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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Rhode Island Hospital

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 593 Eddy Street | Room/suite

City or town, state or country, and ZIP + 4
Providence, RI 02903

D Employer identification number
05-0258954

E Telephone number
(401) 444-6800

G Gross receipts $ 1,284,152,671

F Name and address of principal officer
Timothy J Babineau MD
167 Point Street
Providence, RI 02903

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www lifespan org

K Type of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1863 | **M** State of legal domicile RI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
The mission of Rhode Island Hospital (RIH) is to be at the forefront of patient care by creating, applying and sharing the most advanced knowledge in health care

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of employees (Part V, line 2a)	**5**	7,798
6	Total number of volunteers (estimate if necessary)	**6**	946
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	**7a**	7,579,735
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	326,130

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	9,302,464	9,806,205
9	Program service revenue (Part VIII, line 2g)	907,798,504	938,750,483
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,251,432	-7,873,151
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,322,491	27,826,056
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	955,674,891	968,509,593
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	198,060	747,188
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	442,935,467	471,115,406
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	475,348,669	487,191,236
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	918,482,196	959,053,830
19	Revenue less expenses Subtract line 18 from line 12	37,192,695	9,455,763
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	1,127,303,774	1,215,125,872
21	Total liabilities (Part X, line 26)	407,978,168	553,456,451
22	Net assets or fund balances Subtract line 21 from line 20	719,325,606	661,669,421

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2010-08-19

▶ Mary A Wakefield CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP Two Financial Center 60 South St Boston, MA 02111		EIN ▶ Phone no ▶	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments (see instructions.)

1 Briefly describe the organization's mission

The mission of Rhode Island Hospital (RIH) is to be at the forefront of patient care by creating, applying and sharing the most advanced knowledge in health care

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 651,264,476 including grants of $ 263,350) (Revenue $ 822,315,396)

Rhode Island Hospital provides a comprehensive range of diagnostic and therapeutic health care services to inpatients and outpatients RIH has particular expertise in cardiology, hematology/oncology, neurosurgery and orthopedics, as well as pediatric care at its Hasbro Children's Hospital (HCH) HCH's specialties include cardiology, orthopedics and hematology/oncology Licensed to operate 719 acute care beds, RIH is the largest of the state's general acute care teaching hospitals, employing 6,012 full-time equivalents and providing comprehensive health services to most of Rhode Island as well as southeastern Massachusetts In 2009, RIH discharged 34,942 inpatients with total inpatient days of 182,410, treated 147,633 patients in the emergency department, performed 24,399 inpatient and outpatient surgical procedures and cared for 165,307 patients in outpatient clinics (continued on Schedule O)

4b (Code) (Expenses $ 135,483,171 including grants of $) (Revenue $ 94,206,564)

Rhode Island Hospital provides the setting for and substantially supports medical education in various clinical training and nursing programs The total cost of medical education provided by the Hospital exceeded the reimbursement received from third-party payors by $41 3 million in 2009 (continued on Schedule O)

4c (Code) (Expenses $ 54,437,046 including grants of $) (Revenue $ 45,023,200)

Rhode Island Hospital conducts extensive medical research and is in the forefront of biomedical health care delivery research and among the leaders nationally in National Institute of Health programs In addition, the hospital sponsors many clinical trials, which provide valuable research information as well as cutting edge treatment for patients in the region Federal support accounts for approximately 74% of all externally funded research at the Hospital Researchers focus on clinical trials which investigate prevention and treatment of HIV/AIDS, obesity, cancer, diabetes, cardiac disease, neurological problems and mental health concerns Researchers may work in the laboratory or with patients, or both (continued on Schedule O)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 841,184,693 *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	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*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				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	573		
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 to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	7,798		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			No
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			No
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			No
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 24		
b	Enter the number of voting members that are independent . .	1b 21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		No
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
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	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Mary A Wakefield
167 Point Street
Providence, RI 02903
(401) 444-7914

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) ☒ Individual Trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
William M Corrao MD Trustee	2 00	X						0	0	0
Timothy J Babineau MD President & CEO	40 00	X		X				0	344,517	24,193
Thomas M Drew MD Trustee	1 00	X						0	0	0
Stephanie D Chafee Trustee	1 00	X						0	0	0
Russell A Boss Trustee	1 00	X						0	0	0
Ronald A DeLellis Physician	40 00					X		384,485	0	34,797
Robert B Klein Physician	40 00					X		386,342	0	31,615
Richard J Goldberg Physician	40 00					X		323,638	0	26,480
Richard F Carolan Jr Trustee	3 00	X						0	0	0
Muriel E Jobbers Trustee	1 50	X						0	0	0
Moses Goddard MD Trustee	2 00	X						0	0	0
Michael L Hanna Trustee	2 00	X						0	0	0
Michael J Perik Treasurer	1 00	X		X				0	0	0
Michael A Lee Vice Chairman	1 00	X		X				0	0	0
Mary A Wakefield CFO	16 00			X				0	588,717	95,295
Louise S Mauran Trustee	4 00	X						0	0	0
Linda K Snelling Physician	40 00					X		375,554	0	36,912

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		☒ Individual	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Lawrence A Aubin Sr Chairman	15 00	X		X				0	0	0
Latha R Pisharodi Physician	40 00					X		367,629	0	35,116
Joseph J MarcAurele Trustee	3 00	X						0	0	0
Joseph F Amaral MD President & CEO							X	0	539,300	12,491
John B Murphy VP - Medical Affairs	40 00				X			360,481	0	30,728
Jane Williams RN Secretary	3 00	X		X				0	0	0
James A Procacciantı Trustee	4 00	X						0	0	0
George A Vecchione President & CEO							X	0	9,310,652	233,812
Frederick Macri Executive VP	40 00			X				0	540,013	82,491
Emanuel Barrows Trustee	2 00	X						0	0	0
Ellen A Collis Trustee	2 00	X						0	0	0
Edward Akelman MD Trustee	2 00	X						0	0	0
Edmund C Bennett Vice Chairman	6 00	X		X				0	0	0
David H Haffenreffer Trustee	5 00	X						0	0	0
David A Duffy Trustee	2 00	X						0	0	0
Catherine A Solomon Trustee	9 00	X						0	0	0
Barbara Schepps MD Trustee	1 00	X						0	0	0
Barbara Riley Chief Nursing Officer	40 00				X			291,858	0	61,335
1b Total . . . . . ▶								2,489,987	11,323,199	705,265

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 381

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
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
US Security Assoc Inc PO Box 931703 Atlanta, GA 311931703	Security Services	2,474,616
University Surgical Associates 72 Newman Avenue Rumford, RI 02916	Medical Services	6,180,430
University Medicine Foundation 17 Virginia Ave Providence, RI 02905	Medical Services	14,632,020
University Emergency Medicine Foundation 55 Claverick Street Providence, RI 02903	Medical Services	3,478,977
Neurology Foundation 1 Hoppin Street Providence, RI 02903	Medical Services	2,562,388

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 49

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	8,199,611			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,606,594			
	g	Noncash contributions included in lines 1a-1f $ _____					
	h	**Total.** Add lines 1a-1f		9,806,205			
Program Service Revenue			Business Code				
	2a	Temp Restricted	900,099	9,133,485	9,133,485		
	b	Rental Income	531,120	3,500,720	3,500,720		
	c	Patient Service Rev	900,099	876,849,880	876,849,880		
	d	Laboratory	621,500	4,404,974		4,404,974	
	e	Direct Research	900,099	44,861,424	44,861,424		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		938,750,483			
	3	Investment income (including dividends, interest and other similar amounts)		3,200,847			3,200,847
	4	Income from investment of tax-exempt bond proceeds		68,555			68,555
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	3,287,043				
	b	Less rental expenses	1,795,090				
	c	Rental income or (loss)	1,491,953				
	d	Net rental income or (loss)			1,491,953			1,491,953
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	302,705,435				
	b	Less cost or other basis and sales expenses	313,847,988				
	c	Gain or (loss)	-11,142,553				
	d	Net gain or (loss)			-11,142,553			-11,142,553
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	Indirect Revenue Research	900,099	8,953,489	8,953,489		
	b	Cafeteria Revenue	722,210	3,516,075			3,516,075
	c	Appropriation Restricted	900,099	3,492,158	3,492,158		
	d	All other revenue		10,372,381	7,174,269	3,174,761	23,351
	e	**Total.** Add lines 11a–11d		26,334,103			
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		968,509,593	953,965,425	7,579,735	-2,841,772

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	263,350	263,350		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	483,838	483,838		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	751,789	746,753	5,036	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	363,733,325	361,432,541	2,300,784	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,744,766	13,657,748	87,018	
9	Other employee benefits	65,825,433	65,629,613	195,820	
10	Payroll taxes	27,060,093	26,888,777	171,316	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	8,453	8,453		
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	0			
g	Other	49,473,501	49,223,501	250,000	
12	Advertising and promotion	219,208	219,208		
13	Office expenses	156,749,606	156,481,035	268,571	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	16,196,464	13,896,880	2,299,584	
17	Travel	1,258,922	1,244,752	14,170	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	932,019	895,606	36,413	
20	Interest	11,585,958	-664,787	12,250,745	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	31,180,436		31,180,436	
23	Insurance	9,474,381	9,474,381		
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)				
a	Unrelated Business Tax	122,634	122,634		
b	Maint Contracts/Purchased Svcs	95,586,784	27,713,039	67,873,745	
c	License Fee	40,867,861	40,867,861		
d	Bad Debt Expense	51,123,716	51,123,716		
e	All Other Expense	22,411,293	21,475,794	935,499	
f	All other expenses	0			
25	**Total functional expenses.** Add lines 1 through 24f	959,053,830	841,184,693	117,869,137	0
26	**Joint Costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		444,637	1	14,629,804
	2	Savings and temporary cash investments		32,715,572	2	65,742,860
	3	Pledges and grants receivable, net		50,000	3	50,000
	4	Accounts receivable, net		105,824,468	4	116,544,985
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	0
	7	Notes and loans receivable, net			7	0
	8	Inventories for sale or use		10,701,400	8	11,470,176
	9	Prepaid expenses and deferred charges		1,841,753	9	1,900,798
	10a	Land, buildings, and equipment cost basis	10a 967,775,367			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 493,466,214	470,720,167	10c	474,309,153
	11	Investments—publicly traded securities		368,542,179	11	355,064,500
	12	Investments—other securities See Part IV, line 11		49,233,695	12	52,259,273
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11		87,229,903	15	123,154,323
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,127,303,774	16	1,215,125,872
Liabilities	17	Accounts payable and accrued expenses		59,878,376	17	71,978,802
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		209,293,335	20	277,959,529
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		138,806,457	25	203,518,120
	26	**Total liabilities.** Add lines 17 through 25		407,978,168	26	553,456,451
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		439,970,770	27	397,277,811
	28	Temporarily restricted net assets		120,428,488	28	207,378,155
	29	Permanently restricted net assets		158,926,348	29	57,013,455
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		719,325,606	33	661,669,421
	34	Total liabilities and net assets/fund balances		1,127,303,774	34	1,215,125,872

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ Cash ☑ Accrual ☐ Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to 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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Rhode Island Hospital

Employer identification number
05-0258954

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
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.)

Public Support

Calendar 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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each 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						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	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 ☐

b **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 ☐

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

Part IV **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

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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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
Rhode Island Hospital	05-0258954

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	$
3	Volunteer hours	

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

1	Enter the amount of any excise tax incurred by the organization under section 4955	$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	$
3	If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?	☑ Yes ☐ No
4a	Was a correction made?	☐ Yes ☑ No
b	If "Yes," describe in Part IV	

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	$
2	Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities	$
3	Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	$
4	Did the filing organization file **Form 1120-POL** for this year?	☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		8,453
j	Total lines 1c through 1i			8,453
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

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

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).***	
a	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

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Part II-B, Line 1i - Other Activities Description	Rhode Island Hospital pays membership fees to the Hospital Association of Rhode Island and The National Association of Children's Hospitals Both of these organizations engage in lobbying activities on behalf of the Hospital

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Rhode Island Hospital

Employer identification number
05-0258954

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	417,775,875				
b Contributions	62,712,592				
c Investment earnings or losses	-5,317,535				
d Grants or scholarships					
e Other expenditures for facilities and programs	73,094,604				
f Administrative expenses					
g End of year balance	402,076,328				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 43 500 %
- b Permanent endowment ▶ 9 480 %
- c Term endowment ▶ 47 020 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		20,130,363		20,130,363
b Buildings		616,056,351	261,770,412	354,285,939
c Leasehold improvements		2,035,000	1,322,750	712,250
d Equipment		305,209,260	230,373,052	74,836,208
e Other		24,344,393		24,344,393
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				474,309,153

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation 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, line 15.

(a) Description	(b) Book value
Research Grants	3,082,814
Other Receivables	2,987,786
Other Non-Current Assets	9,177,903
Other Intercompany Receivables	1,144,814
Interest in Net Assets of RIH Foundation	42,551,884
Due from RIH Ventures	7,740,771
Due from Hospital Properties, Inc	7,215,662
Deferred Financing Costs	7,412,250
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	123,154,323

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Other Liabilities	15,520,691
Estimated Third-Party Payor Settlements	65,438,666
Estimated Health Benefit Self-Ins Costs	4,478,063
Accrued Pension & Post Retirement Liab	118,080,700
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	203,518,120

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	968,509,593
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	959,053,830
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	9,455,763
4	Net unrealized gains (losses) on investments	4	2,034,447
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-512,833
8	Other (Describe in Part XIV)	8	-66,105,565
9	Total adjustments (net) Add lines 4 - 8	9	-64,583,951
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-55,128,188

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	908,790,417
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	2,034,447		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-63,284,853		
e	Add lines **2a** through **2d**			2e	-61,250,406
3	Subtract line **2e** from line **1**			3	970,040,823
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-1,531,230		
c	Add lines **4a** and **4b**			4c	-1,531,230
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	968,509,593

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	963,918,605
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	4,864,775		
e	Add lines **2a** through **2d**			2e	4,864,775
3	Subtract line **2e** from line **1**			3	959,053,830
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	959,053,830

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Hospital Properties, Inc - Form 990 $649409 RIH Ventures - Form 990 $2336175 Rental expense $1795090 Joint venture - Radiosurgery Ctr of RI $302540 Donations $-218439
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Joint venture Radiosurgery Center of Rhode Island, LLC $3015421 Change in funded status of pension and other postretirement $ -61374052 Decrease in net assets of RIHF $ -7259512 Rhode Island Hospital Guild $ -45421 Hospital Properties, Inc $ -442001
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	The Hospital's endowment consists of many funds established for a variety of purposes, including both donor-restricted endowment funds and funds designated by the Hospital to function as endowments The majority of Rhode Island Hospital endowments are intended to be used in the areas of patient health care, which includes a comprehensive range of diagnostic and therapeutic health care services to inpatients and outpatients with particular expertise in cardiology, hematology/oncology, neurosurgery and orthopedics, as well as pediatric care at its Hasbro Children's Hospital (HCH), research and education The largest term endowment held by the Hospital is used to support the operating activities of its psychiatry practice group Two other large funds are used for the care and treatment of crippled children and for pediatric orthopedic research, respectively

Additional Data

Software ID:
Software Version:
EIN: 05-0258954
Name: Rhode Island Hospital

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
Research Grants	3,082,814
Other Receivables	2,987,786
Other Non-Current Assets	9,177,903
Other Intercompany Receivables	1,144,814
Interest in Net Assets of RIH Foundation	42,551,884
Due from RIH Ventures	7,740,771
Due from Hospital Properties, Inc	7,215,662
Deferred Financing Costs	7,412,250

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Rhode Island Hospital

Employer identification number
05-0258954

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance . . . . . ☑ Yes ☐ No

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

3 Activites per Region (Use Schedule F-1 (Form 990) if additional 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 of service(s) in region	(f) Total expenditures in region
Sub-Saharan Africa	0	0	Program Services	Research	21,468
South America	0	0	Program Services	Research	233,619
Europe	0	0	Program Services	Research	3,939
East Asia/Pacific	0	0	Program Services	Research	209,798
Central Amer/Caribbean	0	0	Program Services	Research	15,015
Totals . . . . . ▶	0	0			483,839

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Research	6,341	Wire Transfer			
		Sub-Saharan Africa	Research	5,292	Wire Transfer			
		South America	Research	233,619	Wire Transfer			
		East Asia & the Pacific	Research	6,798	Wire Transfer			
		East Asia & the Pacific	Research	203,000	Wire Transfer			
		Central America & the Caribbean	Research	15,015	Wire Transfer			

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 6

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Research	Sub-Saharan Africa	1	9,835	Wire Transfer			

Part IV Supplemental Information

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

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

Additional Data

Return to Form

Software ID: 08000091
Software Version: 2008v2.7
EIN: 05-0258954
Name: Rhode Island Hospital

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Research	6,341	Wire Transfer			
		Sub-Saharan Africa	Research	5,292	Wire Transfer			
		South America	Research	233,619	Wire Transfer			
		East Asia & the Pacific	Research	6,798	Wire Transfer			
		East Asia & the Pacific	Research	203,000	Wire Transfer			
		Central America & the Caribbean	Research	15,015	Wire Transfer			

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Rhode Island Hospital

Employer identification number
05-0258954

Part I 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	1a		
b	If "Yes," is it a written policy?	1b		
2	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			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	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 ☐ 100% ☐ 150% ☐ 200% ☐ Other _____%	3a		
b	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 ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____%	3b		
c	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			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *Worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, and Collection Practices *(Optional for 2008)*

Section A—Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost) 2			
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME) 5		
6	Enter Medicare allowable costs of care relating to payments on line 5 6		
7	Enter line 5 less line 6—surplus or (shortfall) 7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C—Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V **Facility Information** *(Required for 2008)*

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)
See Additional Data Table									

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 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

Additional Data

Software ID:
Software Version:
EIN: 05-0258954
Name: Rhode Island Hospital

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)
Southern NE Rehab Partnership 200 High Service Avenue North Providence, RI 02904									Rehabilitation Services
Orthopedic MRI of RI LLC 100 Butler Drive Providence, RI 02906									Medical Imaging Services
MRICT of Providence LLC 695 Eddy Street Providence, RI 02903									Diagnostic Imaging Facility
Radiosurgery Center of RI LLC 593 Eddy Street Providence, RI 02903									Radiosurgery Services
Dialysis Center of RIH 22 Baker Street Providence, RI 02905									Dialysis Services
General Internal Med Research 111 Plain Street Providence, RI 02903									Research Studies
RIH Hasbro Childrens OP Rehab 765 Allens Avenue Providence, RI 02903									Physical and Occupational Therapy
RIH Pedi & Adolescent Health 1 Hoppin Street Suite 3055 Providence, RI 02903									O/P Adolescent and Pedi Services
RIH Sleep Disorders 70 Catamore Boulevard East Providence, RI 02914									Outpatient Evaluation of Sleep Disorders
RIH Pedi AsthmaAllergy Spec 1 Hoppin Street Providence, RI 02903									O/P Pedi Asthma/Allergy/Oth Specialties
RIH Pediatric Heart Ctr 1 Hoppin Street Suite 304 Providence, RI 02903									Outpatient Pediatric Cardiology Services
Hallett Ctr - Diabetes & Endoc 1 Hoppin Street Providence, RI 02903									Diabetes and Endocrinology Care
RIH Outpatient Rehabiliatation 1 Hoppin Street Providence, RI 02903									Rehabilitation Services
RIH Child Research Center 1 Hoppin Street Providence, RI 02903									Outpatient Psychiatric Services
RIH Lab - Hugo Yamada MD 6 Blackstone Valley Place Lincoln, RI 02865									Outpatient Phlebotomy
RIH Lab - Louis J Moran MD 1035 Post Road Warwick, RI 02886									Outpatient Phlebotomy
RIH Outpatient Psychiatry 235 Plain Street Providence, RI 02905									Outpatient Psychiatry Services
Rhode Island Hospital 593 Eddy Street Providence, RI 02903	X	X	X	X	X	X	X		

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Rhode Island Hospital

Employer identification number
05-0258954

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League of Rhode Island246 Prairie Avenue Providence, RI 02905	05-0258939	501(c)(3)	10,000	0			General Support
UNAPRIH Education Trust Fund375 Branch Avenue Providence, RI 02904	41-2139381	501(c)(3)	100,000	0			Administrative Support
RIMS Foundation235 Promenade Street Providence, RI 02908	05-0401176	501(c)(3)	5,600	0			Health Program Support
Rhode Island Hospital Foundation167 Point Street Providence, RI 02903	05-0468736	501(c)(3)	15,000	0			Employee Fund Commitment
Project Health Inc593 Eddy Street Providence, RI 02903	45-0484533	501(c)(3)	90,000	0			General Support
Childrens Hospital Boston 300 Longwood Avenue Boston, MA 02115	04-2774441	501(c)(3)	15,000	0			Contribution to the Poison Control Center

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 2

3 Enter total number of other organizations . . . ▶ 4

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount 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
Grantmaker's Description of How Grants are Used		Rhode Island Hospital is committed to community programs and provides support to many charitable organizations in Rhode Island and Southeastern Massachusetts Donations are made to organizations recognized by the IRS as being described in IRC Section 501(c)(3) All contributions are approved by management and are given to organizations whose missions and goals align with those of the hospital

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Rhode Island Hospital

Employer identification number
05-0258954

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☑ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**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?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

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 W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Timothy J Babineau MD	(i)							
	(ii)	127,388	195,000	22,129	20,125	4,068	368,710	
Ronald A DeLellis	(i)	356,401	18,000	10,084	17,900	16,897	419,282	288,363
	(ii)							
Robert B Klein	(i)	378,316		8,026	17,900	13,715	417,957	289,756
	(ii)							
Richard J Goldberg	(i)	320,141		3,497	17,900	8,580	350,118	242,728
	(ii)							
Mary A Wakefield	(i)	443,889	120,000	24,828	81,798	13,497	684,012	351,537
	(ii)							
Linda K Snelling	(i)	369,115		6,439	17,900	19,012	412,466	281,665
	(ii)							
Latha R Pisharodi	(i)	358,630	7,000	1,999	17,900	17,216	402,745	275,722
	(ii)							
Joseph F Amaral MD	(i)							
	(ii)			539,300		12,491	551,791	404,475
John B Murphy	(i)	293,075	52,705	14,701	30,578	150	391,209	
	(ii)							
George A Vecchione	(i)	918,760	339,767	8,052,125	215,259	18,553	9,544,464	8,723,265
	(ii)							
Frederick Macri	(i)	416,556	98,000	25,457	67,365	15,126	622,504	331,510
	(ii)							
Barbara Riley	(i)	220,854	51,654	19,350	44,452	16,883	353,193	
	(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

Identifier	Return Reference	Explanation
Sch J, Part I, Line 7	Part I, Line 7 Non-Fixed payments not listed above	The Lifespan Annual Incentive Compensation Plan provides a financial award opportunity for designated members of management, based on quantified objectives that are approved in advance by the Compensation Committee of the Board of Directors A specified level of financial performance must be met before any award is earned The objectives vary from year to year and generally include various aspects of financial measures in addition to non-financial performance measures For certain participants in the Annual Incentive Compensation Plan, the award opportunity is divided into two pools The first pool represents 80% of any earned incentive award, based on the achievement of the team performance objectives The remaining 20% pool is distributed on an individual basis to participants at the discretion of the CEO, in each case subject to approval by the Compensation Committee of the Lifespan Corporation Board of Directors Additionally, the Rhode Island Hospital Pathology Department provides a financial award opportunity for certain pathologists based on quantified objectives that are approved in advance by the Chief of Pathology in accordance with the Lifespan Compensation Department's Operating Principles and Operational Standards for Physician Compensation Programs The award opportunity has been allocated based on multiple success factors including clinical productivity, leadership, academic performance and support of departmental improvement efforts/assumption of extra responsibilities
Sch J, Part I, Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	Tax indemnification and gross-up payments The Lifespan Executive Long Term Disability program provides financial protection to designated Lifespan executives in the event that they become disabled Premiums are paid to the insurance carrier by the insureds on an after tax basis to allow for income replacement at a reasonable cost The income associated with the premiums is grossed-up to cover the total cost of the benefit as provided in the Lifespan Executive Benefit Plan and is included in Medicare wages, more specifically on Schedule J, Part II, column B (iii) Housing allowance or residences for personal use A temporary housing allowance may be provided on a case-by-case basis as part of the recruitment of key executives The allowance is documented in the individual employment contract or employment offer In fiscal year 2009 Lifespan provided this benefit to one new executive and the taxable amounts paid for relocation are included in Medicare wages, more specifically on Schedule J, Part II, column B (iii)

Additional Data

Return to Form

Software ID: 08000091
Software Version: 2008v2.7
EIN: 05-0258954
Name: Rhode Island Hospital

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Timothy J Babineau MD	(I) (II)	127,388	195,000	22,129	20,125	4,068	368,710	
Ronald A DeLellis	(I) (II)	356,401	18,000	10,084	17,900	16,897	419,282	288,363
Robert B Klein	(I) (II)	378,316		8,026	17,900	13,715	417,957	289,756
Richard J Goldberg	(I) (II)	320,141		3,497	17,900	8,580	350,118	242,728
Mary A Wakefield	(I) (II)	443,889	120,000	24,828	81,798	13,497	684,012	351,537
Linda K Snelling	(I) (II)	369,115		6,439	17,900	19,012	412,466	281,665
Latha R Pisharodi	(I) (II)	358,630	7,000	1,999	17,900	17,216	402,745	275,722
Joseph F Amaral MD	(I) (II)			539,300		12,491	551,791	404,475
John B Murphy	(I) (II)	293,075	52,705	14,701	30,578	150	391,209	
George A Vecchione	(I) (II)	918,760	339,767	8,052,125	215,259	18,553	9,544,464	8,723,265
Frederick Macri	(I) (II)	416,556	98,000	25,457	67,365	15,126	622,504	331,510
Barbara Riley	(I) (II)	220,854	51,654	19,350	44,452	16,883	353,193	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Rhode Island Hospital

Employer identification number
05-0258954

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Rhode Island Health and Education Building Corporation	52-1300173	762243K36	03-30-2009	72,570,461	see Schedule O		X		X
B	Rhode Island Health and Education Building Corporation	52-1300173	762243SS3	02-14-2006	160,884,410	see Schedule O		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Rhode Island Hospital

Employer identification number
05-0258954

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

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

Part IV 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 organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Delta Dental of RI	David Duffy, Trustee	3,625,363	Dental Insurance Coverage		No
University Orthopedics Inc	Edward Akelman, Trustee	644,726	Medical Services		No

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Rhode Island Hospital

Employer identification number
05-0258954

Identifier	Return Reference	Explanation
	Schedule K, Part I, Line B, Column (f)	The proceeds of the Series 2009A Bonds are being used for the purposes of financing projects consisting of (i) the acquisition, construction, renovation, expansion and equipping of certain hospital and related health care facilities owned and operated or to be owned and operated by one or more of Rhode Island, The Miriam or Emma Pendleton Bradley Hospitals located at and in the vicinity of the Hospital Campuses, (ii) equipping, furnishing and improving facilities and other depreciable assets used in health care operations on the Hospital Campuses, (iii) the funding of a debt service reserve fund for the Bonds, and (iv) the payment of certain expenses of issuance with respect to the Bonds

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

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

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

Identifier	Return Reference	Explanation
	Form 990, Part VI Section B, Line 15 #1	The following applies to Lifespan and all of its affiliates, including Rhode Island Hospital EXECUTIVE COMPENSATIONLifespan's executive compensation philosophy balances appropriate stewardship of resources and the need to be competitive in recruiting and retaining talented individuals It incorporates market-competitive and performance-related principles, and covers the President and CEO of Lifespan as well as other officers, managers and key employees Lifespan's executive compensation program complies both with law and with contemporary ethical norms, and is administered consistent with the organization's tax-exempt status under Section 501(c)(3) of the Internal Revenue Code (IRC) and the avoidance of transactions subject to intermediate sanctions under Section 4958 of the IRC Executive compensation is also administered consistent with Lifespan's Corporate Compliance Policy on Excess Benefit Transactions The Compensation Committee of the Lifespan Corporation Board of Directors (the Committee), comprised of disinterested Lifespan and affiliate Board members, is responsible for diligent oversight of executive compensation to ensure compliance with IRC requirements Its duties include Approving eligibility for participation in the executive compensation program Approving changes in compensation for existing executive participants Approving guidelines, such as salary ranges and contract terms, on appropriate levels of compensation for other key employeesApproving new, and modifying or terminating existing, executive compensation plans including, but not limited to, annual and long-term incentive and executive benefit plansApproving performance objectives associated with Lifespan's annual and long-term incentive plans, including measuring points, and using audited actual performance relative to these objectives as a precondition to approving the payment of any awards under the plan(s)Authorizing periodic performance benchmark studies to be conducted for purposes of assessing Lifespan's performance within the healthcare industry and the degree to which total remuneration levels at Lifespan are generally commensurate with Lifespan performance relative to healthcare industry performanceConducting an annual performance review of Lifespan's Chief Executive Officer The Chair of the Committee conducts and documents this review, based on his/her observations and interpretation of feedback from members of the Board of DirectorsSelecting and engaging qualified, independent, third party compensation valuation consultants that the Committee charges with rendering opinions with respect to the reasonableness and comparability of compensation as well as the comparative organizations against which compensation is assessed, in accordance with relevant sections of the IRC and Lifespan's executive compensation philosophy The independent consultants are not engaged by management to perform any services for Lifespan without prior approval by the Committee Lifespan's Chief Executive Officer works closely with the Committee to make recommendations on the above topics and keep the Committee informed about contemplated compensation changes for executives and other key employees, as well as candidates for these roles The CEO also provides periodic updates to the Committee regarding Lifespan's performance relative to compensation-related performance objectives The Committee's deliberations and actions are documented in minutes prepared for each meeting PROCESS FOR DETERMINING COMPENSATION Valuation of Total Cash and Total Remuneration No less frequently than annually, the Committee receives and reviews a total cash compensation valuation of all existing executive compensation program participants prepared by its independent compensation consultant Annually, the Committee also receives and reviews a total remuneration valuation of all existing executive compensation participants

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

Identifier	Return Reference	Explanation
	Form 990, Part III, Line 4C, continued	Major areas of research are Cancer RIH participates in clinical trials of new therapeutic agents in both adult and pediatric medicine These trials are supported by the National Cancer Institute and include the Cancer and Leukemia Group B (CALGB), Pediatric Oncology Group (POG), National Surgical Adjuvant Breast and Bowel Project (NSABP), and the Southwest Oncology Group (SWOG) RIH is a participating hospital in the Brown University-sponsored Cancer Oncology group (BrUCOG) The Liver Research Center The Liver Research Center emphasizes studies relating to the molecular biology of liver diseases such as Hepatitis B and C and cellular carcinoma Heart Disease Clinical research continues in antithrombolytic therapy and anticoagulant therapy Research continues in areas of invasive therapy, such as angioplasty, artherectomy, coronary stenting, and laser treatment of coronary artery disease HIV/AIDS Infectious Diseases At RIH, researchers have focused on combination drug therapies, including those recently discovered to eliminate all traces of the HIV virus in the blood In addition, research continues in the epidemiology of the disease and enhancement of the AIDS treatment delivery services that are currently available at the Hospital as well as those that will be needed in the future The Lifespan/Tufts/Brown Center for AIDS Research conducts clinical, basic and translational research programs The TB Clinic performs research in the area of co-infections of HIV and tuberculosis

Identifier	Return Reference	Explanation
	Form 990, Part III, Line 4B, continued	In an affiliation agreement with Brown Medical School, renamed The Warren Alpert Medical School of Brown University (Brown), Lifespan participates jointly in various clinical training programs and research activities The goals of the partnership are to bring together essential resources of Brown and Lifespan, including faculty appointments, to enhance the strategic focus on and opportunities in clinical programs, teaching and research, and to ensure the excellence of academic and clinical programs The Hospital sponsors 44 graduate medical education programs accredited by or under the auspices of the Accreditation Council for Graduate Medical Education (ACGME), while also sponsoring another 24 hospital-approved residency and fellowship programs The Hospital serves as the principal setting for these clinical training programs, which encompass the following disciplines internal medicine and medicine subspecialties, clinical neurosciences, general surgery and surgical specialties, pediatrics and pediatric specialties, including hematology and oncology, dermatology, radiology, pathology, child psychiatry, emergency medicine and emergency medicine specialties In 2009, Brown University enrolled 413 students in undergraduate medical education programs All third and fourth-year medical students in Brown programs receive training at RIH At the graduate medical education level, 698 residents and fellows are in training programs based at the seven Brown-affiliated hospitals The Hospital teaching faculty help to ensure that the experience of graduate medical education remains transformative - transforming novice practitioners into physicians able to think, act, and keep their focus on the ultimate goal of providing the best and most appropriate care for patients no matter what the setting or circumstances The diagnostic imaging residency training program of RIH and Brown University Medical School was ranked number one in the country by the American Board of Radiology, which measures residency training programs based on the past five years of written and oral Board examinations The Hospital is also a participating clinical training site for residents in anesthesiology, emergency medicine, family medicine, infectious diseases, obstetrics/gynecology (OB-Gyn) and OB/Gyn subspecialties, otolaryngology, podiatry, psychiatry, orthopedics, pulmonary medicine, colorectal surgery, and radiation oncology programs and provides stipends to residents and physician fellows while in training With respect to nursing education, the Hospital has developed formal and informal educational affiliations with the University of Rhode Island College of Nursing, Rhode Island College, the Community College of Rhode Island, Salve Regina University, Boston College, Yale University, Regis College, Simmons College, St Joseph's Health Services School of Nursing, the University of Massachusetts-Dartmouth, the University of Connecticut, and the University of Pennsylvania, pursuant to which their nursing students obtain clinical training and experience at the Hospital The Hospital does not receive any compensation from the various schools for providing a clinical setting for the student nurse training Other sponsored training programs and clinical site affiliations include medical technology, diagnostic medical sonography, nuclear medical technology, radiologic technology, mammography, computerized tomography, magnetic resonance imaging, and pharmacy technician RIH also provides a clinical setting for numerous training programs in health care and related fields including occupational therapy, child development, physical therapy, social work, clinical pastoral education, speech pathology and audiology, histology and phlebotomy

Identifier	Return Reference	Explanation
	Form 990, Part III, Line 4A, continued-2	a Bariatric Surgery Center of Excellence, Alzheimer's Disease and Memory Disorders Center, an adult and pediatric hemostasis and thrombosis center, and an adult and pediatric diabetes and endocrinology center RIH provides full care for individuals at or below twice the federal poverty level, with a sliding scale for individuals up to four times the poverty level In addition, a substantial charity allowance is offered to all other uninsured patients The Hospital maintains records to identify and monitor the level of charity care it provides The total cost incurred by the Hospital to provide charity care amounted to $29,272,000 in fiscal 2009 Charges forgone, based on established rates, amounted to $117,138,000 The Hospital subsidizes various health services including the following clinics surgical, diabetes, resident/fellowships specialty training, dental, adolescent and Alzheimer's as well as the Center for Special Children and early intervention The Hospital also provides numerous other services to the community for which charges are not generated These services include certain emergency services, community health screenings for cardiac health, prostate cancer and other diseases, smoking cessation and weight loss programs, diabetes education, patient advocacy, foreign language translation, physician referral services and charitable contributions In 2009, RIH performed the nation's first tumor ablation using a NanoKnife, a new image-guided device that uses "irreversible electroporation" technology-pulses of electricity that selectively destroy tumor cells while sparing nearby nerves, blood vessels and other delicate structures within the body Hasbro Children's Hospital, a division of RIH, was ranked among the top 30 children's hospitals in the country (one of only two from New England), based on a survey conducted by Parents Magazine in 2009 In 2008, RIH was named a Blue Distinction Center for Complex and Rare Cancers by Blue Cross and Blue Shield of Rhode Island RIH was recognized by VHA as a national leader in providing heart attack care and for meeting the 90-minute door-to-balloon time national standard RIH was selected by VHA as a model of treatment for heart attack patients RIH has been designated a Bariatric Surgery Center of Excellence by the American Society for Metabolic and Bariatric Surgery RIH has also been designated a UnitedHealth Premium Surgical Spine Specialty Center, having met rigorous quality criteria based on nationally-recognized medical standards In 2007, RIH received the Five-Star hospital ranking in the Community Value Provider listing, a proprietary index created by the private firm Cleverley + Associates, which was designed to offer a measure of the value that a hospital provides to its community RIH was rated among best in the country for low costs and low charges, using its strong financial position to reinvest in its facilities to improve overall care RIH cardiac non-invasive lab received accreditation in adult echocardiography, stress echocardiography and transesophageal echocardiography from the Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL) The Anne C Pappas Center for Breast Imaging at RIH earned designation as a Breast Imaging Center of Excellence from the American College of Radiologists (ACR) It is the only facility in the State to receive the designation RIH is accredited by The Joint Commission, the Accreditation Council for Graduate Medical Education for residency and fellowship training in 45 programs, the Accreditation Council for Continuing Medical Education of the Rhode Island Medical Society, the American College of Surgeons' Commission on Cancer, the Joint Review Committees on Educational Programs in Nuclear Medicine Technology and Radiologic Technology, the Commission of Accreditation of Allied Health Education Programs, and the National Accrediting Agency for Clinical Laboratory Sciences

Identifier	Return Reference	Explanation
	Form 990, Part III, Line 4A, continued	Some of the special services, facilities and programs provided by RIH include the Comprehensive Cancer Center for adults, cardiology services, comprised of cardiac catheterization, balloon angioplasty and open heart surgery, microvascular surgery, nuclear cardiology, radiology, laboratory, renal dialysis, computerized tomography, orthopedics, including minimally invasive carpal tunnel surgery and cartilage transplants for knee defects, and magnetic resonance imaging (MRI) RIH is the designated Level I trauma center for the State of Rhode Island, with a newly constructed state-of-the-art emergency department (ED) and a dedicated pediatric emergency department RIH's adult emergency department includes a dedicated radiology unit, including 4-slice and 16-slice CT scanners, ultrasound and x-ray machines, an all-inclusive chest pain center, a critical care unit for the most seriously injured and ill, private treatment rooms, and a fast-track area for less urgent conditions In 2007, RIH was the first hospital in New England to place a cardiac catheterization lab in its ED, providing faster care and preserving heart muscle function for acute cardiac patients RIH offers imaging with the PET/CT technology for cancer staging, while cardiac MRI and 64-slice cardiac CT scanners are powerful tools for evaluating heart disease and function The Anne C Pappas Center for Breast Imaging is the only facility in the state to be designated a Breast Imaging Center of Excellence by the American College of Radiologists In the area of cancer services, RIH pioneered image-guided tumor ablation, which shrinks or eliminates tumors by destroying them with heat (microwave ablation and radiofrequency ablation) or by freezing them (cryoablation) In addition, radiation oncology services include a linear accelerator for image-guided radiotherapy and stereotactic radiosurgery, as well as electronic brachytherapy for early-stage breast cancer patients, which reduces average treatment times from eight weeks to five days In the area of surgical oncology, RIH is the only hospital in the state and one of only four hospitals in New England to offer hyperthermic intraperitoneal chemoperfusion (HIPEC) for patients with advanced cancer of the abdomen In the sphere of neurosurgery, RIH features one of the first gamma knife surgical centers in the United States, which offers intracranial stereotactic radiosurgery for the non-invasive treatment of brain lesions previously inaccessible or unsuccessfully treated by conventional therapies RIH also offers pediatric services through its pediatric division, Hasbro Children's Hospital (HCH) HCH's specialties include cardiology, orthopedics and hematology/oncology HCH also has the area's only center for pediatric imaging, as well as the area's only pediatric intensive care unit, pediatric oncology and outpatient cardiac programs, pediatric emergency department, and pediatric surgical unit It operates specialty clinics treating children ranging in age from newborn to 18 years Services and programs include adolescent medicine, the Asthma and Allergy Center, Children's Neurodevelopment Center, Child Life Program, Child Protection Program, dermatology, gastroenterology, infectious disease, the Injury Prevention Center, the Kidney Transplant Center, nephrology, neurosurgery, nutrition, Partial Hospitalization program, surgery, plastic surgery, primary care clinic, rehabilitation services, Sickle Cell Clinic and urology Additional special services, facilities and programs furnished by RIH include the endovascular hybrid operating room suite (the only one of its kind in Rhode Island, the suite's design provides vascular surgeons with the flexibility to perform minimally invasive procedures and traditional open surgeries simultaneously with limited anesthesia), adult and pediatric kidney and pancreas transplant, colorectal care center, the transfusion-free medicine and surgery program (one of only two formalized bloodless medicine programs in New England),

Identifier	Return Reference	Explanation
	Form 990, Part I, Line 6	Volunteers give their time, energy and enthusiasm every day at Rhode Island Hospital These volunteers donate their time selflessly, yet in return, they find it a rewarding experience They are able to learn, meet other dedicated volunteers, better understand the healthcare environment and gain personal satisfaction knowing they are making a difference Volunteer positions are available for both teens and adults in a wide variety of positions, including family liaisons, dietary services, emergency room, gift shop, nurse aides, office support, pet therapy, patient representatives, greeters, physical therapy, patient visitors, stock and supplies, recovery room and central transporters Although the volunteer office currently tracks volunteers on a calendar year basis, the annual number does not fluctuate widely, therefore, calendar year 2009 figures were used for the tax year 10/1/08 to 09/30/09 In calendar year 2009, there were 946 volunteers with over 98,776 hours Comparatively, in calendar year 2008 there were 919 volunteers with a total of 93,855 hours

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

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

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	Lifespan Corporation is the sole corporate member of Rhode Island Hospital

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Rhode Island Hospital

Employer identification number
05-0258954

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
Southern New England Rehabilitation Ptr 200 High Service Avenue North Providence, RI02904 05-0482868	Rehab Svcs	RI	NA	Related	170,398	218,741		No		Yes	
Radiosurgery Center of Rhode Island LLC 593 Eddy Street Providence, RI02903 26-2171671	Radiosurgry	RI	NA	Related	-311	626,689		No		Yes	
Orthopedic MRI of Rhode Island LLC 100 Butler Drive Providence, RI02906 26-1293469	Imaging Svc	RI	NA	Related	-56,153	363,994		No			No
MRICT of Providence LLC 695 Eddy Street Providence, RI02903 04-3563061	DX Imaging	RI	NA	Related	36,435	206,319		No			No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
VNA Technicare Inc 622 George Washington Highway Lincoln, RI02865 05-0472710	DME Sales	RI	NA	C			
Lifespan Risk Services Inc 167 Point Street Providence, RI02903 05-0459767	Risk Mgmnt	RI	NA	C			
Lifespan MSO Inc 167 Point Street Providence, RI02903 05-0508717	Mgmnt Svcs	RI	NA	C			

Part V Transactions with Related Organizations

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During 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 Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	Radiosurgery Center of Rhode Island LLC	b	605,000
(2)	Radiosurgery Center of Rhode Island LLC	a	20,222
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

Software ID: 08000091
Software Version: 2008v2.7
EIN: 05-0258954
Name: Rhode Island Hospital

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
RI Sound Enterprises Insurance Co Ltd 65 Front Street Hamilton HM 12 BD	Offshore Insurance Captive	BD			NA
The Miriam Hospital Foundation 167 Point Street Providence, RI02903 05-0377502	Philanthropic Activities	RI	7	501(c)(3)	NA
The Miriam Hospital 164 Summit Avenue Providence, RI02906 05-0258905	Health Care Services	RI	3	501(c)(3)	NA
Rhode Island Hospital Foundation 167 Point Street Providence, RI02903 05-0468736	Philanthropic Activities	RI	7	501(c)(3)	NA
RIH Ventures 593 Eddy Street Providence, RI02903 05-0448686	Parking Facilities/ Phlebotomy Services	RI	11	501(c)(3)	NA
NHCC Medical Associates Inc 11 Friendship Street Newport, RI02840 05-0472268	Health Care Services	RI	11	501(c)(3)	NA
Newport Hospital Foundation Inc 11 Friendship Street Newport, RI02840 22-2535533	Philanthropic Activities	RI	501(c)(3)	11	NA
Newport Hospital 11 Friendship Street Newport, RI02840 05-0258914	Health Care Services	RI	501(c)(3)	3	NA
Newport Health Property Management Inc 11 Friendship Street Newport, RI02840 22-2335539	Property Management	RI	501(c)(3)	11	NA
Newport Healthcare Corporation 11 Friendship Street Newport, RI02840 22-2535537	Holding Company/ Mgmnt Services	RI	501(c)(3)	7	NA
Lifespan of Massachusetts Inc Two Financial Center 60 South St Boston, MA02111 04-3408517	Holding Company	MA	501(c)(3)	11	NA
Lifespan Foundation 167 Point Street Providence, RI02903 05-0493219	Philanthropic Activities	RI	501(c)(3)	7	NA
Lifespan Diversified Services Inc 167 Point Street Providence, RI02903 05-0258935	Holding Company/ Mgmnt Services	RI	501(c)(3)	11	NA
Lifespan Corporation 167 Point Street Providence, RI02903 22-2861978	Holding Company/ Mgmnt Services	RI	501(c)(3)	11	NA
Hospital Properties Inc 593 Eddy Street Providence, RI02903 22-2869743	Property Management	RI	501(c)(4)		NA
Emma Pendleton Bradley Hospital 1011 Veterans Memorial Parkway East Providence, RI02915 05-0258806	Pediatric Psychiatric Health Care Services	RI	501(c)(3)	3	NA
Bradley Hospital Foundation 167 Point Street Providence, RI02903 05-0500688	Philanthropic Activities	RI	501(c)(3)	7	NA

Additional Data

Software ID:
Software Version:
EIN: 05-0258954
Name: Rhode Island Hospital

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Temp Restricted	900,099	9,133,485	9,133,485		
Rental Income	531,120	3,500,720	3,500,720		
Patient Service Rev	900,099	876,849,880	876,849,880		
Laboratory	621,500	4,404,974		4,404,974	
Direct Research	900,099	44,861,424	44,861,424		

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Unrelated Business Tax	122,634	122,634		
Maint Contracts/Purchased Svcs	95,586,784	27,713,039	67,873,745	
License Fee	40,867,861	40,867,861		
Bad Debt Expense	51,123,716	51,123,716		
All Other Expense	22,411,293	21,475,794	935,499	