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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)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization WOMEN & INFANTS HOSPITAL of RI		D Employer identification number 05-0258937
		Doing Business As		E Telephone number (401) 274-1122
		Number and street (or P O box if mail is not delivered to street address) 101 Dudley Street	Room/suite	G Gross receipts \$ 409,991,259
		City or town, state or country, and ZIP + 4 Providence, RI 02905		
	F Name and address of principal officer Constance A Howes 101 Dudley Street Providence, RI 02905		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ www.womenandinfants.org				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1884	M State of legal domicile RI	

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities Women & Infants Hospital is committed to improving health and well being of women and infants and to providing essential services regardless of ability to pay		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 2	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5 3,35	
	6	Total number of volunteers (estimate if necessary)	6 45	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 12,214,52	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	23,421,985	24,012,903
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	325,965,093	349,744,265
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,370,055	880,836
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,970,105	33,004,454
			388,727,238	407,642,458
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	416,394	1,173,314
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	229,478,114	252,334,147
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) 727,023		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	143,403,096	146,107,923
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	373,297,604	399,615,384
	19	Revenue less expenses Subtract line 18 from line 12	15,429,634	8,027,074
	Net Assets or Fund Balances			Beginning of Current Year
20		Total assets (Part X, line 16)	314,967,967	315,905,776
21		Total liabilities (Part X, line 26)	163,709,015	159,900,266
22		Net assets or fund balances Subtract line 21 from line 20	151,258,952	156,005,510

Part II Signature Block	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
	<div> <div></div> <div>Signature of officer</div> </div> <div> <div></div> <div>2011-08-09</div> </div> <div> <div></div> <div>Date</div> </div>
	<div> <div></div> <div>Debra M Paul CFO/ SVP</div> </div> <div>Type or print name and title</div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div></div> </div> <div>Date</div> <div> <div>Check if self-employed</div> <div><input type="checkbox"/></div> </div> <div>Preparer's identifying number (see instructions)</div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>ERNST & YOUNG US LLP</div> <div>75 BEATTIE PLACE SUITE 800</div> <div>GREENVILLE, SC 29601</div> </div> </div>
	<div>EIN</div> <div>Phone no (864) 242-5740</div>

1 Briefly describe the organization's mission

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

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

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






















4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses	\$ 354,340,390
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Part IV

Checklist of Required Schedules

		Yes	No					
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes					
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes					
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5						
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No				
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes					
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes					
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.							
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.							
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.							
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.							
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.							
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.							
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td></td><td>12A Yes</td></tr></table>	Yes	No		12A Yes			
Yes	No							
	12A Yes							
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional							
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No				
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? If "Yes," complete Schedule F, Part I 	14b	Yes					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II 	15	Yes					
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III 	16		No				
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 	17		No				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes					
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19		No				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes					

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	343	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	3,356	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes
b If "Yes," enter the name of the foreign country: CJ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	20	
b	Enter the number of voting members that are independent . . .	1b	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶MA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Debra M Paul CPA MBA 101 Dudley Street Providence, RI 02905 (401) 274-1122

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

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

Form **990** (2009)

1b	Total	10,337,689	0	1,356,926
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶268

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Purity Services 405 Myrtle Street NEW BEDFORD, MA 02746	Linen & laundry sVCS	1,036,602
University Surgical Associates 200 Metro Center WARWICK, RI 02886	Professional sVCS	796,730
Now Delivery PO Box 6945 PROVIDENCE, RI 02940	Lab courier services	778,727
Mayo Collaborative Services PO Box 4100 ROCHESTER, MN 55903	Lab services	730,253
Haggman Inc PO Box 1491 MANCHESTER, MA 01944	Adver/marketING SVCS	571,308

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶23

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	15,457				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	13,740,591				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,256,855				
	g	Noncash contributions included in lines 1a-1f \$ 525,495						
	h	Total. Add lines 1a-1f		24,012,903				
Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code 622,310	349,744,265	349,744,265			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		349,744,265				
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		748,031			748,031
4		Income from investment of tax-exempt bond proceeds . .		0				
5		Royalties		101,624	101,624			
6a		(i) Real						
		(ii) Personal						
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)						
7a		(i) Securities						
		(ii) Other						
		1,852,963						558,809
		1,731,306						547,661
b		Less cost or other basis and sales expenses						
c		Gain or (loss)		121,657	11,148			
d		Net gain or (loss)		132,805			132,805	
8a		Gross income from fundraising events (not including \$ 15,457 of contributions reported on line 1c) See Part IV, line 18		281,765				
		a						
		b						
b		Less direct expenses		69,834				
c		Net income or (loss) from fundraising events . .		211,931			211,931	
9a	Gross income from gaming activities See Part IV, line 19							
	a							
	b							
b	Less direct expenses							
c	Net income or (loss) from gaming activities . .		0					
10a	Gross sales of inventory, less returns and allowances							
	a							
	b							
b	Less cost of goods sold							
c	Net income or (loss) from sales of inventory . .		0					
Miscellaneous Revenue		Business Code						
11a	PROFESSIONAL REVENUE (PART B)		812,900	18,469,244	18,469,244			
	b SEND IN LAB REVENUE		621,500	12,214,529		12,214,529		
	c CONTRACT REVENUE		900,099	1,791,360	1,791,360			
	d All other revenue			215,766	215,766			
	e Total. Add lines 11a-11d			32,690,899				
12	Total revenue. See Instructions			407,642,458	370,322,259	12,214,529	1,092,767	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	650,000	650,000		
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	523,314	523,314		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	8,513,148	3,380,843	4,796,718	335,587
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	181,624,846	162,971,968	18,498,072	154,806
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,321,844	8,389,660	932,184	
9	Other employee benefits	39,100,277	35,190,249	3,910,028	
10	Payroll taxes	13,774,032	12,396,629	1,377,403	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	649,771		649,771	
c	Accounting	32,755		32,755	
d	Lobbying	81,507		81,507	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	16,214,944	13,944,852	2,270,092	
12	Advertising and promotion	366,633	315,304	51,329	
13	Office expenses	30,697,750	26,359,083	4,297,685	40,982
14	Information technology	11,293,586	9,712,484	1,581,102	
15	Royalties	0			
16	Occupancy	9,340,429	8,032,769	1,307,660	
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	779,588	666,058	109,142	4,388
20	Interest	205,603	176,819	28,784	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	15,184,124	13,058,347	2,125,777	
23	Insurance	12,422,838	10,683,641	1,739,197	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	RESEARCH	16,279,824	16,279,824		
b	STATE LICENSURE FEE	15,824,541	15,824,541		
c	PROVISION FOR BAD DEBT	8,104,361	8,104,361		
d	HEALTHCARE SERVICES	4,258,363	4,258,363		
e	ALL OTHER EXPENSES	4,371,306	3,721,281	458,765	191,260
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	399,615,384	354,640,390	44,247,971	727,023
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			37,604,444	2	39,303,617
	3	Pledges and grants receivable, net			4,069,519	3	2,032,438
	4	Accounts receivable, net			40,441,068	4	40,115,463
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			148,919	7	138,110
	8	Inventories for sale or use			477,060	8	403,170
	9	Prepaid expenses and deferred charges			1,781,431	9	2,110,279
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	328,636,693	155,994,365	10c	156,489,507
	b	Less accumulated depreciation	10b	172,147,186			
	11	Investments—publicly traded securities			58,936,109	11	59,409,044
	12	Investments—other securities See Part IV, line 11			1,247,454	12	1,267,329
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			14,267,598	15	14,636,819
16	Total assets. Add lines 1 through 15 (must equal line 34)			314,967,967	16	315,905,776	
Liabilities	17	Accounts payable and accrued expenses			40,684,352	17	42,452,311
	18	Grants payable				18	
	19	Deferred revenue			2,650,000	19	0
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			5,025,756	23	4,788,187
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			115,348,907	25	112,659,768
	26	Total liabilities. Add lines 17 through 25			163,709,015	26	159,900,266
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			119,532,267	27	125,746,286
	28	Temporarily restricted net assets			27,736,449	28	26,207,031
	29	Permanently restricted net assets			3,990,236	29	4,052,193
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			151,258,952	33	156,005,510
	34	Total liabilities and net assets/fund balances			314,967,967	34	315,905,776

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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? 	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public
Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2008 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 05-0258937

Name: WOMEN & INFANTS HOSPITAL of RI

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROGER N BEGIN SECRETARY	5 0	X		X				0	0	0
KATHLEEN COTE BOWLING MD DIRECTOR	5 0	X						6,200	0	0
LISA G CHURCHVILLE DIRECTOR	5 0	X						0	0	0
SHARON CONRAD-WELLS DIRECTOR	5 0	X						0	0	0
MARGARET D FARRELL ESQ TREASURER	5 0	X		X				0	0	0
JUSTICE ROBERT G FLANDERSJRRET VICE CHAIR	5 0	X		X				0	0	0
WILLIAM F HATFIELD DIRECTOR	5 0	X						0	0	0
RAMON MARTINEZ DIRECTOR	5 0	X						0	0	0
GINA RAIMONDO DIRECTOR	5 0	X						0	0	0
CYNTHIA S REED VICE-CHAIR	5 0	X		X				0	0	0
ANNE SZOSTAK DIRECTOR	5 0	X						0	0	0
JOHN R GALVIN DIRECTOR	5 0	X						0	0	0
LINDA MCGOLDRICK DIRECTOR	5 0	X						0	0	0
TERRANCE CAHILLMD PRESIDENT, MEDICAL STAFF ASSOC	5 0	X						11,200	0	0
SANTINA L SIENA MD PRES-ELECT MEDICAL STAFF ASSOC	5 0	X						6,350	0	0
FRED A BROSCO MD MEDICAL STAFF APPOINTED REP	5 0	X						0	0	0
JOANNA M CAIN MD CHAIR, OBSTETRICS/GYNECOLOGY	60 0	X						568,582	0	42,534
JAMES F PADBURY MD PEDIATRICIAN - IN - CHIEF	60 0	X						669,523	0	84,414
LEVI C ADAMS HONORARY TRUSTEE	5 0	X						0	0	0
THOMAS P DIMEO HONORARY TRUSTEE	5 0	X						0	0	0
BENJAMIN P HARRIS III HONORARY TRUSTEE	5 0	X						0	0	0
STANLEY LIVINGSTON JR HONORARY TRUSTEE	5 0	X						0	0	0
HOWARD MERRIMAN JR HONORARY TRUSTEE	5 0	X						0	0	0
KATHRYN M PARSONS HONORARY TRUSTEE	5 0	X						0	0	0
HARRIS N ROSEN HONORARY TRUSTEE	5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEAN K SEAMAN HONORARY TRUSTEE	5 0	X						0	0	0
WALTER C TILLINGHAST HONORARY TRUSTEE	5 0	X						0	0	0
ROBINSON C TROWBRIDGE HONORARY TRUSTEE	5 0	X						0	0	0
DOUGLAS L JACOBS CHAIR	5 0	X		X				0	0	0
KATHERINE F MCKENZIE VICE CHAIR	5 0	X		X				0	0	0
CONSTANCE A HOWES JD FACHE EX-OFFICIO, PRESIDENT/CEO	60 0			X				710,439	0	145,996
MARK MARCANTANO EXECUTIVE VICE PRESIDENT/COO	60 0			X				50,000	0	0
DEBRA M PAUL CPA MBA SR VP & CFO/ASSIS TREASURER	60 0			X				444,030	0	82,792
DANIEL MICHAUD VP, HR	60 0			X				240,638	0	26,093
KAREN DAVIE SR VP,PHILANTHROPY &GOVERNANCE	60 0			X				357,210	0	33,143
PAULA GILLETTE SR VP, PATIENT CARE SERVICES	60 0			X				298,443	0	60,929
PATRICE DIMARIO SR VP,PATIENT SUPPORT SERVICES	60 0			X				354,107	0	105,259
ELIAS NEUJAHR VP, PHYSICIAN SERVICES	60 0			X				195,162	0	20,798
JAMES WATKINS VP FACULTY ENTERPRISES	60 0			X				194,074	0	21,504
CORNELIUS GRANAI MD VICE PRESIDENT	60 0			X				654,944	0	8,663
RAYMOND POWRIE MD SR VP, QUALITY	60 0			X				418,682	0	65,960
JOHN M SUTHERLAND III PRES - W&I INDEMNITY, LTD	60 0			X				571,356	0	130,421
THOMAS R COURAGE VICE PRESIDENT/ASST SECRETARY	60 0			X				610,467	0	106,638
GAIL COSTA SR VP, PLANNING - CNE	60 0			X				384,161	0	106,166
MAYBELLE KERNAN VP-MARKETING &PUBLIC RELATIONS	60 0			X				430,505	0	94,881
JOSEPH RODA INTERIM VP, HR 8/31/10-9/30/10	60 0			X				154,173	0	12,574
THOMAS HUGHES VP, PATIENT SUPPORT SERVICES	60 0			X				166,871	0	13,897
WILLIAM LAWRENCE MD CHIEF OF PATHOLOGY	60 0					X		562,714	0	12,037
KAREN ROSENE-MONTELLA MD PHYSICIAN	60 0					X		481,326	0	2,005
DOMENIC DELMONICO SR VP CONTRACTING - CNE	60 0					X		440,894	0	83,893

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD MOORE MD PHYSICIAN	60 0					X		432,542	0	8,865
SANDRA CARSON MD PHYSICIAN	60 0					X		416,384	0	8,431
DEMOSTHENES ARGYS Former Exec VP/COO	60 0						X	291,889	0	24,544
JANET SCHIPPER FMR OFFICER/CURRENT EMPLOYEE	60 0						X	214,823	0	54,489

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
RESEARCH	16,279,824	16,279,824		
STATE LICENSURE FEE	15,824,541	15,824,541		
PROVISION FOR BAD DEBT	8,104,361	8,104,361		
HEALTHCARE SERVICES	4,258,363	4,258,363		
ALL OTHER EXPENSES	4,371,306	3,721,281	458,765	191,260

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 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 a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☐ No
- 4a

Was a correction made?

☐ Yes ☐ No
- b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes ☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		81,507
	j Total lines 1c through 1i			81,507
	2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			No	

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
		2a	
		2b	
		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 (see instructions)	5	

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
LOBBYING ACTIVITIES	SCHEDULE C, PART II-B, 1I	THE HOSPITAL PAID \$40,719 TO THE AMERICAN HOSPITAL ASSOCIATION (AHA) FOR MEMBERSHIP DUES, OF WHICH 24.42% OR \$9,944 WAS ALLOCATED TO LOBBYING. THE AHA PROVIDES BOTH ADVOCACY AND REPRESENTATION FOR ITS MEMBERS. AHA'S ADVOCACY IS GENERALLY ABOUT HOSPITALS AS THE CORNERSTONE OF THE COMMUNITY, PROTECTING THE CARE SAFETY NET AND IMPROVING CARE, AFFORDABILITY AND COVERAGE. THE AHA'S 2010 ADVOCACY CAN BE VIEWED AT THEIR WEBSITE WWW.AHA.ORG. THE HOSPITAL PAID \$60,000 TO MAYFORTH GROUP, LLC FOR PROFESSIONAL BUSINESS, LOBBYING AND CONSULTING SERVICES. THE HOSPITAL PAID \$11,563 TO SAFETY NET HOSPITAL PHARMACEUTICAL ACCESS FOR 2010 DUES ASSESSMENT.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WOMEN & INFANTS HOSPITAL of RI

Employer identification number
05-0258937

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

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

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

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

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

2

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

a

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

b

Assets included in Form 990, Part X ▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	7,156,790	6,785,603		
b	Contributions	61,410	91,305		
c	Investment earnings or losses	702,455	306,023		
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses	36,809	26,141		
g	End of year balance	7,883,846	7,156,790		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 100.000 %

c

Term endowment ▶ 0 %

3a

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

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

No

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,254,245		3,254,245
b Buildings		185,420,448	76,060,577	109,359,871
c Leasehold improvements		7,023,116	3,398,447	3,624,669
d Equipment		130,550,183	92,688,162	37,862,021
e Other		2,388,701		2,388,701
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				156,489,507

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
ENDOWMENT USE	SCHEDULE D, PART V	THE HOSPITAL'S ENDOWMENT CONSISTS OF NUMEROUS INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THESE PURPOSES INCLUDE HEALTHCARE SERVICES, RESEARCH, INDIGENT CARE, AND EDUCATION. THE HOSPITAL'S ENDOWMENT CONSISTS SOLELY OF DONOR-RESTRICTED ENDOWMENT FUNDS. THE HOSPITAL CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS: (A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, (C) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND. THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND THAT IS NOT CLASSIFIED IN PERMANENTLY RESTRICTED NET ASSETS IS CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE.
FIN 48/ASC 740	SCHEDULE D, PART X, LINE 2	CARE NEW ENGLAND HEALTH SYSTEM'S (CNE'S) FINANCIAL STATEMENTS DO NOT CONTAIN FOOTNOTE DISCLOSURE RELATED TO LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48/ASC 740. CNE COMPLETED AN ASSESSMENT OF THE ESTIMATED LIABILITY FOR UNCERTAIN TAX POSITIONS AT SEPTEMBER 20, 2010 AND CONCLUDED THAT THE ESTIMATED LIABILITY WAS NOT MATERIAL TO CNE'S FINANCIAL STATEMENTS.

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number
05-0258937

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2009

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			East Asia/Pacific	SUBCONTRACT	82,671				
			Sub-Saharan Africa	SUBCONTRACT	11,523				
			South America	SUBCONTRACT	33,600				
			South America	SUBCONTRACT	11,200				
			North America	SUBCONTRACT	120,960				
			North America	SUBCONTRACT	18,460				
			North America	SUBCONTRACT	17,300				
			Europe/Iceland/Greenland	SUBCONTRACT	31,920				
			Europe/Iceland/Greenland	SUBCONTRACT	30,240				
			Europe/Iceland/Greenland	SUBCONTRACT	50,080				
			Europe/Iceland/Greenland	SUBCONTRACT	70,280				
			Europe/Iceland/Greenland	SUBCONTRACT	8,400				
			Europe/Iceland/Greenland	SUBCONTRACT	7,000				
			Middle East/North Africa	SUBCONTRACT	26,600				

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

0

3

Enter total number of other organizations or entities

14

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

[illegible]

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

Schedule F (Form 990) 2009

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
WOMEN & INFANTS HOSPITAL of RI

Employer identification number
05-0258937

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		BIKE RIDE (event type)	SWIM AMERICA (event type)	0 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	43,291	253,931	297,222
	2	Less Charitable contributions		15,457	15,457
	3	Gross income (line 1 minus line 2)	43,291	238,474	281,765
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	283	27,128	27,411
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	670	41,753	42,423
	10	Direct expense summary Add lines 4 through 9 in column (d)			69,834
	11	Net income summary Combine lines 3, column d, and line 10.			211,931

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			
	8	Net gaming income summary Combine lines 1, column d, and line 7			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►			
Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ►			
Address ►			
16	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WOMEN & INFANTS HOSPITAL of RI

Employer identification number
05-0258937

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input checked="" type="checkbox"/> 200%<input type="checkbox"/> Other _____%</div> b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input checked="" type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input type="checkbox"/> Other _____%</div> c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Does the organization's policy provide free or discounted care to the "medically indigent"?	3a	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		No
6b	If "Yes," does the organization make it available to the public?	6b		
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			6,510,937	3,132,618	3,378,319	0 860 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			104,236,592	99,816,856	4,419,736	1 130 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			110,747,529	102,949,474	7,798,055	1 990 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			876,782	0	876,782	0 220 %
f Health professions education (from Worksheet 5)			18,926,969	121,790	18,805,179	4 810 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			15,419,494	14,557,450	862,044	0 220 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			11,819	0	11,819	
j Total Other Benefits			35,235,064	14,679,240	20,555,824	5 250 %
k Total. Add lines 7d and 7j			145,982,593	117,628,714	28,353,879	7 240 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

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

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	23,173,195	
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	59,523,772	
6	Enter Medicare allowable costs of care relating to payments on line 5	613,659,950	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7-4,136,178	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

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

Part IVManagement Companies and Joint Ventures

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

[illegible]

Part VI Supplemental Information

Complete this part to provide the following information

- 1** Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

PART VI, LINE 2 Women & Infants Hospital, a teaching hospital of The Warren Alpert Medical School of Brown University, is committed to improving the health and well being of women and infants and to providing our essential services regardless of ability to pay

- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

See additional data

- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

PART VI, LINE 4 WOMEN & INFANTS HOSPITAL OF RHODE ISLAND SERVES THE HEALTH CARE NEEDS OF WOMEN AND NEWBORNS IN RHODE ISLAND, SOUTHEASTERN MASSACHUSETTS AND EASTERN CONNECTICUT TO BEST SERVE THE NEEDS OF THESE INDIVIDUALS, THE HOSPITAL OPERATES MEDICAL OFFICE BUILDINGS IN EAST GREENWICH, SOUTH COUNTY AND WOONSOCKET, RI, AND NORTH ATTLEBORO AND SWANSEA, MA IN ADDITION, HOSPITAL SERVICE LINES AND PHYSICIANS TREAT PATIENTS IN NORWICH AND NEW LONDON, CT, AND ATTLEBORO, FALL RIVER, FOXBORO, NEW BEDFORD, MA AND OTHER SOUTHEASTERN MA COMMUNITIES

- 5 Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

NOT APPLICABLE

- 6** Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

See additional data

- 7** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

See additional data

- 8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Additional Data

Software ID:

Software Version:

EIN: 05-0258937

Name: WOMEN & INFANTS HOSPITAL of RI

Form 990 Schedule H, Part V - Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Women & Infants Hospital of Rhode Island 101 Dudley Street Providence, RI 02905	X	X		X					
Women & Infants Hospital 200 Chestnut Street Providence, RI 02905						X			
Women & Infants Hospital 200 Toll Gate Rd Suite 101 Warwick, RI 02886									LAB DRAWING STATION
Women & Infants Hospital 134 Thurbers Avenue Providence, RI 02905		X							HOSPITAL DEPARTMENTS (AUDIOLOGY, PROJECT LINK, ETC)
Women & Infants Hospital One Randall Square Providence, RI 02904									LAB DRAWING STATION
Women & Infants Hospital 247 Roosevelt Avenue Pawtucket, RI 02860									LAB DRAWING STATION
Women & Infants Hospital 38 Amaral Street East Providence, RI 02915									LAB DRAWING STATION
Women & Infants Hospital 2213 Mendon Road Woonsocket, RI 02895									LAB DRAWING STATION
Women & Infants Hospital 407 East Avenue Pawtucket, RI 02860									LAB DRAWING STATION
Women & Infants Hospital 18 Imperial Place Suite 2G Providence, RI 02903									LAB DRAWING STATION
Women & Infants Hospital 11 Wells Street Westerly, RI 02891									lab drawing station
Women & Infants Hospital 1 Blackstone Place Providence, RI 02903									MEDICAL
Women & Infants Hospital 695 Eddy Street Providence, RI 02903									MEDICAL UROGYNECOLOGY AND LAB DRAWING STATION
Women & Infants Hospital 725 Reservoir Avenue Cranston, RI 02920									Lab drawing station
Women & Infants Hospital 215 Toll Gate Road Warwick, RI 02886									Lab drawing station
Women & Infants Hospital 2 Dudley Street Providence, RI 02905									MEDICAL OFFICE BUILDING
Women & Infants Hospital 49 South County Commons Way Wakefield, RI 02879									MEDICAL OFFICE BUILDING AND HEALTH EDUCATION
Women & Infants Hospital 367 New Boston Road Fall River, MA 02724									MEDICAL/PHYSICIAN OFFICES
Women & Infants Hospital 235 Plain Street Providence, RI 02905									lab drawing station
Women & Infants Hospital 2358 South County Trail 2 East Greenwich, RI 02818									LAB DRAWING STATION
Women & Infants Hospital 50 Holden Street Providence, RI 02908						X			HOSPITAL DEPARTMENT BROWN CENTER- CHILDREN AT RISK
Women & Infants Hospital 750 Washington Street 36 Boston, MA 02111		X							IVF TUFT SUITE
Women & Infants Hospital 79 Plain Street Providence, RI 02903									Medical
Women & Infants Hospital 17 Cocasset Street Foxboro, MA 02035									PHYSICIAN PRACTICE
Women & Infants Hospital 900 Warren Avenue East Providence, RI 02914									LAB DRAWING STATION
Women & Infants Hospital 107 Fairhaven Road Mattapoisett, MA 02739									PHYSICIAN PRACTICE
Women & Infants Hospital 1407 South County Trail East Greenwich, RI 02818									lab drawing station
Women & Infants Hospital 1637 Mineral Spring Avenue North Providence, RI 02904									lab drawing station
Women & Infants Hospital 90 Plain Street Providence, RI 02903		X							MEDICAL PRACTICES
Women & Infants Hospital 45 Main Street Wareham, MA 02740									physician practice
Women & Infants Hospital 333 Valley Road Middletown, RI 02842									alternative care office
Women & Infants Hospital 101 Plain Street Providence, RI 02903									MEDICAL OFFICE
Women & Infants Hospital 100 Dudley Street Providence, RI 02905		X							PHYSICIAN'S OFFICE
Women & Infants Hospital 1050 Main St Unit A B East Greenwich, RI 02818									MEDICAL OFFICE BUILDING AND HEALTH EDUCATION
Women & Infants Hospital 2168 Diamond Hill Road Woonsocket, RI 02895									MEDICAL OFFICE BUILDING AND HEALTH EDUCATION
Women & Infants Hospital 2220 Gar Highway Swansea, MA 02777									MEDICAL OFFICE BUILDING
Women & Infants Hospital 6 Whipple Street North Attleboro, MA 02760									MEDICAL OFFICE BUILDING AND HEALTH EDUCATION
Women & Infants Hospital 70 Elm Street Providence, RI 02905									HOSPITAL LABORATORY

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

IF APPLICABLE, DESCRIBE THE INCOME-BASED CRITERIA FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY N/A - WOMEN & INFANTS HOSPITAL OF RHODE ISLAND USES THE FPG TO DETERMINE ELIGIBILITY FOR FREE CARE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

NOT APPLICABLE - WOMEN & INFANTS HOSPITAL OF RHODE ISLAND DOES NOT PREPARE AN ANNUAL COMMUNITY BENEFIT REPORT

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

PROVIDE AN EXPLANATION OF THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE
A COST-TO-CHARGE RATIO WAS USED, THE SOURCE BEING THE MEDICARE COST REPORT FOR FY 2010, ADJUSTED FOR
CERTAIN COSTS WHICH ARE PARTICULAR TO MEDICARE COST REPORTING, BUT NOT APPROPRIATE FOR PART 1, LINE 7, I E ,
REMOVING THE REASONABLE COST EQUIVALENT FOR PHYSICIAN SERVICES IN W/S A-8-2, REMOVING THE RELATED PARTY
COSTS (OTHER THAN HOME OFFICE), ALLOWING THE FULL PENSION EXPENSE, ETC WORKSHEET 2, "RATIO OF PATIENT CARE
COST-TO-CHARGES" WAS USED TO COMPLETE THE COST-TO-CHARGE RATIO USED IN PART 1, LINE 7

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

IF APPLICABLE, DESCRIBE WHETHER THE ORGANIZATION INCLUDED AS SUBSIDIZED HEALTH SERVICES ANY COSTS
ATTRIBUTABLE TO A PHYSICIAN CLINIC, AND REPORT SUCH COSTS THE ORGANIZATION INCLUDED WOMEN & INFANTS
HOSPITAL OF RHODE ISLAND INCLUDED SHORTFALLS FROM DIRECT PROGRAMS COSTS AND ALLOCATED OVERHEAD, LESS
ANY REIMBURSEMENT FOR ITS PSYCHIATRIC AND HOSPITALISTS SERVICES

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

IF APPLICABLE, ENTER THE BAD DEBT EXPENSE INCLUDED ON FORM 990, IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN \$8,104,361

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

LINE 4 - (A) PROVIDE THE RATIONALE AND THE COSTING METHODOLOGY USED TO DETERMINE THE AMOUNT REPORTED IN PART III, LINES 2 AND 3 SAME AS ANSWER ABOVE FOR PART 1, LINE 7 ABOVE LINE 4 - (B) DESCRIBE HOW THE ORGANIZATION ACCOUNTS FOR DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS IN DETERMINING BAD DEBT EXPENSES WHILE A PATIENT'S INDIVIDUAL FINANCIAL CIRCUMSTANCES MAY RESULT IN SOME OR ALL OF THE SERVICES RENDERED BEING CHARGED OFF AS FREE SERVICE, ANY REMAINING BALANCE WHICH THE HOSPITAL DETERMINES THE PATIENT IS CAPABLE OF PAYING IS DUE IN FULL A COMMUNITY BENEFIT DISCOUNT IS OFFERED FOR UNINSURED PATIENTS, AS WELL AS PROMPT PAY OR ADVANCE PAY DISCOUNTS ALL PAYMENT RECEIVED ARE APPLIED TO PATIENT'S ACCOUNTS THE ACCOUNT BECOMES BAD DEBT WHEN ALL EFFORTS TO COLLECT HAVE BEEN EXHAUSTED THE HOSPITAL USES ANY AND ALL ACTIONS THAT ARE AVAILABLE TO THEM UNDER STATE AND FEDERAL REGULATIONS TO COLLECT THE AMOUNTS OWED BY THE PATIENTS THIS MIGHT INCLUDE, BUT NOT BE LIMITED TO, THE USE OF OUTSIDE COLLECTION AGENCIES AND COLLECTION ATTORNEYS THE TOTAL BAD DEBT EXPENSE FOR FY 2010 WAS DETERMINED PER GAAP ALLOWANCE METHOD WHEREIN AN ESTIMATE IS MADE FOR BAD DEBT EXPENSE BY WAY OF A PROVISION FOR UNCOLLECTIBLE ACCOUNTS RECEIVABLES (ALLOWANCE FOR DOUBTFUL ACCOUNTS) BASED ON HISTORIC COLLECTION EXPERIENCE LINE 4 - (C) DESCRIBE THE METHOD THE ORGANIZATION USES TO DETERMINE THE AMOUNT THAT REASONABLY COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY SUFFICIENT INFORMATION IS NOT AVAILABLE TO MAKE THIS DETERMINATION LINE 4 - (D) DESCRIBE THE RATIONALE, IF ANY, FOR INCLUDING ANY PORTION OF BAD DEBT AS COMMUNITY BENEFIT N/A WOMEN & INFANTS HOSPITAL OF RHODE ISLAND, CONSOLIDATED FINANCIAL STATEMENTS (UNAUDITED) FOR YEARS ENDED SEPTEMBER 30, 2009 AND 2008 IN ADDITION TO THE COST OF CHARITY CARE AND OTHER COMMUNITY SERVICE PROGRAMS, THE HOSPITAL PROVIDED \$8,104,361 AND \$6,890,996 FOR UNCOLLECTIBLE PATIENT ACCOUNTS DURING THE YEARS ENDED SEPTEMBER 30, 2009 AND 2008, RESPECTIVELY

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

LINE 8 -(A) DESCRIBE THE COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE ORGANIZATIONS' MEDICARE COST REPORT, AS REFLECTED IN THE AMOUNT REPORTED IN PART III, LINE 6 THE INPATIENT MEDICARE ALLOWABLE COSTS WERE DETERMINED FROM THE SUBMITTED FY 2010 MEDICARE COST REPORT, WORKSHEET D-1, LINE 49, LESS PARA-MED COSTS, WHICH ARE INCLUDED IN PART 1, LINE 7(F) WORKSHEET D-1, LINE 49, DOES NOT INCLUDE DIRECT GME COSTS THE OUTPATIENT ALLOWABLE COSTS COME FROM WORKSHEET E, PART B

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

IF THE ORGANIZATION HAS A WRITTEN BAD DEBT COLLECTION POLICY AND ANSWERED "YES" TO PART III, LINE 9B, DESCRIBE THE COLLECTION PRACTICES SET FORTH IN THE POLICY THAT APPLY TO PATIENTS WHO IT KNOWS QUALIFY FOR FINANCIAL ASSISTANCE, WHETHER OR NOT SUCH PRACTICES APPLY SPECIFICALLY TO SUCH PATIENTS OR MORE BROADLY TO ALSO COVER OTHER TYPES OF PATIENTS WOMEN & INFANTS HOSPITAL OF RHODE ISLAND DOES NOT PURSUE COLLECTION FOR THOSE PATIENTS WHO QUALIFY FOR 100% FINANCIAL ASSISTANCE OUR NORMAL COLLECTION POLICY WOULD APPLY FOR PATIENTS RECEIVING PARTIAL FINANCIAL ASSISTANCE (DISCOUNTED BY REASON OF INCOME/ASSETS ON THE FPG BETWEEN 200% AND 300%) OR EXTREME HARDSHIPS

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

NOT APPLICABLE

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE DESCRIBE HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE ORGANIZATION'S CHARITY CARE POLICY A NOTICE OF FINANCIAL AID APPEARS ON ALL STATEMENTS SENT TO PATIENTS IT IS ALSO PROMINENTLY POSTED IN THE PATIENT ASSESSMENT DEPARTMENT, ADMISSION AREAS, OUTPATIENT CARE AREAS AND ON OUR WEB SITE ALSO, THE NOTICE IS AVAILABLE IN THE THREE MOST COMMON LANGUAGES USED BY OUR PATIENT POPULATION IN ACCORDANCE WITH THE APPLICABLE "STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES IN HEALTH CARE" (STANDARDS 4 & 7, BASED ON TITLE VI OF THE CIVIL RIGHTS ACT OF 1964) UNINSURED AND UNDERINSURED PATIENTS ARE COUNSELED AT THE POINT OF SERVICE OR DURING THE BILLING PROCESS ABOUT ANY FEDERAL, STATE OR LOCAL PROGRAMS THAT THEY MAY BE ELIGIBLE FOR, AND ASSISTANCE WITH APPLICATIONS IS ALSO PROVIDED

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

NOT APPLICABLE

PART VI, LINE 6 WOMEN & INFANTS HOSPITAL PROVIDES COMMUNITY BENEFIT PROGRAMS AND SERVICES THROUGH THE FOLLOWING PROGRAMS THAT ADDRESS COMMUNITY INITIATIVES SET BY THE RHODE ISLAND DEPARTMENT OF HEALTH HEALTHY RHODE ISLANDERS 2010 LEADING HEALTH INDICATORS WOMEN & INFANTS HOSPITAL PROVIDES COMMUNITY BENEFIT PROGRAMS AND SERVICES THROUGH THE FOLLOWING PROGRAMS THAT ADDRESS COMMUNITY INITIATIVES SET BY THE RHODE ISLAND DEPARTMENT OF HEALTH HEALTHY RHODE ISLANDERS 2010 LEADING HEALTH INDICATORS OBJECTIVE 4 SUBSTANCE ABUSE OBJECTIVE 5 RESPONSIBLE SEXUAL BEHAVIOR OBJECTIVE 6 MENTAL HEALTH OBJECTIVE 7 INJURY AND VIOLENCE OBJECTIVE 9 IMMUNIZATION OBJECTIVE 10 ACCESS TO HEALTH CARE UNCOMPENSATED CARE WOMEN & INFANTS PROVIDES UNCOMPENSATED CARE TO WOMEN AND NEWBORNS IN THE COMMUNITY IN NEED OF HEALTH CARE COMMUNITY PARTNERSHIPS WOMEN & INFANTS IS ENGAGED WITH THE FOLLOWING ORGANIZATIONS IN A VARIETY OF WAYS INCLUDING SUPPORTING COMMUNITY EDUCATION AND AWARENESS PROGRAMS, PROVIDING SPACE FOR MEETINGS OR CONFERENCES, AND PARTICIPATING ON VARIOUS BOARDS AND COMMITTEES WORKING TO IMPROVE THE HEALTH OF THE COMMUNITY ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY AMERICAN CANCER SOCIETY AMERICAN HEART ASSOCIATION CHILDREN'S FRIEND AND SERVICE CHISP DAY ONE E W FLYNN MODEL ELEMENTARY SCHOOL HEALTHY MOTHERS, HEALTHY BABIES KIDSCOUNT MARCH OF DIMES MEETING STREET SCHOOL NATIONAL ASSOCIATION OF SOCIAL WORKERS OCEAN STATE ADULT IMMUNIZATION COALITION PARTNERSHIP TO REDUCE CANCER PROGRESSO LATINO PROVIDENCE RONALD MCDONALD HOUSE RHODE ISLAND ASSOCIATION FOR CARDIAC CHILDREN RHODE ISLAND DEPARTMENT OF HEALTH RHODE ISLAND DEPARTMENT OF HEALTH OFFICE OF MINORITY HEALTH RHODE ISLAND DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES (DCYF) RHODE ISLAND BLOOD CENTER RHODE ISLAND OSTEOPOROSIS COALITION RHODE ISLAND PARENTING INFORMATION NETWORK RHODE ISLAND NETWORK OF CARE FOR BEHAVIORAL HEALTH RHODE ISLAND COUNCIL ON ALCOHOLISM AND OTHER DRUG ADDICTION RHODE ISLAND STATE NURSES ASSOCIATION WOMEN'S HEALTH COUNCIL UNITED WAY URBAN LEAGUE RESEARCH AND ACADEMIC EDUCATION AS A MAJOR TEACHING AND RESEARCH FACILITY AFFILIATED WITH THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY, WOMEN & INFANTS CONDUCTS CUTTING-EDGE RESEARCH ON A WIDE VARIETY OF HEALTH CARE CONCERNS AFFECTING WOMEN AND NEWBORNS, INCLUDING PRE-TERM DELIVERY, GYNECOLOGIC CANCERS, INFERTILITY, THE DEVELOPMENT OF LOW BIRTH WEIGHT INFANTS, POSTPARTUM DEPRESSION, AND UTERINE PROLAPSE THE GOALS OF THE RESEARCH ARE TO DISCOVER THE UNDERLYING CAUSES OF DISEASES AND CONDITIONS THAT AFFECT THESE POPULATIONS TO IMPROVE AND PROLONG THEIR LIVES AS THE FLAGSHIP HOSPITAL FOR BROWN IN OBSTETRICS, GYNECOLOGY AND NEONATOLOGY, WOMEN & INFANTS PROVIDES EDUCATION AND TRAINING FOR MEDICAL STUDENTS AND RESIDENTS THE HOSPITAL WELCOMES NEW FELLOWS EACH YEAR WHO SEEK HIGH-LEVEL TRAINING IN SPECIFIC AREAS OF INTEREST IN ADDITION, THE HOSPITAL PROVIDES CLINICAL EDUCATION FOR NURSING, PHARMACY AND OTHER STUDENTS FROM SCHOOLS FROM ACROSS THE COUNTRY PUBLIC AND PROFESSIONAL EDUCATION PROGRAMS WOMEN & INFANTS' LEADERSHIP BELIEVES COMMUNITY EDUCATION AND INFORMATION IS CRITICAL TO IMPROVING TREATMENT OUTCOMES THROUGH EARLY RECOGNITION OF A POSSIBLE PROBLEM EACH YEAR, THE HOSPITAL SPONSORS PUBLIC AND PROFESSIONAL EDUCATION PROGRAMS ON SUCH TOPICS AS ONCOLOGY RESEARCH, NEWBORN AUDIOLOGY, BREAST CANCER, URINARY INCONTINENCE, AND PRETERM BIRTH THE HOSPITAL ALSO PARTICIPATES IN ONGOING HEALTH EDUCATION ACTIVITIES OFFERED BY ITS CARE NEW ENGLAND PARTNERS PATIENT AND FAMILY RESOURCE CENTER WOMEN & INFANTS OFFERS ACCESS TO FREE INFORMATION ON A VARIETY OF HEALTH TOPICS RELATED TO WOMEN AND NEWBORNS THROUGH ITS PATIENT AND FAMILY RESOURCE CENTER LOCATED IN THE HOSPITAL'S MAIN LOBBY STAFF IN THE RESOURCE CENTER IS ABLE TO HELP WITH INTERNET SEARCHES ON A BANK OF COMPUTERS AS WELL PATIENT EDUCATION CENTERS WITH A VAST AMOUNT OF RESOURCES FOR PATIENTS AND FAMILY MEMBERS ARE ALSO AVAILABLE IN THE HOSPITAL'S FIVE MEDICAL OFFICE BUILDINGS ACROSS SOUTHEASTERN NEW ENGLAND SUPPORT GROUPS THE HOSPITAL PROVIDES A VARIETY OF FREE SUPPORT GROUPS TO MEMBERS OF THE COMMUNITY, INCLUDING THOSE FOR WOMEN WITH VARIOUS FORMS OF GYNECOLOGIC OR BREAST CANCER, WOMEN WHO HAVE TESTED POSITIVE FOR THE BRCA GENES THAT INDICATE A HIGHER RISK OF HAVING BREAST OR OVARIAN CANCER, COUPLES WHO HAVE EXPERIENCED A PREGNANCY LOSS, NEW PARENTS, AND WOMEN WITH CROHN'S DISEASE INTERPRETER SERVICES WOMEN & INFANTS HAS AN EXTENSIVE LIST OF EMPLOYEES WHO SPEAK LANGUAGES OTHER THAN ENGLISH WHO CAN BE CALLED UPON TO PROVIDE FREE INTERPRETING SERVICES FOR PATIENTS AND THEIR FAMILY MEMBERS THE HOSPITAL DESIGNATES TWO LEVELS OF INTERPRETERS - THOSE WHO CAN PROVIDE BASIC SERVICES AND OTHERS WHO HAVE BEEN TESTED AND APPROVED TO PROVIDE MEDICAL INTERPRETATION WHEN INTERPRETERS ARE NOT AVAILABLE WITHIN THE HOSPITAL, WOMEN & INFANTS CAN PROVIDE THE SERVICE THROUGH THE AT&T LANGUAGE LINE SIGN LANGUAGE INTERPRETERS ARE ALSO AVAILABLE BOTH OF THESE

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

SERVICES ARE ALSO FREE

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

PART VI, LINE 7 THE MISSION OF THE CARE NEW ENGLAND HEALTH SYSTEM IS TO CONTINUALLY IMPROVE THE HEALTH AND WELL-BEING OF THE PEOPLE AND COMMUNITIES OF SOUTHEASTERN NEW ENGLAND COMPRISED OF THREE HOSPITALS - BUTLER, KENT AND WOMEN & INFANTS - AS WELL AS THE VNA OF CARE NEW ENGLAND, THE DISTINCTIVE PROGRAMS, STAFF AND TALENTS OF EACH MEMBER COMBINE TO ENSURE A HIGH-QUALITY CONTINUUM OF CARE FOR THE COMMUNITIES SERVED WITH A PRIMARY FOCUS ON PATIENTS AND THEIR FAMILIES, CARE NEW ENGLAND PROVIDES A SOLID, DIVERSE COMBINATION OF PHYSICIAN SPECIALISTS AND GENERALISTS WHO ARE COMMITTED TO THE MISSION OF BUILDING A BETTER SYSTEM OF HEALTH CARE TO DO THIS, THE SYSTEM AIMS TO ATTAIN THE HIGHEST STANDARDS OF QUALITY, PROVIDE ACCESS TO ESSENTIAL HEALTH SERVICES REGARDLESS OF ABILITY TO PAY, DELIVER AN EXCEPTIONAL PATIENT EXPERIENCE, ADVANCE MEDICAL KNOWLEDGE THROUGH RESEARCH AND TEACHING, ADVOCATE FOR THOSE PATIENTS SERVED, ENHANCE WELLNESS AND PREVENTION, AND OPERATE IN A COST-EFFECTIVE AND FINANCIALLY VIABLE MANNER MEMBERS OF THE CARE NEW ENGLAND HEALTH SYSTEM INCLUDE BUTLER HOSPITAL - RHODE ISLAND'S ONLY PRIVATE, NONPROFIT PSYCHIATRIC AND SUBSTANCE ABUSE HOSPITAL FOR ADULTS, ADOLESCENTS, CHILDREN AND SENIORS KENT HOSPITAL - A GENERAL MEDICINE HOSPITAL PROVIDING A FULL SPECTRUM OF PRIMARY AND SECONDARY ACUTE CARE SERVICES WITH A MEDICAL STAFF REPRESENTING MORE THAN 30 SPECIALTIES WOMEN & INFANTS HOSPITAL - THE NATION'S SEVENTH BUSIEST OBSTETRICAL FACILITY, OPERATING THE NATION'S LARGEST SINGLE-FAMILY ROOM NEONATAL INTENSIVE CARE UNIT AND THE AREA'S ONLY TERTIARY LEVEL NEONATAL FACILITY, AND PROVIDING SUCH SPECIALIZED SERVICES AS ONCOLOGY, UROGYNECOLOGY AND INFERTILITY TREATMENT VNA OF CARE NEW ENGLAND - A UNIQUE SERVICE PROVIDING A BROAD SPECTRUM OF HOME HEALTH, HOSPICE AND PRIVATE DUTY NURSING CARE FOR NEW MOTHERS, THE ELDERLY AND THE TERMINALLY ILL

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
WOMEN & INFANTS HOSPITAL of RI

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
05-0258937

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWN UNIVERSITY CONTROLLERS OFC BOX J PROVIDENCE, RI 02912	050258809	501(C)(3)	650,000				SHARED PROGRAMS

2

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

1

3

Enter total number of other organizations

0

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

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

Part I

Questions Regarding Compensation

		Yes	No
1a	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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	Yes
b	Any related organization?	6b	Yes
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

[illegible]

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
Supplemental Compensation Information	SCHEDULE J, PART I, LINE 1B	PAYMENTS MADE TO SOCIAL CLUB FOR DUES ARE MADE IN ACCORDANCE WITH EMPLOYMENT CONTRACTS. SCHEDULE J, PART I, LINE 4B: THE FOLLOWING INDIVIDUALS PARTICIPATE IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THEIR TOTAL 2009 CONTRIBUTION TO THE NONQUALIFIED PLAN ARE REPORTED BELOW. THE SERP SPLIT DOLLAR AMOUNTS ARE INCLUDED IN THE INDIVIDUAL'S 2009 COMPENSATION, REPORTED IN THE OTHER REPORTABLE COMPENSATION COLUMN ON SCHEDULE J, PART II AND J-II. THE EXECUTIVE RETIREMENT STIPEND AMOUNTS ARE INCLUDED IN THE INDIVIDUAL'S 2009 COMPENSATION, REPORTED IN THE BONUS AND INCENTIVE COMPENSATION COLUMN. SERP SPLIT DOLLAR LIFE INSURANCE: GAIL COSTA - \$3,766, THOMAS COURAGE - \$6,673, PATRICE DIMARIO - \$2,001, CONSTANCE HOWES - \$4,649, MAYBELLE KERNAN - \$2,516, JOHN SUTHERLAND - \$2,820, EXECUTIVE RETIREMENT STIPEND: DEBRA PAUL - \$51,140, KAREN DAVIE - \$64,967, DOMENIC DELMONICO - \$78,450, DEMOSTHENES ARGYS - \$64,120. SCHEDULE J, PART I, LINE 6: COMPENSATION FOR CERTAIN INDIVIDUALS IS EARNED AND ACCRUED BASED ON BOTH SHORT AND LONG TERM INCENTIVE PROGRAMS. THE SHORT TERM INCENTIVE PROGRAM PROVIDES AN OPPURTUNITY FOR PROGRAM PARTICIPANTS TO EARN AN INCENTIVE AWARD BASED ON THE ACHIEVMENT 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, AND INNOVATION & GROWTH. THE LONG-TERM INCENTIVE PROGRAM PROVIDES AN OPPURTUNITY 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, AND STRATEGIC OBJECTIVE. SCHEDULE J, PART VII: DEFERRED COMPENSATION IS SUBJECT TO FORFEITURE BY THE INDIVIDUAL BASED ON THE PROVISIONS OF THE PLAN. SCHEDULE J, PART VII AND FORM 990, PART VII: AMOUNTS REPORTED FOR INDIVIDUALS LISTED IN PART VII AND SCHEDULE J, PART II ARE BASED ON CALENDAR YEAR 2009 W-2 FORM DATA.

Software ID:
Software Version:
EIN: 05-0258937
Name: WOMEN & INFANTS HOSPITAL of RI

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CONSTANCE A HOWES JD FACHE	(i) (ii)	482,357 0	194,976 0	33,106 0	139,642 0	6,354 0	856,435 0	34,976 0
DEMOSTHENES ARGYS	(i) (ii)	140,616 0	120,463 0	30,810 0	18,031 0	6,513 0	316,433 0	12,465 0
DEBRA M PAUL CPA MBA	(i) (ii)	282,682 0	121,523 0	39,825 0	79,324 0	3,468 0	526,822 0	0 0
DANIEL MICHAUD	(i) (ii)	177,629 0	46,579 0	16,430 0	17,612 0	8,481 0	266,731 0	0 0
KAREN DAVIE	(i) (ii)	215,403 0	134,536 0	7,271 0	21,526 0	11,617 0	390,353 0	0 0
PAULA GILLETTE	(i) (ii)	218,012 0	58,748 0	21,683 0	50,795 0	10,134 0	359,372 0	0 0
PATRICE DIMARIO	(i) (ii)	214,657 0	115,204 0	24,246 0	94,883 0	10,376 0	459,366 0	42,148 0
ELIAS NEUJAHR	(i) (ii)	153,047 0	40,317 0	1,798 0	10,861 0	9,937 0	215,960 0	0 0
JAMES WATKINS	(i) (ii)	192,556 0	0 0	1,518 0	13,240 0	8,264 0	215,578 0	0 0
WILLIAM LAWRENCE MD	(i) (ii)	424,662 0	114,771 0	23,281 0	0 0	12,037 0	574,751 0	0 0
KAREN ROSENE-MONTELLA MD	(i) (ii)	423,741 0	51,255 0	6,330 0	0 0	2,005 0	483,331 0	0 0
CORNELIUS GRANAI MD	(i) (ii)	544,227 0	89,852 0	20,865 0	0 0	8,663 0	663,607 0	0 0
RAYMOND POWRIE MD	(i) (ii)	312,982 0	82,747 0	22,953 0	58,103 0	7,857 0	484,642 0	0 0
JANET SCHIPPER	(i) (ii)	192,922 0	10,620 0	11,281 0	0 0	15,528 0	230,351 0	0 0
JOHN M SUTHERLAND III	(i) (ii)	388,800 0	148,277 0	34,279 0	118,991 0	11,430 0	701,777 0	26,480 0
THOMAS R COURAGE	(i) (ii)	298,120 0	271,125 0	41,222 0	95,947 0	10,691 0	717,105 0	175,315 0
DOMENIC DELMONICO	(i) (ii)	243,771 0	176,401 0	20,722 0	75,473 0	8,420 0	524,787 0	19,207 0
GAIL COSTA	(i) (ii)	234,885 0	117,093 0	32,183 0	98,823 0	7,343 0	490,327 0	43,722 0
MAYBELLE KERNAN	(i) (ii)	212,271 0	195,095 0	23,139 0	85,163 0	9,718 0	525,386 0	124,378 0
JOANNA M CAIN MD	(i) (ii)	489,707 0	56,974 0	21,901 0	30,597 0	11,937 0	611,116 0	0 0
JAMES F PADBURY MD	(i) (ii)	381,333 0	267,182 0	21,008 0	75,128 0	9,286 0	753,937 0	222,322 0
JOSEPH RODA	(i) (ii)	121,881 0	26,013 0	6,279 0	10,764 0	1,810 0	166,747 0	0 0
THOMAS HUGHES	(i) (ii)	146,613 0	18,739 0	1,519 0	11,022 0	2,875 0	180,768 0	0 0
RICHARD MOORE MD	(i) (ii)	374,821 0	54,559 0	3,162 0	0 0	8,865 0	441,407 0	0 0
SANDRA CARSON MD	(i) (ii)	387,667 0	24,590 0	4,127 0	0 0	8,431 0	424,815 0	0 0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WOMEN & INFANTS HOSPITAL of RI

Employer identification number
05-0258937

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

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

Additional Data

Software ID:

Software Version:

EIN: 05-0258937

Name: WOMEN & INFANTS HOSPITAL of RI

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Kathleen Cote Bowling MD	Director	24,178	Hospital leases space from		No
Kathleen Cote Bowling MD	Director	19,500	Leases space from Hospital		No
Fred Brosco MD	Director	26,422	Med practice leases space from		No
Lisa Churchville	Director		Mgr WJAR-carries hosp adverts		No
Margaret D Farrell	Director	110,443	partner in firm-legal services		No
Robert G Flanders	Director	110,443	partner in firm-legal services		No
William Hatfield	Director	309,887	ee of bank - holds hosp accts		No
Constance A Howes	President/CEO	502,897	spouse ptnr in firm-legal svcs		No
Debra M Paul	Senior Vice President/CFO	10,340	on committee CU-Leases space		No
Cynthia Reed	Director	14,149	spouse ptnr in firm-legal svcs		No
Cynthia Reed	Director	2,242,993	DELTA DENTAL HOSP-INSURANCE		No

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
WOMEN & INFANTS HOSPITAL of RI

Employer identification number
05-0258937

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	3	10,400	other
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		216,795	other
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X		290,000	cost/selling price
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (gift cards or certificates)	X	33	8,300	cost/selling price
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	Yes	
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
NONCASH GIFTS	Schedule M, Part I, Question 30a	The Hospital uses the services of Merrill Lynch for donations of stock

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization WOMEN & INFANTS HOSPITAL of RI	Employer identification number 05-0258937
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Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	FORM 990, PART VI, LINE 3	THE HOSPITAL UTILIZES THE SERVICES OF SODEXHO MARRIOTT FOR THE MANAGEMENT OF FOOD SERVICES AND HOUSEKEEPING

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

Identifier	Return Reference	Explanation
MEMBERS/STOCKHOLDERS WHO MAY ELECT ONE OR MORE MEMBERS OF GOV BODY	FORM 990, PART VI, QUESTION 7A	ARTICLE II, BOARD OF TRUSTEES SECTION1 COMPOSITION AND ELECTION OF THE BOARD OF TRUSTEES THE BOARD OF TRUSTEES SHALL CONSIST OF THE PRESIDENT AND THE PRESIDENT OF THE MEDICAL STAFF, EX OFFICIOS, AND NOT LESS THAN EIGHT (8) NOR MORE THAN TWENTY -THREE (23) ELECTED TRUSTEES, ONE (1) TO BE ELECTED BY INDIVIDUAL MEMBERS, AT THE ANNUAL MEETING OF THE CORPORATION IN EACH YEAR AND THE REMAINDER TO BE ELECTED BY THE CORPORATE MEMBER BEGINNING ON THE DATE OF THE ANNUAL MEETING OF THE CORPORATION HELD IN JANUARY 2007, THE ELECTED TRUSTEES SHALL BE DIVIDED INTO THREE (3) CLASSES, EACH OF WHICH WILL INCLUDE (1) OF THE THREE (3) MEMBERS TO BE ELECTED BY THE INDIVIDUAL MEMBERS AND THE REMAINDER OF WHICH WILL BE DIVIDED IN WHATEVER MANNER WILL BEST APPROXIMATE ONE THIRD OF THE TRUSTEES TO BE ELECTED BY THE CORPORATE MEMBERS AND BEST ALLOW TRUSTEES WHOSE TERMS DO NOT EXPIRE AT SAID ANNUAL MEETING TO CONTINUE THIR CURRENT TERM UNTIL ITS EXPIRATION, THE FIRST SUCH CLASS TO SERVE A TERM ENDING ON THE DATE OF THE ANNUAL MEETING OF THE CORPORATION HELD IN JANUARY 2008, THE SECOND CLASSTO SERVE A TERM ENDING ON THE DATE OF THE ANNUAL MEETING OF THE CORPORATION HELD IN JANUARY 2009, AND THE THIRD CLASS TO SERVE A TERM ENDING ON THE DATE OF THE ANNUAL MEETING OF THE CORPORATION HELD IN JANUARY 2010 THEREAFTER, ELECTED TRUSTEES SHALL BE ELECTED FOR A THREE (3) YEAR TERM

Identifier	Return Reference	Explanation
APPROVAL BY MEMBERS, STOCKHOLDERS OR OTHER PERSONS	FORM 990, PART VI, QUESTION 7B	ARTICLE II RIGHTS OF CORPORATE MEMBER SECTION 2 01 RESERVED POWERS NOTWITHSTANDING THE FOREGOING PARAGRAPH, THE AUTHORITY OF THE BOARD OF TRUSTEES OF THE CORPORATION TO EXERCISE THE FOLLOWING POWERS IS CONDITIONED UPON OBTAINING THE PRIOR OR SUBSEQUENT APPROVAL OF THE CORPORATE MEMBER (A) APPROVAL OR MODIFICATION OF THE VISION STATEMENT, MISSIONS, OBJECTIVES OR ANY STRATEGIC PLAN OF THE CORPORATION, THE HOSPITAL OR ANY ENTITY THAT DIRECTLY OR INDIRECTLY THROUGH ONE OR MORE INTERMEDIARIES, IS CONTROLLED BY THE CORPORATION ("AFFILIATE"), (B) MERGER, CONSOLIDATION, COMBINATION OR AFFILIATION OF THE CORPORATION OR ANY AFFILIATE WITH OR INTO ANY OTHER ENTITY, (C) SALE, PLEDGE, ENCUMBRANCE, DONATION, ABANDONMENT OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE REAL PROPERTY OR ASSETS OF THE CORPORATION OR ANY AFFILIATE, (D) ACQUISITION BY THE CORPORATION OR ANY AFFILIATE OF ANOTHER ORGANIZATION WHETHER THROUGH MERGER, CONSOLIDATION, COMBINATION, STOCK OR ASSET TRANSFER OR ANY OTHER MEANS, (E) ANY OTHER CHANGE IN CONTROL OF THE CORPORATE MEMBER OF ANY AFFILIATE, (F) APPROVAL OF THE OPERATING AND CAPITAL BUDGETS FOR THE CORPORATION AND ANY AFFILIATE, (G) ESTABLISHMENT, TERMINATION OR RELOCATION (OTHER THAN TO A DIFFERENT LOCATION ON THE SAME CAMPUS) OF ANY MAJOR CLINICAL SERVICES AT THE HOSPITAL OR ANY OTHER AFFILIATE, (H) INCURRENCE OR GUARANTEE OF ANY INDEBTEDNESS, MORTGAGE, OR PLEDGES B OR THE MAKING OF ANY LOANS OR ANY ADVANCES TO OR INVESTMENTS IN ANY PERSON OR ENTITY IN EXCESS OF FIVE HUNDRED THOUSAND DOLLARS (\$500,000)BY THE CORPORATION OR ANY AFFILIATE, (I) INCURRENCE OF ANY UNBUDGETED EXPENDITURE IN EXCESS OF FIVE HUNDRED THOUSAND DOLLARS (\$500,000) BY THE CORPORATION OR ANY AFFILIATE, (J) ENTERING INTO ANY CONTRACTS OR AGREEMENTS FOR THE SALE, LEASE, EXCHANGE OR OTHER DISPOSITION OR ACQUISITION OF REAL PROPERTY IN EXCESS OF FIVE HUNDRED THOUSAND DOLLARS (\$500,000) BY THE CORPORATION OR ANY AFFILIATE, (K) FILING WITH REGULATORY AUTHORITIES BY THE CORPORATION OR ANY AFFILIATE OF ANY APPLICATION FOR A CERTIFICATE OF NEED OR ANY LONG AND SHORT RANGE PLANS, (L) VOLUNTARILY FILING FOR BANKRUPTCY OR RECEIVERSHIP OR ANY SIMILAR PROCEEDING UNDER ANY FEDERAL OR STATE LAW ON THE PART OF THE CORPORATION OR ANY AFFILIATE, (M) FORMING OR DISSOLVING ANY AFFILIATE, (N) APPROVING OR CONSENTING TO ANY AMENDMENT TO THE ARTICLES OF INCORPORATION OR CHARTER OR BYLAWS OF THE CORPORATION OR ANY AFFILIATE

Identifier	Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, QUESTION 11A	THE FORM 990 IS PREPARED AND REVIEWED BY OUR PUBLIC ACCOUNTING FIRM, ERNST & YOUNG DURING THAT PROCESS IT IS PROVIDED TO CERTAIN MEMBERS OF MANAGEMENT FOR REVIEW THE ASSOCIATE VICE PRESIDENT AND THE CORPORATE FINANCE OFFICER CONDUCT THE INITIAL MANAGEMENT REVIEW THE COMPLETED FORM 990 AND RESPECTIVE SCHEDULES (A THRU R EXCEPT SCHEDULE J) IS PRESENTED BY THE ASSOCIATE VICE PRESIDENT OF FINANCE TO THE FINANCE COMMITTEE FOR REVIEW AND COMMENT THE COMPENSATION COMMITTEE REVIEWS SALARY AND OTHER COMPENSATION OF INDIVIDUALS DISCLOSED IN SCHEDULE J A COMPLETE AND ACCURATE COPY OF THE FORM 990 IS THEN PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO THE FILING OF THE FORM WITH THE INTERNAL REVENUE SERVICE

Identifier	Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, QUESTION 12C	WIHRI HAS ADOPTED CNE'S CONFLICT OF INTEREST POLICY. POTENTIAL CONFLICTS OF INTEREST INVOLVING DIRECTORS, OFFICERS AND MEMBERS OF COMMITTEES ARE IDENTIFIED AND ADDRESSED IN ORDER TO ASSURE THAT THE CORPORATION IS TREATED FAIRLY. IN ALL ITS BUSINESS DEALINGS INDIVIDUALS HAVING CONFLICTS MUST DISCLOSE TO THE BOARD OR COMMITTEE PRIOR TO CONSIDERATION OF A TRANSACTION OR ARRANGEMENT THAT A CONFLICT WILL EXIST. APPROVAL OF ANY TRANSACTION OR ARRANGEMENT THAT INVOLVES A CONFLICT REQUIRES A CONSENSUS OF DISINTERESTED PERSONS BY VOTE. THE BOARD TAKES DISCIPLINARY AND/OR CORRECTIVE ACTION AS NECESSARY TO PROTECT THE INTERESTS OF THE CORPORATION. MINUTES ARE MAINTAINED. ANNUALLY, A COPY OF THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO EACH DIRECTOR, OFFICER AND COMMITTEE MEMBER AND EACH PERSON ACKNOWLEDGES IN WRITING RECEIPT, UNDERSTANDING AND COMPLIANCE WITH THE POLICY. ONGOING ACTUAL AND/OR POTENTIAL CONFLICTS ARE IDENTIFIED AND DISCLOSED TO THE BOARD AT LEAST ANNUALLY.

Identifier	Return Reference	Explanation
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	FORM 990, PART VI, QUESTION 15A AND 15B	<p>WOMEN & INFANTS CORPORATION FOLLOWS THE WIH COMPENSATION COMMITTEE POLICY AS IT RELATES TO COMPENSATION REVIEW THE BOARD OF TRUSTEES OF WOMEN & INFANTS HOSPITAL OF RHODE ISLAND (WIH) HAS A COMMITTEE OF TRUSTEES KNOWN AS THE WIH COMPENSATION COMMITTEE (THE COMMITTEE) THE COMMITTEE IS RESPONSIBLE FOR DISCHARGING THE BOARD'S RESPONSIBILITIES REGARDING THE TOTAL COMPENSATION PROGRAM FOR WIH EXECUTIVES AND KEY PHYSICIANS IN CONJUNCTION WITH THE WIH PRESIDENT AND CHIEF EXECUTIVE OFFICER THE COMMITTEE AT ALL TIMES CONDUCTS ITSELF FREE FROM EXECUTIVE MANAGEMENT IN ITS DECISION MAKING PROCESS EXCEPT WITH RESPECT TO DECISIONS RELATING TO THE PRESIDENT AND CHIEF EXECUTIVE OFFICER WHICH ARE MADE IN CONJUNCTION WITH THE CARE NEW ENGLAND CHIEF EXECUTIVE OFFICER PURPOSE THE COMMITTEE'S PURPOSE IS TO ASSIST THE BOARD IN DEVELOPING AND IMPLEMENTING COMPENSATION STRATEGIES, POLICIES AND PLANS THAT WILL ENHANCE THE HOSPITAL'S ABILITY TO ATTRACT AND RETAIN SKILLED EXECUTIVE OFFICERS, PHYSICIANS, OFFICERS AND EMPLOYEES DUTIES AND RESPONSIBILITIES EXECUTIVE AND KEY PHYSICIAN COMPENSATION - REVIEW AND APPROVE GOALS AND OBJECTIVES FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER (THE "CEO") OF THE HOSPITAL SUCH REVIEW SHALL BE DONE IN CONJUNCTION WITH THE CEO OF CARE NEW ENGLAND (CNE) - MAKE A RECOMMENDATION AS TO THE COMPENSATION FOR THE CEO TO THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF CNE (THE "CNE COMPENSATION COMMITTEE") CONSIDERING THE PERFORMANCE BY THE CEO RELATIVE TO GOALS AND OBJECTIVES - CONDUCT AN ANNUAL EVALUATION OF THE PERFORMANCE OF THE CEO, WHICH EVALUATION PROCESS SHALL INCLUDE AN OPPORTUNITY FOR INPUT BY INDIVIDUAL TRUSTEES THE SUBSTANCE OF SUCH EVALUATION SHALL BE REPORTED TO THE BOARD THE RECOMMENDATION OF THE COMMITTEE WITH RESPECT TO THE COMPENSATION AND BENEFITS OF THE CEO SHALL BE REPORTED TO THE BOARD SITTING IN EXECUTIVE SESSION, INCLUDING BOTH ELECTED AND EX-OFFICIO TRUSTEES, EXCEPT FOR THOSE TRUSTEES WHO ARE EMPLOYEES OF THE HOSPITAL FOLLOWING PRESENTATION OF THE FOREGOING REPORT TO THE BOARD, FINAL DECISION REGARDING SUCH COMPENSATION AND BENEFITS SHALL BE MADE BY THE CEO OF CNE WHICH FINAL DECISION, IF AT VARIANCE FROM THE RECOMMENDATION OF THE COMMITTEE, SHALL BE MADE AFTER CONSULTATION WITH THE BOARD - ASSIST THE BOARD BY PROVIDING OVERSIGHT REGARDING THE REASONABLENESS OF THE TOTAL COMPENSATION AND BENEFITS ARRANGEMENTS FOR SENIOR EXECUTIVES AND KEY PHYSICIANS IN CONJUNCTION WITH THE WIH PRESIDENT AND CHIEF EXECUTIVE OFFICER - REVIEW ANY EXECUTIVE AND KEY PHYSICIAN COMPENSATION FOR COMPLIANCE WITH ALL LEGAL REQUIREMENTS RELATING TO COMPENSATION AND IN A MANNER THAT ALIGNS WITH THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE "INTERMEDIATE SANCTIONS" REGULATIONS OF THE INTERNAL REVENUE SERVICE, AS SUCH MAY BE IN EFFECT FROM TIME TO TIME SUCH REVIEW MAY INCLUDE, WITHOUT LIMITATION, COMPONENTS OF COMPENSATION SUCH AS STANDARD CONTRACT PROVISIONS, BASE SALARY, INCENTIVE PAYMENTS, BENEFITS AND SEVERANCE AGREEMENT IN CONJUNCTION WITH THE WIH PRESIDENT AND CHIEF EXECUTIVE OFFICER COMPENSATION STRATEGY AND PLANS - PERIODICALLY REVIEW THE COMPENSATION STRATEGY, PLANS AND PROGRAMS OF THE HOSPITAL AND CNE AS THEY RELATE TO EXECUTIVES AND KEY PHYSICIANS PROVIDE GUIDANCE WITH RESPECT TO GENERAL COMPENSATION GOALS AND OPERATING PRINCIPLES RELATING TO HOSPITAL EMPLOYEES IN GENERAL - PERIODICALLY REVIEW RELEVANT COMPARATIVE DATA TO ASSESS THE HOSPITAL'S COMPENSATION PRACTICES, INCLUDING SALARY LEVELS, IN COMPARISON TO COMPENSATION PRACTICES OF APPROPRIATE, COMPARABLE INSTITUTIONS THAT MAY BE DETERMINED FROM TIME TO TIME - PERIODICALLY REVIEW ALL SIGNIFICANT BENEFIT PLANS THAT APPLY TO HOSPITAL EMPLOYEES GENERALLY GENERAL - PERFORM ANY OTHER DUTIES AND RESPONSIBILITIES AS THE BOARD MAY DEEM NECESSARY, ADVISABLE OR APPROPRIATE FOR THE COMMITTEE TO PERFORM - PERFORM SUCH OTHER DUTIES AND RESPONSIBILITIES AS THE COMMITTEE DEEMS APPROPRIATE TO CARRY OUT ITS PURPOSE AS PROVIDED IN ITS CHARTER - REPORT ON A REGULAR BASIS, BUT NO LESS FREQUENTLY THAN ANNUALLY, TO THE BOARD RESOURCES AND AUTHORITY OF THE COMMITTEE - THE COMMITTEE SHALL HAVE THE RESOURCES AND AUTHORITY APPROPRIATE TO DISCHARGE ITS DUTIES AND RESPONSIBILITIES, INCLUDING THE SOLE AUTHORITY TO SELECT, RETAIN, TERMINATE AND APPROVE THE ENGAGEMENT AND OTHER RETENTION TERMS OF SPECIAL COUNSEL OR OTHER EXPERTS OR CONSULTANTS, AS IT DEEMS APPROPRIATE THE COMMITTEE MAY DELEGATE ITS FUNCTIONS TO OTHERS AS IT MAY DETERMINE FROM TIME TO TIME, AND MAY UTILIZE ANY OTHER RESOURCES IT DEEMS NECESSARY TO CARRY OUT ITS DUTIES AND RESPONSIBILITIES MEMBERSHIP THE COMMITTEE WILL INCLUDE AT LEAST THREE (3) MEMBERS OF THE BOARD OF TRUSTEES OF THE HOSPITAL OR THE BOARD OF DIRECTORS OF THE CORPORATE MEMBER, ONE OF WHOM SHALL SERVE AS THE CHAIRMAN IF THE CHAIRMAN OF THE BOARD IS NOT A MEMBER OF SAID COMMITTEE, SAID OFFICER MAY ATTEND MEETINGS OF THE COMMITTEE AS A GUEST ALL MEMBERS OF THE COMMITTEE SHALL BE "INDEPENDENT", AS SAID TERM IS</p>

Identifier	Return Reference	Explanation
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	FORM 990, PART VI, QUESTION 15A AND 15B	DEFINED BY RESOLUTION OR RESOLUTIONS ADOPTED FROM TIME TO TIME BY THE BOARD, AND AS SUCH RESOLUTIONS MAY BE AMENDED FROM TIME TO TIME THE CHIEF EXECUTIVE OFFICER OF CARE NEW ENGLAND HEALTH SYSTEM ("CNE") MAY ALSO PARTICIPATE IN THE DELIBERATIONS OF SUCH COMMITTEE ALL NOMINATIONS FOR COMMITTEE CHAIRS, VICE CHAIRS, CO-CHAIRS AND MEMBERS WILL BE PRESENTED TO THE GOVERNANCE & NOMINATING COMMITTEE FOR REVIEW AND APPROVAL

Identifier	Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY , & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, QUESTION 19	WOMEN & INFANTS' HOSPITAL OF RHODE ISLAND'S CORPORATE DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC BY MAIL UPON WRITTEN REQUEST

Identifier	Return Reference	Explanation
FINANCIAL STATEMENTS	FORM 990, PART XI, QUESTION 2	WOMEN & INFANTS HOSPITAL OF RHODE ISLAND'S FINANCIAL STATEMENTS ARE INCLUDED IN THE CARE NEW ENGLAND HEALTH SYSTEM & AFFILIATES ("CNE") CONSOLIDATED FINANCIAL STATEMENTS. THE CNE CONSOLIDATED STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTANT AND THE CONSOLIDATED AUDIT IS REVIEWED BY THE CARE NEW ENGLAND AUDIT COMMITTEE.

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS WITH INTERESTED PERSONS	FORM 990, SCHEDULE L, PART IV	LISA CHURCHVILLE IS THE DIRECTOR OF WOMEN & INFANTS HOSPITAL OF RHODE ISLAND AS WELL AS THE MANAGER OF WJAR-TV WHICH CARRIED HOSPITAL ADVERTISEMENTS THE AMOUNT IS INDETERMINATE FOR PURPOSES OF SCHEDULE L, PART IV

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WOMEN & INFANTS HOSPITAL of RI

Employer identification number
05-0258937

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
W&I ANCILLARY SERVICES INC 300 RICHMOND STREET PROVIDENCE, RI 02903 20-0222992	HEALTH CARE	RI	0	0	WIHRI

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
W&I INDEMNITY LTD 101 Dudley Street Providence, RI02905 98-0159342	INSURANCE	CJ	wih	C	19,631,639	96,116,106	100 000 %
TOLL GATE INDEMNITY LTD 23 LIME TREE BAY AVE PO BOX 1051 GRAND CAYMAN, CAYMAN ISLAND KY1-110 CJ 34-2028514	INSURANCE	CJ	KCMH	C			

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

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 organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

Yes

Yes

Yes

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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.

[illegible]

Software ID:

Software Version:

EIN: 05-0258937

Name: WOMEN & INFANTS HOSPITAL of RI

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 345 Blackstone Boulevard Providence, RI02906 05-0258812	HOSPITAL	RI	501(c)(3)	3	NA
Healthtouch Inc 51 Health Lane Warwick, RI02886 05-0514949	HEALTH CARE	RI	501(c)(3)	9	KCVNA
Kent Hospital Foundation 455 Toll Gate Road Warwick, RI02886 05-0514640	Support Org	RI	501(c)(3)	11-Type I	KCMH
Kent County Memorial Hospital 455 Toll Gate Road Warwick, RI02886 05-0258896	HOSPITAL	RI	501(c)(3)	3	NA
Kent County Visiting Nurse Assoc 51 Health Lane Warwick, RI02886 05-0242659	Visiting Nurs	RI	501(c)(3)	7	NA
Palomar Group Inc 300 Richmond Street Providence, RI02903 05-0462378	Parking Fac	RI	501(c)(3)	9	WIC
WIH Faculty Physicians Inc 67 Brigham Street New Bedford, MA02740 04-3579432	HEALTH CARE	MA	501(c)(3)	9	WIH
Women & Infants Corporation 300 Richmond Street Providence, RI02903 02-2885807	Support Org	RI	501(c)(3)	11-Type III	NA
Women & Infants Development Foundation 300 Richmond Street Providence, RI02903 22-2885815	Support Org	RI	501(c)(3)	11-Type III	WIC
CARE NEW ENGLAND HEALTH SYSTEM 45 WILLARD AVENUE PROVIDENCE, RI02905 05-0490997	HOLDING CO	RI	501(c)(3)	11-TYPE III	NA

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	WOMEN & INFANTS CORPORATION (RENT)	J	652,431
(1)	WOMEN & INFANTS CORPORATION (ACCOUNTING SERVI	N	66,840
(2)	W&I INDEMNITY LTD (INSURANCE PREMIUMS PD)	Q	11,767,680
(3)	BUTLER HOSPITAL	N	479,665
(4)	BUTLER HOSPITAL	O	52,560
(5)	BUTLER HOSPITAL	P	487,375
(6)	KENT COUNTY VNA DBA VNA OF CNE	K	19,905
(7)	KENT COUNTY VNA DBA VNA OF CNE	P	54,275
(8)	KENT COUNTY MEMORIAL HOSPITAL	K	70,315
(9)	KENT COUNTY MEMORIAL HOSPITAL	N	90,054
(10)	KENT COUNTY MEMORIAL HOSPITAL	O	583,026
(11)	KENT COUNTY MEMORIAL HOSPITAL	J	18,150
(12)	KENT COUNTY MEMORIAL HOSPITAL	P	490,084