceeds 5 Working Capital Expenditures from Proceeds 6 Capital Expenditures from Proceeds 7 Year of Substantial Completion 8 No Yes Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the 12 final allocation of proceeds? Private Business Use (Optional for 2008) Part III В C D Ε Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, 1 which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property 2 which may result in private business use? For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50193E Schedule K (Form 990) 2008

Schedule K (Form 990) 2008					
Part III	Private Bu	siness Use	(Continued)		

		Α		В		С		D		E	
		Yes	No								
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 501(c)(3) organization or a state or local government										
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 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		Α		В		С		D		E	
		Yes	No								
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493228007150

SCHEDULE 0 (Form 990)

Return

Reference

Identifier

▶ Attach to Form 990. To be completed by organizations to provide additional information for Department of the Treasury responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

Employer identification number The Mırıam Hospital 05-0258905

Return **Identifier Explanation** Reference The proceeds of the Series 2009A Bonds are being used for the purposes of financing projects consisting of (i) the acquisition, construction, renovation, expansion and equipping of certain hospital and related health care facilities owned and operated or to be owned and operated by one or more of Rhode Island, The Miriam, or Emma Pendleton Bradley Hospitals, located at and in the vicinity of the Hospital Campuses, including the expansion, Schedule K, construction, renovation, equipping and furnishing of an approximately 51,640 square foot, two-story addition Part I, Line B, located on the west side of Emma Pendleton Bradley Hospital's (EPBH's) existing Laufer Building and the renovation Column (f) of approximately 18,000 square feet in the vacated space of EPBH's Laufer Building and Swan House for patient and residential school uses, (ii) equipping, furnishing, and improving facilities and other depreciable assets used in health care operations on the Hospital Campuses, (iii) the funding of a debt service reserve fund for the Bonds, and (IV) and the payment of certain expenses of issuance with respect to the Bonds

Supplemental Information to Form 990

ldentifier	Return Reference	Explanation
	Schedule K, Part I, Line A, Column (f)	The proceeds of the Series 2006 A Bonds were used (i) to advance refund a portion of the \$214,585,000 Hospital Financing Revenue Bonds, Lifespan Obligated Group Issue, Series 1996, (ii) to advance refund a portion of the \$78,000,000 Hospital Financing Revenue Bonds, Lifespan Obligated Group Issue, Series 2002 and (iii) to pay certain expenses incurred in connection with the issuance of the Series 2006 A Bonds

ldentifier	Return Reference	Explanation					
	Form 990, Part XI, Line 2B & 2C	The Lifespan Audit and Compliance Committee assumes responsibility for oversight of the audit of TMH's consolidated financial statements and the selection of Lifespan's independent accountant					

Explanation

EXECUTIVE COMPENSATIONThe following applies to Lifespan and all of its affiliates, including The Miriam Hospital Lifespan's executive compensation philosophy balances appropriate stewardship of resources and the need to be competitive in recruiting and retaining talented individuals. It incorporates market-competitive and performance-related principles, and covers the President and CEO of Lifespan as well as other officers, managers

ldentifier	Return Reference	Explanation
ldentifier	Form 990, Part VI, Section B, Line 15 #1 th fr	performance objectives associated with Lifespan's annual and long-term incentive plans, including reasuring points, and using audited actual performance relative to these objectives as a precondition to approving the payment of any awards under the plan(s)* Authorizing periodic performance benchmark studies to be conducted or purposes of assessing Lifespan's performance within the healthcare industry and the degree to which total emuneration levels at Lifespan are generally commensurate with Lifespan's Chief Executive Officer. The Chair of the Committee conducts and documents this review, based on his/her observations and interpretation of feedback from members of the Board of Directors* Selecting and engaging qualified, independent, third party compensation aluation consultants that the Committee charges with rendering opinions with respect to the reasonableness and comparability of compensation as well as the comparative organizations against which compensation is assessed, accordance with relevant sections of the IRC and Lifespan's executive compensation philosophy. The dependent consultants are not engaged by management to perform any services for Lifespan without prior proval by the Committee Lifespan's Chief Executive Officer works closely with the Committee to make ecommendations on the above topics and keep the Committee informed about contemplated compensation changes or executives and other key employees, as well as candidates for these roles. The CEO also provides periodic polates to the Committee regarding Lifespan's performance relative to compensation-related performance becommendations on the above topics and actions are documented in minutes prepared for each weeting PROCESS FOR DETERMINING COMPENSATION Valuation of Total Cash and Total Remuneration. No less equently than annually, the Committee receives and reviews a total cash compensation consultant. Annually, the ommittee also receives and reviews a total remuneration valuation of all existing executive compensation.
	ei th 4: Pr (tt or ei cr cr A Form 990,	measuring points, and using audited actual performance relative to these objectives as a precondition to approving the payment of any awards under the plan(s)* Authorizing periodic performance benchmark studies to be conducted

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, Line 15 #2	compensation program, using the results of the valuation study and his/her assessment of individual performance or other pertinent information, for the Committee's consideration New Participants to Executive Compensation Program With respect to compensation offers for individuals expected to participate in the executive compensation program the office of the Senior Vice President of Human Resources works with the Committee's independent compensation consultant or rely on information previously provided by the consultant to establish a range of reasonable cash compensation within which recruitment is expected to conclude with acceptance of a reasonable compensation offer

Base Salary Actions The CEO recommends any salary adjustments for participants in the executive

Lifespan Corporation has a Conflict of Interest Policy that is applicable to all affiliates, including The Miriam Hospital,

TMH conducts extensive medical research and is in the forefront of biomedical health care delivery research and among the leaders nationally in National Institutes of Health programs Major areas of research include Cancer TMH conducts basic, clinical and behavioral research focusing on the many facets of cancer including prevention,

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, Line 12C	Lifespan's conflict of interest policy is required to provide Lifespan with an initial disclosure statement and, if required, thereafter an annual statement attesting that (i) the designated person has read and is familiar with this policy, and (ii) the designated person and, to the best of his/her knowledge, family members, have not in the past, are presently or plan to engage in any activity which contravenes this policy If, at any time during the course of employment or association, a designated person has reason to believe that an existing or contemplated activity may contravene this policy, the person shall submit a full written description of the activity to the Lifespan Compliance Officer or the Office of the General Counsel to seek a determination as to whether the contemplated activity does or does not contravene this policy (For the bulk of Lifespan management staff knowledge of this requirement shall be acknowledged as part of the annual performance evaluation process.) If the activity in question involves either the Chief Executive Officer, the Senior Vice President and General Counsel, or a Director, a full written disclosure must be made to, and a determination sought from, the Chairman of the Board of Directors of Lifespan Corporate Compliance Committee and to the Lifespan Audit and Compliance Committee on the administration of this policy Failure on the part of any designated person to comply with this policy, including failure to submit in a timely fashion the conflict of interest disclosure statement, will be grounds for removal from his/her position and/or termination of his/her employment with Lifespan

	Form 990, Part III, 4C	education, therapeutics, and molecular events which are supported by the National Cancer Institute, CALGB and NSABP TMH is a participating hospital in the Brown University-sponsored Cancer Oncology Group (BrUCOG) The Liver Research Center. The Liver Research Center emphasizes studies relating to the molecular biology diseases such as Hepatitis B and C and cellular carcinoma. Heart Disease. Clinical research continues in antithrombolytic therapy and anticoagulant therapy. Research continues in areas of invasive therapy, such as angioplasty, atherectomy, coronary stenting, and laser treatment of coronary artery disease. HIV/AIDS Infectious Diseases. At TMH, research focuses on the treatment and prevention of HIV infections, especially in hard-to-reach populations, both in the U.S. and abroad. There are international sites located in Cambodia, India, Kenya, Indonesia, The Philippines and South Africa. The Lifespan/Tufts/Brown Center for AIDS Research conducts clinical, basic and translational research programs. The TB Clinic performs research in the area of co-infections of HIV and tuberculosis. Depression. The Mood Disorders Program studies the etiology and treatment of depression and its impact on the individual and the family. The program is supported by both National Institutes of Health ("NIH") grants and industry-sponsored contracts. Center for Behavioral and Preventive Medicine. The Center for Behavioral and Preventive Medicine (CBPM) is comprised of major centers including (1) Weight Control and Diabetes, (2) Nicotine & Tobacco. Research, and (3) Physical Activity Research. The Weight Control and Diabetes Center conducts research programs that focus on diet, exercise, maintenance strategies, home environment, adolescent issues and pediatric obesity. The Physical Activity Research Center conducts research in the workplace, community settings and health care facilities, involving all age groups and focusing on the effects of exercise in disease prevention and treatment Cardiovascular/Hypertension. TMH resear
ldentifier	Return Reference	Explanation
		In 1969, TMH and certain other Rhode Island hospitals entered into an affiliation agreement to participate jointly in

ldentifier	Return Reference	Explanation
	Form 990, Part III, 4B	In 1969, TMH and certain other Rhode Island hospitals entered into an affiliation agreement to participate jointly in various clinical training programs and research activities with Brown in Medical School, renamed The Warren Alpert Medical School of Brown University (Brown) in 2004, Brown and Lifespan Corporation (Lifespan) created the Brown-Lifespan Partnership to expand their affiliation agreement. The goals of the partnership are to bring together essential resources of Brown and Lifespan, including faculty appointments, to enhance the strategic focus on and opportunities in clinical programs, teaching and research, and to ensure the excellence of academic and clinical programs. TMH participates in Brown programs in internal medicine and medicine subspecialties, general surgery and surgical subspecialties, psychiatry, emergency medicine, orthopedics, radiology and dermatology. In addition, TMH Behavioral Medicine, in collaboration with Brown, sponsors research and clinical psychology training programs for interns, postdoctoral fellows and faculty trainees. Other Educational Affiliations and ProgramsNursing. TMH has developed formal and informal educational affiliations with the University of Rhode Island College of Nursing, Rhode Island College, the Community College of Rhode Island, Salve Regina University, Boston College, Yale University, Regis College, Simmons College, St. Joseph Health Services School of Nursing, the University of Massachusetts-Dartmouth, the University of Connecticut, and the University of Pennsylvania, pursuant to which their nursing students obtain clinical training and experience at TMH. TMH does not receive any compensation from the various schools for providing a clinical setting for the student nurse training Sponsored Training Programs and Clinical Site of Physical, speech and occupational therapy and diagnostic radiology, along with educational programs in pathology and laboratory medicine for high school students. Training programs in nursing Community College of Rhode Island

ldentifier	Return Reference	Explanation
	Form 990, Part III, 4A #3	TMH earned the Magnet Recognition for Excellence in Nursing Services, the highest recognition possible from the American Nurses Credentialing Center, in 2006, 2002 and 1998. The program provides a framework to recognize excellence in the management philosophy and practice of nursing services, adherence to standards for improving the quality of patient care, and continued competence of nursing personnel. In addition, recipient hospitals must demonstrate attention to the cultural and ethnic diversity of patients and their significant others, as well as the care providers in the system. The Magnet Award for Nursing Excellence is the highest level of recognition the American Nurses Credentialing Center can bestow upon organized nursing services in health care organizations. TMH Pulmonary Rehabilitation is certified by the American Association of Cardiovascular and Pulmonary Rehabilitation. TMH has received national designation from The Joint Commission as a primary stroke center. TMH's Diagnostic Imaging Center was awarded a three-year term of accreditation in computer tomography (CT) in 2008 by the American College of Radiology. In 2008, TMH received the American Stroke Association's Gold Performance. Achievement Award, recognizing that it successfully implemented nationally-accepted standards of care and recommendations for at least 24 months. TMH has been named one of the Thompson 100 Top Cardiovascular Hospitals.

ldentifier	Return Reference	Explanation
	Form 990, Part III, 4A #2	The Hospital's clinicians include surgical oncologists, medical oncologists, radiation oncologists, hematologists, pathologists, physical therapists, radiologists, nurses, clinical social workers, patient advocates, pharmacists and nutritionists. These dedicated specialists work with patients every step of the way, from diagnosis to treatment to follow-up care. Coping with breast cancer at any stage is difficult. To help patients and their families through this trying time, TMH offers the Breast Health Navigator Program. The program assists breast cancer patients through the entire course of their cancer care with breast health navigators. Navigators are registered nurses trained in oncology who possess an in-depth understanding of breast cancer and the process patients undergo. They guide patients through their diagnosis, treatment and recovery, while helping them make informed decisions and cope with the variety of issues they face in 2008, TMH and Rhode Island Hospital were named Blue Distinction Centers for Complex and Rare Cancers by Blue Cross and Blue Shield of Rhode Island. TMH and Rhode Island Hospital are the only two hospitals in the State to receive this distinction. Blue Distinction Centers for Complex and Rare Cancers are facilities within participating Blue. Cross and Blue Shield network service areas that offer comprehensive inpatient cancer care programs for adults, delivered by multidisciplinary teams with subspecialty training and distinguished clinical expertise in treating complex and rare subtypes of cancer. TMH and Rhode Island Hospital were both recognized for excellence in treating esophageal, gastric, liver, pancreatic, rectal and thyrioid cancer. The division of gastrointestinal and liver pathology is committed to providing high quality diagnostic services for gastrointestinal and liver diseases in patients. Collectively, gastrointestinal cancers are among the most common form of malignancies suffered today, affecting nearly a quarter of a million Americans each year. To address this,

ldentifier	Return Reference	Explanation
	Form 990, Part III, 4A #1	TMH is licensed to operate 247 acute care beds by the Rhode Island Department of Health. Notable medical accomplishments of TMH include performance of Rhode Island's first lung operation, first kidney transplant and first aortic valvuloplasty (a procedure to clear blocked heart valves) in 2009 TMH discharged more than 16,000 inpatient and outpatient inpatients, logged nearly 51,000 vists in its emergency department and performed 10,000 inpatient and outpatient surgical procedures. Services provided in 2009 represent nearly 157,000 inpatient days and 40,000 clinic visits. More than 800 physicians are affiliated with TMH and the Hospital employs over 2,800 people. TMH is a major teaching hospital for Brown University Medical School, providing clinical rotations for residents TMH provides full charity care for individuals at or below twice the federal poverty level, with a sliding scale for individuals up to four times the poverty level in addition, a substantial charity allow ance is offered to all other uninsured patients. TMH maintains records to identify and monitor the level of charity care it provides. The total cost incurred by TMH to provide charity care amounted to \$8,338,000 in 2009. Charges forgone, based on established rates, amounted to \$33,342,000 TMH subsidizes various health services including a tuberculosis clinic. TMH also provides numerous other services to the community for which charges are not generated. These services include certain emergency services, community health screenings for cardiac health, prostate cancer and other diseases, smoking cessation and weight loss programs, diabetes education, patient advocacy, foreign language translation, physician referral services and charitable contributions TMH subsidizes the cost of treating patients who receive government services and charitable contributions TMH subsidizes the cost of treating patients who receive government is below cost. Medicaid is a means-tested health incurance program, jointly funded by state and federal governments. Stat

ldentifier	Return Reference	Return Reference Explanation							
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Lifespan currently makes its annual and quarterly consolidated financial statements available to the public via DAC (Digital Assurance Certification LLC), a disclosure dissemination agent for issues of the tax-exempt bonds which electronically posts and transmits Lifespan's financial information to repositories and investors alike Plans are underway to post Lifespan's articles of incorporation, by laws, and conflict of interest policy on the Lifespan internet site. In addition, copies of all of the above-referenced documents are available upon request from the office of the Lifespan Chief Financial Officer, either in person or by mail							

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	The preparation and filing of the Form 990 and supporting schedules is the responsibility of the Chief Financial Officer and Lifespan's Finance Department, with review by Lifespan's tax advisors, KPMG, LLP. The Form 990 is prepared by the accounting staff upon completion of The Miriam Hospital's annual independent audit for initial review by the accounting manager and the Vice President of Finance - Corporate Services. Once the draft 990 is complete, the accounting manager forwards it with all supporting worksheets to KPMG, which then reviews the completed form in detail. The accounting manager answers questions as they arise and provides additional information as needed. Any recommended changes are incorporated into the return. The draft Form 990 is then provided to the Chief Financial Officer for final management review. Prior to filing the return with the Internal Revenue Service, a copy of the entire form is sent to The Miriam Hospital's Board of Trustees in advance of its next Board meeting, at which the Chief Financial Officer discusses the highlights of the Form All questions and concerns of the members of the Board are addressed by the Chief Financial Officer and incorporated into the Form 990 when appropriate. The Chief Financial Officer is authorized to file the Form 990.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	The bylaws of The Miriam Hospital (TMH) confer certain reserved powers on Lifespan to provide it with the means of effective oversight, coordination and support of the system. Powers reserved to Lifespan include to elect and remove trustees and to approve the election of and to remove certain officers. At each annual meeting of TMH Board of Trustees, a list is compiled of the names of those persons selected to serve as Trustees of TMH so that it can be approved and submitted to Lifespan for ratification and election.

ldentifier	Return Reference	Explanation
1 ' '	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	Lifespan Corporation is the sole corporate member of The Miriam Hospital

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Mary A Wakefield is an officer of Lifespan Corporation The following key employees are employed by Lifespan Rebecca L Burke and Arthur J Sampson Frederick S Crisafulli, trustee, is the father of Marc A Crisafulli, trustee

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DLN: 93493228007150

2008

OMB No 1545-0047

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Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

iterial revenue del vice						
Name of the organization The Mırıam Hospıtal				Employer identi	ification number	
				05-0258905		
Part I Identification of Disregarded Entities						
(A) Name, address, and EIN 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	
Part II Identification of Related Tax-Exempt Organization	tions					
(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 statu (if section 501(c)(3	(F) us Direct controlling 3)) entity	
See Additional Data Table						

(A) Name, address, and EIN of related organization	(B) Primary act	ivity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H Disproj alloca	1) prtionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana	iral o aging ner?
								Yes	No	1	Yes	No
Part IV Identification of Re		(B)		(C)	(D)	(E)	(F)		GI.	(G) (н)	
Name, address, and EIN of related org	janization	Primary activ	vity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total inco	ome	end-		entage ership	
VNA Technicare Inc 622 George Washington Highway Lincoln, RI02865 05-0472710		DME Sales		RI	NA	С						
Lifespan Risk Services Inc 167 Point Street Providence, RI02903 05-0459767		Rısk Mgmnt		RI	NA	С						
Lifespan MSO Inc 167 Point Street Providence, RI02903 05-0508717		Mgmnt Service	s	RI	NA	С						

(6)

Part V Transactions with Related Organizatio	ns
--	----

	art V Transaction	s with Related Organizations					
	Note. Complete line 1 i	fany entity is listed in Parts II, III or IV				Yes	No
1 D	During the tax year, did th	e orgranization engage in any of the following transaction	s with one or more related organizations listed in Parts II-	-IV?			
а	Receipt of (i) interest	(ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entı	ity		1a		No
b	Gıft, grant, or capıtal c	ontribution to other organization(s)			1b		No
c	Gift, grant, or capital co	ontribution from other organization(s)			1 c	Yes	
d	l Loans or loan guarante	es to or for other organization(s)			1d		No
е	Loans or loan guarante	es by other organization(s)			1e		No
f	Sale of assets to other	organization(s)			1f		No
g	Purchase of assets fro	m other organization(s)			1 g		No
h	Exchange of assets				1h		No
i	Lease of facilities, equi	pment, or other assets to other organization(s)			1 i		No
j	Lease of facilities, equi	pment, or other assets from other organization(s)			1j	Yes	
k	Performance of service	s or membership or fundraising solicitations for other org	anızatıon(s)		1k	Yes	
ı	Performance of service	s or membership or fundraising solicitations by other orga	anızatıon(s)		11	Yes	
m	n Sharing of facilities, eq	uipment, mailing lists, or other assets			1m		No
n	Sharing of paid employ	ees			1 n	Yes	
0	Reimbursement paid to	other organization for expenses			10	Yes	
P	Reimbursement paid b	other organization for expenses			1р		No
q	Other transfer of cash	or property to other organization(s)			1q		No
r	O ther transfer of cash	or property from other organization(s)			1r		No
	If the answer to any of	the above is "Yes," see the instructions for information or	n who must complete this line, including covered relations	hips and transaction thresholds			
		(A)	(B) Transaction	(c)			
		me of other organization(s)	type(a-r)	Amount Involved			
(1))						
(2))						
(2)							
(3)	,						
(4))						
(5))						

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

Additional Data

Software ID:

Software Version:

EIN: 05-0258905

Name: The Miriam Hospital

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
UBIT	14,862	14,862		
Purch Svs & Equip Cont	37,055,620	13,399,249	23,656,371	
Provision for bad debts	17,086,869	17,086,869		
License Fee	14,430,777	14,430,777		
All Other Expense	8,507,201	8,435,106	72,095	

Additional Data

Software ID: Software Version:

(b) A mount

EIN: 05-0258905

Name: The Miriam Hospital

Form 990, Schedule D, Part X, - Other Liabilities (a) Description of Liability

(,	(-)
Third-party payor settlements	15,445,993
Lease payable	198,595
Est health benefit self-ins	1,707,546
Due to affiliates	1,165,046
Construction loan payable	201,026
Accrued post-retirement benefit liab	277,300
Accrued pension liability	17,985,800
A batement liability	203,311

Software ID: 08000091

Software Version: 2008v2.7

EIN: 05-0258905

Name: The Miriam Hospital

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	Research	48,015	Wire Transfer			
		Europe	Research	9,473	Wire Transfer	1		

Software ID: 08000091

Software Version: 2008v2.7

EIN: 05-0258905

Name: The Miriam Hospital

Form 990,	Schedule J,	Part II	- Officers,	, Directors,	, Trustees,	, Key	Employ	ees, a	nd Higi	hest (Comper	isated En	nployees	;

(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Timothy J Babineau MD	(1) (11)		195,000	22,129	20,125	4,068	368,710	
Sandra Coletta	(I) (II)		51,742	41,983	1,073	894	314,352	195,483
Rogers C Griffith	(I) (II)		7,000	4,246	17,900	17,222	305,483	202,771
Robert W Corwin	(I) (II)		33,787	10,824	27,533	13,424	307,458	
Rena R Wing	(I) (II)			3,471	16,826	7,270	267,144	182,286
Rebecca L Burke	(I) (II)		45,200	18,667	47,027	13,411	317,804	
Papa Kaku E Badoe	(I) (II)			1,019	15,936	20,166	256,379	165,208
Mary A Wakefield	(I) (II)		120,000	24,828	81,798	13,497	684,012	351,537
Kathleen C Hittner MD	(1) (11)		95,400	29,360	84,774	17,038	694,826	373,211
Jeffrey M Burock	(I) (II)		38,850	4,131	13,868	17,410	258,388	170,333
Arthur J Sampson	(I) (II)	295,764	68,872	22,541	63,326	14,606	465,109	238,729

 Software ID:
 08000091

 Software Version:
 2008v2.7

 EIN:
 05-0258905

Name: The Miriam Hospital

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

Form 990, Schedule R, Part II - Identification of Related	Tax-Exempt Organizat		1	I	ı
(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 501(c)(3))	(F) Direct Controlling Entity
RI Sound Enterprises Insurance Co Ltd					
65 Front Street Hamilton HM 12 BD	Offshore Insurance Captive				N A
The Miriam Hospital Foundation					
167 Point Street Providence, RI02903 05-0377502	Philanthropic Activities	RI	501(c)(3)	11	N A
RIH Ventures	Parking and Phlebotomy				N A
593 Eddy Street Providence, RI02903 05-0448686	Services	RI	501(c)(3)	11	IN A
Rhode Island Hospital Foundation					N A
167 Point Street Providence, RI02903 05-0468736 Rhode Island Hospital	Philanthropic Activities	RI	501(c)(3)	7	
593 Eddy Street Providence, RI02903 05-0258954	Health Care Services	RI	501(c)(3)	3	N A
NHCC Medical Associates Inc					
11 Friendship Street Newport, RI02840 05-0472268	Health Care Services		11	N/A	N/A
Newport Hospital Foundation					N A
11 Friendship Street Newport, RI02840 22-2535533	Philanthropic Activities	RI	501(c)(3)	11	
Newport Hospital					N A
11 Friendship Street Newport, RI02840 05-0258914	Health Care Services	RI	501(c)(3)	3	
Newport Health Property Management Inc					N A
11 Friendship Street Newport, RI02840 22-2335539	Property Management	RI	501(c)(3)	11	
Newport Health Care Corporation	Holding Company/Mgmnt			_	N A
11 Friendship Street Newport, RI02840 22-2535537	Services	RI	501(c)(3)	/	
Lifespan of Massachusetts Inc					N A
Two Financial Center 60 South St Boston, MA 02111 04-3408517	Holding Company	МА	501(c)(3)	11	100
Lifespan Foundation					N A
167 Point Street Providence, RI02903 05-0493219	Philanthropic Activities	RI	501(c)(3)	7	
Lifespan Diversified Services	Holding Company/Mgmnt		5047 775		N A
167 Point Street Providence, RI02903 05-0258935	Services	RI	501(c)(3)	11	
Lifespan Corporation 167 Point Street	Holding Company/Mgmnt	RI	501(c)(3)	11	NA
Providence, RI02903 22-2861978 Hospital Properties Inc	Services	RI	301(0)(3)	11	
593 Eddy Street Providence, RI02903	Property Management	RI	501(c)(4)		NA
22-2869743 Emma Pendleton Bradley Hospital					
1011 Veterans Memorial Parkway East Providence, RI02915	Pediatric Psychiatric Health Care Services	RI	501(c)(3)	3	NA
05-0258806 Bradley Hospital Foundation					
167 Point Street Providence, RI02903 05-0500688	Philanthropic Activities	RI	501(c)(3)	7	N A