

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury

Internal Revenue Service

DLN: 93493228017330

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)

OMB No 1545-0047

2008

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

Open to Public

								Inspection
A Fo	r the .	2008 calen	dar yea	r, or tax year beginning 10-0	01-2008 and ending 09-30-200	9	D Employer iden	tification number
B Check if applicable			ease	C Name of organization WOMEN & INFANTS HOSPITAL	of RI			
Address change			e IRS bel or	Doing Business As			05-0258937 E Telephone nur	
│ Nai	me cha		int or pe. See	Doing Business As			L Telephone nui	IIDEI
┌ Inıt	tial retu	rn Sp	ecific	Number and street (or P O box	x if mail is not delivered to street addre	ess) Room/suite	(401) 274-1	
<mark> Т</mark> ег	mınatıo		struc- ons.	101 Dudley Street			G Gross receipts	\$ \$ 390,721,552
✓ Am	ended	return		City or town, state or country,	and ZIP + 4			
		pending		Providence, RI 02905				
i Abi	plication	i pending						
				ne and address of Principal (ince A Howes	Officer		s a group return f	
				udley Street		affilia	tes/	⊤Yes ▼ No
				ence, RI 02905		H(b) Are all	l affiliates included	1?
I Ta	x-exem	npt status 🔽	5 01(c)) (3) ◀ (insert no))(1) or 527	(If "N	o," attach a lıst	See instructions)
J W	eb sit	e: 🕨 www w	omenan	dınfants org		H(c) Grou	p Exemption Num	nber ►
						<u> </u>		
К Тур	e of org	ganization 🔽	Corporat	ion trust association oth	er 🟲	L Year of Fo	rmation 1884 M S	itate of legal domicile RI
Pa	rt I	Summa	ry					
	1	Briefly des	cribe th	e organization's mission or i	nost significant activities			
ዏ		Women & I	nfants F	Hospital is committed to imp	proving health and well being of v	women and infa	ants and to provi	ding essential
Ě		services re	egardles	ss of ability to pay				
₩.	_							
Governance	1		,		ued its operations or disposed o			3.0
			_		ody (Part VI, line 1a)			20
$\widetilde{\widetilde{x}}$	4				governing body (Part VI, line 1	b)		13
Activities &	1			nployees (Part V , line 2a)			_	3,328
ই				olunteers (estimate if necess	• •		6 _	47.070.000
₹.	1	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)					17,273,900	
	Ь	Net unrela	ted busi	iness taxable income from F	orm 990-T, line 34		7b	3,595,551
						Prio	or Year	Current Year
a)	8			d grants (Part VIII, line 1h)			31,592,288	23,421,985
Revenue	9	_					305,916,057	325,965,093
ř	10				nes 3, 4, and 7d)		2,744,424	1,370,055
_	11		•	art VIII, column (A), lines 5			25,546,189	37,970,105
	12	10tal reve	enue — a c	ad lines 8 through 11 (must	equal Part VIII, column (A), lin	ie :	365,798,958	388,727,238
	13		nd sımıla	ar amounts paid (Part IX, co	lumn (A), lines 1–3)		0	416,394
	14	Benefits p	aid to o	or for members (Part IX, colu	ımn (A), line 4)		0	0
	15	Salaries,	otherco	ompensation, employee bene	efits (Part IX, column (A), lines	5 –		
Expenses		10)					211,000,472	229,478,114
क्	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0	0	
ਡੌ	ь	(Total fundraising expenses, Part IX, column (D), line 25 1,137,039						
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)				136,003,655	143,403,096	
	18	Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))			347,004,127	373,297,604		
	19	Revenue	less exp	penses Subtract line 18 from	n line 12		18,794,831	15,429,634
. Q € 68						Beginni	ng of Year	End of Year
e de	20	Total ass	ets (Par	rt X, line 16)			301,834,951	314,967,967
Net Assets or Fund Balances	21	Total liab	ılıtıes (F	Part X, line 26)			159,946,323	163,709,015
5 × × ×	22			id balances Subtract line 21	. from line 20		141,888,628	151,258,952
	tt III	Signat						
					ned this return, including accompanying	schedules and s	tatements, and to th	e best of my knowledge
					of preparer (other than officer) is base			
Plea		I					-08-05	
Sign Here		▼ Signatur	e of office	er		Date		
	_		1 PAUL CE					
		y Type or	print nam	ne and title				
		Preparer's				Check if self-	Preparer's PTIN (S	See Gen Inst)
Paid		signature	7			empolyed 🕨 🦵		
	arer's			s ERNST & YOUNG US LLP			EIN Þ	
Use (Only	ıf self-emplo address, and		75 BEATTIE PLACE SUITE 800			LIIV F	
				GREENVILLE, SC 29601			Phone no ▶ (86	4) 242-5740
Mavi	the IR	S discuss t	hıs retu	· · · · · · · · · · · · · · · · · · ·	bove? (See instructions)			┌ Yes ┌ No

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization Women & Infants Hospital, a tea	aching hospital of The W		l of Medicine at Brown U	Jniversity, is committed to impi	oving health and well	being of women
	and infants and to providing ess	entiai services regardies:	or admity to pay				
2	Did the organization unde the prior Form 990 or 99		t program serv	ıces durıng the yea	r which were not listed on	┌ Yes ┌ No	
	If "Yes," describe these r	new services on Sch	edule O				
3	Did the organization ceas		e sıgnıfıcant c	hanges in how it co	nducts any program	┌ Yes ┌ No	
	If "Yes," describe these o	hanges on Schedule	0				
4	Describe the exempt purp Section 501(c)(3) and (4 others, the total expense) organizations and	4947 (a)(1) tru	sts are required to	report the amount of gran		to
4a	(Code) (Expenses \$	332,913,229	ncluding grants of \$	416,394) (Revenue	\$ 345,815,	063)
	•	enter for women and infa	ints healthcare in		ons, providing care in the areas		•
4b	(Code) (Expenses \$	ın	cluding grants of \$) (Revenue s	*)
4c	(Code) (Expenses \$	ın	cluding grants of \$) (Revenue s	5)
4d	Other program services (Expenses \$	•	ule O) ing grants of \$) (Revenue \$	345,815,063)	
4e	Total program service e	xpenses \$	332,913,229	Must equal Part IX	, Line 25, column (B).		

art IV	Checklist o	f Required	Schedules
	CHCCKHSLC	ı ive dülle e	Julicadica

			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		
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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 $\sqrt{2}$	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, VII, 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		N o
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
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? <i>If "Yes," complete Schedule F, Part II</i>	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		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
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	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
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 1? 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		Νο
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		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		Νο
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)

			169	140
28	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 IV			
	17	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28Ь	Yes	
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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	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? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	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	
35	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
36	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	Yes	
37	Did the organization conduct more than 5 percent 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,	37		Νο
	Part VI **			

Pa	t V Statements Regarding Other IRS Filings and Tax Compliano	е				
					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	324			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	4-	V	
2-	gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	3,328			
b	If at least one is reported in 2a, did the organization file all required federal employin Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?			3a	Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	• • edule i	· · · · · ·	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s			- 50	163	
Ta	over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country CJ					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	port o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time durii	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited		•	5b		Νο
	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i>			30		
·	Tax Shelter Transaction?	•	• • •	5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
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 con more?	trıbutı	on of \$75 or	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?	•		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers			7f		N o
g	For all contributions of qualified intellectual property, did the organization file Form 8			7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization f			,		
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the					
	year?			8	<u> </u>	
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person	· ·		9b		
10	Section 501(c)(7) organizations. Enter	i	•			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı İreni 4	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
	year	12b				

Section A. Governing Body and Management

No

Νo

Νo

Yes

Yes

Yes

Yes

Yes

Yes

3

4

5

6

7a

7Ь

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

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances
processes, or changes in Schedule O. See instructions.

	processes, or changes in Schedule O. See instructions.		
1a	Enter the number of voting members of the governing body	1a	20
ь	Enter the number of voting members that are independent	1b	13

nip with any

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?

Did the organization make any significant changes to its organizational documents since the prior Form 990 was
filed?

5	Did the organization become aware during the year of a material diversion of the organization's assets?		
6	Does the organization have members or stockholders?		

Does the organiza	tion	ha	ve	men	nber	s,s	stoc	kho	ldei	rs, c	rot	her	per	sons	s wh	io ma	ауе	elect	tone	e or	mo	ore	mei	mbe	rs of th	e
governing body?																			•						•	

b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .
	Did the organization contemporaneously document the meetings held or written actions undertaken during the

Did the organization contemporaneously document the meeting	gs held or written actions undertaken during the
year by the following	

	year by the following													
а	the governing body?						•					•		

b	each committee with authority to act on behalf of the governing body?	•	•	•	•	•	•	•	•	•	•	•	•
	Does the organization have local chapters, branches, or affiliates? .												

b	If "Yes," does the organization have written policies and procedures governing the activities of suc	:h c	hap	ter	s,
	affiliates, and branches to ensure their operations are consistent with those of the organization?				

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

11	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

8a	Yes	
8b	Yes	
9a		No
9b		
10	Yes	
11		No

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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
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		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MA
- 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 organization

Debra M Paul CPA MBA 101 Dudley Street Providence, RI 02905 (401) 274-1122

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

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees 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

The check this box in the organization and i		Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

			(C) Position (check all that apply)						(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Оппо	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
					\neg					
			-							
					\dashv					
			_		\Box		\vdash			
					-+		\vdash			
			+		\vdash		\vdash			
1b Total							•	9,753,591		1,472,625

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►209

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		Νο
4	For any individual listed online 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	
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		No

Section B. Independent Contractors

1 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
Anshen and Allen Inc 711 Atlantic Avenue BOSTON, MA 02109	architectural svcs	1,323,589
Purity Services 405 Myrtle Street NEW BEDFORD, MA 02746	Linen & laundry Svcs	754,116
Mayo Collaborative Services PO Box 4100 ROCHESTER, MN 55903	Lab services	738,988
Now Delivery PO Box 6945 PROVIDENCE, RI 02940	Lab courier services	699,877
University Surgical Associates 200 Metro Center WARWICK, RI 02886	Professional Svcs	673,123
2 Total number of independent contractors (including those in 1) who refrom the organization		. 23

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
						Revenue		512, 513, or 514
60 00	1a		npaigns 1a					
Ħ Ħ	Ь	Membership d	lues					
ಕ್ಷ	с	Fundraising ev	vents	298,625				
ts, ag		J	1 c					
<u>=</u> _=	d	Related organ	ızatıons1d					
% <u>(</u> ≣	е	Government gran	nts (contributions) 1e	13,391,368				
is :	f	All other contribu	tions, gifts, grants, and	9,731,992				
至某		sımılar amounts ı	not included above					
₽₽	g	Noncash cont	ributions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$	447,337					
•	h	Total (Add lin	es 1a-1f)		23,421,985			
				Business Code				
en	2a	PATIENT SERVICI	E REVENUE	622,310	325,965,093	325,965,093		
Men.	ь			,	, , ,	, , ,		
22								
931	C							
35 2	d							
ڪ چ	e							
<u> </u>	f	All other prog	ram service revenue					
Program Service Revenue	g	Total. Add line ▶ \$ 325,965,0	es 2a-2f					
	3		icome (including divid	dends, interest				
			amounts)		1,352,245			1,352,245
	4	Income from inve	estment of tax-exempt bo	ond proceeds				
	•	and the first lift	and the same of th	>				
	5	Royalties .	<u> </u>		32,370	32,370		
			(ı) Real	(11) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	С	Rental income						
	d	or (loss) Net rental inc	ome or (loss)					
				*				
		C	(i) Securities	(II) O ther				
	7a	Gross amount from sales of	1,470,930	361,245				
		assets other than inventory						
	ь	Less cost or	1,460,445	353,920				
		other basıs and sales expenses						
	С	Gaın or (loss)	10,485	7,325				
	d	Net gaın or (lo	oss)	•	17,810			17,810
	8a		from fundrousing					
	Ou .	events (not in	from fundraising cluding					
άs		\$7	² 6,900					
ž			ns reported on line					
छ >		1c) See Part Attach Schedui	le G if total exceeds					
쮼		\$15,000	а					
ē	ь	Less directe	xpensesb	179,949				
Other Revenue	c	Net income or	(loss) from fundraisi	ng events	-103,049			-103,049
•	9a	Gross income	from gaming	▶				
			part IV, line 19					
		Complete Sche						
		exceeds \$15,00	00 a					
	ь	less directs	xpensesb					
	c		r (loss) from gaming a	activities				
		· · ·		- Livities				
	10a	Gross sales o returns and al						
	L.	less	a and sold					
	b c		goods sold b r(loss) from sales of	Inventory 🕒				
	<u> </u>	Miscellaneou		Business Code				
	11a		evenue (part B)	812,900	17,959,866	17,959,866		
	ь	Send in Lab re		621,500			17,273,900	
				900,099			, -,- ,-	
	C	Contract reve	nue	200,039	1,192,049			949,284
	d		nue		1,192,049	242,765		949,284
	е	Total. Add line	es 11a-11d	 \$ 38,040,784				
	12	Total Revenue	e. Add lines 1h, 2g, 3		388,727,238	345,815,063	17,273,900	2,216,290
	-	8c,					•	·
]	9c, 10c, and 1	11e	. •				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	313,760	313,760		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	102,634	102,634		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	7,199,002	2,747,774	4,145,637	305,591
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	167,249,100	151,706,216		233,382
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,079,262	7,352,128	727,134	
9	Other employee benefits	34,132,384	31,060,469	3,071,915	
10	Payroll taxes	12,818,366	11,664,713	1,153,653	
11	Fees for services (non-employees)				
а	Management				
b	Legal	674,748		674,748	
С	Accounting	87,760		87,760	
d	Lobbying	76,048		76,048	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	17,066,722	14,677,381	2,389,341	
12	Advertising and promotion	677,619	582,752	94,867	
13	Office expenses	31,904,177	27,380,745	4,457,330	66,102
14	Information technology	10,956,252	9,422,377	1,533,875	
15	Royalties				_
16	Occupancy	8,155,465	7,013,700	1,141,765	
17	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	872,637	742,355	120,848	9,434
20	Interest	304,408	261,791	42,617	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,735,982	10,952,945	1,783,037	
23	Insurance	12,971,966	11,155,891	1,816,075	
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	Research	15,660,674	15,660,674		
b	State licensure fee	14,698,788	14,698,788		
c	Provision for bad debt	6,890,996	6,890,996		
d	Healthcare services	3,500,333	3,500,333		
e	All other expenses	6,168,521	5,024,807	621,184	522,530
f	All other expenses	. ,	, , , , , ,		, -
25	Total functional expenses. Add lines 1 through 24f	373,297,604	332,913,229	39,247,336	1,137,039
26	Joint Costs. Check fif 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	2.2,23,700	300,720,620		rm 990 (2008)

Part X	Balance	Sheet

					(A)		(B	
	1	Cook non interest hearing			Beginning of year	1	End of	year
	2	Cash—non-interest-bearing			44,976,115		3	7,604,444
	3				7,894,909	-		4,069,519
	4	Pledges and grants receivable, net			35,089,394			0,441,068
	5	Accounts receivable, net			33,069,394			0,441,000
	_	Receivables from current and former officers, directors, trustee other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	•		5			
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of			6			
	7	Notes and loans receivable, net			164,419	7		148,919
	8	Inventories for sale or use			401,551	8		477,060
ş	9	Prepaid expenses and deferred charges			1,687,691	9		1,781,431
Assets	10a	Land, buildings, and equipment cost basis	10a	313,834,213				
-	ь	Less accumulated depreciation Complete Part VI of	100	010,001,210				
		Schedule D	10b	157,839,848	130,728,469	10c	15	5,994,365
	11	Investments—publicly traded securities	estments—publicly traded securities					
	12	Investments—other securities See Part IV, line 11 $\it Complete F Schedule D$	Part VII	I of	1,279,275	12		1,247,454
	13	Investments—program-related See Part IV, line 11 $\it Complete$ of $\it Schedule D$.	II		13			
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	20,519,758	15	1	4,267,598		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			301,834,951	16	31	4,967,967
	17	Accounts payable and accrued expenses .			48,250,811	17	4	0,684,352
	18	Grants payable		18				
	19	Deferred revenue		750,000	19		2,650,000	
	20	Tax-exempt bond liabilities		·	20		<u> </u>	
Š	21	Escrow account liability Complete Part IV of Schedule D		_		21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ē		persons Complete Part II of Schedule L		_		22		
_	23	Secured mortgages and notes payable to unrelated third parties			5,260,342	23		5,025,756
	24	Unsecured notes and loans payable				24		<u> </u>
	25	Other liabilities Complete Part X of Schedule D		105,685,170	25	11	5,348,907	
	26	Total liabilities. Add lines 17 through 25			159,946,323	26		3,709,015
_		Organizations that follow SFAS 117, check here ▶ ✓ and com	plete l	lines 27	. ,			<u> </u>
У		through 29, and lines 33 and 34.						
a D	27	Unrestricted net assets			94,579,815	27	11	9,532,267
Balance	28	Temporarily restricted net assets			40,365,448	28	2	7,736,449
	29	Permanently restricted net assets			6,943,365	29		3,990,236
Fund		Organizations that do not follow SFAS 117, check here ► a lines 30 through 34.	nd con	nplete				
ō.	30	Capital stock or trust principal, or current funds				30		
Ę,	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Assets	32	Retained earnings, endowment, accumulated income, or other fi	· · ·		32			
Net /	33	Total net assets or fund balances	141,888,628	-	15	1,258,952		
ž	34	Total liabilities and net assets/fund balances		301,834,951	34		4,967,967	
	•							
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Deat VI	Financial Ctataments and Banautics	_
Part XI	Financial Statements and Reporting	1

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νο
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3Ь	Yes	_

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493228017330

Employer identification number

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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

WOME	N & IN	FANTS HOSPITA	AL of RI						• •			
									-025893			
	rt I			harity Status (to be co					Instruct	ions)		
The	organı	zation is not	a private found	ation because it is (Please	check on	ly one org	anızatıon)				
1	Γ	A church, c	onvention of ch	nurches, or association of ch	nurches de	escribed ir	Section :	170(b)(1)	(A)(i).			
2	Γ	A school d	escribed in Sec t	t ion 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E)						
3	⋝	A hospital	or a cooperativ	e hospital service organizati	ıon descrı	bed in Sec	tion 170(b)(1)(A)(i	i ii). (Attac	h Schedul	le H)	
4	\sqcap	A medical	research organı	zatıon operated ın conjunctı	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's name, city, and state										
5	\sqcap	Anorganiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unit desc	rıbed ın	
		Section 17	D(b)(1)(A)(iv).	(Complete Part II)								
6	\sqcap	A federal, s	tate, or local g	overnment or governmental	unıt desci	rıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its	support fro	om a gove	rnmental ı	ınıt or fror	n the gene	ral public	:
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)							
8	\sqcap	A commun	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norm	ally receives (1) more than	3 3 1/3% 0	of its supp	ort from c	ontributior	ns, membe	rship fees	, and gro	ss
		receipts fro	m activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	'3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	income (less sectio	on 511 ta:	x) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See S e	ection 509	(a)(4). (S	ee instruc	tions)	
11	\sqcap	An organiz	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purpos	ses of
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h										
		_				omplete li - Functioi			h d	Γ _{τνρα}	III - Otl	nor
e	_		• •	rtify that the organization is						, ,,		
-	'	•	-	agers and other than one or			•			•	•	
		section 50		J.		, , , ,	J				. , ,	,
f		_		d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ng organiz	ation,
_		check this		as the organization accepted	d any aift	or contrib	ution from	any of the				ļ
g		following pe		as the organization accepted	u any gni	or continu	ution nom	any or the	;			
				r indirectly controls, either a	alone or to	gether wi	th persons	s describe	d ın (ıı)		Yes	No
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)	
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) a	bove?				11g(iii)	
h		Provide the	following infori	mation about the organizatio	ns the org	ganızatıon	supports					
	(i) N	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did)	ou notify	(vi) I	s the	(vii) An	nount of
		ported		(described on lines 1 - 9		ation in		nızatıon		ation in	supp	ort?
	O rgar	nızatıon		above or IRC section (See Instructions))		listed in verning		i) of your port?		rganized US?		
				(See Instructions))		ment?	Sup,	port.	"" ""	0 3 .		
					Yes	No	Yes	No	Yes	No	1	

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						▶ □
	manufaction of Dublic Compact 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

If th	e organization answered "Ye	t have NOT filed Form \$768 (elections," to Form 990, Part IV, Line 5 ((h)) Complete Part II-B Do r	not complete Part II-A
Na	ection 501(c)(4), (5), or (6) organization MEN & INFANTS HOSPITAL of RI	zations complete Part III		Employer ider	ntification number
				05-0258937	
Par		y all organizations exempe the instructions for Schedule		1 501(c) and section	527
1	· · · · · · · · · · · · · · · · · · ·	ganization's direct and indirect pol		ivities in Part IV	
2	Political expenditures	'	, ,		\$
3	Volunteer hours				
Par	t I-B To be completed b	y all organizations exemp	t under section	1 501(c)(3). (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization u	ınder section 4955		\$
2	Enter the amount of any excise	e tax incurred by organization mana	agers under section	n 4955	\$
3	If the organization incurred in a	a section 4955 tax, did it file Form	4720 for this year	?	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par		y all organizations exemp for Schedule C for details.)	t under section	1 501(c), except sect	tion 501(c)(3).
1	•	ended by the filing organization for	section 527 exemp	ot function activities	
2		rganization's internal funds contrib			T
	527 exempt funtion activities				\$
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add lin	es 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file F	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number paid and indicate if the amount was d and promptly and directly deliver iction committee (PAC) If addition	paid from the filing ed to a separate po	i organization's own interna Hitical organization, such a	ıl 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-

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2008

	(election under sec	organizations exempt under section 501(tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	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	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
j 	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	m 4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expendit	ures During	4-Year Avera	ging 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	ı)	(b)
		Yes	No	A mount
L	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?		Νo	
Ь	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νο	
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?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		76,048
j	Total lines 1c through			76,048
	11			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
Ь	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		Ī	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	
ar	t TII-A. To be completed by all organizations exempt under section $501(c)(4)$	section	501(c)(5), or

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.)

1	Dues, assessments and similar amounts from members	1 \$	
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

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
Lobbying activities		The Hospital paid \$39,920 to the American Hospital Association (AHA) for membership dues, of which 23 76% or \$9,485 was allocated to lobbying The Hospital paid \$60,000 to the Mayforth Group, LLC for professional business, lobbying and consulting services The Hospital paid \$6,563 to Safety Net Hospital Pharmaceutical Access for 2009 dues assessment

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ 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.

Name of the organization **Employer identification number** WOMEN & INFANTS HOSPITAL of RI 05-0258937

Pa	rt I	Organizations Maintaining Donor Adorganization answered "Yes" to Form 99		inds or Account	ts. Complete if the
		organization answered fes to Form 99	(a) Donor advised funds	(b) Funds and	other accounts
1	Total	number at end of year	(1)	(=,	
2		gate Contributions to (during year)			
3		gate Grants from (during year)			
4	Aggre	gate value at end of year			
5		ne organization inform all donors and donor advis are the organization's property, subject to the c		or advised	┌ Yes ┌ No
6	used	ne organization inform all grantees, donors, and o only for charitable purposes and not for the bene missible private benefit?		may be	┌ Yes ┌ No
Pa	rt II	Conservation Easements. Complete	f the organization answered "Yes" to	Form 990, Part	IV, line 7.
2	☐ P☐ P☐ P☐ P☐ Comp	ose(s) of conservation easements held by the or reservation of land for public use (e g , recreation rotection of natural habitat reservation of open space plete lines 2a-2d if the organization held a qualif	on or pleasure) Preservation of an Preservation of cer	historically importa tified historic struc of a conservation e:	ture
	on the	e last day of the tax year		Hold a	t the End of the Year
а	T.+-	I number of conservation easements		2a	the End of the Year
ь				2b	
c		l acreage restricted by conservation easements			
		ber of conservation easements on a certified his		2c	
	d Number of conservation easements included in (c) acquired after 8/17/06				
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization.				
	the ta	xable year ►			
4	Numb	er of states where property subject to conserva	tion easement is located ►		
5		the organization have a written policy regarding cement of the conservation easements it holds?		tions, and	┌ Yes
6	Staff	or volunteer hours devoted to monitoring, inspec	cting and enforcing easements during the	year ►	
7	A mou	int of expenses incurred in monitoring, inspectin	g, and enforcing easements during the ye	ar ► \$	
8		each conservation easement reported on line 2 h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sect	tion	┌ Yes
9	balan	rt XIV, describe how the organization reports co ce sheet, and include, if applicable, the text of tl ganization's accounting for conservation easem	he footnote to the organization's financial	·	•
Par	t III	Organizations Maintaining Collection Complete if the organization answered "		or Other Simila	Assets.
1a	art, h	organization elected, as permitted under SFAS istorical treasures, or other similar assets held de, in Part XIV, the text of the footnote to its find	for public exhibition, education or researc	h in furtherance of p	
b	hıstoı	organization elected, as permitted under SFAS rical treasures, or other similar assets held for p de the following amounts relating to these items			
		evenues included in Form 990, Part VIII, line 1		► \$	
	(ii) _A	ssets included in Form 990, Part X		► \$	
_	TELL	and the second and the left of the left of the second and the left of the second and the second	riant transcuras, or ather cimilar accests for	. 6	

Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

following amounts required to be reported under SFAS 116 relating to these items

Cat No 52283D

Schedule D (Form 990) 2008

Part	3 9 9 1	Organizations Maintaining Co	llections of Art,	His [.]	<u>tori</u>	cal Treas	ures, or Oth	er Simila	r Asse	ts (co	ntınued)
3		g the organization's accession and other s (check all that apply)	records, check any	of th	e foll	owing that a	are a significant	use of its co	ollection	ı	
а	Γ	Public exhibition		d	Γ	Loan or ex	change program	S			
b	Γ	Scholarly research		e	Γ	Other					
С	Γ	Preservation for future generations									
4	Prov Part	ide a description of the organization's co	llections and explair	n how	v the y	further the	organization's e	xempt purp	ose in		
5		ng the year, did the organization solicit c its to be sold to raise funds rather than t						mılar	Г	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					ganızatıon ansv	wered "Yes	s" to Fo	orm 9	90,
1a		ne organization an agent, trustee, custod ided on Form 990, Part X?	ian or other intermed	ıary	for c	ontributions	or other assets	not	Γ	Yes	┌ No
b	If"Y	es," explain why in Part XIV and comple	te the following table					_			
									A mou	nt	
С	Begi	inning balance					1c				
d	Add	itions during the year					1d	1			
е	Dıst	ributions during the year					1e				
f	Endi	ing balance					1f				
2a	Dıd t	the organization include an amount on Fo	rm 990, Part X, line	21?					Γ	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV									
Pa	rt V	Endowment Funds. Complete								\	
1a	Rogi	nning of year balance	(a)Current Year 6,785,603	(b)) Prior	Year (c)	Two Years Back (d	1)Three Years	Back (e)Four Ye	ears Back
та b		tributions	91,305								
c		estment earnings or losses	306,023								
d		nts or scholarships									
e		er expenditures for facilities									
-		programs									
f	Adm	ninistrative expenses	26,141								
g	End	of year balance	7,156,790								
2	Prov	ıde the estimated percentage of the yea	r end balance held as								
а	Boar	d designated or quasi-endowment 🕨									
b	Perm	nanent endowment 🕨 100 %									
c	Term	n endowment 🕨									
3a		there endowment funds not in the posses	ssion of the organizat	ion t	hat a	re held and	administered fo	r the			
	-	nization by							3-/:\	Yes	No
		nrelated organizations			•				3a(i) 3a(ii)		No No
ь		es" to 3a(ii), are the related organization			. ched	ule R? .			3b	 	
4		cribe in Part XIV the intended uses of the	•				· •	•		I	
Par	t VI	Investments—Land, Buildings	s, and Equipmen	t. S	ee F	orm 990,	Part X, line 10				
		Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Deprec	ation	(d) Boo	ok value
1a	Land						3,254,245	5		;	3,254,245
ь	Buildii	ngs					180,572,205	٦	19,140		0,423,065
c I	_ease	hold improvements					6,591,506	<u> </u>	22,881		3,668,625
		ment					122,149,455	·	57,827		7,381,628
e (Other						1,266,802	2			1,266,802

Part VII Investments—Other Securities. S	see Form 990, Part X, line 12.	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		- Cook of and or your market value
Closely-held equity interests		_
Other Modrian Emerging Market Fund	350,829	С
Other Federal Street Partners, LLC	562,488	С
Other WELLINGTON TRUST	334,137	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12	· •	
Part VIII Investments—Program Related.	Soo Form 000 Part V June 12	
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-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	cription	(b) Book value
Deferred financing costs	semption	253,489
Due from affiliates		8,253,212
Other receivables		5,760,897
o their receivables		3,7,00,037
Total. (Column (b) should equal Form 990, Part X, col.(B) II	ne 15.)	
Part X Other Liabilities. See Form 990, Pa		
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
Due to affiliates	54,095,046	
EST 3RD PARTY PAYOR SETTLEMENTS	29,775,229	
Pension payable	11,401,694	
Deferred compensation	1,889,007	
Capital lease obligations	1,746,606	
Reserve for losses	16,441,325	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	115,348,907	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Pari	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	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	
3	Subtract line 2e from line 1	3	
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 . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses		Return
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	4	
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Endowment Use		The Hospital's endowments consist of numerous individual funds established for a variety of purposes. These purposes include healthcare services, research, indigent care, and education. The Hospital's endowments consist solely of donor-restricted endowment funds. The Hospital classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instruments at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment funds that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493228017330

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

> ▶ 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	(5.			Employer ic	lentification number
WOI	MEN & INFANTS HOSPIT	AL OT KI			05-02589	37
Pa		rmation on Ac 990, Part IV, Irr		ide the United States	. Complete if the orga	inization answered
1	For grantmakers. Do assistance, the grant	es the organiza	ntion maintain r or the grants or	records to substantiate assistance, and the se	lection criteria used to	
2	For grant makers. Descr United States	ibe in Part IV the	organization's pi	rocedures for monitoring th	ne use of grant funds outs	de the
3	Activites per Region (U	se Schedule F-1	(Form 990) If 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)	(e) If activity listed in (d) is a program service, describe specific type o service(s) in region	(f) Total expenditures in
East	t Asia and the Pacific	1	7	Grantmakıng		101,141
Sub	-Saharan Africa	1	4	Grantmakıng		1,493
			11			102,634
Tota	ale -	2	.1 11	·1	I	102,034

Totals.

1	(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)
				Subcontract	101,141	Grantmakıng			FMV
		_							
		_							
		_							
		_							
		_							
		_							
		_							
		_							
		_							

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(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)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Complete this part	t to provide the information requ	ired in Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation
Organization's Procedures for Monitoring Use of Grant Funds Outside the US	Schedule F	Part I, Line 2 - For International Subcontractors (1) annual requests are made for audit certification, (2) annual requests are made for most up-to-date policies and procedures manual, (3) invoices are reviewed and approved by Principal Investigator's office as well as by the Grant Management office Part I, Line 3 - Invoices are reviewed/approved by both the Principal Investigator's office as well as by Grant Management prior to processing payment Expenses are compared to approved budget Expenses are reconciled to backup documentation Part III, column C - Not applicable

Software ID: Software Version:

EIN: 05-0258937

Name: WOMEN & INFANTS HOSPITAL of RI

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	(1) Method of valuation (book, FMV, appraisal, other)
			Subcontract	101,141	Grantmakıng			FMV

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493228017330

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

ame of the organization					Employer ider	ntification number
OMEN & INFANTS HOSPITA	L of RI					
TET Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Email solicitations Fhone solicitations Jenus						
Indicate whether the organ	nization raised funds	through ar	ny of the	following activities Che	eck all that apply	
a Mail solicitations			•	e Solicitation of r	non-government grants	
				· · · · · · · · · · · · · · · · · · ·	-	
<u> </u>					•	
	`			9 ,	g	
•						
Did the organization have	a written or oral agre	eement with	n anv indi	vidual (including office)	rs. directors. trustees	
_	_		•		•	ГуеѕГ
TE "Voc " list the ten higher	t nord induited to o	rantitiaa /f		ra \ nurauant ta agraam	onto undor which the fur	
to be compensated at leas	t \$5,000 by the org	umzution i	01111 3 3 0	Ez mers are not requi	rea to complete this tal	
		(iii)	Dıd			
		custody or			1	(vi) A mount paid to
` '				` '	1 '	• •
	(ii) Activity		•	1 ' '	1 '	1 ' '
• •	(ii) Activity	contr	ol of	1 ' '	fundraiser listed in	(or retained by)
• •	(ii) A ctivity	contr contribu	ol of itions?	1 ' '	fundraiser listed in	(or retained by)
• •	(ii) Activity	contr contribu	ol of itions?	1 ' '	fundraiser listed in	(or retained by)
• •	(ii) Activity	contr contribu	ol of itions?	1 ' '	fundraiser listed in	(or retained by)
• •	(ii) Activity	contr contribu	ol of itions?	1 ' '	fundraiser listed in	(or retained by)
• •	(ii) Activity	contr contribu	ol of itions?	1 ' '	fundraiser listed in	(or retained by)
• •	(ii) Activity	contr contribu	ol of itions?	1 ' '	fundraiser listed in	(or retained by)
• •	(ii) Activity	contr contribu	ol of itions?	1 ' '	fundraiser listed in	(or retained by)
• •	(ii) Activity	contr contribu	ol of itions?	1 ' '	fundraiser listed in	(or retained by)
• •	(ii) Activity	contr contribu	ol of itions?	1 ' '	fundraiser listed in	(or retained by)
• •	(ii) Activity	contr contribu	ol of itions?	1 ' '	fundraiser listed in	(or retained by)
• •	(ii) Activity	contr contribu	ol of itions?	1 ' '	fundraiser listed in	(or retained by)

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or 3 licensing

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					repor	ted
			(a) Event #1 Bike Ride (event type)	(b) Event #2 In Week Events (event type)	(c) O ther Events 0 (total number)	(Add col	otal Eve (a) th	
Φ	1		43,900		 		37	5,525
Revenue	2	Gross receipts		298,62	5		29	8,625
	3	Gross revenue (line 1 minus line 2)	43,900	33,000			7	6,900
	4	Cash Prizes						
နှင့် မေ	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs	280					280
ă Б	7	Other direct expenses		179,669	9		17	9,669
Direct	8	Direct expense summary Add lin	_		🛌			9,949
Dar	9	Net income summary Combine II Gaming. Complete if the or				orted mor		3,049
Fai		\$15,000 on Form 990-EZ, lir		1es to rollii 990, Pa			e uiai	'
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) th		
	1	Gross revenue						
	2	Cash prizes						
Expenses	3	Non-cash prizes						
Щ М	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌────────────────────────────────────	┌ Yes% ┌ No			
	7	Direct expense summary Add line	s 2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	🛌			
9 a		er the state(s) in which the organiza he organization licensed to operate				. 0-	Yes	No
b		No," Explain	gaming detivities in each	, or these states		· 9a		
10a b		re any of the organization's gaming Yes," Explain	ıcenses revoked, suspen	ded or terminated during	g the tax year?	10a		
11	— Doe	es the organization operate gaming a	activities with nonmembe	rs?				
12	Is t	he organization a grantor, beneficia	ry or trustee of a trust or	a member of a partnersh	np or other entity		İ	
	forn	ned to administer charitable gaming	7			. 12		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493228017330

OMB No 1545-0047

Open to Public Inspection

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

WOMEN & INFANTS HOSPITAL of RI

Name of the organization **Employer identification number** 05-0258937 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) . .

activities) (Optional i	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsett revenue	(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								
Coalition buildingCommunity health improvement								
advocacy								
Workforce development Other								
9 Other 0 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?	zation's bad de the organizate under the organizate under the organizate under the footnote to no methodological methodologica	ebt expense (ar lon's bad debt expense (ar lon's bad debt expense) and the organization of the organizatio	t cost)	anents that describes reported on lines 5 6 7 be treated as commine 6 and indicates Other Cother Illection practices cribe in Part VI	pes bad debt expense s 2 and 3, or rationale munity benefit, and which of the	9a 9b		
Management Com (a) Name of entity		Doint Ventu Description of practivity of entity	rimary	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	pro	e) Physic ofit % or wnership	r stock
1								
2						1		
· I								
						-		
3								
<u> </u>								
1								
	<u> </u>					-		
3								
9							_	
10								
1								
L &			I		i .	1		
						+		
12								

Part V Facility In	formatio	n (Requir	ed for 20	008)						
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	
See Additional Data Table										l
-										
-										

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

Software ID: Software Version:

EIN: 05-0258937

Name: WOMEN & INFANTS HOSPITAL of RI

Form 990 Schedule H, Part V - Facility Information										
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)	
Women & Infants Hospital of rhode island 101 dudley street	×	x		×						
Providence, RI 02905 Women & Infants Hospital 1 BLACKSTONE PLACE Providence, RI 02903									Medical	
Women & Infants Hospital 79 PLAIN STREET Providence, RI 02903									MEDICAL	
Women & Infants Hospital 100 dudley street providence, RI 02905		×							physicians offices	
Women & Infants Hospital 1050 main st unit a b east greenwich, RI 02818									Medical Office Building & Health Education	
Women & Infants Hospital 2168 diamond hill road woonsocket, RI 02895									Medical Office Building & Health Education	
Women & Infants Hospital 2220 gar highway swansea, MA 02777									Medical Office Building & Health Education	
Women & Infants Hospital 6 whipple street north attleboro, MA 02760									medical office building & health education	
Women & Infants Hospital 70 elm street Providence, RI 02905									hospital labs	
Women & Infants Hospital 200 chestnut street providence, RI 02905						Х			building for research	
Women & Infants Hospital 200 toll gate rd suite 101 warwick, RI 02886									lab drawing station	
Women & Infants Hospital 134 thurbers avenue Providence, RI 02905									hospital departments (audiology, project link, etc)	
Women & Infants Hospital one randall square providence, RI 02904									Lab drawing station	
Women & Infants Hospital 247 roosevelt avenue pawtucket,RI 02860									Lab drawing station	
Women & Infants Hospital 38 amaral street east providence, RI 02915									Lab drawing station	
Women & Infants Hospital 2213 mendon road woonsocket, RI 02895									Lab drawing station	
Women & Infants Hospital 407 east avenue pawtucket, RI 02860									Lab drawing station	
Women & Infants Hospital 18 imperial place suite 2g providence, RI 02903									Lab drawing station	
Women & Infants Hospital 11 wells street westerly, RI 02891									lab drawing station	
Women & Infants Hospital 695 eddy street providence, RI 02903									medical- urogynecology/ lab drawing station	
Women & Infants Hospital 725 reservoir avenue cranston, RI 02920									Lab drawing station	
Women & Infants Hospital 215 toll gate road warwick, RI 02886									lab drawing station	
Women & Infants Hospital 2 dudley street providence, RI 02905									Medical Office Building	
Women & Infants Hospital 49 south county commons way wakefield, RI 02879									medical office building & health education	
Women & Infants Hospital 367 new boston road fall river, MA 02724									medical/ physician office	
Women & Infants Hospital 235 plain street providence, RI 02905									Lab drawing station	
Women & Infants Hospital 2358 south county trail 2 east greenwich, RI 02818									lab drawing station	
Women & Infants Hospital 50 holden street providence, RI 02908									hospital department brown center- children at risk	
Women & Infants Hospital 750 washington street 36 boston, MA 02111		х							ıvf nemc sıte	
Women & Infants Hospital 17 cocasset street foxboro, MA 02035									physician practice	

Form 990 Schedule H, Part V - Facility Information

Form 990 Schedule H, Part V - Facility Information										
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	
Women & Infants Hospital 900 warren avenue east providence, RI 02914									lab drawing station	
Women & Infants Hospital 107 fairhaven road mattapoisett, MA 02739									physician practice	
Women & Infants Hospital 1407 south county trail east greenwich, RI 02818									lab drawing station	
Women & Infants Hospital 1637 mineral spring avenue north providence, RI 02904									Lab drawing station	
Women & Infants Hospital 46 wells street westerly, RI 02891									lab drawing station	
Women & Infants Hospital 90 plain street providence, RI 02903									medical practices	
Women & Infants Hospital 45 main street wareham, MA 02740									physician practice	
Women & Infants Hospital 101 plain street providence, RI 02903									medical offices	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493228017330 OMB No 1545-0047

Schedule I (Form 990)

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspect ion

Name of the organization Employer identification no								
WOMEN & INFANTS HOSPITAL	_ of RI					05-0258937		
Part I General Inform	nation on Gran	nts and Assistance	•			'		
Does the organization main the selection criteria usedDescribe in Part IV the organization	to award the gran ganızatıon's proce	ts or assistance? dures for monitoring th	e use of grant funds in the	ne United States				
Form 990, Part IV Part IV and Sche	V, line 21 for an dule I-1 if addit	y recipient that rece ional space is	eived more than \$5,0	00. Check this box	tes. Complete if the o	eived more than \$5,		
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	
BROWN UNIVERSITY			650,000				SHARED PROGRAMS	
2 Enter total number of sect							1	
organizations 3 Enter total number of othe							<u> </u>	
		·		C. I. N. 500555				

Part III	Grants and Other Assist	ance to Individuals in the United States.	. Complete if the organization answere	d "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 99	0) if additional space 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

Identifier Return Reference Explanation

Form 990, Schedule I Description of Organization's Procedures for Monitoring the Use of Grants

The Hospital provides funds to Brown University for Shared Programs Shared Chair program support was \$650,000 for FY 2009 EXPENSES ARE APPROVED BY THE PRESIDENT/CEO AND REVIEWED BY ACCOUNTING PRIOR TO PROCESSING PAYMENT

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493228017330

OMB No 1545-0047

Employer identification number

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

ın Part III

Name of the organization

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

Compensation Information

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

Open to Public . Inspection

WO	IEN & INFANTS HOSPITAL OF KI			05-0258937			
Pa	rt I Questions Regarding Compensation		<u> </u>	03 0230337			
	<u> </u>					Yes	Νo
1a	Check the appropriate box(es) if the organization provi						
	990, Part VII, Section A, line 1a Complete Part III t	o prov					
	First class or charter travel	Ļ	Housing allowance or residence for	·			
	Travel for companions	 	Payments for business use of perso				
	Tax idemnification and gross-up payments						
	Discretionary spending account	ı	Personal services (e g , maid, chauf	Teur, chet)			
b	If line 1a is checked, did the organization follow a writ provision of all the expenses described above? If "No			ment or	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha Compensation committee Independent compensation consultant Form 990 of other organizations	t appl	y Written employment contract				
4	During the year, did any person listed in Form 990, Pa	art VII	I, Section A, line 1a				
а	Receive a severance payment or change of control pa	yment	t?		4a		Νo
b	Participate in, or receive payment from, a supplement	al non	iqualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?		4с		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	vide th	ne applicable amounts for each item i	n Part III			
	501(c)(3) and 501(c)(4) organizations only must com	plete	lines 5-8.				
5	For persons listed in form 990, Part VII, Section A, licompensation contingent on the revenues of	-		ny			
а	The organization?				5a		Νo
b	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, li compensation contingent on the net earnings of		, did the organization pay or accrue a	ny			
а	The organization?				6a	Yes	
b	Any related organization?				6b	Yes	
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," de			-fixed	7		Νo
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in F						

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-MI	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		
See Addıtıonal Data Table (i)									
(ii)									
(i)									
(ii)									
(i)									
(ii)									
(i)									
(ii)									
(i)									
(ii)									
(i)									
(ii)									
(i)									
(ii)									
(i)									
(ii)									

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
Compensation	Schedule J, Part I, QUESTION 1B	Payments made to social club for dues are made in accordance with employment contracts
Incentive	Question 6	Compensation for certain individuals is earned and accrued based on both short term and long term incentive programs. The Short-term Incentive Program provides an opportunity for Program Participants to earn an incentive award based on the achievement of critical stretch goals that recognize performance above expectations. These goals are measured for each fiscal period in the following critical areas. Quality Financial Patient Satisfaction Innovation & Growth The Long-term Incentive Program provides an opportunity for Program Participants to earn an incentive award based on the accomplishment of critical multivear System performance over three-year overlapping performance periods and are measured in reference to goals in the following critical areas. Net Income from Operations Market Share Patient Satisfaction Strategic Objective
• • •	Part I, Question 4b	The following individuals participate in a supplemental nonqualified retirement plan. Their total 2008 contributions to the nonqualified plan are reported below The SERP Split Dollar Life Insurance imputed income amounts are included in the individual's 2008 compensation, reported in the Other Reportable Compensation column on Schedule J-1. SERP Split Dollar Life Insurance. Gail Costa \$3,327 Thomas Courage \$6,202 Mark Crevier \$5,839 Patrice DiMario \$1,824 Constance Howes \$4,374 Maybelle Kernan \$2,258 John Sutherland \$2,731 Marilyn Walsh \$4,136 The Executive Retirement Stipend amounts are also included in the individual's 2008 compensation, reported in the Bonus and Incentive Compensation column on Schedule J-1. Executive Retirement Stipend. Debra Paul \$49,174 Karen Davie \$62,468 Domenic Delmonico \$85,991 Demosthenes Argys \$92,481

Software ID: Software Version:

EIN: 05-0258937

Name: WOMEN & INFANTS HOSPITAL of RI

Form 990, Schedule J,	rm 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
(A) Name		(B) Breakdown o	fW-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form			
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ			
Constance A Howes	(ı) (ıı)	412,007 0	176,340 0	57,130 0	118,117 0	8,178 0	771,772	16,340 0			
Demosthenes Argys	(ı) (ıı)	311,718 0	224,670 0	45,115 0	16,856 0	11,851	610,210	0			
Debra M Paul CPA MBA	(1) (11)	248,548 0	126,518 0	49,731 0	52,084 0	4,870 0	481,751	0			
Daniel Michaud	(ı) (ıı)	150,333 0	69,891 0	32,848 0	16,100 0	7,924 0	277,096 0	0			
Karen Davie	(ı) (ıı)	187,791 0	111,372 0	26,446 0	18,811 0	11,583	356,003 0	0			
Paula Gillette	(ı) (ıı)	211,993 0	62,156 0	18,819 0	26,067 0	10,094	329,129 0	0			
Patrice DiMario	(ı) (ıı)	190,487 0	65,671 0	4 1,971 0	86,302 0	10,345 0	394,776 0	0			
Elias Neujahr	(ı) (ıı)	146,406 0	34,500 0	10,781 0	9,099 0	10,428 0	211,214	0			
James Watkıns	(ı) (ıı)	167,424 0	41,625 0	14,634 0	13,443 0	8,692 0	245,818	0			
Joanna M Cain MD	(ı) (ıı)	159,146 0	50,000 0	7,613 0	0	4,287 0	221,046	0			
James F Padbury MD	(ı) (ıı)	330,178 0	68,377 0	42,002 0	65,082 0	9,540 0	515,179 0	19,237 0			
William Lawrence MD	(ı) (ıı)	398,156 0	67,930 0	37,217 0	0	11,091 0	514,394 0	0			
Karen Rosene-Montella MD	(ı) (ıı)	383,113 0	65,532 0	26,481 0	0	3,617 0	478,743 0	0			
Cornelius Granai MD	(ı) (ıı)	491,644 0	86,310 0	39,841 0	0 0	9,293 0	627,088	0			
Raymond Powrie MD	(ı) (ıı)	280,847 0	86,775 0	34,513 0	34,373 0	7,232 0	443,740	0			
Donald R Coustan MD	(ı) (ıı)	462,948 0	100,182 0	72,907 0	97,638 0	11,681 0	745,356 0	0			
Janet Schipper	(ı) (ıı)	170,443 0	43,948 0	27,428 0	40,591 0	9,762 0	292,172 0	0			
John M Sutherland III	(ı) (ıı)	321,987 0	53,911 0	54,083 0	103,225 0	11,341 0	544,547 0	14,140 0			
Thomas R Courage	(ı) (ıı)	282,264 0	141,073 0	48,768 0	84,150 0	11,148 0	567,403 0	14,140 0			
Domenic Delmonico	(ı) (ıı)	215,602 0	190,273 0	35,871 0	63,409 0	10,089 0	515,244 0	10,558 0			
Marilyn Walsh	(1) (11)	222,047 0	91,225 0	51,686 0	101,480 0	7,454 0	473,892 0	0			
Gail Costa	(ı) (ıı)	206,385 0	91,444 0	53,939 0	89,623 0	6,816 0	448,207 0	0			
Maybelle Kernan	(ı) (ıı)	200,672 0	85,144 0	25,094 0	76,136 0	9,963 0	397,009	9,427 0			
Mark Crevier	(ı) (ıı)	366,324 0	108,873 0	125,620 0	142,579 0	10,181 0		11,973 0			

DLN: 93493228017330

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of the organization **Employer identification number** WOMEN & INFANTS HOSPITAL of RI 05-0258937

1 (a) Name of disqu	inlified nore		41.5		. .				- ((c) Corrected			
1 (a) Name of disqu	aanneu pers		(b) Des	criptio	n of transa	ection				Yes	No		
2 Enter the amount of tax impose	ed on the or	rganızatıon mana	gers or disqualified per	sons du	uring the y	earui	nder						
section 4958								\$ —					
3 Enter the amount of tax, if any,		·•				• •	-	\$_ <u></u>					
Part II Loans to and/or F To be completed by org				IV . lın	e 26. or Fo	orm 9	90-E	Z. Part	V . line	e 38a			
		Loan to or		1				(f) Approved		d (g) Written			
(a) Name of interested person and	nd i f	rom the	(c)Original principal	(d)Balance due		(e) defa							
purpose	orga	anızatıon?	amount	(u)ba	iance due	uciu	<u> </u>	comm		yes line 38a ed (g)Wr agreer ee? No Yes			
	To	o From				Yes	No	Yes	No	Yes	No		
										1			
otal													
Part IIII Grants or Assistan To be completed by				990. Pa	art IV. lın	ie 27							
(a) Name of interested perso			p between interested pe					nt or tv	no of a	accict:	nco		
(a) Name of interested perso	011	and	the organization		(c)A mount of grant or type of assista					ince			

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)A mount of grant or type of assistance

Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
	organization			Yes	No	
See Additional Data Table						

Additional Data

Software ID: Software Version:

EIN: 05-0258937

Name: WOMEN & INFANTS HOSPITAL of RI

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
Kathleen Cote Bowling MD	Director	16,482	Hospital leases space from		Νο
Kathleen Cote Bowling MD	Director	21,093	Leases space from Hospital		Νο
Fred Brosco MD	Director	26,422	Med practice leases space from		Νο
Lisa Churchville	Director		Mgr WJAR-carries hosp advert's		Νο
Margaret D Farrell	Director	258,483	partner in firm-legal services		Νο
Robert G Flanders	Director	258,483	partner in firm-legal services		Νο
William Hatfield	Director	350,870	ee of bank - holds hosp accts		Νο
Tawfik F Hawwa MD	Director	32,088	Med practice leases space from		Νο
Constance A Howes	President/CEO	453,707	spouse ptnr ın fırm-legal svcs		Νο
Debra M Paul	Senior Vice President/CFO	10,340	on committee CU-Leases space		No
Cynthia Reed	Director	42,753	spouse ptnr in firm-legal svcs		Νο

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493228017330

OMB No 1545-0047

Inspection

Schedule M (Form 990) 2008

SCHEDULE M (Form 990)

Department of the Treasury

Part I Types of Property

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Employer identification number WOMEN & INFANTS HOSPITAL of RI 05-0258937

		(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d) Method of de reven	termi	nıng	
	A	applicable		1 g				
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional Interests							
	Books and publications							
5	Clothing and household goods	×		157,337	other			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic							
14	structures)							
	contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory	Х	1	290,000	cost/selling price			
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
26	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			
	Acknowledgement		•			ı	Yes	No
30a	During the year, did the organiza hold for at						ies	140
	least three years from the date o			not required to be used for ϵ	exempt purposes			
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangeme	ent in Part I	II					
	Does the organization have a gif					31	Yes	
32a	Does the organization hire or use contributions?	e third parti	les or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
ь	If "Yes", describe in Part II							
33	If the organization did not report checked, describe in Part II	revenuesı	n Column (c) for a type of p	property for which Column (a	a) is			

Cat No 51227J

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation The Hospital uses the services of Merrill Lynch for donations of Noncash gifts Schedule M , Part ı, Q uestion 30a stock

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Explanation

Explanation

DLN: 93493228017330

OMB No 1545-0047

SCHEDULE 0 (Form 990)

Name of the organization

Identifier

Identifier

WOMEN & INFANTS HOSPITAL of RI

Return

Return Reference

Return

Reference

Identifier

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990

Employer identification number

05-0258937

Inspection

ldentifier	Return Reference	Explanation
Officer, Board of Director, Board of Trustee, or Key Employee Relationship	Form 990, Part VI, Question 2	Kathleen Cote Bow ling, MD and Serena Sposato, MD are partners in the same medical practice

ldentifier	Return Reference	Explanation
Delegation of Control Over Management Duties	Form 990, Part VI, Question 3	Both Operating Unites engage Sodexho Inc to manage its Dietary and EVS (at W&I) Depts and that Sodexho employee reports to an Officer or Key Employee

identifier	Reference	Explanation
Description of Significant Changes to Organizing or Enabling Document	Form 990, Part VI, Question 4	The following changes were made to the By-Laws (1) The amount requiring a Board vote was increased for the following - the execution of any contract or engagement where additional funds involved was increased from \$250,000 to \$500,000, the execution of real estate transactions was increased from \$100,000 to \$500,000, and the execution of debt and the making of loans or advances was increased from \$100,000 to \$500,000 (2) Vacancies - the Board can not have less than 16 members due to vacancies. This was changed from 19 members (3) the notice of meetings was changed from 3 days to 5 days (4) the Standing and Special committee names were updated and some eliminated or combined with other committees (5) Article IX, Medical Staff had many wording changes, primarily "rules and regulations" was changed to "by-laws" and the terms for Medical Staff officers was changed to 2 years from 1 year

ldentifier	Return Reference	Explanation
CORPORATE GOVERNANCE	FORM 990, PART QUESTION 6	VI, CARE NEW ENGLAND health system HAS CORPORATE GOVERNANCE OVER WOMEN & INFANTS HOSPITAL OF RHODE ISLAND AND IS THE SOLE CORPORATE MEMBER

ldentifier	Reference	Explanation
members/stockholderS w ho may elect one or more members OF GOV BODY	FORM 990, PART VI, QUESTION 7a	ARTICLE II BOARD OF TRUSTEES SECTION 1 COMPOSITION AND ELECTION OF BOARD OF TRUSTEES THE BOARD OF TRUSTEES SHALL CONSIST OF THE PRESIDENT AND THE PRESIDENT OF THE MEDICAL STAFF, EX OFFICIOS, AND NOT LESS THAN EIGHT (8) NOR MORE THAN TWENTY-THREE (23) ELECTED Board of TRUSTEES, ONE (1) TO BE ELECTED BY THE INDIVIDUAL MEMBERS, AT THE ANNUAL MEETING OF THE CORPORATION IN EACH YEAR AND THE REMAINDER TO BE ELECTED BY THE CORPORATE MEMBER BEGINNING ON THE DATE OF THE ANNUAL MEETING OF THE CORPORATION HELD IN JANUARY 2007, THE ELECTED BOARD OF TRUSTEES SHALL BE DIVIDED INTO THREE (3) CLASSES, EACH OF WHICH WILL INCLUDE ONE (1) OF THE THREE (3) MEMBERS TO BE ELECTED BY THE INDIVIDUAL MEMBERS AND THE REMAINDER OF WHICH WILL BE DIVIDED IN WHATEVER MANNER WILL BEST APPROXIMATE ONE THIRD OF THE BOARD OF TRUSTEES TO BE ELECTED BY THE CORPORATE MEMBER AND BEST ALLOW TRUSTEES WHOSE TERMS DO NOT EXPIRE AT SAID ANNUAL MEETING TO CONTINUE THEIR CURRENT TERM UNTIL ITS EXPIRATION, THE FIRST SUCH CLASS TO SERVE A TERM ENDING ON THE DATE OF THE ANNUAL MEETING OF THE CORPORATION HELD IN JANUARY 2008, THE SECOND CLASS TO SERVE A TERM ENDING ON THE DATE OF THE ANNUAL MEETING OF THE CORPORATION HELD IN JANUARY 2010 THEREAFTER, ELECTED BOARD OF TRUSTEES SHALL BE ELECTED FOR A THREE (3) YEAR TERM

ARTICLE II RIGHTS OF CORPORATE MEMBER SECTION 2 01 RESERVED POWERS NOTWITHSTANDING THE FOREGOING PARAGRAPH, THE AUTHORITY OF THE BOARD OF TRUSTEES OF THE CORPORATION TO EXERCISE THE FOLLOWING POWERS IS CONDITIONABLE DIPON OBTAINING THE PROPEO OR SUBSEQUENT APPROVAL OF THE CORPORATE MEMBER (A) APPROVAL OR MODIFICATION OF THE VISION STATEMENT, MISSIONS, OBJECTIVES OR ANY STRATEGIC PLAN OF THE CORPORATION, THE HOSPITAL OR ANY ENTITY THAT DIRECTLY OR INDIRECTLY. (B) MERGER, CONSOLIDATION, COMBINATION OR AFFILIATION OF THE CORPORATION ("AFFILIATE"), (B) MERGER, CONSOLIDATION, COMBINATION OR AFFILIATION OF THE CORPORATION OR ANY AFFILIATE WITH OR INTO ANY OTHER ENTITY, (C) SALE, PLEDGE, ENCUMBRANCE, DONATION, ABANIZONMENT OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE REAL PROPERTY OR ASSETS OF THE CORPORATION OR ANY AFFILIATE, (D) ACQUISITION BY THE CORPORATION OR ANY AFFILIATE (D) ACQUISITION BY THE CORPORATION OR ANY AFFILIATE (D) ACQUISITION BY THE CORPORATION OR ANY AFFILIATE (D) ACQUISITION BY THE CORPORATION OR ANY AFFILIATE, (D) ACQUISITION BY THE CORPORATION OR ANY AFFILIATE, (D) ACQUISITION BY THE CORPORATION OR ANY AFFILIATE, (D) ACQUISITION BY THE CORPORATION OR ANY AFFILIATE, (E) APPROVAL OF THE OPERATING AND CAPITAL BUDGETS FOR THE CORPORATION AND ANY AFFILIATE, (E) ESTABLISHMENT, TERMINATION OR RELOCATION (OTHER THAN TO A DIFFERENT LOCATION ON THE SAME CAMPUS) OF ANY ADVANCES TO OR INVESTMENTS IN ANY PERSON OR ENTITY IN EXCESS OF FIVE HUNDRED THOUSAND DOLLARS (\$500,000) BY THE CORPORATION OR ANY AFFILIATE, (I) INCURRENCE OF ANY UNBUDGETED EXPENDITURE IN EXCESS OF FIVE HUNDRED THOUSAND DOLLARS (\$500,000) BY THE CORPORATION OR ANY AFFILIATE, (I) INCURRENCE OF ANY UNBUDGETED EXPENDITURE IN EXCESS OF FIVE HUNDRED THOUSAND DOLLARS (\$500,000) BY THE CORPORATION OR ANY AFFILIATE, (I) INCURRENCE OF ANY UNBUDGETED EXPENDITURE IN EXCESS OF FIVE HUNDRED THOUSAND DOLLARS (\$500,000) BY THE CORPORATION OR ANY AFFILIATE (I) INCURRENCE OF ANY APPLICATE, (I) INCURRENCE OF ANY APPLICATE, (I) ENDIAGRAPH OF THE O	ldentifier	Return Reference	Explanation
	MEMBERS, STOCKHOLDERS OR OTHER	PART VI, QUESTION	FOREGOING PARAGRAPH, THE AUTHORITY OF THE BOARD OF TRUSTEES OF THE CORPORATION TO EXERCISE THE FOLLOWING POWERS IS CONDITIONED UPON OBTAINING THE PRIOR OR SUBSEQUENT APPROVAL OF THE CORPORATE MEMBER (A) APPROVAL OR MODIFICATION OF THE VISION STATEMENT, MISSIONS, OBJECTIVES OR ANY STRATEGIC PLAN OF THE CORPORATION, THE HOSPITAL OR ANY ENTITY THAT DIRECTLY OR INDIRECTLY THROUGH ONE OR MORE INTERMEDIARIES, IS CONTROLLED BY THE CORPORATION ("AFFILIATE"), (B) MERGER, CONSOLIDATION, COMBINATION OR AFFILIATION OF THE CORPORATION OR ANY AFFILIATE WITH OR INTO ANY OTHER ENTITY, (C) SALE, PLEDGE, ENCUMBRANCE, DONATION, ABANDONMENT OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE REAL PROPERTY OR ASSETS OF THE CORPORATION OR ANY AFFILIATE, (D) ACQUISITION BY THE CORPORATION OR ANY AFFILIATE OF ANOTHER ORGANIZATION WHETHER THROUGH MERGER, CONSOLIDATION, COMBINATION, STOCK OR ASSET TRANSFER OR ANY OTHER MEANS, (E) ANY OTHER CHANGE IN CONTROL OF THE CORPORATE MEMBER OF ANY AFFILIATE, (F) APPROVAL OF THE OPERATING AND CAPITAL BUDGETS FOR THE CORPORATION AND ANY AFFILIATE, (G) ESTABLISHMENT, TERMINATION OR RELOCATION (OTHER THAN TO A DIFFERENT LOCATION ON THE SAME CAMPUS) OF ANY MAJOR CLINICAL SERVICES AT THE HOSPITAL OR ANY OTHER AFFILIATE, (H) INCURRENCE OR GUARANTEE OF ANY INDEBTEDNESS, MORTGAGE, OR PLEDGES BY OR THE MAKING OF ANY LOANS OR ANY ADVANCES TO OR INVESTMENTS IN ANY PERSON OR ENTITY IN EXCESS OF FIVE HUNDRED THOUSAND DOLLARS (\$500,000) BY THE CORPORATION OR ANY AFFILIATE, (I) INCURRENCE OF ANY UNBUDGETED EXPENDITURE IN EXCESS OF FIVE HUNDRED THOUSAND DOLLARS (\$500,000) BY THE CORPORATION OR ANY AFFILIATE, (B) INCURRENCE OF ANY UNBUDGETED EXPENDITURE IN EXCESS OF FIVE HUNDRED THOUSAND DOLLARS (\$500,000) BY THE CORPORATION OR ANY AFFILIATE, (K) FILING WITH REGULATORY AUTHORITIES BY THE CORPORATION OR ANY AFFILIATE (K) FILING WITH REGULATORY AUTHORITIES BY THE CORPORATION OR ANY AFFILIATE (K) FILING FOR BANKRUPTCY OR RECEIVERSHIP OR ANY SIMILAR PROCEEDING UNDER ANY FEDERAL OR STATE LAW ON THE PART OF THE CORP

ldentifier	Return	Explanation
Describe the Process used by Management &/or Governing Body to Review 990	Form 990, Part VI, Question 10	The Form 990 is prepared and review ed by our public accounting firm, Ernst & Young During that process it is provided to certain members of management for review. The Associate Vice President of Finance and the Corporate Finance Officer conduct the initial management review. The completed Form 990 and respective Schedules (A thru R except schedule J) is presented by the Associate Vice President of Finance to the finance committee for review and comment. THE CORPORATE FINANCE OFFICE PRESENTS SCHEDULE J TO THE COMPENSATION COMMITTEE FOR REVIEW AND COMMENT. A complete and accurate copy of the Form 990 is then provided to the Board of Directors prior to the filing of the form with the Internal Revenue Service.
identifier	Reference	Explanation

Explanation

Identifier Reference		and compliance with the policy. Ongoing actual and/or potential conflicts are identified and disclosed to the Board at least annually
Description of Process to Monitor Transactions for Conflicts of Interest Porm 990, Part VI, Question 12c		WIHRI has adopted CNE's conflict of interest policy. Potential conflicts of interest involving directors, officers, and members of committees are identified and addressed in order to assure that the corporation is treated fairly in all its business dealings. Individuals having conflicts must disclose to the Board or Committee prior to consideration of a transaction or arrangement that a conflict will exist. Approval of any transactions or arrangements that involves a conflict requires a consensus of disinterested persons by vote. The Board takes disciplinary and/or corrective action as necessary to protect the interests of the Corporation. Minutes are maintained. Annually, a copy of the conflict of interest policy is distributed to each director, officer and committee member and each person acknowledges in writing receipt, understanding

ldentifier	Return Reference	Explanation
Offices & Positions for Which Process was Used, & Year Process was Begun	Form 990, Part VI, Question 15a and 15b	The Board of Trustees of Women & Infants Hospital of Rhode Island (WIH) has a committee of trustees known as the WIH Compensation Committee (The Committee). The Committee is responsible for discharging the Board's responsibilities regarding the total compensation program for WIH executives and key physicians. The Committee at all times conducts itself free from executive management in its decision making process. Purpose The Committee's purpose is to assist the Board in developing and implementing compensation strategies, policies and plans that will enhance the hospital's ability to attract and retain skilled executive officers, physicians, officers and employees. Dutes and Responsibilities Executive and Key Physician Compensation or Review and approve goals and objectives for the President and Chief Executive Officer (the "CEO") of the hospital Such review shall be done in conjunction with the CEO of Care New England (CNE) or Make a recommendation as to the compensation for the CEO to the Compensation Committee of the Board of Directors of CNE (The "CNE Compensation Committee") considering the performance by the CEO relative to goals and objectives o Conduct an annual evaluation of the performance of the CEO, which evaluation process shall include an opportunity for input by individual Trustees. The substance of such evaluation shall be reported to the Board. The recommendation of the Committee with respect to the compensation and benefits of the CEO shall be reported to the Board stiting in Executive Session, including both elected and ex-officio Trustees, except for those Trustees who are employees of the Hospital Following presentation of the foregoing report to the Board, final decision regarding such compensation and benefits shall be made after consultation with the Board o Assist the Board by providing oversight regarding the reasonableness of the total compensation with the rebuttable presumption of reasonableness under the "intermediate Sanctions" regulations of the Internal Revenue Service, as such

 $\hbox{\it Chief Executive Officer of Care New England Health System ("CNE") may also participate in the deliberations of the properties of the contraction of the contra$ such Committee All nominations for Committee Chairs, Vice Chairs, Co-Chairs and members will be presented to the

Governance & Nominating Committee for review and approval

ldentifier	Return Reference	Explanation
Avail of Gov Docs, Conflict of Interest Policy, & Fin Stmts to Gen Public	Form 990, Part VI, Question 19	Women & Infant's Hospital of Rhode Island's Corporate Documents, Conflict of Interest Policy and Financial Statements are made available to the public by mail upon written request

ldentifier	Return Reference	Explanation
FINANCIAL STATEMENTS	Form 990, Part XI, Question 2	Women & Infants Hospital of Rhode Island's financial statements are included in the Care New England Health System & Affiliates ("CNE") consolidated financial statements. The CNE consolidated financial statements are audited by an independent accountant and the consolidated audit is reviewed by the Care New England Audit Committee.

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

Cat No 51056K

Schedule O (Form 990) 2008

DLN: 93493228017330

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

WOMEN & INFANTS HOSPITAL of RI				Employer identifi	ication number
				05-0258937	
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
W&I ANCILLARY SERVICES INC 300 RICHMOND STREET PROVIDENCE, RI 02903 20-0222992	HEALTH CARE	RI	0	0	WIHRI
Part II Identification of Related Tax-Exempt Organizat	ions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3)	(F) Direct controlling entity
See Additional Data Table					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 50135	SY Total		Schedule R (Form 990) 2008

(A) Name, address, and EIN of related organization	(B Primary a)	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total inco	(G) Share of end-of- year assets	Olspro alloca	H) prtionate tions?	(I) Code V—UBI amoun on Box 20 of K-1	nartner?	
								Yes	No		Yes	No
												\vdash
												┝
												<u> </u>
												<u> </u>
Part IV Identification of R	elated Or	aanizations	Tavable	es a Corporatio	on or Trust							
(A)		(B)		(C)	(D)	(E)	(F)	Т	(G)	(H)	
Name, address, and EIN of related org	anızatıon	Primary activity	, Le	egal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	2	end-c			
W&I INDEMNITY LTD 23 LIME TREE BAY AVE PO BOX 1051 GRAND CAYMAN, CAYMAN ISLAND KY1-110 CJ 98-0159342		INSURANCE		CJ	wih	С	18,596,67	72		84,641,140 100	۱ %	
TOLL GATE INDEMNITY LTD 23 LIME TREE BAY AVE PO BOX 1051 GRAND CAYMAN, CAYMAN ISLAND KY1-110 CJ		INSURANCE		CJ	ксмн	С						
34-2028514								+				
								+				

(4)

(5)

(6)

Part V Transactions with Related Organizations
--

Part	V Transactions with Related Organizations			
N	lote. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 Dur	ing the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a F	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b (Gift, grant, or capital contribution to other organization(s)	1b		No
c 6	Gift, grant, or capital contribution from other organization(s)	1c		No
d L	oans or loan guarantees to or for other organization(s)	1d		No
e l	oans or loan guarantees by other organization(s)	1e		No
•	sale of assets to other organization(s)	1f		No
		1g		No
	Purchase of assets from other organization(s)	1h		No
	Exchange of assets	1i		
i L	ease of facilities, equipment, or other assets to other organization(s)	<u> </u>		No
j L	ease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k F	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
	erformance of services or membership or fundraising solicitations by other organization(s)	11		No
	haring of facilities, equipment, mailing lists, or other assets	1m		No
	Sharing of paid employees	1n	Yes	
o F	Reimbursement paid to other organization for expenses	10	Yes	
рΕ	Reimbursement paid by other organization for expenses	1 p	Yes	
q (Other transfer of cash or property to other organization(s)	1q	Yes	
r C	ther transfer of cash or property from other organization(s)	1r		No
	£kh			
2 1	f the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (A) (B)			
	(A) Transaction Name of other organization(s) (C) Amount Involved type(a-r)			
(1)				
See				
Additi Data	onal			
Table				
(2)				
(3)				

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) organization	s?	(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

Software ID: Software Version:

EIN: 05-0258937

Name: WOMEN & INFANTS HOSPITAL of RI

Form 990, Schedule R, Part II - Identification of Related T	ax-Exempt Organiz	ations	1	1	1
(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
Butler Hospital		,	,		
Providence, RI02906 05-0258812	HOSPITAL	RI	501(c)(3)	3	NA
Healthtouch Inc		!	'	1	
Warwick, RI02886 05-0514949	HEALTH CARE	RI	501(c)(3)	9	KCVNA
Kent Hospital Foundation		!	,		
455 Toll Gate Road Warwick, RI02886 05-0514640	Support Org	RI	501(c)(3)	11-Type I	КСМН
Kent County Memorial Hospital					
Warwick, RI02886 05-0258896	HOSPITAL	RI	501(c)(3)	3	NA
Kent County Visiting Nurse Assoc		'	'		
51 Health Lane Warwick, RI02886 05-0242659	Visiting Nurs	RI	501(c)(3)	7	NA
Palomar Group Inc		,	,		
300 Richmond Street Providence, RI02903 05-0462378	Parking Fac	RI	501(c)(3)	9	WIC
WIH Faculty Physicians Inc		,	'		
67 Brigham Street New Bedford, MA02740 04-3579432	HEALTH CARE	МА	501(c)(3)	9	WIH
Women & Infants Corporation		<u></u>	<u></u>		
Providence, RI02903 02-2885807	Support Org	RI	501(c)(3)	11-Type III	NA
Women & Infants Development Foundation		,	,		
300 Richmond Street Providence, RI02903 22-2885815	Support Org	RI	501(c)(3)	11-Type III	WIC
CARE NEW ENGLAND HEALTH SYSTEM		!	,		
45 WILLARD AVENUE PROVIDENCE, RI02905 05-0490997	HOLDING CO	RI	501(C)(3)	11-TYPE III	NA

Form 990,	Schedule R,	Part V -	Transaction	s with	Related Organizations	
				(A)		

Kent County Memorial Hospital

Kent County Memorial Hospital

Kent County Memorial Hospital

(9)

(10)

(11)

	(A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(1)	Women & Infants Corporation (rent)	J	-637,438
(2)	Women & Infants Corporation (accounting svcs)	n	63,658
(3)	W&I Indemnity LTD (insurance premiums paid)	q	-12,916,487
(4)	Butler Hospital	n	-461,455
(5)	Butler Hospital	0	-47,449
(6)	Butler Hospital	р	158,445
(7)	Kent County VNA dba VNA of CNE	n	15,536
(8)	Kent County VNA dba VNA of CNE	n	75.128

75,128

241,888

-492,103

411,119

р

n

0

р

Software ID: Software Version:

EIN: 05-0258937

Name: WOMEN & INFANTS HOSPITAL of RI

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C non (d) hat a	chec		l			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Joanna M Cain MD , OB/Gynocologist- In-Chief	60 0	Х						216,759	0	4,287
James F Padbury MD , Pediatrician-in- Chief	60 0	Х						440,557	0	74,622
Roger N Begin , DIRECTOR	5 0	Χ						0	0	0
Kathleen Cote Bowling MD , DIRECTOR	5 0	Х						300	0	0
Lisa G Churchville , DIRECTOR	5 0	Х						0	0	0
Sharon Conrad-Wells , DIRECTOR	5 0	Х						0	0	0
Margaret D Farrell Esq , DIRECTOR	5 0	Х						0	0	0
Justice Robert G Flanders Jrret , Vice Chair	5 0	Х		х				0	0	0
William F Hatfield , DIRECTOR	5 0	Х						0	0	0
Tawfik F Hawwa MD , DIRECTOR	5 0	Х						0	0	0
Stephen P Lynch Jr , DIRECTOR	5 0	Х						0	0	0
Ramon Martinez , DIRECTOR	5 0	Х						0	0	0
Gına Raımondo , DIRECTOR	5 0	Х						0	0	0
Cynthia S Reed , Secretary	5 0	Х		Х				0	0	0
Serena Sposato MD , DIRECTOR	5 0	Х						300	0	0
Anne Szostak , Chair	5 0	Х		Х				0	0	0
Terrence Cahill MD , President, Medical Staff Assoc	5 0	Х						10,150	0	0
Santina L Siena MD , Pres-Elect Medical Staff Assoc	5 0	Х						100	0	0
Fred A Brosco MD , Medical Staff Appointed Rep	5 0	Х						0	0	0
Levi C Adams , Honorary Trustee	5 0	Χ						0	0	0
Thomas P Dimeo , Honorary Trustee	5 0	Χ						0	0	0
Benjamın P Harrıs III , Honorary Trustee	5 0	Х						0	0	0
Stanley Livingston Jr , Honorary Trustee	5 0	Х						0	0	0
Howard R Merriman Jr , Honorary Trustee	5 0	Х						0	0	0
Kathryn Parsons , Honorary Trustee	5 0	Х						0	0	0
Harrıs N Rosen , Honorary Trustee	5 0	Х			$ldsymbol{ld}}}}}}$			0	0	0
Jean Seaman , Honorary Trustee	5 0	Х			<u> </u>			0	0	0
Walter C Tillinghast , Honorary Trustee	5 0	Х			$ldsymbol{ld}}}}}}$			0	0	0
Robinson C Trowbridge , Honorary Trustee	5 0	Х						0	0	0
Douglas Jacobs , Vice Chair & Treasurer	5 0	Χ		Х				0	0	0

Form 990, Part VII - Section Aaa										
			(C tion (hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Cirector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Katherine F McKenzie , Vice Chair	5 0	Х		Χ				0	0	0
Constance A Howes , Ex-Officer, President/CEO	60 0			х				645,477	0	126,295
Demosthenes Argys , Executive Vice President/COO	60 0			х				581,503	0	28,707
Debra M Paul CPA MBA , Sr VP & CFO/ASST TREASURER	60 0			х				424,797	0	56,954
Daniel Michaud , VP, Human Resources	60 0			Х				253,072	0	24,024
Karen Davie , Sr VP- Philanthropy&Governance	60 0			х				325,609	0	30,394
Paula Gillette , Sr VP-Patient Care Services	60 0			х				292,968	0	36,161
Patrice DiMario , Sr VP-Patient Support Services	60 0			х				298,129	0	96,647
Elias Neujahr , VP, Clinical Resources	60 0			Х				191,687	0	19,527
James Watkıns , VP Faculty Enterprises	60 0			Χ				223,683	0	22,135
Cornelius Granai MD , Vice President	60 0			Х				617,795	0	9,293
Raymond Powrie MD , Sr Vice President, Quality	60 0			х				402,135	0	41,605
Janet Schipper , Director Clinical Informatics	60 0			х				241,819	0	50,353
John M Sutherland III , Pres- W&I Indemnity, LTD	60 0			х				429,981	0	114,566
Thomas R Courage , Vice President/Asst Secretary	60 0			х				472,105	0	95,298
Marılyn Walsh , Senior Vice President	60 0			Х				364,958	0	108,934
Gail Costa , Sr VP, Planning -CNE	60 0			Х				351,768	0	96,439
Maybelle Kernan , VP-Marketing&Public Relations	60 0			x				310,910	0	86,099
William Lawrence MD , CHIEF OF STAFF	60 0					Х		503,303	0	11,091
Karen Rosene-Montella MD , Physician	60 0					Х		475,126	0	3,617
Donald R Coustan MD , Physician	60 0					Х		636,037	0	109,319
Domenic Delmonico , SR VP CONTRACTING- CNE	60 0					Х		441,746	0	73,498
Mark Crevier , President & CEO Kent Hospital	60 0					х		600,817	0	152,760