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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)

2008

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

C Name of organization D Employer identification number C Name of organization

| | ess ch | oplicable Please use IRS | | are new England Health System | | | 05-0490997 | 7 | |
|---|-----------------------|--|---|--|--|--|--|---|--|
| | e char | label o | | oing Business As | | | E Telephone nu | | |
| _ | ıl retur | type. S | ee | | | N | (401) 274-1 | 122 | |
| | nnatio | Instruc | _ '' | umber and street (or P O box if mail is 5 WILLARD AVENUE | not delivered to street addre | ss) Room/suite | G Gross receipt | s \$ 40,063,100 | |
| | nded r | | | ity or town, state or country, and ZIP + | 4 | | | | |
| | | pending | | ROVIDENCE, RI 02905 | 7 | | | | |
| ДРРП | cation | | N | | | | | | |
| | | | | nd address of Principal Officer JTHERLAND III | | H(a) Is this affiliat | s a group return | for ┌Yes ✔ No | |
| | | | | RD AVENUE - 3RD FLOOR | | a iiii a | | 1 163 1 140 | |
| Tav | evem | <u> </u> | | ICE, RI 02905) ◀ (Insert no) | | | affiliates include | | |
| | | | | | 527 | 1 | | See instructions) | |
| We | b site | e: ► WWW CAR | ENEWE | NGLAND ORG | | H(c) Group | p Exemption Nur | nber 🕶 | |
| Гуре | of org | anızatıon 🔽 Corp | oration [| trust association other ► | | L Year of For | mation 1996 M s | State of legal domicile RI | |
| Par | t I | Summary | | | | | | | |
| | | | the or | ganızatıon's mıssıon or most sıg | nıfıcant actıvıtıes | | | | |
| | | Care New Engl | and is c | evoted to continually improving | the health and well-beir | g of the peopl | e and communiti | es we serve | |
| | | _ | | | | | | | |
| | | | | | | | | | |
| | 2 | Check this box | ┌ ıf th | e organization discontinued its | operations or disposed o | f more than 2 | 5% of its assets | | |
| | 3 | Number of voti | ng mem | bers of the governing body (Par | tVI, line 1a) | | з _ | 29 | |
| | 4 | Number of inde | penden | t voting members of the governi | ng body (Part VI, line 11 |) | . 4 _ | 23 | |
| | 5 | Total number o | femplo | yees (Part V , line 2a) | | | 5 _ | 197 | |
| | 6 | Total number o | fvolun | eers (estimate if necessary) . | | | 6 _ | 0 | |
| | 7a | Total gross unr | elated | busıness revenue from Part VII | I, line 12, column (C) | | 7a _ | 0 | |
| | b | Net unrelated b | usines | s taxable income from Form 990 | -T, line 34 | | 7b | 0 | |
| | | | | | | Prio | r Year | Current Year | |
| | 8 | Contributions | and gr | ants (Part VIII, line 1h) | | | 0 | (| |
| 1 | 9 | Program servi | ice reve | nue (Part VIII, line 2g) | | 36,071,348 | 39,026,186 | | |
| | 10 | Investment in | icome (| Part VIII, column (A), lines 3, 4 | | 547,978 | 1,014,962 | | |
| | 11 | Other revenue | e (Part | /III, column (A), lines 5, 6d, 8c | | -12,677 | 21,952 | | |
| | 12 | | —add I | nes 8 through 11 (must equal P | e | 36,606,649 | 40,063,100 | | |
| _ | 13 | 12) | mularas | nounts paid (Part IX, column (A | \ lines 1 – 2\ | | | 40,003,100 | |
| | 14 | | | members (Part IX, column (A), | • | | 0 | | |
| | | - | | ensation, employee benefits (Pa | • | :_ | | (| |
| } | 15 | 10) | rcomp | ensation, employee benefits (Pa | rt IX, column (A), lines : | · - | 22,040,070 | 23,768,000 | |
| | 16a | | | ıng fees (Part IX, column (A), lıı | ne 11e) | | 0 | C | |
| | ь | | | es, Part IX, column (D), line 25 0 |) | | | | |
| | 17 | · | • | t IX, column (A), lines 11a-11d | | | 14,436,093 | 15,193,696 | |
| | 18 | | | lines 13-17 (must equal Part I | | | 36,476,163 | 38,961,696 | |
| - 1 | 19 | Revenue less | expens | es Subtract line 18 from line 13 | 2 | | 130,486 | 1,101,404 | |
| | | | | | | Beginni | ng of Year | End of Year | |
| | | | ,_ | | | | | 96,878,448 | |
| | 20 | Total assets (| | • | | : | 101,801,310 | | |
| | 21 | Total liabilitie | s (Part | X, line 26) | 20 | : | 99,085,259 | 103,477,577 | |
| Hand Basaces | 21 22 | Total liabilitie Net assets or | s (Part fund ba | X, line 26) lances Subtract line 21 from lii | ne 20 | : | , , | | |
| Hand Basaces | 21 | Total liabilitie Net assets or Signature | s (Part fund ba | X, line 26) llances Subtract line 21 from lii | | | 99,085,259 2,716,051 | 103,477,577 -6,599,129 | |
| Fund Bæances | 21 22 | Total liabilitie Net assets or Signature Under penalties of | s (Part fund ba | X, line 26) lances Subtract line 21 from lii | eturn, including accompanying | schedules and st | 99,085,259 2,716,051 tatements, and to the | 103,477,577 -6,599,129 ne best of my knowledge | |
| e a s | 21 22 | Total liabilitie Net assets or Signature Under penalties of | s (Part fund ba | X, line 26) Ilances Subtract line 21 from lii , I declare that I have examined this re | eturn, including accompanying | schedules and st | 99,085,259 2,716,051 tatements, and to the | 103,477,577 -6,599,129 ne best of my knowledge | |
| e a s | 21 22 | Total liabilitie Net assets or Signature Under penalties of | s (Part fund ba Block of perjury ue, corre | X, line 26) Ilances Subtract line 21 from lii , I declare that I have examined this re | eturn, including accompanying | schedules and st | 99,085,259 2,716,051 tatements, and to the | 103,477,577 -6,599,129 ne best of my knowledge | |
| e a s | 21 22 | Net assets or Signature Under penalties of and belief, it is tr Signature of of John M Suther | s (Part fund ba Block of perjury ue, corre | X, line 26) Ilances Subtract line 21 from line, I declare that I have examined this rect, and complete Declaration of preparation. | eturn, including accompanying | schedules and st d on all informati 2010- | 99,085,259 2,716,051 tatements, and to the | 103,477,577 -6,599,129 ne best of my knowledge | |
| e a s | 21 22 | Net assets or Signature Under penalties of and belief, it is tr | s (Part fund ba Block of perjury ue, corre | X, line 26) Ilances Subtract line 21 from line, I declare that I have examined this rect, and complete Declaration of preparation. | eturn, including accompanying | schedules and st d on all informati 2010- | 99,085,259 2,716,051 tatements, and to the | 103,477,577 -6,599,129 ne best of my knowledge | |
| e a s | 21 22 | Net assets or Signature Under penalties of and belief, it is tr Signature of of John M Suther | s (Part fund ba Block of perjury ue, corre | X, line 26) Ilances Subtract line 21 from line, I declare that I have examined this rect, and complete Declaration of preparation. | eturn, including accompanying er (other than officer) is base Date | schedules and sid on all information 2010-Date | 99,085,259 2,716,051 tatements, and to the | 103,477,577 -6,599,129 he best of my knowledge r has any knowledge | |
| ease gn eare | 21 22 | Net assets or Signature Under penalties cand belief, it is tr Signature of conditions John M Suthe Type or print | s (Part fund ba Block of perjury ue, corre | X, line 26) Ilances Subtract line 21 from line, I declare that I have examined this rect, and complete Declaration of preparation. | eturn, including accompanying er (other than officer) is base Date | schedules and si d on all informati 2010- Date | 2,716,051 tatements, and to the on of which prepare 08-13 | 103,477,577 -6,599,129 he best of my knowledge r has any knowledge | |
| sacces de punt la ri | 21 22 | Total liabilitie Net assets or Signature Under penalties cand belief, it is tr Signature of cand belief it is tr John M Suthe Type or print Preparer's | s (Part fund ba Block of perjuny ue, corre | X, line 26) Ilances Subtract line 21 from line, I declare that I have examined this rect, and complete Declaration of preparation. | eturn, including accompanying er (other than officer) is base Date | schedules and sid on all information 2010-Date Check if self- | 99,085,259 2,716,051 tatements, and to the form of which prepare 08-13 Preparer's PTIN (5) | 103,477,577 -6,599,129 he best of my knowledge r has any knowledge | |
| eas ere id apar | 21 22 TIT | Net assets or Signature Under penalties of and belief, it is tr Signature of of the second belief. John M Suthe Type or print Preparer's signature Firm's name (or yif self-employed), | s (Part fund base Block of perjury ue, correst rland III name an | X, line 26) Ilances Subtract line 21 from line, I declare that I have examined this rect, and complete Declaration of prepared title | eturn, including accompanying er (other than officer) is base Date | schedules and sid on all information 2010-Date Check if self- | 2,716,051 tatements, and to the on of which prepare 08-13 | 103,477,577 -6,599,129 he best of my knowledge r has any knowledge | |
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| ease gn ere | 21 22 TII se | Net assets or Signature Under penalties of and belief, it is tr Signature of of the street of the | s (Part fund base Block fund base fund base fund base fund fund fund fund fund fund fund fund | X, line 26) Ilances Subtract line 21 from line, I declare that I have examined this rect, and complete Declaration of prepared title | eturn, including accompanying er (other than officer) is base Date | schedules and sid on all information 2010-Date Check if self- | 99,085,259 2,716,051 tatements, and to the on of which prepare 08-13 Preparer's PTIN (S | 103,477,577 -6,599,129 ne best of my knowledge r has any knowledge | |

Cat No 11282Y

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

| 1 | Briefly describe the organization's mission Care New England is devoted to continually im | proving the health and w | vell-being of the people and | communities we serve | |
|----|---|--|--------------------------------|----------------------------------|----------------------------|
| | | | | | |
| 2 | Did the organization undertake any si the prior Form 990 or 990-EZ? . If "Yes," describe these new services | | ervices during the year | which were not listed on | ┌ Yes ┌ No |
| 3 | Did the organization cease conductin | | t changes in how it cond | ducts any program | ┌ Yes ┌ No |
| | If "Yes," describe these changes on S | Schedule O | | | |
| 4 | Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and reven | ons and 4947(a)(1) t | trusts are required to re | eport the amount of grants | |
| 4a | (Code) (Expenses \$ Care New England Health System is the hold Hospital, Women and Infants Corporation, K subsidiaries and affiliates Care New England financing for the group | ling company of an integent County Memorial Ho | spital, Kent County Visiting N | lurse Association D/B/A VNA of C | are New England, and their |
| | | | | | |
| 4b | (Code) (Expenses \$ Care New England Wellness Centers provide rehabilitation, nutrition, diabetes manageme rehabilitation, nutrition, diabetes manageme | programs based on a ment and education and we | ellness model of medical inte | | |
| | | | | | |
| 4c | (Code) (Expenses \$ | | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | (Code) (Expenses \$ INCOME FROM TAX-EXEMPT BOND PROCEED | | including grants of \$ |) (Revenue \$ | 312) |
| 4d | Other program services (Describe i | n Schedule O) | | | |
| | (Expenses \$ | including grants of | f\$ |) (Revenue \$ | 312) |
| 4e | Total program service expenses \$ | 37,489,21 | 3 Must equal Part IX, | Line 25, column (B). | |

| Part IV | Chec | klist 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 | | No |
| 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, | 4 | Yes | |
| 5 | Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | 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," | 9 | | No |
| | complete Schedule D, Part IV | 9 | | <u> </u> |
| 10 11 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[6]{3}$ Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, | 10 | | N o |
| 11 | 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 | | Νο |
| 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Νο |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | 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 | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> | 15 | | Νο |
| 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? <i>If "Yes," complete Schedule F, Part III</i> | 16 | | Νο |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> | 17 | | N o |
| 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 | | Νo |
| 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 | | Νo |
| 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 | |
| ь | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | Νο |
| 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 VI . . .

Part IV Checklist of Required Schedules (Continued)

| | | | res | NO |
|----------|---|-----|-----|----|
| 8 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part 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 | | Νο |
| C | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . | 28c | Yes | |
| 9 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Νo |
| 0 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | Νo |
| 1 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νo |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II | 32 | | Νo |
| 3 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | Yes | |
| 4 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Yes | |
| 5 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | Yes | |
| 6 | 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 |
| 7 | Did the organization conduct more than 5 percent of its activities through an entity that is not a related | 37 | | No |

| Pai | rt V Statements Regarding Other IRS Filings and Tax Compliance | ce | | | | |
|-----|--|-------------|---------------------------|------------|-----|---------------|
| | | | | | 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 | 181 | | | |
| 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 ven | dors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | | | 1 c | 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 | 197 | | | |
| h | If at least one is reported in 2a, did the organization file all required federal employi | | | | | |
| b | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi | | | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during | ng the | year covered by this | | | |
| _ | return? | • • | | 3a | | No |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch | | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities 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 , <i>Re Financial Accounts</i> . | eport o | f Foreign Bank and | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time duri | ing the | tax year? | 5a | | Νo |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited | tax sh | nelter transaction? | 5b | | Νo |
| c | If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp | ot Entit | ty Regarding Prohibited | | | |
| | Tax Shelter Transaction? | • | | 5c | | |
| 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 to were not tax deductible? | hat su | ch contributions or gifts | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization provide goods or services in exchange for any quid pro quo cormore? | ntrıbut | ion of \$75 or | 7a | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services p | rovide | ed? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal prope | | | _ | | |
| | file Form 8282? | 1 | | 7c | | N o |
| a | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to part | y prem | niums on a personal | | | |
| | benefit contract? | | | 7e | | Νο |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a pers | onal b | enefit contract? | 7f | | Νο |
| g | For all contributions of qualified intellectual property, did the organization file Form | | | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization required? | file a F | orm 1098-C as | 7h | | |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds | endse | ction 509(a)(3) | | | |
| | $supporting\ organizations.\ Did\ the\ supporting\ organization,\ or\ a\ fund\ maintained\ by\ a$ excess business holdings at any time during the | | | 8 | | |
| 9 | year? | | | | | _ |
| a | Did the organization make any taxable distributions under section 4966? | | | 9a | | |
| ь | Did the organization make a distribution to a donor, donor advisor, or related person | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| ь | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club | 10b | | | | |
| | facilities | | | | | |
| 11 | Section 501(c)(12) organizations Enter | | | | | |
| а | Gross income from members or shareholders | 11a | | | | |
| h | Gross income from other sources (Do not net amounts due or paid to other sources | - | | | | |
| D | against amounts due or received from them) | 11b | | | | |
| 17- | | n liaii | of Form 10412 | 17- | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ii If "Yes," enter the amount of tax-exempt interest received or accrued during the | n neu (| | 12a | | |
| Đ | 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 | Α. | Governing | Body | and | Management | |
|---------|----|-----------|------|-----|------------|--|
| | | | | | | |

| | | | | | | | | Yes | No |
|----|---|----------|---------|----------|----------|------|----|-----|----|
| | For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions. | , desc | ribe tl | he cırcı | ımstan | ces, | | | |
| 1a | Enter the number of voting members of the governing body | 1a | | | | 29 | | | |
| Ь | Enter the number of voting members that are independent | 1b | | | | 23 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee? | any • | 2 | Yes | | | | | |
| 3 | Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co | | | | | | 3 | | Νο |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 wa filed? | | | | | | | | Νο |
| 5 | Did the organization become aware during the year of a material diversion of the organization | | 5 | | Νo | | | | |
| 6 | Does the organization have members or stockholders? | | | | | | | | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | | | | | | | |
| Ь | Are any decisions of the governing body subject to approval by members, stockhold | ers, o | r othe | rpers | ons? | | 7b | | Νo |
| 8 | Did the organization contemporaneously document the meetings held or written activear by the following | ons u | nderta | ıken dı | ırıng th | ie | | | |
| а | the governing body? | | | | | | 8a | Yes | |
| Ь | 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 | | Νo |
| b | If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o | | | | • | | 9b | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the | | | | | | 10 | Yes | |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section Athe organization's mailing address? If "Yes," provide the names and addresses in Sc | | | | | | 11 | | Νο |
| | | | | | | | | | |

Section B. Policies

| | | | Yes | No |
|-----|--|-----|-----|----|
| 12a | Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot . | 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 | | | |
| а | 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 | | | |
| 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
- 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

CARLEEN P SMITH 300 RICHMOND STREET PROVIDENCE, RI 02903 (401) 274-1122

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

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

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

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

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

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

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

| | (B) Average hours per week | | tion that a | | | all | | | (E) | (F) |
|--|--|-----------------------------------|-----------------------|----------|--------------|------------------------------|----------|---|--|--|
| (A) Name and Title | | Individual Trustee or Director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| | | | - | | | | | | | |
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| | | | 1 | \vdash | | | \vdash | | | |
| | | | | | | | | | | |
| 1b Total | | | | | | | ► | 1,438,133 | 6,868,181 | 1,863,758 |
| 2 Total number of individuals (including | those in 1 | a) who i | recei | ved | mor | e thai | n \$1 | 00.000 in reportabl | e | |

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶6

| | _ | | 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 online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such | | | |
| | ındıvıdual | 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 | | Νo |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---------------------|
| Hinkley Allen and Snyder 50 Kennedy Plaza PROVIDENCE, RI 02903 | Legal | 551,157 |
| Davies 808 State Street SANTA BARBARA, CA 93101 | Consulting | 475,238 |
| Orson and Brusini LTD 325 Angell Street PROVIDENCE, RI 02906 | Legal | 241,064 |
| Brown Rudnick 1 Financial Center BOSTON, MA 02111 | Legal | 110,500 |
| Total number of independent contractors (including those in 1) who rece | ved more than \$100,000 in compensation | 4 |

Form 990 (2 Part VIII

| 2008) | | |
|----------------------|--|--|
| Statement of Revenue | | |
| | | |

| | | | | | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|---|--------|---|--|------------------------------|----------------------|--|--|--|
| | 1a | Federated can | npaigns 1a | | | Revenue | | 312, 313, 01 314 |
| \$ \$ | ь | | ues | | | | | |
| Contributions, gifts, grants and other similar amounts | | | 1b | | | | | |
| æ, ⊞, | С | Fundraising ev | vents 1c | | | | | |
| #ਲੋ≅ | d | Related organi | izations1d | | | | | |
|]. ∭.35 | e | Government gran | its (contributions) 1e | | | | | |
| fio r s | f | All other contribut | cions, gifts, grants, and not included above | | | | | j j |
| 資業 | | similar amounts i | 1f | | | | | |
| Ęž | g | | ributions included in | | | | | |
| ठॅ क | h | | es 1a-1f) | | | | | |
| | | | | <u> </u> | | | | |
| Program Service Revenue | 2a | MANAGEMENT RE | VENI IE | Business Code 541,610 | 38,030,116 | 38,030,116 | | |
| | b | PROGRAM FEE RE | | 541,519 | | | | |
| | c | - FROGRAM FEE RE | | 541,519 | 996,070 | 996,070 | | |
| JC e | d | | | | | | | |
| 2 | | | | | | | | |
| Ē | e f | Λ II -+1 | | | | | | |
| 20 112 | ' | All other progr | ram service revenue | | | | | |
| Ğ | g | | es 2a-2f | | | | | |
| | 3 | ► \$ 39,026,18 | | dende interest | | | | |
| | | | come (including divi | · | 1,014,650 | | | 1,014,650 |
| | | | | ▶ | 312 | | | , , |
| | 4 | Income from inve | estment of tax-exempt b | ond proceeds | 312 | 312 | | |
| | 5 | Royalties . | | | 0 | | | |
| | | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross Rents | | | | | | |
| | ь | Less rental expenses | | | | | | |
| | С | Rental income or (loss) | | | | | | |
| | d | Net rental inco | ome or (loss) | | | | | |
| | | | (ı) Securities | (II) O ther | | | | |
| | 7a | Gross amount from sales of assets other than inventory | | | | | | |
| | ь | Less cost or other basis and sales expenses | | | | | | |
| | С | Gain or (loss) | | | | | | |
| | d | Net gaın or (lo | | . | 0 | | | |
| | 8a | | from fundraising cluding | | | | | |
| Other Revenue | | 1c) See Part 1 | s reported on line IV , line 18 e G if total exceeds | | | | | |
| č | | \$15,000 | a | | | | | |
| hei H | b | | xpensesb | | | | | |
| ਠ | С | Net income or | (loss) from fundrais | ing events | 0 | | | |
| | 9a | Gross income activities See Complete Sched exceeds \$15,00 | e part IV , line 19 dule G if total 00 | | | | | |
| | L | 1 | a | | | | | |
| | b c | | xpensesb (loss) from gaming a | activities | 0 | | | |
| | | | (1033) Holli gallillig (| • | | | | |
| | 10a | Gross sales of returns and all | f inventory, less lowances . a | | | | | |
| | ь | Less cost of | goods sold b | | | | | |
| | С | Net income or | (loss) from sales of | | 0 | | | |
| | | Miscellaneou | s Revenue | Business Code | <u>.</u> | _, | | |
| | 11a | REBATES | | 900,099 | 21,952 | 21,952 | | |
| | ь | | | | | | | |
| | С | | | | | | | |
| | d | All other rever | nue | | | | | |
| | е | Total. Add line | es 11a-11d | | | | | |
| | 12 | Total Revenue | . Add lines 1h, 2g, 3 | \$ 21,952 , 4, 5, 6d, 7d, | 40,063,100 | 39,048,450 | | 1,014,650 |
| | | 8c, | · ···· · ···, · · · · · · · · · · · · | , , - , , | | | | |

Part IX Statement of Functional Expenses

| A | 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 r | ot 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 | 0 | | | | | | |
| 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 | 0 | | | | | | |
| 4 | Benefits paid to or for members | 0 | | | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 0 | | | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | | | | |
| 7 | Other salaries and wages | 19,493,031 | 19,493,031 | | | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 489,743 | 489,743 | | | | | |
| 9 | Other employee benefits | 2,774,194 | 2,774,194 | | | | | |
| 10 | Payroll taxes | 1,011,032 | 1,011,032 | | | | | |
| 11 | Fees for services (non-employees) | | | | | | | |
| а | Management | 0 | | | | | | |
| b | Legal | 366,465 | | 366,465 | | | | |
| c | Accounting | 399,771 | | 399,771 | | | | |
| d | Lobbying | 160,304 | | 160,304 | | | | |
| e | Professional fundraising See Part IV, line 17 | 0 | | | | | | |
| f | Investment management fees | 0 | | | | | | |
| g | Other | 4,767,894 | 4,767,894 | | | | | |
| 12 | Advertising and promotion | 61,161 | | 61,161 | | | | |
| 13 | Office expenses | 279,017 | 6,536 | 272,481 | | | | |
| 14 | Information technology | 6,092,712 | 6,092,712 | | | | | |
| 15 | Royalties | 0 | | | | | | |
| 16 | Occupancy | 1,977,504 | 1,977,504 | | | | | |
| 17 | Travel | 74,762 | 74,762 | | | | | |
| 18 | Payments of travel or entertainment expenses for any Federal, state or local public officials | 0 | | | | | | |
| 19 | Conferences, conventions and meetings | 129,033 | 129,033 | | | | | |
| 20 | Interest | 28,620 | | 28,620 | | | | |
| 21 | Payments to affiliates | 0 | | | | | | |
| 22 | Depreciation, depletion, and amortization | 423,890 | 423,890 | | | | | |
| 23 | Insurance | 21,024 | 21,024 | | | | | |
| 24 | Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | | | | |
| а | COMMUNITY BENEFIT | 61,250 | 61,250 | | | | | |
| b | POSTAGE | 59,712 | 59,712 | | | | | |
| c | FOOD | 29,656 | 29,656 | | | | | |
| d | PROPERTY TAXES | 3,453 | | 3,453 | | | | |
| e | MISCELLANEOUS | 257,468 | 77,240 | 180,228 | | | | |
| f | All other expenses | | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 38,961,696 | 37,489,213 | 1,472,483 | (| | | |
| 26 | Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | | | | |

| Dart V | Balance | Shoot |
|--------|---------|-------|
| Part X | Balance | Sheet |

| | | | | | (A) Beginning of year | | (B) End of year |
|---------------|-------|--|--|-------------|--------------------------|-------------|--------------------|
| | 1 | Cash—non-interest-bearing | _ | | 2,227,649 | 1 | 3,039,880 |
| | 2 | Savings and temporary cash investments | • | | | 2 | |
| | 3 | Pledges and grants receivable, net | • | | | 3 | |
| | 4 | Accounts receivable, net | | | 377,858 | | 406,362 |
| | 5 | Receivables from current and former officers, directors, trustees | · · | mployees or | 677,000 | - | 400,002 |
| | | other related parties | • | | 5 | | |
| | 6 | Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | 8 | | | |
| 2 | 9 | Prepaid expenses and deferred charges | | | 1,610,238 | 9 | 1,102,658 |
| ssets | 10a | Land, buildings, and equipment cost basis | | l | | | |
| ⋖ | | | 10a | 7,242,180 | _ | | |
| | Ь | Less accumulated depreciation <i>Complete Part VI of</i> Schedule D | 10ь | 4,143,604 | 3,484,411 | 100 | 3,098,576 |
| | 11 | Investments—publicly traded securities | LUD | 1,110,001 | 10,777,862 | 11 | 1,122,828 |
| | 12 | Investments—other securities See Part IV, line 11 Complete Pa | • | of. | 0 | | 8,658,064 |
| | | Schedule D | | | | 12 | 0,000,004 |
| | 13 | Investments—program-related See Part IV, line 11 $\it Complete Part Second Part Part Part Part Part Part Part Part$ | I | | 13 | | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 Complete Part IX of Schedule D | 83,323,292 | 15 | 79,450,080 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 101,801,310 | 16 | 96,878,448 |
| | 17 | Accounts payable and accrued expenses . | 5,964,576 | 17 | 6,923,135 | | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 81,440,000 | 20 | 78,035,000 |
| or or | 21 | Escrow account liability Complete Part IV of Schedule D | _ | _ | , , | 21 | · · · |
| Liabilities | 22 | Payable to current and former officers, directors, trustees, key | • | | | | |
| įį | | employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | | 22 | |
| | 22 | • | | • | | - | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | • | • | | 23 | |
| | 24 | Unsecured notes and loans payable | | | 44 000 000 | 24 | 40.540.440 |
| | 25 | Other liabilities Complete Part X of Schedule D | 11,680,683 | 25 | 18,519,442 | | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 99,085,259 | 26 | 103,477,577 | |
| d) d) | | Organizations that follow SFAS 117, check here ▶ and comp | lete lii | nes 27 | | | |
| Balance | 27 | through 29, and lines 33 and 34. Unrestricted net assets | | | 2,716,051 | 27 | -6,599,129 |
| <u>ಣ</u> ಪ | 28 | Temporarily restricted net assets | | | 2,710,001 | 28 | 0,000,120 |
| <u></u> | 29 | Permanently restricted net assets | | 29 | | | |
| Fund | 29 | · | al aa | -1-4- | | 29 | |
| or Fi | | Organizations that do not follow SFAS 117, check here ► an lines 30 through 34. | nere | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | | | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | | |
| | 32 | Retained earnings, endowment, accumulated income, or other fu | nds | | | 32 | |
| Net | 33 | Total net assets or fund balances | | | 2,716,051 | 33 | -6,599,129 |
| _ | 34 | Total liabilities and net assets/fund balances | | | 101,801,310 | 34 | 96,878,448 |
| Da | rt VT | Financial Statements and Reporting | | | | | |

| Dowl VI | Financial | Ctatamanta | and Reporting |
|---------|-------------|------------|---------------|
| 7.11.5 | l Financiai | Statements | and Reporting |

| | | | Yes | No |
|----|---|----|-----|----|
| 1 | Accounting method used to prepare the Form 990 | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Νo |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | Νo |
| c | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? | 3b | Yes | |

DLN: 93493226005120

OMB No 1545-0047

SCHEDULE A Public Charity Status and Public Support (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

| | | e organizat i IGLAND HEALT | | Er | Employer identification number | | | | | |
|-------|--|---|--------------------------------------|---|--------------------------------|---|-----------------------------|----------|----------|-----------------|
| CAILL | INC VY CIV | IODAND HEALI | II SISILII | | | 0, | 5-0490997 | | | |
| Pa | rt I | Reason | for Public Cl | harity Status (to be co | mpleted by all or | | | s) | | |
| The o | rganız | | | ation because it is (Please | | | | | | |
| 1 | Γ | A church, d | onvention of ch | nurches, or association of ch | urches described in | Section 170(b)(1) | (A)(i). | | | |
| 2 | 2 A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E) | | | | | | | | | |
| 3 | Γ | A hospital | or a cooperative | e hospital service organizati | on described in Sec | tion 170(b)(1)(A)(| iii). (Attach S | chedule | H) | |
| 4 | 4 A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(| | | | | | (iii). En | ter the | | |
| | | hospital's i | name, city, and | state | | | | | | |
| 5 | 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit | | | | | | t descri | bed in | | |
| | | Section 17 | D(b)(1)(A)(iv). | (Complete Part II) | | | | | | |
| 6 | Γ | A federal, s | tate, or local go | overnment or governmental | unit described in Se | ection 170(b)(1)(A |)(v). | | | |
| 7 | \sqcap | An organiz | ation that norma | ally receives a substantial p | art of its support fro | om a governmental | unit or from th | e gener | al publi | с |
| | | describedi | n Section 170(b | o)(1)(A)(vi) (Complete Par | tII) | | | | | |
| 8 | Γ | A commun | ity trust describ | oed in Section 170(b)(1)(A) | (vi) (Complete Par | t II) | | | | |
| 9 | Γ | An organiz | ation that norma | ally receives (1) more than | 331/3% of its supp | ort from contributio | ns, membersh | ıp fees, | and gro |)SS |
| | | receipts fro | m activities rel | ated to its exempt functions | s—subject to certain | n exceptions, and (| 2) no more tha | n 331/3 | % of | |
| | | its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses | | | | | | | | |
| | | acquired by | the organization | on after June 30, 1975 See | Section 509(a)(2). | (Complete Part III |) | | | |
| 10 | Γ | An organiz | atıon organızed | and operated exclusively to | test for public safe | ty See Section 509 | (a)(4). (See i | nstructi | ons) | |
| 11 | <u>\</u> | one or mor | e publicly suppo it describes the | and operated exclusively foorted organizations describe type of supporting organiza Type II c | d in section 509(a) | (1) or section 509 nes 11e through 1 | (a)(2) See Sec 1h | | 9(a)(3) | .Chec |
| e | Γ | • | foundation man | rtify that the organization is agers and other than one or | | | | • | • | |
| f | | _ | | d a written determination fro | m the IRS that it is | a Type I, Type II | or Type III su | pporting | organi | zatio <u>n,</u> |
| | | check this | | as the organization accepted | d any gift ar contrib | ution from any of th | | | | ı |
| g | | following pe | | as the organization accepted | u any gni or contrib | ution from any of th | е | | | |
| | | | | r indirectly controls, either a | alone or together wi | th persons describe | ed in (ii) | | Yes | No |
| | | and (III) be | low, the governi | ng body of the the supported | d organization? | | | 11g(i |) | Νo |
| | | (ii) a family | / member of a p | erson described in (i) above | ? | | | 11g(ii |) | No |
| | | (iii) a 35% | controlled enti | ty of a person described in (| ı) or (ıı) above? | | | 11g(ii | i) | Νo |
| h | | Provide the | following inforr | mation about the organizatio | ns the organization | supports | | | • | |
| | | ıme of orted | (ii) EIN | (iii) Type of organization (described on lines 1-9 | (iv) Is the organization in | (v) Did you notify the organization | (vi) Is the | | (vii) Ar | nount o |

| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions)) | organization in the organiza | | (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) A mount of support? | | |
|--|-----------|--|------------------------------|----|---|----|------------------------------|----|-----------|
| | | | Yes | No | Yes | No | Yes | No | |
| WOMEN & INFANTS CORPORATION | 050258937 | 03 | Yes | | Yes | | Yes | | 3546000 |
| BUTLER HOSPITAL | 050258812 | 03 | Yes | | Yes | | Yes | | 555000 |
| KENT COUNTY MEMORIAL HOSPITAL | 050258896 | 03 | Yes | | Yes | | Yes | | 2701000 |
| KENT COUNTY VISITING NURSE ASSOCIATION | 050242659 | 03 | Yes | | Yes | | Yes | | 0 |
| Total | | | | | | | | | 6,802,000 |

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

| Pι | ıblic Support | | , , | , | | | | |
|------|---|--------------------|-------------------|-------------------|------------------|--------------|----------|------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) | 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received (Do not | | | | | | | |
| | include any "unusual grants ") | | | | | | | |
| 2 | Tax revenues levied for the organization's | | | | | | | |
| | benefit and either paid to or expended on | | | | | | | |
| _ | its behalf The value of services or facilities | | | | | | | |
| 3 | furnished by a governmental unit to the | | | | | | | |
| | organization without charge | | | | | | | |
| 4 | Total. Add line 1-3 | | | | | <u> </u> | | |
| 5 | The portion of total contribution by each | | | | | | | |
| 5 | person (other than a government unit or | | | | | | | |
| | publicly supported organization) included | | | | | | | |
| | on line 1 that exceed 2% of the amount | | | | | | | |
| | shown on line 11, column | | | | | | | |
| | · (f) | | | | | | | |
| 6 | Public Support subtract line 5 from line | | | | | | | |
| | 4 | | | | | | | |
| | otal Support | | 1 | | T | | | |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) : | 2008 | (f) Total |
| 7 | A mounts from line 4 | | | | | | | |
| 8 | Gross income from interest, dividends, | | | | | | | |
| | payments received on securities loans, | | | | | | | |
| | rents, royalties and income from similar | | | | | | | |
| _ | sources | | | | | | | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the business is regularly carried on | | | | | | | |
| 10 | Other income Do not include gain or loss | | | | | | | |
| 10 | from the sale of capital assets (Explain in | | | | | | | |
| | Part IV) | | | | | | | |
| 11 | Total Support (Add lines 7 through 10) | | | | | | | |
| 12 | Gross receipts from related activities, etc | (See instructio | ns) | | • | 12 | | |
| 13 | First Five Years. If the Form 990 is for the | organization's f | irst second thu | d fourth or fifth | ntay vearas a F | | 3) | |
| | organization, check this box and stop here | | mat, second, tim | u, rouren, or mer | rtax year as a s | /O1(C)(C | • • | ▶ □ |
| | | | | | | | | • |
| Co | omputation of Public Support Perc | entage | | | | | | |
| 14 | Public Support Percentage for 2008 (line 6 | 5 column (f) dıvı | ded by line 11 c | olumn (f)) | | 14 | | |
| 15 | Public Support Percentage for 2007 School | dule A , Part IV - | A, line 26f | | | 15 | | |
| 16a | 33 1/3% Test - 2008. If the organization di | d not check the | box on line 13. | and line 14 is 3 | 3 1/3% or more. | | this box | |
| | and stop here. The organization qualifies a | | | | , | | | ▶ □ |
| b | 33 1/3% Test - 2007. If the organization d | | | | 15 is 33 1/3% d | r more, | check th | |
| | box and stop here. The organization qualifi | es as a publicly | supported orga | nızatıon | | | | ▶ □ |
| 17a | 10% Facts and Circumstances Test - 2008. | | | | | | | |
| | more, and if the organization meets the "fa | | • | | | | | · — |
| | organization meets the "facts and circums | | | | | | | ► □ |
| Ь | 10% Facts and Circumstances Test - 2007. | | | | | | | |
| | more, and if the organization meets the "fa | | • | | | | | _ |
| 4.0 | the organization meets the "facts and circu | | | | | | | n ▶ |
| 18 | Private Foundation. If the organization did | not check the b | oux on line 13, 1 | oa, 100, 1/a or | 1/D, check this | oox an | u see | ▶ □ |
| | ınstructions | | | | | | | F-1 |

| Pa | Support Schedule for On (Complete only if you ched | | | | (2) | | |
|------|--|--------------------|-------------------|---------------------|------------------|-----------------|------------|
| | ction A. Public Support | | _ | , | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| 2 | include any "unusual grants ") Gross receipts from admissions, | | | | | | |
| 2 | merchandise sold or services performed, | | | | | | |
| | or facilities furnished in any activity that | | | | | | |
| | is related to the organization's tax- | | | | | | |
| | exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are | | | | | | |
| | not an unrelated trade or business under | | | | | | |
| | section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| _ | organization without charge | | | | | | |
| 6 | Total Add lines 1-5 | | | | | | |
| 7a | A mounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons Amounts included on lines 2 and 3 | | | | | | |
| D | received from other than disqualified | | | | | | |
| | persons that exceed the greater of 1% of | | | | | | |
| | the total of lines 9, 10c, 11, and 12 for | | | | | | |
| | the year or \$5,000 | | | | | | |
| c | Total of lines 7a and 7b | | | | | | |
| 8 | Public Support (Substract line 7c from | | | | | | |
| _ | line 6) | | | | | | |
| То | tal Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | A mounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| | sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after 30 June, 1975 | | + | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether or not the business is regularly | | | | | | |
| | carried on | | | | | | |
| 12 | Other income Do not include gain or loss | | | | | | |
| | from the sale of capital assets | | | | | | |
| | (Explain in Part IV) | | | | | | |
| 13 | Total Support (Add lines 9, 10c, 11 and | | | | | | |
| | 12) | | | | | | |
| 14 | First Five Years If the Form 990 is for the | organızatıon's fı | rst, second, thir | d, fourth, or fifth | ntax year as a 5 | 01(c)(3) organı | zation, |
| | check this box and stop here | | | | | | ▶ □ |
| | manufaction of Dublic Compact Days | | | | | | |
| 15 | mputation of Public Support Perc Public Support Percentage for 2008 (line | | dod by line 12 o | olumn (fl) | | T 4= T | |
| | | | • | .orumin (1)) | | 15 | |
| 16 | Public Support Percentage for 2007 Sche | dule A , Part IV - | A, line 27g | | | 16 | |
| | | D | | | | | |
| Co | mputation of Investment Income Investment Income Percentage for 2008 (| | | ne 13 column /f | <u> </u> | 17 | |
| | - | | | - | " | 17 | |
| ΤQ | Investment Income Percentage from 2007 | ocnequie A , Pa | TLIV-A, IINE 2/ | H | | 18 | |

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

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

Open to Public Inspection

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

- If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

| If th | e organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line ϵ | 17 (Lobbying Acti | ivities) | |
|-------|---|---|--------------------------|--------|
| • Se | ection 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Pai | t II-A Do not comp | lete Part II-B | |
| • Se | ection 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Comple | te Part II-B Do not | complete Part | t II-A |
| If th | e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) | | · | |
| | ection 501(c)(4), (5), or (6) organizations, complete Part III | | | |
| | ime of the organization | Employer identifi | cation numbe | er |
| CA | re new england health system | | | |
| | | 05-0490997 | | |
| Par | t I-A To be completed by all organizations exempt under section 501(c) | and section 52 | 27 | |
| | organizations. (See the instructions for Schedule C for details.) | | | |
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Pa | art IV | | |
| 2 | Political expenditures | \$ | | |
| 3 | Volunteer hours | | | |
| | | | | |
| Pai | rt I-B To be completed by all organizations exempt under section 501(c)(| 3). (See the ins | tructions | |
| | 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 |
| ь | If "Yes," describe in Part IV | | | |
| Pai | t I-C To be completed by all organizations exempt under section 501(c), | except sectio | n 501(c)(3 | 3). |
| | (See the instructions for Schedule C for details.) | | | |
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function a | ctivities \$ | | |
| 2 | Enter the amount of the filing organization's internal funds contributed to other organizations fo | rsection | | |
| | 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 politic were made. Enter the amount paid and indicate if the amount was paid from the filing organization political contributions received and promptly and directly delivered to a separate political organization committee (PAC). If additional space is needed, provide in | on's own internal fu nization, such as a | inds or were separate | nents |

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

section 4911 tax for this year?

┌ Yes ┌ No

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.)

| Α | Check | 1 | if the filing organization belongs to an affiliated group |
|---|-------|--------|---|
| В | Check | \Box | if the filing organization checked box A and "limited control" provisions apply |

| | | obying Expenditures— s" means amounts paid or incurred.) | (a) Filing Organization's Totals | (b) Affiliated Group Totals |
|----|---|---|--|--|
| 1a | Total lobbying expenditures to influe | nce public opinion (grass roots lobbying) | 160,304 | 248,210 |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | |
| c | Total lobbying expenditures (add line | s 1a and 1b) | 160,304 | 248,210 |
| d | i i i i i i i i i i i i i i i i i i i | | 38,801,392 | 776,917,406 |
| e | Total exempt purpose expenditures | add lines 1c and 1d) | 38,961,696 | 777,165,616 |
| f | Lobbying nontaxable amount Enter the amount from the following table in both columns— | | 1,000,000 | 1,000,000 |
| | If the amount on line 1e, column (a) or (b) is: Not over \$500,000 | The lobbying nontaxable amount is: 20% of the amount on line 1e | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | |
| | Over \$17,000,000 | \$1,000,000 | | |
| g | Grassroots nontaxable amount (ente | r 25% of line 1f) | 250,000 | 250,000 |
| h | Subtract line 1g from line 1a Enter - | 0- ıf lıne g ıs more than lıne a | 0 | 0 |
| i | Subtract line 1f from line 1c Enter - |)- if line f is more than line c | 0 | 0 |
| j | If there is an amount other than zero | on either line 1h or line 1i, did the organization file Form 4720 | reporting | _ Ves ☑ 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

(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 | | |
|---|--|--|---|--|---|--|--|
| Lobbying non-taxable amount | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 | | |
| Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000 | | |
| Total lobbying expenditures | 185,787 | 156,595 | 130,304 | 160,304 | 632,990 | | |
| Grassroots non-taxable amount | 185,787 | 156,595 | 130,304 | 160,304 | 632,990 | | |
| Grassroots ceiling amount (150% of line d, column (e)) | | | | | 949,485 | | |
| Grassroots lobbying expenditures | 250,000 | 250,000 | | | | | |
| | Calendar year (or fiscal year beginning in) Lobbying non-taxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots non-taxable amount Grassroots ceiling amount (150% of line d, column (e)) | Calendar year (or fiscal year beginning in) Lobbying non-taxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures 185,787 Grassroots non-taxable amount (150% of line d, column (e)) | Calendar year (or fiscal year beginning in) Lobbying non-taxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures 185,787 156,595 Grassroots non-taxable amount (150% of line d, column (e)) | Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 Lobbying non-taxable amount 1,000,000 1,000,000 1,000,000 1,000,000 | Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 Lobbying non-taxable amount 1,000,000 1,000,000 1,000,000 1,000,000 Lobbying ceiling amount (150% of line 2a, column(e)) 185,787 156,595 130,304 160,304 Grassroots non-taxable amount (150% of line d, column (e)) 185,787 156,595 130,304 160,304 | | |

| | 5768 (election under section 501(h)). (See the instructions for Schedule C for d | | | | | |
|----------|---|----------|-----------|-------|-------|----------|
| | | (a | 1) | | (b) | |
| | · | Yes | No | A | moun | nt |
| 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 | | | | | |
| а | referendum, through the use of Volunteers? | | | | | |
| ь | | | | 1 | | |
| c | Media advertisements? | | | | | |
| d | Mailings to members, legislators, or the public? | | | | | |
| e | Publications, or published or broadcast statements? | | | | | |
| f | | | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? | | | | | |
| i | Other activities If "Yes," describe in Part IV | | | | | |
| j | Total lines 1c through | | | | | |
| - | 1) Did the patientias in line 1 agree the arrangements in the net decombed in section FO1/a)/2)2 | | Ī | 1 | | |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes" enter the amount of any tax incurred under section 4912 | | | + | | |
| | If "Yes" enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| | t III-A To be completed by all organizations exempt under section 501(c)(4), sec | tion | 5016 | |) or | |
| G. | section 501(c)(6). (See the instructions for Schedule C for details.) | | 301(| | ,, 0. | |
| | | | _ | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | L | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | L | 2 | | <u> </u> |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | | | 3 | | |
| Par | t III-B To be completed by all organizations exempt under section 501(c)(4), sec | | | | | |
| | section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" (question 3 is answered "Yes." (See the instructions for Schedule C for details.) | OK II | Part | III-A | ٠, | |
| 1 | Dues, assessments and similar amounts from members | T | 1 \$ | | | |
| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political | F | ' | | | |
| | expenses for which the section 527(f) tax was paid). | | | | | |
| | Current Year | | 2a \$ | | | |
| b | Carryover from last year | | 2b\$ | | | |
| c | Total | <u> </u> | 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 \$ | | | |
| Pā | Supplemental Information | • | | | | |
| | mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and F so, complete this part for any additional information | Part II | l-B, line | e 1ı | | |
| | Identifier Return Reference Explanation | on | | | | |
| | | | | | | |
| | | | | | | |
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| Part IV Supplemental I | nformation | |
|------------------------|------------------|-------------|
| Ident if ier | Return Reference | Explanation |
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Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

Employer identification number Name of the organization CARE NEW ENGLAND HEALTH SYSTEM 05-0490997 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 Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

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

(ii) Assets included in Form 990, Part X

► \$

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

| _ | | | | | | | | |
|-----------------------------|--|--------------------------|--------------|-----------------|--|-----------------------------------|--------------|----------------|
| C C | Beginning balance | | | | 1c | | | |
| d | Additions during the year | | | | 1d 1e | | | |
| e f | Distributions during the year Ending balance | | | | 1f | | | |
| 2a | Did the organization include an amount on Fo | rm 990, Part X line 21 | , | | | | Yes | |
| za b | If "Yes," explain the arrangement in Part XIV | 550, 1 art A, IIIIe 21 | | | | , | 1 63 | , 140 |
| | rt V Endowment Funds. Complete in | the organization an | SWAR | ad "Vas" to | Form 990 Dar | t IV line 10 | | |
| r a | Endowment Funds: Complete | |)Prior | | | | e)Four Ye | ears Back |
| 1a | Beginning of year balance | (4) 5 41 1 1 1 | 7 | | | (1 | - , , | |
| b | Contributions | | | | | | | |
| _ | | | | | | | | |
| с | Investment earnings or losses | | | | | | | |
| d | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | | |
| | | | | | | | | |
| f | Administrative expenses | | | | | | | |
| f g | Administrative expenses End of year balance | | | | | | | |
| | · | end balance held as | | | | | | |
| g | End of year balance | end balance held as | | | | | | |
| g 2 | End of year balance | end balance held as | | | | | | |
| g 2 a | End of year balance | end balance held as | | | | | | |
| g 2 a b | End of year balance | | that: | are held and a | dministered for | the | | |
| g 2 a b | End of year balance | sion of the organization | that | are held and a | dmınıstered for | the | Yes | No |
| g 2 a b | End of year balance | sion of the organization | that: | are held and a | dmınıstered for | 3a(i) | | No |
| g a b c 3a | End of year balance | sıon of the organızatıon | | | | | | No |
| g a b c 3a | Provide the estimated percentage of the year Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the posses organization by (i) unrelated organizations | sion of the organization | Sched | | | 3a(i) | | No |
| g 2 a b c 3a | Provide the estimated percentage of the year Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the posses organization by (i) unrelated organizations | sion of the organization | Sched | Jule R? | | 3a(i) 3a(ii) | | No |
| g 2 a b c 3a | Provide the estimated percentage of the year Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the posses organization by (i) unrelated organizations | sion of the organization | Sched | Jule R? | | 3a(i) 3a(ii) | | No |
| g 2 a b c 3a | Provide the estimated percentage of the year Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the posses organization by (i) unrelated organizations | sion of the organization | Schedient fü | Jule R? | | 3a(i) 3a(ii) | | No ok value |
| g 2 a b c 3a b 4 | End of year balance | sion of the organization | Schedient fü | lule R? | art X, line 10. | 3a(i) 3a(ii) 3b | | |
| g 2 a b c 3a b 4 Par | End of year balance | sion of the organization | Schedient fü | lule R? | art X, line 10. | 3a(i) 3a(ii) 3b | | |
| g 2 a b c 3a b 4 Par | End of year balance | sion of the organization | Schedient fü | lule R? | art X, line 10. | 3a(i) 3a(ii) 3b | | |
| g 2 a b c 3a b 4 Par | End of year balance | sion of the organization | Schedient fü | lule R? | art X, line 10. (b)Cost or other basis (other) | 3a(i) 3a(ii) 3b (c) Depreciation | | ok value |
| g 2 a b c 3a Par | End of year balance | sion of the organization | Schedient fü | lule R? | art X, line 10. (b)Cost or other basis (other) 516,454 | (c) Depreciation | (d) Bo | ok value |

| Part VII Investments—Other Securities. S (a) Description of security or cateory | | (c) Method of valuation |
|--|----------------|----------------------------------|
| (including name of security) | (b)Book value | Cost or end-of-year market value |
| Financial derivatives and other financial products | | |
| Closely-held equity interests | | |
| Other AUCTION RATE SECURITIES | 8,658,064 | F |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | ▶ 8,658,064 | |
| | | |
| Part VIII Investments—Program Related. | | 3. (c) Method of valuation |
| (a) Description of investment type | (b) Book value | Cost or end-of-year market value |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | | |
| Part IX Other Assets. See Form 990, Part X | | 1 (1) |
| | cription | (b) Book value |
| DUE FROM AFFILIATES | | 79,103,535 |
| OTHER CURRENT ASSETS | | 57,334 |
| DEFERRED FINANCING COSTS | | 289,211 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) II. | ne 15.) | |
| Part X Other Liabilities. See Form 990, Pa | | , , |
| (a) Description of Liability | (b) A mount | |
| Federal Income Taxes | | |
| DUE TO AFFILIATES | 797,784 | |
| SELF-INSURANCE RESERVE | 8,907,944 | |
| NET PENSION LIABILITY | 2,076,372 | |
| DEFFERED COMPENSATION | 400,344 | |
| SWAP LIABILITY | 6,140,998 | |
| CURRENT PENSION LIABILITY | 196,000 | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | ▶ 18,519,442 | |

| Par | t XI Reconciliation of C | hange in Net Assets from Forr | <u>n 990 to Financial State</u> | ments | |
|--------|---|---|---------------------------------|---------------------------|-----|
| 1 | Total revenue (Form 990, Part | | | 1 | |
| 2 | Total expenses (Form 990, Par | t IX, column (A), line 25) | | 2 | |
| 3 | Excess or (deficit) for the year | Subtract line 2 from line 1 | | 3 | |
| 4 | Net unrealized gains (losses) o | n investments | | 4 | |
| 5 | Donated services and use of fa | cilities | | 5 | |
| 6 | Investment expenses | | | 6 | |
| 7 | Prior period adjustments | | | 7 | |
| 8 | Other (Describe in Part XIV) | | | 8 | |
| 9 | Total adjustments (net) Add lir | nes 4 - 8 | | 9 | |
| 10 | Excess or (deficit) for the year | per financial statements Combine lines | s 3 and 9 | 10 | |
| Part | | evenue per Audited Financial | | ue per Return | |
| 1 | Total revenue, gains, and othe | r support per audited financial stateme | nts | 1 | |
| 2 | Amounts included on line 1 bu | it not on Form 990, Part VIII, line 12 | | | |
| а | Net unrealized gains on invest | ments | . 2a | | |
| b | Donated services and use of fa | acılıtıes | . 2b | | |
| c | Recoveries of prior year grants | s | . 2c | | |
| d | Other (Describe in Part XIV) | | . 2d | | |
| e | Add lines 2a through 2d . | | | . 2e | |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | . 3 | |
| 4 | Amounts included on Form 99 | 0, Part VIII, line 12, but not on line 1 | | | |
| а | Investment expenses not incl | uded on Form 990, Part VIII, line 7b | . 4a | | |
| b | Other (Describe in Part XIV) | | 4b | | |
| c | Add lines 4a and 4b | | | . 4c | |
| 5 | | d 4c. (This should equal Form 990, Par | | | |
| | | xpenses per Audited Financia | | | |
| 1 | | r audited financial statements | | . 1 | |
| 2 | | it not on Form 990, Part IX, line 25 | 1 - 1 | | |
| а | | acılıtıes | | | |
| b | | | 2b | | |
| с | | , Part IX, line 25 | 2c | | |
| d | Other (Describe in Part XIV) | | . 2d | <u> </u> | |
| e ~ | Add lines 2a through 2d | | | . 2e | |
| 3 | Subtract line 2e from line 1 . | | | . 3 | |
| 4 | | 0, Part IX, line 25, but not on line 1: | 4- | | |
| a L | | uded on Form 990, Part VIII, line 7b | | | |
| b | Other (Describe in Part XIV) Add lines 4a and 4b | | . 4b | 4c | |
| с 5 | | nd 4c. (This should equal Form 990, Pa | rt I line 10 \ | . 5 | |
| | t XIV Supplemental Inf | | nt 1, iiiie 16) | . 3 | |
| Com | plete this part to provide the des | scriptions required for Part II, lines 3, 5, Part XII, lines 3, 5, Part XII, lines 2d and 4b, and Part XI | | 4, Part XIV, lines 1b and | 2b, |
| | Ident if ier | Return Reference | Ехр | lanat ion | |
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As Filed Data -

DLN: 93493226005120

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CARE NEW ENGLAND HEALTH SYSTEM 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.

05-0490997 **Questions Regarding Compensation** Νo Yes Check the appropriate 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 Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 **1**b Yes 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 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 Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? 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. 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 Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III 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 The organization? Yes 6b Yes Any related organization? If "Yes," to line 6a or 6b, describe in Part III 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 Νo 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 ın Part III

Νo

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

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name | (B) Breakdown of | f W-2 and/or 1099-MI | SC compensation | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation | | | |
|-------------------------------|--------------------------|---|-----------------------------|--------------|----------------|----------------------|--|--|--|--|
| | (i) Base compensation | (ii) Bonus & Incentive compensation | (iii) Other compensation | compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ | | | |
| See Addıtıonal Data Table (i) | | | | | | | | | | |
| (ii) | | | | | | | | | | |
| (i) | | | | | | | | | | |
| (ii) | | | | | | | | | | |
| (i) | | | | | | | | | | |
| (ii) | | | | | | | | | | |
| (i) | | | | | | | | | | |
| (ii) | | | | | | | | | | |
| (i) | | | | | | | | | | |
| (ii) | | | | | | | | | | |
| (i) | | | | | | | | | | |
| (ii) | | | | | | | | | | |
| (i) | | | | | | | | | | |
| (ii) | | | | | | | | | | |
| (i) | | | | | | | | | | |
| (ii) | | | | | | | | | | |

Part III Supplemental Information

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

| Ident if ier | Return Reference | Explanation |
|----------------------------|---------------------|---|
| SUPPLEMENTAL INFOMATION | Question 1B | Payments made to social club for dues are made in accordance with employment contracts Schedule J, Questions 6a & 6b Compensation for certain individuals is earned and accrued based on both short term and long term incentive programs. The Short-term Incentive Program provides an opportunity for Program Participants to earn an incentive award based on the achievement of critical stretch goals that recognize performance above expectations. These goals are measured for each fiscal period in the following critical areas. Quality Financial Patient Satisfaction The Long-term Incentive Program provides an opportunity for Program Participants to earn an incentive award based on the accomplishment of critical multi-year System performance objectives. Awards are earned by measuring System performance over three-year overlapping performance periods and are measured in reference to goals in the following critical areas. Net Income from Operations Market Share Patient Satisfaction Strategic Objective SCHEDULE J, QUESTION 7 THE ORGANIZATION PAID NON-FIXED BONUS PAYMENT TO PATRICIA DEVANEY 55,800 THOMAS GARDNER 89,509 RALPH HANSELMAN 59,600 CARLEEN SMITH 81,023 CEDRIC PRIEBE III, MD 119,600 DAVID TERRY 26,888 |
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Software ID: Software Version:

EIN: 05-0490997

Name: CARE NEW ENGLAND HEALTH SYSTEM

| Form 990, Schedule J, P | art : | II - Officers, Direc | tors, Trustees, Ke | ey Employees, and | d Highest Compen | sated Employees | 3 | |
|--------------------------|-------------|--------------------------|---|-----------------------------|------------------|-----------------|----------------------|---|
| (A) Name | | (B) Breakdown o | f W-2 and/or 1099-MI | SC compensation | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation reported in prior Form |
| | _ | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | compensation | benefits | (B)(ı)-(D) | 990 or Form 990-EZ |
| Patricia R Recupero MD | (I) (II) | 0 377,577 | 0 167,163 | 0 72,337 | 0 241,167 | 0 20,573 | 0 878,817 | 0 19,788 |
| Constance A Howes | (I) (II) | 0 412,007 | 0 176,340 | 0 57,130 | 0 118,117 | 0 8,178 | 0 771,772 | 0 16,340 |
| John M Sutherland III | (I) (II) | 0 321,987 | 0 53,911 | 0 54,083 | 0 103,225 | 0 11,341 | 0 544,547 | 0 14,140 |
| Thomas R Courage Esq | (I) (II) | 0 282,264 | 0 141,073 | 0 48,768 | 0 84,150 | 0 11,148 | 0 567,403 | 0 14,140 |
| Alyssa Boss | (I) (II) | | 0 39,400 | 0 15,392 | 0 33,081 | 0 9,464 | 0 212,528 | 0 |
| David A Lowe MD | (I) (II) | | 0 | 0 0 | 0 | 0 | 0 164,833 | 0 |
| Steven A Rasmussen MD | (I) (II) | 0 299,126 | 0 189,703 | 0 15,272 | 0 49,751 | 0 18,294 | 0 572,146 | 0 123,657 |
| Joanna M Cain MD | (I) (II) | 0 159,146 | 0 50,000 | 0 7,613 | 0 | 0 4,287 | 0 221,046 | 0 |
| Patricia Devaney | (I) (II) | 134,079 0 | 55,800 0 | 618 0 | 36,797 0 | 7,734 0 | 235,028 | 0 |
| Thomas Gardner | (I) (II) | | 62,000 | 41,216 0 | 63,541 0 | 9,826 | 290,638 | 0 |
| Ralph Hanselman | (I) (II) | | 59,600 0 | 696 0 | 38,531 0 | 15,469 0 | 269,316 0 | 0 |
| Carleen Smith | (I) (II) | | 89,994 0 | 53,329 0 | 70,210 0 | 11,781 | 330,829 | 8,971 0 |
| Cedric Priebe III MD | (I) (II) | 267,863 0 | 119,600 | 18,417 0 | 60,933 | 10,753 | 477,566 0 | 0 |
| David Terry | (ı) (ıı) | 68,260 0 | 26,888 0 | 65,183 0 | 18,752 0 | 14,240 | 193,323 | 0 |
| Mark Crevier | (I) (II) | 0 366,324 | 0 108,873 | 0 125,620 | 0 142,579 | 0 10,181 | 0 753,577 | 0 11,973 |
| Donald R Coustan MD | (I) (II) | 0 494,123 | 0 100,182 | 0 41,732 | 0 97,638 | 0 11,681 | 0 745,356 | 0 |
| John J Hynes Esq | (I) (II) | 0 758,868 | 359,000 | 0 163,354 | 0 | 0 | 0 | 0 |
| Gail Costa | (I) (II) | 0 206,385 | 0 91,444 | 0 53,939 | 0 | 6,816 | 0 | 0 |
| Marilyn Walsh | (I) (II) | 0 222,047 | 0 91,225 | 0 51,686 | 0 | 0 | 0 | 0 |
| Mary Kernan | (I) (II) | 0 200,672 | 0 85,144 | 0 25,094 | 0 | 0 | 0 | 0 |

DLN: 93493226005120

OMB No 1545-0047

Schedule K (Form 990)

Name of the organization

Supplemental Information on Tax Exempt Bonds

Department of the Treasury Internal Revenue Service

CARE NEW ENGLAND HEALTH SYSTEM

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

Open to Public Inspect ion

Employer identification number

05-0490997 **Bond Issues** (Required for 2008) (h) O n Behalf of (g) Defeased (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes Yes No No RI HEALTH AND EDUCATIONAL **BUILDING CORPORATION** 53-1300173 7622430B3 02-01-2008 46,730,000 | SEE SCHEDULE O Χ Χ RI HEALTH and EDUCATIONAL BUILDING CORPORATION 53-1300173 7622430B4 02-01-2008 38.210.000 SEE SCHEDULE O Χ Χ **Proceeds** (Optional for 2008) Part II В С D Ε Total Proceeds of Issue 46,730,000 38,210,000 Gross Proceeds in Reserve Funds 2 Proceeds in Refunding or Defeasance Escrows 3 46,610,000 6,780,419 Other Unspent Proceeds Issuance Costs from Proceeds 5 90,915 198,920 Working Capital Expenditures from Proceeds 6 29,085 24,782 Capital Expenditures from Proceeds 7 31,205,879 31,205,879 Year of Substantial Completion 1905 1905 Yes No Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ Χ Were the bonds issued as part of an advance refunding issue? Χ Х 10 Has the final allocation of proceeds been made? Χ Х 11 Does the organization maintain adequate books and records to support the 12 Χ Х final allocation of proceeds? Private Business Use (Optional for 2008) Part III В C D Ε Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, Х Х which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property 2 Х Χ which may result in private business use?

Part III Private Business Use (Continued)

| | | | A | | В | | C | | ט | | 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? | | Х | | Х | | | | | | |
| 3b | Are there any research agreements with respect to the financed property which may result in private business use? | | Х | | × | | | | | | |
| 3с | Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? | | Х | | × | | | | | | |
| 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 governmen | | | | | | | | | | |
| 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? | Х | | Х | | | | | | | |
| Pai | rt IV Arbitrage (Optional for 2008) | | | | | | | | | | |
| | | | A | | В | | 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? | | Х | | X | | | | | | |
| 2 | Is the bond issue a variable rate issue? | X | | X | | | | | | | |
| 3a | Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? | Х | | х | | | | | | | |
| b | Name of provider | BOA & DE BANK | UTSCHE | MORGAN | STANLEY | | | | | | |
| С | Term of hedge | | | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | | Х | | Х | | | | | | |
| ь | Name of provider | | | | | | | | | | |
| С | Term of GIC | | | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | | | |
| 5 | Were any gross proceeds invested beyond an available temporary period? | | Х | | Х | | | | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | | Х | | х | | | | | | |

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DLN: 93493226005120

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Transactions with Interested Persons

| Name of the organization CARE NEW ENGLAND HEALTH SYSTEM | | | | | | | | Employer identification number | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------------------|-----------------------|---------|--|----------|---|----------------------------|--------------------------------|----------|-----------|----------------------------------|-----------------------|--|-----------------------|--|-----------------------|--|--|---|--|--|--|--|--|--|--|--|--|
| | | | | | | 0 ! | 5-049 | 099 | 7 | | | | | | | | | | | | | | | | | | | |
| | | | | and section 501 (c)(4) organizations only). Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V (b) Description of transaction or disqualified persons during the year under | | | | | | | | | | | | | | | | | | | | | | | | |
| To be completed by organization | ons that ar | nswered "Yes | " on F | orm 990, Part IV | , lıne | 25a or 25b | o, or F | orm 9 | 90-EZ | | | | | | | | | | | | | | | | | | | |
| 1 (a) Name of disqualifie | d person | | | (b) Des | criptic | on of transa | action | | | <u>[(</u> | c) Corr | ected | | | | | | | | | | | | | | | | |
| | | | | (-, | | | | | | | line 38a (g) Writ or agreeme e? | No | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2.5 | | | | 1.0.1 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Enter the amount of tax imposed on section 4958 | | zation manag | | | ons d | uring the y | ear ur | nder - | ¢ | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | \$ | | | | | | | | | | | | | | | | | | | |
| art II Loans to and/or From | | • | | ic organization : | | | • | | Ψ | | | | | | | | | | | | | | | | | | | |
| | | | | n Form 990. Part | IV . lır | ne 26. or Fo | orm 9 | 90-E | Z. Part | V . lın | e 38a | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (a) Name of interested person and | 1 ` ' | Loan to or rom the | | rom the | | c)Original principal (d)Balance due default? by | | (c)O riginal principal | | | | (c)Original principal | | (c)Original principal | | (c)Original principal | | | 1 | | | | | | | | | |
| purpose | 1 | | (0) | | | | | | agree | ment? | | | | | | | | | | | | | | | | | | |
| | purpose organization amount committe | | Ves | No | | | | | | | | | | | | | | | | | | | | | | | | |
| | + 10 | 110111 | | | | | 163 | 140 | 163 | 140 | 1 65 | 140 | | | | | | | | | | | | | | | | |
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| al | | | | ► \$ | | | | | | | | | | | | | | | | | | | | | | | | |
| rt IIII Grants or Assistance E | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To be completed by orga | | | | | | art IV, lır | ne 27 | | | | | | | | | | | | | | | | | | | | | |
| (a) Name of interested person | (b) | | | | rson | (c)A m | ount | of gra | nt or ty | pe of | assista | nce | | | | | | | | | | | | | | | | |
| | | anu | tile of | ganization | | | | | | | | | | | | | | | | | | | | | | | | |
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| art IV Business Transactions | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To be completed by orga | nızatıons | that answe | red " | Yes" on Form 9 | 90, P | art IV, lır | ne 28 | a, 28 | b, or | 28c. | | | | | | | | | | | | | | | | | | |
| | 1 | Relationship | | | | | | | | | (e) Sha | | | | | | | | | | | | | | | | | |
| (a) Name of interested person | | ' | | | | (d) Descr | Description of transaction | | | | organız: reven | | | | | | | | | | | | | | | | | |
| | | rganization | | tiansaction | | | | | | | Yes | No | | | | | | | | | | | | | | | | |
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efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990)

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

DLN: 93493226005120

Open to Public

Inspection Employer identification number

Name of the organization
CARE NEW ENGLAND HEALTH SYSTEM

05-0490997

| | Ī | T |
|-------------------------|---------------------|--|
| ldentifier | Return Reference | Explanation |
| SUPPLEMENTALINFORMATION | | FORM 990, PART VI, QUESTION 2 DESCRIPTION OF RELATIONSHIPS ANDREA HOPKINS - BUSINESS RELATIONSHIP - NALAWS JONATHAN FARMURA AND JAMES HOPKINS - BUSINESS RELATIONSHIP - WARDWILL BERD DING MACHINE COMPANY JONATHAN FARMURA AND GEORET B HISTER - BUSINESS RELATIONSHIP - MINOR COMPANY JONATHAN FARMURA AND GEORET B FLANDERS AND CHARLES REPUECT. BUSINESS RELATIONSHIP - MINOR MARKED PART VIS SECTION B POLICES LINE 10 FORM 990 REVIEW PROCESS THE FORM 990 IS PREPARED AND REVIEWED BY OUR PUBLIC REVIEW THE OLD FORM 1990 REVIEW PROCESS THE FORM 990 IS PREPARED AND REVIEWED BY OUR PUBLIC REVIEW THE COUNTY THE MINIAL MANAGEMENT FAIL TRECKESS IN 15 PROVIDED TO CERTAIN MEMBERS OF MANAGEMENT FOR REVIEW THE COUNTY THE MINIAL MANAGEMENT FAIL TRECKESS IN 15 PROVIDED TO CERTAIN MEMBERS OF MANAGEMENT FOR REVIEW THE GOOD REVIEW THE COMMETTE FORM 990 AND RESPECTIVE SCHEDULS (A THRU R) IS PRESENTED BY THE ASSOCIATE VICE PRESIDENT OF FINANCE AND THE CORPORATE FINANCE SCHEDULS (A THRU R) IS PRESENTED BY THE ASSOCIATE VICE PRESIDENT OF FINANCE TO THE FINANCE SCHEDULS (A THRU R) IS PRESENTED BY THE ASSOCIATE VICE PRESIDENT OF FINANCE TO THE FINANCE SCHEDULS (A THRU R) IS PRESENTED BY THE ASSOCIATE VICE PRESIDENT OF FINANCE TO THE FINANCE SCHEDULS (A THRU R) IS PRESENTED BY THE ASSOCIATE VICE PRESIDENT OF FINANCE TO THE FINANCE SCHEDULS (A THRU R) IS PRESENTED BY THE ASSOCIATE VICE PRESIDENT OF FINANCE TO THE FINANCE SCHEDULS (A THRU R) IS PRESENTED BY THE ASSOCIATE VICE PRESIDENT OF FINANCE TO THE FINANCE SCHEDULS (A THRU R) IS PRESENTED BY THE ASSOCIATE VICE PRESIDENT OF THE FINANCE WITH THE PRESENTED OF THE FINANCE OF THE FINANCE WITH THE PRESENTED |

| ldentifier | Return Reference | Explanation |
|-----------------------------|---------------------|--|
| SUPPLEMENTAL INFORMATION | | SCHEDULE K PART I COL F LINES A & B RI HEALTH AND EDUCATIONAL BUILDING CORP SERIES A & B BONDS DURING FY 2008, CNE AND ITS OBLIGATED GROUP MEMBERS, BUTLER, KENT, WIH AND WIC ISSUED A TOTAL OF \$84,940,000 IN RIHEBC HOSPITAL FINANCING BONDS (THE BONDS) THESE BONDS WERE ISSUED AS CNE 2008 SERIES A (\$46,730,000) AND CNE 2008 SERIES B (\$38,210,000) THE PROCEEDS FROM THE CNE 2008 SERIES A BONDS WERE USED TO (1) REFUND THE OUTSTANDING CNE 2002 SERIES A BONDS AND (2) PAY CERTAIN EXPENSES RELATED TO THE ISSUANCE OF THE CNE 2008 SERIES A BONDS THE PROCEEDS FROM THE CNE 2008 SERIES B BONDS WERE USED TO (1) DEFEASE A PORTION OF THE OUTSTANDING CNE 2002 SERIES B BONDS, AND (2) FINANCE A PORTION OF WHYS CERTIFICATE OF NEED PROJECT CONSISTING OF THE CONSTRUCTION, EQUIPPING, AND FURNISHING OF A FIVE-STORY ADDITION WITH A TWO-STORY CONNECTION TO WHYS EXISTING HOSPITAL BUILDING, (3) FINANCE A PORTION OF ROUTINE CAPITAL IMPROVEMENTS, AND (4) PAY CERTAIN EXPENSES RELATED TO THE ISSUANCE OF THE CNE 2008 SERIES B BONDS THE CNE 2002 SERIES B BONDS WERE DEFEASED BY DEPOSITING A PORTION OF THE PROCEEDS OF THE CNE 2008 SERIES B BOND PROCEEDS AND MONEY CONTRIBUTED BY THE OBLIGATED GROUP IN AN ACCOUNT HELD BY THE TRUSTEE FOR THE CNE 2002 SERIES B BONDS TO PROVIDE FUNDS AS AND WHEN NECESSARY TO PAY THE PRINCIPAL AND INTEREST ON THE CNE 2002 SERIES B BONDS THE OBLIGATED GROUP MEMBERS ARE JOINT AND SEVERALLY LIABLE FOR THE REPAYMENT OF THE CNE SERIES A AND CNE SERIES B BONDS THE OUTSTANDING BALANCE ON THE BONDS WAS \$78,035,000 (SERIES A \$44,270,000 AND SERIES B \$33,765,000) ON SEPTEMBER 30, 2009 THE BOND PROCEEDS RECEIVED BY THE HOSPITALS UNDER THE 2008 SERIES A & B BONDS REPRESENT THE AMOUNT ALLOCATED THROUGH THE CNE FINANCING PROGRAM AND ARE CLASSIFIED AS A DUE TO CNE ON THE HOSPITAL SINDIVIDUAL FINANCIAL STATEMENTS THE OUTSTANDING BALANCE OUT ONE ON THE HOSPITAL SINDIVIDUAL FINANCIAL STATEMENTS THE OUTSTANDING BALANCE DUE TO CNE ON THE HOSPITAL AS OF SEPTEMBER 30, 2009 IS AS FOLLOWS SERIES A SERIES B TOTAL BUTLER \$4,633,688 \$0 \$4,633,688 |

| ldentifier | Return Reference | Explanation |
|----------------------------|---------------------|---|
| 990 PART IV QUESTION 12 | | CARE NEW ENGLAND'S FINANCIAL STATEMENTS INCLUDE CARE NEW ENGLAND HEALTH SYSTEM & AFFILIATES ("CNE") CONSOLIDATED FINANCIAL STATEMENTS THE CNE CONSOLIDATED FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTANT AND THE CONSOLIDATED AUDIT IS REVIEWED BY THE CARE NEW ENGLAND AUDIT COMMITTEE |

DLN: 93493226005120

2008

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury

(Form 990)

SCHEDULE R

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

Internal Revenue Service **Employer identification number** Name of the organization CARE NEW ENGLAND HEALTH SYSTEM 05-0490997 Part I Identification of Disregarded Entities (A)
Name, address, and EIN of disregarded entity (C) (E) Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Care New England Wellness Centers 45 Willard Ave 3rd Floor 996,070 1,317,935 Wellness Ctr RΙ Providence, RI 02905 05-0501283 Part II Identification of Related Tax-Exempt Organizations (B) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity See Additional Data Table

| (A) Name, address, and EIN of related organization | (B) Primary act | ivity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Predominant income(related, investment, unrelated) | (F) Share of total income | (G) Share of end-of- year assets | (H Dispro alloca | 1) prtionate tions? | (I) Code V—UBI amount on Box 20 of K-1 | Gene mana | iral o aging ner? |
|--|---------------------------|----------------------|---|---|--|---|--|------------------------|----------------------------------|---|------------------------|-------------------------|
| | | | | | | | | Yes | No | 1 | Yes | No |
| | | | | | | | | | | | | |
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| Part IV Identification of Re | elated Org | anizations | Taxable a | as a Corporation | or Trust | | | | | | | |
| (A) Name, address, and EIN of related org | anızatıon | (B) Primary activ | vity | (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 inco | ome | Sh end- | nare of Perce | H) entage ership | |
| TOLL GATE INDEMNITY LTD 23 LIME TREE BAY AVE PO BOX 1051 GRAND CAYMAN, CAYMAN ISLAND KY1-110 CJ 34-2028514 | | INSURANCE | | CJ | ксмн | CORP | | | | | | |
| W&I INDEMNITY LTD 23 LIME TREE BAY AVE PO BOX 1051 GRAND CAYMAN, CAYMAN ISLAND KY1-110 CJ 98-0159342 | | INSURANCE | | CJ | W&I | CORP | | | | | | |
| | | | | | | | | | | | | |
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(5)

(6)

| Part V | Transactions with Related Organizations |
|--------|---|
| Note | Complete line 1 if any entity is listed in Parts II III or IV |

| Note. Complete line 1 if any entity is listed in Parts II, III or IV | | | | Yes | No | | | | | |
|--|---|-----------------------------------|------------|-----|----|--|--|--|--|--|
| 1 During the tax year, did the orgranization engage in any of the following transaction | ns with one or more related organizations listed in Parts 1 | I-IV? | | | | | | | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent | tity | | 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 | Yes | | | | | | |
| e Loans or loan guarantees by other organization(s) | | | 1e | | No | | | | | |
| | | | | | | | | | | |
| f Sale of assets to other organization(s) | | | 1 f | | No | | | | | |
| g Purchase of assets from other organization(s) | | | 1g | | No | | | | | |
| h Exchange of assets | | | | | | | | | | |
| i Lease of facilities, equipment, or other assets to other organization(s) | | | | | | | | | | |
| | | | | | | | | | | |
| j Lease of facilities, equipment, or other assets from other organization(s) | | | | | | | | | | |
| k Performance of services or membership or fundraising solicitations for other org | ganization(s) | | 1k | Yes | | | | | | |
| l Performance of services or membership or fundraising solicitations by other org | anization(s) | | 11 | | No | | | | | |
| m Sharing of facilities, equipment, mailing lists, or other assets | | | 1m | | No | | | | | |
| n Sharing of paid employees | | | 1n | Yes | | | | | | |
| | | | | | | | | | | |
| Reimbursement paid to other organization for expenses | | | 10 | Yes | | | | | | |
| p Reimbursement paid by other organization for expenses | | | 1р | Yes | | | | | | |
| | | | | | | | | | | |
| q O ther transfer of cash or property to other organization(s) | | | 1q | | No | | | | | |
| r Other transfer of cash or property from other organization(s) | | | 1r | | No | | | | | |
| | | | | | | | | | | |
| 2 If the answer to any of the above is "Yes," see the instructions for information o | on who must complete this line, including covered relation | iships and transaction thresholds | | | | | | | | |
| (A) | (B) | (c) | | | | | | | | |
| Name of other organization(s) | Transaction type(a-r) | Amount Involved | | | | | | | | |
| (1) | | | | | | | | | | |
| See | | | | | | | | | | |
| Additional Data | | | | | | | | | | |
| Table | | | | | | | | | | |
| (2) | | | | | | | | | | |
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| (3) | | | | | | | | | | |
| | | | | | | | | | | |
| (4) | | | | | | | | | | |

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) | organizations | | partners section 501(c)(3) organizations? | | partners section 501(c)(3) organizations? | | (E) Share of end-of-year assets | | | (G) Code V—UBI amount on Box 20 of K-1 | (H) General o managing partner? |) |
| | | | Yes | No | | Yes | No | | Yes | No | | | | |
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Software ID: Software Version:

EIN: 05-0490997

Name: CARE NEW ENGLAND HEALTH SYSTEM

| 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 | | | | | |
| BUTLER HOSPITAL | | ' | 1 | | | | | | | |
| Providence, RI02906 05-0258812 | HOSPITAL | RI | 501(c)(3) | 3 | NA | | | | | |
| Kent Hospital Foundation | | <u></u> | <u></u> | | | | | | | |
| Warwick, RI02886 05-0514640 | SUPPORT ORG | RI | 501(c)(3) | 11-Type I | КСМН | | | | | |
| Healthtouch Inc | | ! | <u></u> | | | | | | | |
| 51 Health Lane Warwick, RI02886 05-0514949 | HEALTH CARE | RI | 501(c)(3) | 9 | KCVNA | | | | | |
| Kent County Memorial Hospital | | | | | | | | | | |
| Warwick, RI02886 05-0258896 | HOSPITAL | RI | 501(c)(3) | 3 | N A | | | | | |
| Kent County Visiting Nurse Assoc | | , | ' | | | | | | | |
| 51 Health Lane Warwick, RI02886 05-0242659 | VISITNG NURSE | RI | 501(c)(3) | 7 | NA | | | | | |
| Palomar Group Inc | | | | | | | | | | |
| 300 Richmond Street Providence, RI02903 05-0462378 | Parking Fac | RI | 501(c)(3) | 9 | WIC | | | | | |
| WIH Faculty Physicians Inc | | , | ' | | | | | | | |
| 67 Brigham Street New Bedford, MA02740 04-3579432 | HEALTH CARE | МА | 501(c)(3) | 9 | WIH | | | | | |
| Women & Infants Corporation | | ' | ' | | | | | | | |
| Providence, RI02903 02-2885807 | SUPPORT ORG | RI | 501(c)(3) | 11-Type III | NA | | | | | |
| Women & Infants Development Foundation | | ! | , | | | | | | | |
| 300 Richmond Street Providence, RI02903 22-2885815 | SUPPORT ORG | RI | 501(c)(3) | 11-Type III | WIC | | | | | |
| Women & Infants Hospital of Rhode Island | | | , | | | | | | | |
| 300 Richmond Street Providence, RI02903 05-0258937 | HOSPITAL | RI | 501(c)(3) | 3 | WIC | | | | | |

Additional Data

Software ID: Software Version:

EIN: 05-0490997

Name: CARE NEW ENGLAND HEALTH SYSTEM

Form 990, Schedule A, Part I, Line 11h - 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) | Is forganiz (i) listed gove | (iv) Is the organization in (i) listed in your governing document? | | (v) Did you notify the organization in (i) of your support? | | the ation in nized in JS? | (vii) A mount of support? | |
|---|-------------|--|-----------------------------------|---|-----|---|-----|------------------------------------|---------------------------------|--|
| | | | Yes | No | Yes | No | Yes | No | | |
| WOMEN & INFANTS CORPORATION | 050258937 | 03 | Yes | | Yes | | Yes | | 3546000 | |
| BUTLER HOSPITAL | 050258812 | 03 | Yes | | Yes | | Yes | | 555000 | |
| KENT COUNTY MEMORIAL HOSPITAL | 050258896 | 03 | Yes | | Yes | | Yes | | 2701000 | |
| KENT COUNTY VISITING NURSE ASSOCIATION | 050242659 | 03 | Yes | | Yes | | Yes | | 0 | |

| Form 990, Schedule R, Part V - Transactions with Related Organizations | |
|--|--|
| (A) | |
| Name of other organization | |

(8)

(9)

(10)

Kent County Memorial Hospital

Kent County Memorial Hospital

VNA of Care New England

| | (A) Name of other organization | (B) Transaction type(a-r) | (C) A mount Involved (\$) |
|-----|--|--|---------------------------|
| (1) | Butler Hospital | n | 417,432 |
| (2) | Butler Hospital | 0 | 442,954 |
| (3) | Butler Hospital | р | 10,567,792 |
| (4) | Women & Infants Hospital of Rhode Island | n | 841,644 |
| (5) | Women & Infants Hospital of Rhode Island | 0 | 266,714 |
| (6) | Women & Infants Hospital of Rhode Island | р | 18,175,957 |
| (7) | Kent County Memorial Hospital | n | 115,308 |

1,253,222

34,496,272

1,811,656

0

Software ID: Software Version:

EIN: 05-0490997

Name: CARE NEW ENGLAND HEALTH SYSTEM

Form 990, Part VII - Section Aaa

| Form 990, Part VII - Section Aaa | | | | | | | | | | |
|--|--|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|--|--|
| | | Posit t | (C lon (d hat a | chec | | I | | | (E) | (F) Estimated amount of other compensation from the organization and related organizations |
| (A) Name and Title | (B) Average hours per week | Individual Trustee or Director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | |
| Patricia R Recupero MD , Executive VP/Behavioral Hlth | 60 0 | Х | | х | | | | 0 | 617,077 | 261,740 |
| David A Lowe MD , Director | 60 0 | Х | | Х | | | | 0 | 164,833 | 0 |
| Steven A Rasmussen MD , Director | 60 0 | Х | | Χ | | | | 0 | 504,101 | 68,045 |
| Terrence F Cahill MD , Director | 1 0 | Χ | | | | | | 0 | 0 | 0 |
| Joanna M Cain MD , Director/OBGYN IN CHIEF | 60 0 | Х | | | | | | 0 | 216,759 | 4,287 |
| Thomas J Celona , Director | 1 0 | Х | | | | | | 0 | 0 | 0 |
| Earl D Chambers , Director | 1 0 | Х | | | | | | 0 | 0 | 0 |
| Allen H Cıcchıtellı , Dırector | 1 0 | Х | | | | | | 0 | 0 | 0 |
| Edward J Cooney , Director | 1 0 | Х | | | | | | 0 | 0 | 0 |
| Robert E DeBlois , Director | 1 0 | Х | | | | | | 0 | 0 | 0 |
| Andrew M Erickson , Director | 1 0 | Х | | | | | | 0 | 0 | 0 |
| Jonathon K Farnum , Director/Chairman | 5 0 | Χ | | | | | | 0 | 0 | 0 |
| Margaret D Farrell , Director | 1 0 | Χ | | | | | | 0 | 0 | 0 |
| Phyllis C Field , Director | 1 0 | Х | | | | | | 0 | 0 | 0 |
| Robert G Flanders , Director | 1 0 | Χ | | | | | | 0 | 0 | 0 |
| Benjamın P Harrıs III , Dırector | 1 0 | Χ | | | | | | 0 | 0 | 0 |
| Dean T Holt , Director | 1 0 | Х | | | | | | 0 | 0 | 0 |
| James A Hopkins , Director | 1 0 | Χ | | | | | | 0 | 0 | 0 |
| John H Howland , Director | 1 0 | Х | | | | | | 0 | 0 | 0 |
| Douglas Jacobs , Director | 1 0 | Х | | | | | | 0 | 0 | 0 |
| Margaret McGıllıvray , Dırector | 1 0 | Х | | | | | | 0 | 0 | 0 |
| Katherine McKenzie , Director | 1 0 | Х | | | | | | 0 | 0 | 0 |
| Charles R Reppucci , Director | 1 0 | Х | | | | | | 0 | 0 | 0 |
| George W Shuster , Director | 1 0 | Х | | | | | | 0 | 0 | 0 |
| Anne Szostak , Director | 1 0 | Χ | | | | | | 0 | 0 | 0 |
| James Sullivan MD , Director | 1 0 | Х | | | | | | 0 | 0 | 0 |
| Thomas A Vest MD , Director | 1 0 | Χ | | | | | | 0 | 0 | 0 |
| W Arnold Yasınskı , Director | 1 0 | Χ | | | | | | 0 | 0 | 0 |
| John M Sutherland III , CFO/Assistant Treasurer | 60 0 | | | х | | | | 0 | 429,981 | 114,566 |
| Thomas R Courage Esq , Secretary | 60 0 | | | Х | | | | 0 | 472,105 | 95,298 |

Form 990, Part VII - Section Aaa

| FUI III 990, Part VII - Section Ada | | | | | | | | | | |
|---|--|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|--|--|
| | | Posit | (C tion (hat a | ched | | I | | | | (F) Estimated amount of other compensation from the organization and related organizations |
| (A) Name and Title | (B) Average hours per week | Individual Trustee or Director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | |
| Alyssa Boss , Assistant Secretary | 60 0 | | | Х | | | | 0 | 169,983 | 42,545 |
| John J Hynes Esq , President and CEO | 60 0 | | | Х | | | | 0 | 1,281,222 | 238,269 |
| Sandra L Coletta , Executive VP | 60 0 | | | | Х | | | 0 | 102,153 | 595 |
| Constance A Howes , Executive VP | 60 0 | | | | Х | | | 0 | 645,477 | 126,295 |
| Mark Crevier , Executive VP | 60 0 | | | | Х | | | 0 | 600,817 | 152,760 |
| Gail Costa , Sr V P-Planning | 60 0 | | | | Х | | | 0 | 351,768 | 96,439 |
| Marılyn Walsh , SENIOR VICE PRESIDENT | 60 0 | | | | x | | | 0 | 364,958 | 108,934 |
| Mary Kernan , VICE PRESIDENT - PR/MARKETING | 60 0 | | | | × | | | 0 | 310,910 | 86,099 |
| Patricia Devaney , CNE Associate VP HR | 60 0 | | | | | Х | | 190,497 | 0 | 44,531 |
| Thomas Gardner , Director of Materials Mngmt | 60 0 | | | | | х | | 217,271 | 0 | 73,367 |
| Ralph Hanselman , Director of Compliance & Audit | 60 0 | | | | | х | | 215,316 | 0 | 54,000 |
| Carleen Smith , CNE Associate VP Finance | 50 0 | | | | | Х | | 248,838 | 0 | 81,991 |
| Cedric Priebe III MD , Chief Medical Info Officer | 60 0 | | | | | Х | | 405,880 | 0 | 71,686 |
| David Terry , Former Executive Admin FS | 50 0 | | | | | | Х | 160,331 | 0 | 32,992 |
| Donald R Coustan MD , Former/CURRENTLY EMPLOYED MD | 1 0 | | | | | | х | 0 | 636,037 | 109,319 |