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Check if Schedule O contains a response to any question in this Part III

WOMEN & INFANTS HOSPITAL OF RHODE ISLAND, A TEACHING HOSPITAL OF THE WARREN ALPERT SCHOOL OF MEDICINE AT BROWN UNIVERSITY, IS COMMITTED TO IMPROVING THE HEALTH AND WELL BEING OF WOMEN AND INFANTS AND TO PROVIDING ESSENTIAL SERVICES REGARDLESS OF ABILITY TO PAY PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

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

If "Yes," describe these changes on Schedule O

4a	(Code) (Expenses \$	374,582,715	including grants of \$	664,960) (Revenue \$	415,541,717)
<p>THE HOSPITAL IS THE REGIONAL CENTER FOR WOMEN AND INFANTS HEALTHCARE IN RHODE ISLAND AND ENVIRONS, PROVIDING CARE IN THE AREAS OF OBSTETRICS, NEONATAL INTENSIVE CARE, REPRODUCTIVE ENDOCRINOLOGY, MATERNAL FETAL MEDICINE AND GYNECOLOGY PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT</p>						

























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4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e	Total program service expenses	\$ 374,582,715
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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 (see instruction)? 	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
b	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. 	11b	No
c	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. 	11c	Yes
d	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. 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the 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, Parts I and IV 	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, Parts II and IV 	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, Parts III and IV 	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 (see instructions) 	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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20a	Yes
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	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 lines 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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	379
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	3,267
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 (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
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 instructions for 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?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
15c	If "Yes" to line 15a or 15b, 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?		No
16b	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?		

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.	ROBERT PACHECO 101 DUDLEY STREET PROVIDENCE, RI 02905 (401) 455-6453

Check if Schedule O contains a response to any question in this Part VII ☒

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2010)

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								10,817,900	0	859,287

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▶287

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

YesNo

3Yes

4Yes

5No

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	LAUNDRY	1,028,426
MAYO COLLABORATIVE SERVICES PO BOX 4100 ROCHESTER, MN 55903	LABORATORY	725,790
UNIVERSITY SURGICAL ASSOCIATES 200 METRO CENTER WARWICK, RI 02886	PROFESSIONAL	706,446
NOW DELIVERY PO BOX 6945 PROVIDENCE, RI 02940	LAB COURIER	703,096
ROBERTS CARROLL FELDSTEIN PEIRCE 10 WEYBOSSET STREET PROVIDENCE, RI 02903	LEGAL	640,105

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

Form 990 (2010)

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	287,997			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,300,601			
	g	Noncash contributions included in lines 1a-1f \$		28,863			
	h	Total. Add lines 1a-1f		2,588,598			
	Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	541900	373,434,433	373,434,433	
b		OTHER HEALTHCARE RELATED REVENUE	541900	42,107,284	42,107,284		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a–2f		415,541,717			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)		2,330,338		2,330,338
	4	Income from investment of tax-exempt bond proceeds . . .		0			
	5	Royalties		0			
	6a	Gross Rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		327,620		327,620
	8a	Gross income from fundraising events (not including \$ 287,997 of contributions reported on line 1c) See Part IV, line 18					
		a		132,412			
		b	Less direct expenses		132,412		
	c	Net income or (loss) from fundraising events . . .		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities . . .		0		
	10a	Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold	b			
c		Net income or (loss) from sales of inventory . . .		0			
Miscellaneous Revenue		Business Code					
11a	CAFETERIA REVENUE	722210	665,726			665,726	
	b	PARKING REVENUE	812930	52,462		52,462	
	c	GIFT SHOP REVENUE	452000	50,703		50,703	
	d	All other revenue		1,697		1,697	
	e	Total. Add lines 11a–11d		770,588			
12	Total revenue. See Instructions		421,558,861	415,541,717		3,428,546	

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	664,960	664,960		
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	613,607	613,607		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	8,410,452	7,569,407	841,045	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	181,723,171	163,064,546	18,118,283	540,342
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,365,102	10,228,592	1,136,510	
9	Other employee benefits	40,310,940	36,279,846	4,031,094	
10	Payroll taxes	13,106,730	11,796,057	1,310,673	
a	Fees for services (non-employees) Management	0			
b	Legal	857,641	771,877	85,764	
c	Accounting	29,064	26,158	2,906	
d	Lobbying	65,117	58,605	6,512	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	3,115,029	2,803,526	311,503	
12	Advertising and promotion	847,151	726,988	80,776	39,387
13	Office expenses	32,145,241	28,906,656	3,211,851	26,734
14	Information technology	0			
15	Royalties	0			
16	Occupancy	6,360,972	5,724,875	636,097	
17	Travel	376,923	339,231	37,692	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	421,662	376,788	41,865	3,009
20	Interest	576,117	518,505	57,612	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	14,563,320	13,106,988	1,456,332	
23	Insurance	14,288,481	12,859,633	1,428,848	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PURCHASED SERVICES	37,728,033	33,955,230	3,772,803	0
b	RESEARCH EXPENSES	17,698,440	17,698,440	0	0
c	LICENSURE FEE	17,270,751	17,270,751	0	0
d	PROVISION FOR BAD DEBT	5,981,693	5,981,693	0	0
e	OTHER EXPENSES	3,687,040	3,239,756	359,973	87,311
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	412,207,637	374,582,715	36,928,139	696,783
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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			39,303,617	2	21,252,075
	3	Pledges and grants receivable, net			2,032,438	3	1,722,145
	4	Accounts receivable, net			40,115,463	4	52,625,190
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net			9,807,198	7	12,895,223
	8	Inventories for sale or use			403,170	8	490,089
	9	Prepaid expenses and deferred charges			2,110,279	9	1,899,683
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	341,527,786	156,489,507	10c	155,884,601
	b	Less accumulated depreciation	10b	185,643,185			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11			60,676,373	13	60,640,599
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			4,967,731	15	6,867,784
	16	Total assets. Add lines 1 through 15 (must equal line 34)			315,905,776	16	314,277,389
Liabilities	17	Accounts payable and accrued expenses			42,452,311	17	36,666,176
	18	Grants payable				18	
	19	Deferred revenue			0	19	2,231,681
	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			5,700,029	23	2,918,980
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			111,747,926	25	118,607,643
	26	Total liabilities. Add lines 17 through 25			159,900,266	26	160,424,480
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			125,746,286	27	125,225,147
	28	Temporarily restricted net assets			26,207,031	28	24,492,709
	29	Permanently restricted net assets			4,052,193	29	4,135,053
	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			156,005,510	33	153,852,909
	34	Total liabilities and net assets/fund balances			315,905,776	34	314,277,389

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	421,558,861
2	Total expenses (must equal Part IX, column (A), line 25)	2	412,207,637
3	Revenue less expenses Subtract line 2 from line 1	3	9,351,224
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	156,005,510
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-11,503,825
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	153,852,909

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		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 separate basis, consolidated 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

2010

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 described in **section 170(b)(1)(A)(i).**
- 2

☐

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

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 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 Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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, Part V, line 35a (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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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) 2007	(b) 2008	(c) 2009	(d) 2010	(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		65,117
	j Total lines 1c through 1i			65,117
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?			

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).		
	a Current year	2a	
	b Carryover from last year	2b	
	c Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (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 1.
Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
LOBBYING ACTIVITIES	SCHEDULE C, PART II-B, LINE 1I	THE ORGANIZATION PAID AN OUTSIDE LOBBYING FIRM \$55,000 FOR LOBBYING ON A FEDERAL AND STATE LEVEL RELATED TO MEDICARE, MEDICAID AND OTHER HEALTHCARE LEGISLATIVE MATTERS. IN ADDITION, THE ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION ("AHA") WHICH ENGAGES IN LOBBYING EFFORTS ON BEHALF OF ITS MEMBER HOSPITALS. A PORTION OF THE DUES PAID TO THIS ORGANIZATION HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION. THIS ALLOCATION AMOUNTED TO \$10,117. 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 HEALTHCARE SAFETY NET AND IMPROVING CARE, AFFORDABILITY AND COVERAGE. THE AHA'S ADVOCACY AGENDA CAN BE VIEWED AT THEIR WEBSITE: WWW.AHA.ORG.

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

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

2010

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)☐ Protection of natural habitat☐ 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) 2010

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

	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	7,883,846	7,156,790	6,785,603	
b	Contributions	82,356	61,410	91,305	
c	Investment earnings or losses	-108,444	702,455	306,023	
d	Grants or scholarships				
e	Other expenditures for facilities and programs	480,959			
f	Administrative expenses	43,698	36,809	26,141	
g	End of year balance	7,333,101	7,883,846	7,156,790	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
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		189,965,534	81,804,622	108,160,912
c Leasehold improvements		10,619,059	3,944,124	6,674,935
d Equipment		137,265,818	99,894,439	37,371,379
e Other		423,130	0	423,130
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				155,884,601

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 FUNDS	SCHEDULE D, PART V, QUESTION 4	THE HOSPITAL'S ENDOWMENTS CONSIST OF NUMEROUS INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE PURPOSES INCLUDE GENERAL PURPOSE, HEALTHCARE SERVICES, INDIGENT CARE AND HEALTH EDUCATION.
TEXT OF FIN 48 AUDITED FINANCIAL STATEMENT FOOTNOTE	SCHEDULE D, PART X	THE ORGANIZATION IS AN AFFILIATE OF CARE NEW ENGLAND HEALTH SYSTEM AND AFFILIATES, A TAX-EXEMPT, INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM'S PARENT ENTITY IS CARE NEW ENGLAND HEALTH SYSTEM. AN INDEPENDENT BIG FOUR CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF CARE NEW ENGLAND HEALTH SYSTEM AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND SEPTEMBER 30, 2010, RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CERTAIN CONSOLIDATING SCHEDULES. THE AUDITED FINANCIAL STATEMENTS DO NOT CONTAIN FOOTNOTE DISCLOSURE RELATED TO THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48. THE ORGANIZATION COMPLETED AN ASSESSMENT OF THE ESTIMATED LIABILITY FOR UNCERTAIN TAX POSITIONS AT SEPTEMBER 30, 2011 AND CONCLUDED THAT THE ESTIMATED LIABILITY WAS NOT MATERIAL TO THE ORGANIZATION'S FINANCIAL STATEMENTS.

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 Part V 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	240,094	CHECK			
			North America	SUBCONTRACT	9,240	CHECK			FMV
			South America	SUBCONTRACT	45,080	CHECK			
			South America	SUBCONTRACT	8,680	CHECK			
			Europe/Iceland/Greenland	SUBCONTRACT	62,120	CHECK			
			North America	SUBCONTRACT	17,360	CHECK			
			North America	SUBCONTRACT	6,440	CHECK			
			Europe/Iceland/Greenland	SUBCONTRACT	37,800	CHECK			
			Europe/Iceland/Greenland	SUBCONTRACT	21,280	CHECK			
			Europe/Iceland/Greenland	SUBCONTRACT	48,753	CHECK			
			Europe/Iceland/Greenland	SUBCONTRACT	71,400	CHECK			
			Europe/Iceland/Greenland	SUBCONTRACT	8,960	CHECK			
			Europe/Iceland/Greenland	SUBCONTRACT	16,240	CHECK			
			Middle East/North Africa	SUBCONTRACT	20,160	CHECK			

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 ☐

14

3

Enter total number of other organizations or entities ☐

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US	SCHEDULE F, PART I, QUESTION 2	FOR INTERNATIONAL SUBCONTRACTS (1) ANNUAL REQUESTS ARE MADE FOR AUDIT CERTIFICATION, (2) ANNUAL REQUESTS ARE MADE FOR MOST UP-TO-DATE POLICIES AND PROCEDURES MANUAL, AND (3) INVOICES ARE REVIEWED AND APPROVED BY PRINCIPAL INVESTIGATOR'S OFFICE AS WELL AS BY THE GRANT MANAGEMENT OFFICE

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.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>SIGNATURE EVENT</u>	<u>TICKLED PINK</u>	<u>1</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	343,348	56,096	20,965	420,409	
	2	Less Charitable contributions	248,874	21,922	17,201	287,997	
3	Gross income (line 1 minus line 2)	94,474	34,174	3,764	132,412		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs	52,822	14,087	665	67,574	
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	41,652	20,087	3,099	64,838	
	10	Direct expense summary Add lines 4 through 9 in column (d). ▶					132,412
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					

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 and 7 in column (d) ▶			

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

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?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

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 ▶ _____

☐ Director/officer ☐ Employee ☐ 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?

☐ Yes ☐ No

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 ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No 1545-0047

2010

Open to Public Inspection

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

Name of the organization
WOMEN & INFANTS HOSPITAL OF RI

Employer identification number
05-0258937

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
b	If "Yes," is it a written policy?	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>		
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year 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 FPG family income limit for eligibility for free care <div><input type="checkbox"/> 100%</div> <div><input type="checkbox"/> 150%</div> <div><input checked="" type="checkbox"/> 200%</div> <div><input type="checkbox"/> Other _____%</div>	Yes	
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 type="checkbox"/> 200%</div> <div><input type="checkbox"/> 250%</div> <div><input checked="" type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input type="checkbox"/> 400%</div> <div><input type="checkbox"/> Other _____%</div>	Yes	
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	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		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?		
6a	Does the organization prepare a community benefit report during the tax year?		No
6b	If "Yes," did the organization make it available to the public?		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheets 1 and 2)			7,801,544	3,929,905	3,871,639	0 950 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			111,562,387	98,585,229	12,977,158	3 190 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			676,273	175,603	500,670	0 120 %
d Total Financial Assistance and Means-Tested Government Programs			120,040,204	102,690,737	17,349,467	4 260 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,468,969	0	1,468,969	0 360 %
f Health professions education (from Worksheet 5)			18,928,349	154,128	18,774,221	4 620 %
g Subsidized health services (from Worksheet 6)			193,952	52,810	141,142	0 030 %
h Research (from Worksheet 7)			16,296,715	14,021,161	2,275,554	0 560 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			41,307		41,307	0 010 %
j Total Other Benefits			36,929,292	14,228,099	22,701,193	5 580 %
k Total. Add lines 7d and 7j			156,969,496	116,918,836	40,050,660	9 840 %

Part IICommunity Building Activities

during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(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
1Physical improvements and housing						
2Economic development						
3Community support			34,235	0	34,235	0 010 %
4Environmental improvements						
5Leadership development and training for community members			31,231	0	31,231	0 010 %
6Coalition building			750	0	750	0 %
7Community health improvement advocacy			10,263	0	10,263	0 %
8Workforce development			298,873	0	298,873	0 070 %
9Other						
10Total			375,352	0	375,352	0 090 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense (at cost)	2	2,325,251
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	546,434
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 a portion of bad debt amounts as community benefit		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	6,496,045
6	Enter Medicare allowable costs of care relating to payments on line 5	6	7,813,491
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-1,317,446
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 checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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				

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Schedule H (Form 990) 2010

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 44

Name and address	Type of Facility (Describe)
1 See Additional Data Table	
1	
2	
3	
4	
5	
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8	
9	
10	

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 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 financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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)
- 6
- Affiliated health care system.** 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
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
Eligibility for Discounted Care	Schedule H, Part I, Line 3c	Not applicable

Identifier	ReturnReference	Explanation
Community Benefit Report	Schedule H, Part I, Line 6 a	Not applicable

Identifier	ReturnReference	Explanation
Subsidized Health Services	Schedule H, Part I, Line 7g	No costs relating to subsidized healthcare services are attributable to any physician clinics

Identifier	ReturnReference	Explanation
Percent of Total Expense	Schedule H, Part I, Line 7, Column (F)	The bad debt expense included on form 990, Part IX, Line 25, Column (a), but subtracted for purposes of calculating the percentage in this column is \$5,981,693

Identifier	ReturnReference	Explanation
Financial Assistance and Certain Other Community Benefits at Cost	Schedule H, Part I, Line 7	A cost-to-charge ratio was used, the source being the Medicare Cost Report for FY 2011, adjusted for certain costs which are particular to Medicare cost reporting, but not appropriate for Part 1, Line 7 E g removing the Reasonable Cost Equivalent for physician services in W/S A-8-2, adjusting pension expense to GAAP, and adjustments for useful lives of certain software, removing the related party costs (other than home office) Worksheet 2, "Ratio of Patient Care Cost-to-Charges" was used to complete the cost-to-charge ratio used in Part 1, line 7

Identifier	ReturnReference	Explanation
Community Building Activities	Schedule H, Part II	Women & Infants Hospital of Rhode Island has direct involvement in numerous community building activities that promote and improve the health status and general betterment of the communities served by the hospital. This is accomplished through service on state and regional advocacy committees and boards, volunteerism with local community-based non-profit advocacy groups, and participation in conferences and other educational activities to promote understanding of the root causes of health concerns. This organization provides educational materials, conducts community health fairs and holds health education seminars and outreach sessions for its patients and for community providers. Presentations are provided by physicians, nurses and other healthcare professionals.

Identifier	ReturnReference	Explanation
Bad Debt Expense	Schedule H, Part III, Section A, Line 4	<p>Bad debt expense was calculated using the organization's bad debt expense from its audited financial statements, net of accounts written off at charges and multiplied by its cost to charge ratio. The organization and its affiliates prepare and issue audited consolidated financial statements. The system's allowance for doubtful accounts (bad debt expense) methodology and charity care policies are consistently applied across all hospital affiliates. The attached text was obtained from the footnotes to the audited financial statements of the organization: Net Patient Service Revenue. The Hospitals and the Agency have individual agreements with many third-party payors that provide payments at amounts different from their established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per-diem payments. Net patient service revenue is reported at estimated net realizable amounts from patients, third-party payors, and others for services rendered, and includes estimated retroactive revenue adjustments due to such things as future audits and reviews. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known, or as years are no longer subject to such adjustments. Charity care: The Health System provides care to patients who meet certain criteria under their charity care policies without charge or at amounts less than established rates. Because the Health System does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient revenue.</p>

Identifier	ReturnReference	Explanation
Medicare Shortfall	Schedule H, Part III, Line 8	<p>The inpatient Medicare allowable costs were determined from the submitted FY 2011 Medicare Cost Report, Worksheet D-1, Line 49, less para-med costs, which are included in Part I, Line 7(f) Worksheet D-1, Line 49 does not include direct GME costs The outpatient allowab le costs come from Worksheet E, Part B Bad debt is community benefit and associated costs are includable on the Form 990, Schedule H, Part I The organization feels that Medicare underpayments (shortfall) and bad debt are community benefit and associated costs are incl uable on the Form 990, Schedule H, Part I As outlined more fully below, the organization believes that these services and related costs promote the health of the community as a whole and are rendered in conjunction with the organization's charitable tax-exempt purpose s and mission in providing medically necessary healthcare services to all individual's in a non-discriminatory manner without regard to race, color, creed, sex, national origin, re ligion or ability to pay and consistent with the community benefit standard promulgated by the IRS The community benefit standard is the current standard for a hospital for recogn ition as a tax-exempt and charitable organization under Internal Revenue Code ("IRC") 501(c)(3) The organization is recognized as a tax-exempt entity and charitable organization u nder 501(c)(3) of the IRC Although there is no definition in the tax code for the term "c haritable", a regulation promulgated by the Department of the Treasury provides some guida nce and states that "[t]he term charitable is used in 501(c)(3) in its generally accepted legal sense," and provides examples of charitable purposes, including the relief of the po or or unprivileged, the promotion of social welfare, and the advancement of education, rel igion, and science Note it does not explicitly address the activities of hospitals In t he absence of explicit statutory or regulatory requirements applying the term "charitable" to hospitals, it has been left to the IRS to determine the criteria hospitals must meet t o qualify as IRC 501(c)(3) charitable organizations The original standard was known as th e charity care standard This standard was replaced by the IRS with the community benefit standard which is the current standard Charity care standard In 1956, the IRS issued Reve nue Ruling 56-185, which addressed the requirements hospitals needed to meet in order to q ualify for IRC 501(c)(3) status One of these requirements is known as the "charity care s tandard " under the standard, a hospital had to provide, to the extent of its financial ab ility, free or reduced-cost care to patients unable to pay for it A hospital that expecte d full payment did not, according to the ruling, provide charity care based on the fact th at some patients ultimately failed to pay The ruling emphasized that a low level of chari ty care did not necessarily mean that a hospital had failed to meet the requirement since that level could reflect its financial ability to provide such care The ruling also noted that publicly supported community hospitals would normally qualify as charitable organiza tions because they serve the entire community, and a low level of charity care would not a ffect a hospital's exempt status if it was due to the surrounding community's lack of char itable demands Community benefit standard In 1969, the IRS issued Revenue Ruling 69-545, which "remove[d]" from Revenue Ruling 56-185 "the requirements relating to caring for pati ents without charge or at rates below cost " Under the standard developed in Revenue Rulin g 69-545, which is known as the "community benefit standard," hospitals are judged on whet her they promote the health of a broad class of individuals in the community The ruling i nvolved a hospital that only admitted individuals who could pay for the services (by them s elves, private insurance, or public programs such as Medicare), but operated a full-time e mergency room that was open to everyone The IRS ruled that the hospital qualified as a ch aritable organization because it promoted the health of people in its community The IRS r easoned that because the promotion of health was a charitable purpose according to the gen eral law of charity, it fell within the "generally accepted legal sense" of the term "char itable," as required by Treas Reg 1 501(c)(3)-1(d)(2) The IRS ruling stated that the pr omotion of health, like the relief of poverty and the advancement of education and religio n, is one of the purposes in the general law of charity that is deemed beneficial to the c ommunity as a whole even though the class of beneficiaries eligible to receive a direct be nefit from its activities does not include all members of the community, such as indigent members of the community, provided that the class is not so small that its relief is not o f benefit to the community The IRS concluded that the hospital was "promoting the health of a class of persons that is broad enough to bene</p>

Identifier	ReturnReference	Explanation
Medicare Shortfall	Schedule H, Part III, Line 8	<p>fit the community" because its emergency room was open to all and it provided care to ever yone who could pay, whether directly or through third-party reimbursement Other character istics of the hospital that the IRS highlighted included the following its surplus funds were used to improve patient care, expand hospital facilities, and advance medical trainin g, education, and research, it was controlled by a board of trustees that consisted of ind ependent civic leaders, and hospital medical staff privileges were available to all qualif ied physicians The organization believes that Medicare underpayments and bad debt are com munity benefit and associated costs are includable on the Form 990, Schedule H, Part I Th e American Hospital Association ("AHA") feels that Medicare underpayments (shortfall) and bad debt are community benefit and thus includable on the Form 990, Schedule H, Part I Th is organization agrees with the AHA position As outlined in the AHA letter to the IRS dat ed August 21, 2007 with respect to the first published draft of the new Form 990 and Sched ule H, the AHA felt that the IRS should incorporate the full value of the community benefi t that hospitals provide by counting Medicare underpayments (shortfall) as quantifiable co mmunity benefit for the following reasons - providing care for the elderly and serving Me dicare patients is an essential part of the Community Benefit Standard - Medicare, like M edicaid, does not pay the full cost of care Recently, Medicare reimburses hospitals only 92 cents for every dollar they spend to take care of Medicare patients The Medicare Payme nt Advisory Commission ("MEDPAC") in its March 2007 report to Congress cautioned that unde rpayment will get even worse, with margins reaching a 10-year low at negative 5 4 percent - many Medicare beneficiaries, like their Medicaid counterparts, are poor More than 46 p ercent of Medicare spending is for beneficiaries whose income is below 200 percent of the Federal poverty level Many of those Medicare beneficiaries are also eligible for Medicaid -- so called "dual eligibles " There is every compelling public policy reason to treat Me dicare and Medicaid underpayments similarly for purposes of a hospital's community benefit and include these costs on Form 990, Schedule H, Part I Medicare underpayment must be sh ouldered by the hospital in order to continue treating the community's elderly and poor T hese underpayments represent a real cost of serving the community and should count as a qu antifiable community benefit Both the AHA and this organization also feel that patient ba d debt is a community benefit and thus includable on the Form 990, Schedule H, Part I Lik e Medicare underpayment (shortfalls), there also are compelling reasons that patient bad d ebt should be counted as quantifiable community benefit as follows - A significant majori ty of bad debt is attributable to low-income patients, who, for many reasons, decline to c omplete the forms required to establish eligibility for hospitals' charity care or financi al assistance programs A 2006 congressional budget office ("CBO") report, nonprofit hospi tals and the provision of community benefits, cited two studies indicating that "the great majority of bad debt was attributable to patients with income below 200% of the Federal p overty line " - the report also noted that a substantial portion of bad debt is pending ch arity care Unlike bad debt in other industries, hospital bad debt is complicated by the f act that hospitals follow their mission to the community and treat every patient that come s through their emergency department, regardless of ability to pay Patients who have outs tanding bills are not turned away, unlike other industries Bad debt is further complicate d by the auditing industry's standards on reporting charity care Many patients cannot or do not provide the necessary, extensive documentation required to be deemed charity care b y auditors As a result, roughly 40% of</p>

Identifier	ReturnReference	Explanation
Debt Collection Policy	Schedule H, Part III, Line 9b	Women & Infants Hospital of Rhode Island does not pursue collection for those patients who qualify for 100% financial assistance, but 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 facing extreme hardships

Identifier	ReturnReference	Explanation
Facility Policies and Practices	Schedule H, Part V	Not applicable

Identifier	ReturnReference	Explanation
Needs Assessment	Schedule H, Part VI, Question 2	The organization continually reviews and evaluates current and proposed programs to ensure that programs offering the most benefit will continue to be supported by the hospital. The hospital aligns its community programs in support of the Rhode Island Department of Health Healthy People 2010 Initiatives: Objective 5 Responsible Sexual Behavior, Objective 6 Mental Health, Objective 7 Injury and Violence, Objective 9 Immunization and Objective 10 Access to Healthcare. Please refer to Schedule O for a detailed community benefit statement.

Identifier	ReturnReference	Explanation
Patient Education of Eligibility for Assistance	Schedule H, Part VI, Question 3	As a not for-profit entity, Women & Infants Hospital of Rhode Island 's first consideration in the admission and placement or treatment of any patient is the patient's medical needs. Some patients hesitate to obtain necessary care because of their financial concerns. A notice of financial aid appears on all statements sent to patients. Also, it is prominently posted in the patient assessment department, admission areas, outpatient care areas and on the organization's website. Also, the notice is available in the three most common languages used by the patient population in accordance with the applicable "standards for culturally and linguistically appropriate services in healthcare" (Standards 4 and 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.

Identifier	ReturnReference	Explanation
Community information	Schedule H, Part VI, Question 4	Women & Infants Hospital of Rhode Island 's primary service area consists of a suburban population in Providence, Rhode Island with a total population of 178,042 The average household income is \$36,925 and 26.3 percent of the population has income below the poverty level Twenty four hospitals serve the primary service area and a significant percent of hospital discharges are Medicare, Medicaid and uninsured patients As of the 2008 American Community Survey conducted by the U S Census Bureau, Providence consisted of the following groups 49.8% of the population were Caucasian, 38.1% of the population were Hispanics and Latinos of any race and 16% were Black or African American

Identifier	ReturnReference	Explanation
Promotion of Community Health	Schedule H, Part VI, Question 5	The organization and the entire Care New England Health System promote the health of the community on a daily basis throughout the year. The system coordinates and offers numerous community benefit programs, activities and support groups to the community. Please refer to schedule O for a detailed community benefit statement.

Identifier	ReturnReference	Explanation
Affiliated Health Care System	Schedule H, Part VI, Question 6	<p>Outlined below is a summary of the entities which comprise the Care New England Health Sys tem Not for-profit Care New England Health System entities Care New England Health Syste m Care New England Health System is the tax-exempt parent of the Care New England Health S ystem ("CNE") This integrated healthcare delivery system consists of a group of affiliate d healthcare organizations This organization is the sole member or stockholder of each af filiated entity CNE is an integrated system of healthcare providers throughout the state of Rhode Island Care New England Health System is an organization recognized by the Inter nal Revenue Service as tax-exempt pursuant to Internal Revenue Code 501(c)(3) and as a non -private foundation pursuant to Internal Revenue Code 509(a)(3) As the parent organizatio n, Care New England Health System strives to continually develop and operate a multi-hospi tal healthcare system which provides substantial community benefit through the provision o f a comprehensive spectrum of healthcare services to the residents of Rhode Island and sur rounding communities Care New England Health System ensures that its system provides medi cally necessary healthcare services to all individuals regardless of race, color, creed, s ex, national origin, religion or ability to pay No individuals are denied necessary medic al care, treatment or services CNE's active hospitals include Butler Hospital, Women & In fants Hospital of Rhode Island and Kent County Memorial Hospital Each of these hospitals operates consistently with the following criteria outlined in IRS Revenue Ruling 69-545 1 Each provides medically necessary healthcare services to all individuals regardless of a bility to pay, including charity care, self-pay, Medicare and Medicaid patients, 2 Each o perates an active emergency room for all persons, which is open 24 hours a day, 7 days a week, 365 days per year, 3 Each maintains an open medical staff, with privileges available to all qualified physicians, 4 Control of each rests with its board of directors and the board of directors of Care New England Health System Both boards are comprised of a majo rity of independent civic leaders and other prominent members of the community, and 5 Sur plus funds are used to improve the quality of patient care, expand and renovate facilities and advance medical care, programs and activities Butler Hospital Butler Hospital is a 1 17-bed non-profit private, non-profit psychiatric and substance abuse hospital for adults, adolescents, children, and seniors located in Providence, Rhode Island Butler Hospital i s recognized by the Internal Revenue Service as an Internal Revenue Code 501(c)(3) tax-exe mpt organization Pursuant to its charitable purposes, the organization provides medically necessary healthcare services to all individuals regardless of race, color, creed, sex, n ational origin, religion or ability to pay Moreover, Butler Hospital operates consistentl y with the criteria outlined in IRS Revenue Ruling 69-545 Kent County Memorial Hospital Women & Infants Corporation is a 359-bed non-profit acute care hospital located in Warwick, Rhode Island Kent County Memorial Hospital is recognized by the Internal Revenue Service as an Internal Revenue Code 501(c)(3) tax-exempt organization Pursuant to its charitable purposes, the organization provides medically necessary healthcare services to all indivi duals regardless of race, color, creed, sex, national origin, religion or ability to pay Moreover, Kent County Memorial Hospital operates consistently with the criteria outlined i n IRS Revenue Ruling 69-545 Kent County Visiting Nurse Association Kent County Visiting N urse Association is an organization recognized by the Internal Revenue Service as tax-exem pt pursuant to Internal Revenue Code 501(c)(3) and as a non-private foundation pursuant to Internal Revenue Code 170(b) (1)(A)(vi) The organization provides medically necessary hea lthcare services to all individuals regardless of race, color, creed, sex, national origin , religion or ability to pay Kent Hospital Foundation Kent Hospital Foundation is an orga nization recognized by the Internal Revenue Service as tax-exempt pursuant to Internal Rev enue Code 501(c)(3) and as a non-private foundation pursuant to Internal Revenue Code 509 (a)(3) Through fundraising activities the organization supports the charitable purposes, p rograms and services of Kent County Memorial Hospital, a related internal Revenue Code 501 (c)(3) tax-exempt organization, that provides medically necessary healthcare services to a ll individuals in a non-discriminatory manner regardless of race, color, creed, sex, natio nal origin, religion or ability to pay Women & Infants Development Foundation Women & Inf ants Development Foundation is an organization recognized by the Internal Revenue Service as tax-exempt pursuant to Internal Revenue Code 501(c)(3) and as a non-private foundation pursuant to Internal Revenue Code 509(a)(3) Throu</p>

Identifier	ReturnReference	Explanation
Affiliated Health Care System	Schedule H, Part VI, Question 6	<p>gh fundraising activities the organization supports the charitable purposes, programs and services of Women & Infants Hospital of Rhode Island, a related internal Revenue Code 501 (c)(3) tax-exempt organization, that provides medically necessary healthcare services to all individuals in a non-discriminatory manner regardless of race, color, creed, sex, national origin, religion or ability to pay Women & Infants Corporation Women & Infants Corporation is an organization recognized by the Internal Revenue Service as tax-exempt pursuant to Internal Revenue Code 501(c)(3) and as a non-private foundation pursuant to Internal Revenue Code 509(a)(3) The organization is the parent entity of Women & Infants Hospital of Rhode Island and its affiliates, which provide medically necessary healthcare services to all individuals regardless of race, color, creed, sex, national origin, religion or ability to pay Palomar Group, Inc Palomar Group, Inc is an organization recognized by the Internal Revenue Service as tax-exempt pursuant to Internal Revenue Code 501(c)(3) and as a non-private foundation pursuant to Internal Revenue Code 509(a)(2) The organization provides medically necessary healthcare services to all individuals regardless of race, color, creed, sex, national origin, religion or ability to pay WIH Faculty Physicians, Inc WIH Faculty Physicians, Inc is an organization recognized by the Internal Revenue Service as tax-exempt pursuant to Internal Revenue Code 501(c)(3) and as a non-private foundation pursuant to Internal Revenue Code 509(a)(2) The organization provides medically necessary healthcare services to all individuals regardless of race, color, creed, sex, national origin, religion or ability to pay Health Touch, Inc Health Touch, Inc is an organization recognized by the Internal Revenue Service as tax-exempt pursuant to Internal Revenue Code 501(c)(3) and as a non-private foundation pursuant to Internal Revenue Code 509(a)(2) The organization provides medically necessary healthcare services to all individuals regardless of race, color, creed, sex, national origin, religion or ability to pay Women and & Infants Ancillary Services, LLC and Women & Infants Health Care Alliance, LLC are single member limited liability companies of Women & Infants Hospital of Rhode Island For-Profit Care New England Health System Entities W&I Indemnity Ltd An entity 100% owned by Women & Infants Hospital of Rhode Island This entity is a financial vehicle and foreign corporation located in Grand Cayman Toll Gate Indemnity Ltd An entity 100% owned by Kent County Memorial Hospital This entity This entity is a financial vehicle and foreign corporation located in Grand Cayman</p>

Identifier	ReturnReference	Explanation
State Filing of Community Benefit Report	Schedule H, Part VI, Question 7	Not applicable The entity and related provider organizations are located in Rhode Island No community benefit report is filed with the state of Rhode Island

Additional Data

Software ID:

Software Version:

EIN: 05-0258937

Name: WOMEN & INFANTS HOSPITAL OF RI

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest)	
How many non-hospital facilities did the organization operate during the tax year? 44	
Name and address	Type of Facility (Describe)
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 1 BLACKSTONE PLACE PROVIDENCE,RI 02903	MEDICAL
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 70 ELM STREET PROVIDENCE,RI 02905	HOSPITAL LABORATORY
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 2 DUDLEY STREET PROVIDENCE,RI 02905	MEDICAL OFFICE BUILDING
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 90 PLAIN STREET PROVIDENCE,RI 02903	PHYSICIAN PRACTICE
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 100 DUDLEY STREET PROVIDENCE,RI 02905	PHYSICIAN PRACTICE
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 79 PLAIN STREET PROVIDENCE,RI 02903	MEDICAL
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 101 DUDLEY STREET PROVIDENCE,RI 02905	MEDICAL
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 297 PROMENADE STREET PROVIDENCE,RI 02908	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND ONE RANDALL SQUARE PROVIDENCE,RI 02904	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 695 EDDY STREET PROVIDENCE,RI 02903	MEDICAL, UROGYNECOLOGY & LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 373 NEW BOSTON ROAD FALL RIVER,MA 02724	MEDICAL/PHYSICIAN OFFICES
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 407 EAST AVENUE PAWTUCKET,RI 02860	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 235 PLAIN STREET PROVIDENCE,RI 02905	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 134 THURBERS AVENUE PROVIDENCE,RI 02905	HOSPITAL DEPARTMENTS
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 2168 DIAMOND HILL ROAD WOONSOCKET,RI 02895	MEDICAL OFFICE BUILDING & HEALTH EDUCATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 1050 MAIN STREET UNIT A B EAST GREENWICH,RI 02818	MEDICAL OFFICE BUILDING & HEALTH EDUCATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 750 WASHINGTON STREET 36 BOSTON,MA 02111	IVF TUFT SUITE
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 120 DUDLEY STREET PROVIDENCE,RI 02905	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 11 WELLS STREET WESTERLY,RI 02891	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 18 IMPERIAL PLACE SUITE 2G PROVIDENCE,RI 02903	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 2358 SOUTH COUNTY TRAIL 2 EAST GREENWICH,RI 02818	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 2220 GAR HIGHWAY SWANSEA,MA 02777	MEDICAL OFFICE BUILDING
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 38 AMARAL STREET EAST PROVIDENCE,RI 02915	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 49 SOUTH COUNTY COMMONS WAY WAKEFIELD,RI 02879	MEDICAL OFFICE BUILDING & HEALTH EDUCATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 200 TOLL GATE ROAD SUITE 101 WARWICK,RI 02886	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 215 TOLL GATE ROAD WARWICK,RI 02886	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 1407 SOUTH COUNTY TRAIL EAST GREENWICH,RI 02818	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 1637 MINERAL SPRING AVENUE NORTH PROVIDENCE,RI 02904	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 725 RESERVOIR AVENUE CRANSTON,RI 02920	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 6 WHIPPLE STREET NORTH ATTLEBORO,MA 02760	MEDICAL OFFICE BUILDING & HEALTH EDUCATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 2213 MENDON ROAD WOONSOCKET,RI 02895	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 333 VALLEY ROAD MIDDLETOWN,RI 02842	ALTERNATIVE CARE OFFICE
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 900 WARREN AVENUE EAST PROVIDENCE,RI 02914	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 101 DUDLEY STREET PROVIDENCE,RI 02905	MEDICAL
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 119 SACHEM STREET NORWICH,CT 06360	LAB
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 67 BRIGHAM STREET NEW BEDFORD,MA 02740	LAB
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 300 FAUNCE CORNER ROAD NORTH DARTMOUTH,MA 02747	LAB
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 17 COCASSET STREET FOXBORO,MA 02035	PHYSICIAN PRACTICE
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 200 CHESTNUT STREET PROVIDENCE,RI 02905	RESEARCH
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 50 HOLDEN STREET PROVIDENCE,RI 02908	HOSPITAL DEPARTMENT BROWN CENTER - CHILDREN AT RISK
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 247 ROOSEVELT AVENUE PAWTUCKET,RI 02860	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 107 FAIRHAVEN ROAD MATTAPOISETT,MA 02739	PHYSICIAN PRACTICE
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 45 MAIN STREET WAREHAM,MA 02740	PHYSICIAN PRACTICE
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 101 PLAIN STREET PROVIDENCE,RI 02903	MEDICAL OFFICE

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

2010

Open to Public Inspection

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

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. Part II can be duplicated if additional space is needed. ▶

[illegible]

2	Enter total number of section 501(c)(3) and government organizations	1
3	Enter total number of other organizations	0

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
GRANT FUND MONITORING	SCHEDULE I, PART I, QUESTION 2	GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION, INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

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
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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 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	
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	
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 from the organization or a related organization?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	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	Yes
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	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other 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 reportable compensation				
See Additional Data Table								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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
COMPENSATION INFORMATION	PART VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2010 FORMS W-2 AND 1099 (IF APPLICABLE)
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 4A	PATRICE DIMARIO, FORMER SENIOR VICE PRESIDENT OF PATIENT SUPPORT SERVICES, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$80,980. THIS AMOUNT WAS INCLUDED IN HER 2010 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES VESTED BENEFITS IN A LONG-TERM INCENTIVE PLAN WHICH ARE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2010 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: CONSTANCE A. HOWES, J.D., FACHE, \$60,640; JAMES F. PADBURY, M.D., \$75,128; JOHN M. SUTHERLAND, III, \$44,821; GAIL COSTA, \$51,807; THOMAS R. COURAGE, ESQ., \$65,512; MAYBELLE KERNAN, \$48,277; AND PATRICE DIMARIO, \$49,482. THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A LONG-TERM INCENTIVE PLAN WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THE UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN THE INDIVIDUAL'S 2010 FORM W-2, BOX 5, AS TAXABLE WAGES: CONSTANCE A. HOWES, J.D., FACHE, \$79,792; JAMES F. PADBURY, M.D., \$69,884; JOHN M. SUTHERLAND, III, \$55,852; GAIL COSTA, \$47,960; THOMAS R. COURAGE, ESQ., \$60,695; AND MAYBELLE KERNAN, \$44,286.
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 6A & 6B	THE EXECUTIVE COMPENSATION PACKAGE FOR VARIOUS INDIVIDUALS REPORTED ON THIS FORM 990 CONSISTS OF BOTH A FIXED SALARY AND ADDITIONAL AT-RISK COMPENSATION THAT IS BASED ON SEVERAL QUALITATIVE AND QUANTITATIVE COMPONENTS. THE AT-RISK COMPENSATION IS COMPRISED OF BOTH SHORT-TERM AND LONG-TERM FACTORS AS FOLLOWS: THE SHORT-TERM INCENTIVE PROGRAM PROVIDES AN OPPORTUNITY FOR PROGRAM PARTICIPANTS TO EARN AN INCENTIVE AWARD BASED ON THE ACHIEVEMENT OF CRITICAL STRETCH GOALS THAT RECOGNIZE PERFORMANCE ABOVE EXPECTATIONS. THESE GOALS ARE MEASURED FOR EACH FISCAL PERIOD IN THE FOLLOWING CRITICAL AREAS: QUALITY, FINANCIAL AND PATIENT SATISFACTION. THE LONG-TERM INCENTIVE PROGRAM PROVIDES AN OPPORTUNITY FOR PROGRAM PARTICIPANTS TO EARN AN INCENTIVE AWARD BASED ON THE ACCOMPLISHMENT OF CRITICAL MULTI-YEAR SYSTEM PERFORMANCE OBJECTIVES. AWARDS ARE EARNED BY MEASURING SYSTEM PERFORMANCE OVER THREE-YEAR OVERLAPPING PERFORMANCE PERIODS AND ARE MEASURED IN REFERENCE TO GOALS IN THE FOLLOWING CRITICAL AREAS: NET INCOME FROM OPERATIONS, MARKET SHARE, PATIENT SATISFACTION AND STRATEGIC OBJECTIVE.
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2010 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2010 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.
COMPENSATION INFORMATION	SCHEDULE J, PART II, COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUALS INCLUDES VESTED BENEFITS IN A LONG-TERM INCENTIVE PLAN BECAUSE THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THIS AMOUNT WAS TREATED AS TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S 2010 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: CONSTANCE A. HOWES, J.D., FACHE, \$60,640; JAMES F. PADBURY, M.D., \$75,128; JOHN M. SUTHERLAND, III, \$44,821; GAIL COSTA, \$51,807; THOMAS R. COURAGE, ESQ., \$65,512; MAYBELLE KERNAN, \$48,277; AND PATRICE DIMARIO, \$49,482. THESE AMOUNTS WERE REPORTED ON PRIOR YEAR FORMS 990 AS AT-RISK NON-TAXABLE DEFERRED COMPENSATION IN SCHEDULE J, PART II, COLUMN C.

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				
JOANNA CAIN MD	(i) (ii)	524,042 0	90,000 0	19,747 0	0 0	12,618 0	646,407 0	0 0
CONSTANCE A HOWES JD FACHE	(i) (ii)	515,582 0	177,000 0	116,877 0	111,963 0	11,379 0	932,801 0	60,640 0
JAMES F PADBURY MD	(i) (ii)	395,517 0	70,000 0	94,072 0	69,884 0	11,549 0	641,022 0	75,128 0
MAUREEN PHIPPS MD MPH	(i) (ii)	259,588 0	28,893 0	17,704 0	0 0	19,160 0	325,345 0	0 0
MARK MARCANTANO	(i) (ii)	352,151 0	105,400 0	12,232 0	0 0	11,705 0	481,488 0	0 0
JOHN M SUTHERLAND III	(i) (ii)	410,595 0	121,000 0	74,107 0	96,085 0	22,206 0	723,993 0	44,821 0
DEBRA M PAUL CPA MBA	(i) (ii)	311,662 0	93,000 0	92,675 0	22,673 0	4,268 0	524,278 0	0 0
RAYMOND POWRIE MD	(i) (ii)	333,846 0	100,000 0	22,772 0	0 0	10,482 0	467,100 0	0 0
GAIL COSTA	(i) (ii)	239,642 0	73,000 0	84,072 0	96,661 0	14,285 0	507,660 0	51,807 0
KAREN DAVIE	(i) (ii)	205,554 0	66,300 0	92,147 0	22,191 0	14,627 0	400,819 0	0 0
PAULA GILLETTE TERM 1010-0111	(i) (ii)	215,193 0	68,300 0	21,287 0	0 0	9,147 0	313,927 0	0 0
CORNELIUS GRANNAI MD	(i) (ii)	544,180 0	28,000 0	20,207 0	0 0	14,773 0	607,160 0	0 0
THOMAS R COURAGE ESQ	(i) (ii)	308,808 0	93,000 0	102,819 0	92,150 0	18,103 0	614,880 0	65,512 0
MAYBELLE KERNAN	(i) (ii)	212,697 0	67,000 0	71,310 0	44,286 0	8,599 0	403,892 0	48,277 0
ELIAS NEUJAHR	(i) (ii)	160,682 0	47,000 0	304 0	0 0	9,847 0	217,833 0	0 0
THOMAS HUGHES	(i) (ii)	152,531 0	32,453 0	3,818 0	0 0	3,619 0	192,421 0	0 0
JOSEPH RODA	(i) (ii)	137,100 0	28,049 0	5,370 0	0 0	619 0	171,138 0	0 0
WILLIAM LAWRENCE MD	(i) (ii)	428,590 0	73,000 0	19,359 0	0 0	11,555 0	532,504 0	0 0
KAREN ROSENE MONTELLA MD	(i) (ii)	424,520 0	47,251 0	21,402 0	0 0	1,188 0	494,361 0	0 0
PAUL DISILVESTRO MD	(i) (ii)	402,546 0	49,756 0	17,737 0	0 0	9,501 0	479,540 0	0 0
RICHARD MOORE MD	(i) (ii)	444,694 0	23,249 0	1,710 0	0 0	9,457 0	479,110 0	0 0
KATHERINE WENSTROM MD	(i) (ii)	413,186 0	21,540 0	18,182 0	0 0	919 0	453,827 0	0 0
PATRICE DIMARIO	(i) (ii)	143,051 0	55,330 0	172,361 0	45,401 0	12,259 0	428,402 0	49,482 0
JANET SCHIPPER	(i) (ii)	202,751 0	14,120 0	3,587 0	0 0	8,990 0	229,448 0	0 0
DANIEL MICHAUD	(i) (ii)	137,979 0	0 0	24,963 0	0 0	6,602 0	169,544 0	0 0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

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
(1) ROBERTS CARROLL FELDSTEIN PEIRC	PLEASE REFER TO PART V	640,105	PROFESSIONAL SERVICES		No
(2) JAMES A O'BRIEN	DIRECTOR, GALVIN	339,658	HOSPITAL EMPLOYEE		No
(3) DELTA DENTAL	PLEASE REFER TO PART V	2,261,180	INSURANCE		No
(4) BANK OF AMERICA	PLEASE REFER TO PART V	1,113,629	MORTGAGE & LEASE PAYMENTS		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L, PART IV	THE SPOUSE OF CONSTANCE A HOWES, J D , FACHE IS A PARTNER IN THE LAW FIRM OF ROBERTS, CARROLL, FELDSTEIN & PEIRCE THIS ORGANIZATION UTILIZED THE SERVICES OF THIS FIRM DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2011 TOTAL FEES PAID BY THE ORGANIZATION TO THIS FIRM TOTALED \$640,105 SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARMS-LENGTH NEGOTIATIONS A DIRECTOR OF THIS ORGANIZATION, CYNTHIA S REED, IS AN OFFICER OR KEY EMPLOYEE OF DELTA DENTAL THIS ORGANIZATION UTILIZED DELTA DENTAL FOR ITS DENTAL INSURANCE PLAN FOR EMPLOYEES DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2011 TOTAL DENTAL INSURANCE PREMIUMS PAID BY THE ORGANIZATION TO THIS COMPANY TOTALED \$2,261,180 SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARMS-LENGTH NEGOTIATIONS A DIRECTOR OF THIS ORGANIZATION, WILLIAM F HATFIELD, IS AN OFFICER OR KEY EMPLOYEE OF BANK OF AMERICA THIS ORGANIZATION UTILIZED BANK OF AMERICA FOR CERTAIN MORTGAGES AND CAPITAL LEASES DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2011 TOTAL MORTGAGE PAYMENTS (INCLUDING PRINCIPAL AND INTEREST) MADE BY THE ORGANIZATION TO THIS COMPANY TOTALED \$386,567 AND TOTAL CAPITAL LEASE PAYMENTS MADE BY THE ORGANIZATION TO THIS COMPANY TOTALED \$727,062 SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARMS-LENGTH NEGOTIATIONS

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded	X	2	28,863	FMV
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► ()				
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	
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?				Yes 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 III

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
NON-CASH GIFTS	SCHEDULE M, PART I, QUESTION 32A	THE HOSPITAL USES THE SERVICES OF MERRILL LYNCH FOR DONATIONS OF STOCK ANY COMMISSIONS PAID REGARDING THESE SERVICES WERE FAIR MARKET VALUE ON AN ARMS-LENGTH BASIS

2010

Open to Public
Inspection

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization

WOMEN & INFANTS HOSPITAL OF RI

Employer identification number

05-0258937

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>WOMEN & INFANTS HOSPITAL OF RHODE ISLAND ("WOMEN & INFANTS") IS A NOT FOR-PROFIT LICENSED COMPREHENSIVE NEWBORN CHILDREN AND WOMEN HOSPITAL. WOMEN & INFANTS IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, WOMEN & INFANTS PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, RELIGION, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, WOMEN & INFANTS OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545: 1. WOMEN & INFANTS PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS; 2. WOMEN & INFANTS OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR; 3. WOMEN & INFANTS MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS; 4. CONTROL OF WOMEN & INFANTS RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF CARE NEW ENGLAND HEALTH SYSTEM. BOTH BOARDS ARE COMPOSED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY; AND 5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES. THE OPERATIONS OF WOMEN & INFANTS, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THE HOSPITAL PROVIDES SUBSTANTIAL COMMUNITY BENEFIT AND THAT THE USE AND CONTROL OF WOMEN & INFANTS IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY.</p> <p>HISTORY ===== WOMEN & INFANTS IS AN AFFILIATE WITHIN THE CARE NEW ENGLAND HEALTH SYSTEM ("CARE NEW ENGLAND"). CARE NEW ENGLAND IS THE TAX-EXEMPT PARENT OF THE HEALTH SYSTEM. THIS TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS. WOMEN & INFANTS IS A NOT FOR-PROFIT LICENSED COMPREHENSIVE NEWBORN CHILDREN AND WOMEN HOSPITAL WITH 167 ADULT BEDS (45 MEDICAL/SURGICAL AND 122 OBSTETRICS), 80 NEONATAL INTENSIVE CARE UNIT BEDS, 60 NEWBORN BASSINETS AND 10 OPERATING ROOMS. DURING FISCAL YEAR 2010, WOMEN & INFANTS RECORDED 21,363 DISCHARGES OF PATIENTS FOR INPATIENT SERVICES, 142,577 OUTPATIENT VISITS, 37,871 EMERGENCY ROOM VISITS AND 201,811 TOTAL VISITS AND DISCHARGES. WOMEN & INFANTS RECORDED 8,528 DELIVERIES IN FISCAL YEAR 2010, INCLUDING 128 BABIES WHO WERE DELIVERED IN THE HOSPITAL'S ALTERNATIVE BIRTHING CENTER. WOMEN & INFANTS ANNUALLY EMPLOYS APPROXIMATELY 3,000 FULL-TIME, PART-TIME AND PER DIEM EMPLOYEES. CARE NEW ENGLAND HEALTH SYSTEM WAS FORMED IN FEBRUARY 1996 BY FOUNDING MEMBERS BUTLER HOSPITAL, KENT COUNTY MEMORIAL HOSPITAL AND WOMEN & INFANTS HOSPITAL OF RHODE ISLAND. THESE THREE HOSPITALS ARE ALL INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS. IN JUNE 1999, KENT COUNTY VISITING NURSE ASSOCIATION BECAME A MEMBER OF THE CARE NEW ENGLAND FAMILY, AND LATER THAT YEAR ANNOUNCED ITS NAME CHANGE TO VNA OF CARE NEW ENGLAND. IN 2000, HEALTHTOUCH, INC., A PRIVATE DUTY NURSING SERVICE, JOINED THE DIVISION. TODAY, VNA OF CARE NEW ENGLAND PROVIDES A BROAD SPECTRUM OF HOME HEALTH AND HOSPICE SERVICES. CARE NEW ENGLAND'S STRENGTHS ARE BASED ON COMPLEMENTARY PROGRAMS AND DISTINCTIVE COMPETENCIES OF OUR PARTNER HOSPITALS AND AGENCIES. BUTLER HOSPITAL OFFERS EXPERTISE IN BEHAVIORAL HEALTH AND SUBSTANCE ABUSE. KENT PROVIDES A FULL CADRE OF PRIMARY AND SECONDARY ACUTE CARE SERVICES. WOMEN & INFANTS SPECIALIZES IN THE HEALTH NEEDS OF WOMEN AND NEWBORN CHILDREN. VNA OF CARE NEW ENGLAND PROVIDES A SPECTRUM OF HOME HEALTH, HOSPICE AND PRIVATE DUTY NURSING SERVICES. CARE NEW ENGLAND WELLNESS CENTER OFFERS AN ARRAY OF REHABILITATION, WELLNESS, FITNESS AND EDUCATIONAL PROGRAMS. AS A RESULT, CARE NEW ENGLAND IS WELL POSITIONED TO TRANSITION INTO THE NEW ERA OF HEALTHCARE DELIVERY WITH A HIGH QUALITY CONTINUUM OF CARE. CARE NEW ENGLAND IS DEDICATED TO THE ADVANCEMENT OF MEDICAL EDUCATION AND RESEARCH. BUTLER HOSPITAL SERVES AS THE PRINCIPAL TEACHING AFFILIATE FOR PSYCHIATRY AND HUMAN BEHAVIOR FOR THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY. WOMEN & INFANTS IS BROWN UNIVERSITY'S PRIMARY AFFILIATE IN OBSTETRICS, GYNECOLOGY AND NEWBORN PEDIATRICS, AND KENT IS AFFILIATED WITH THE UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICINE. CARE NEW ENGLAND PROVIDES MEDICALLY NECESSARY HEALTHCARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN THE ESTABLISHED RATES. BECAUSE CARE NEW ENGLAND DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE. CHARITY CARE INCLUDES SERVICES TO UNINSURED PATIENTS WHO CARE NEW ENGLAND</p>

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COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>HAS DETERMINED QUALIFY FOR CHARITY CARE UNDER CARE NEW ENGLAND POLICIES SERVICES TO UNIN SURED PATIENTS WHO ARE NOT ELIGIBLE FOR CHARITY CARE OR WHO CARE NEW ENGLAND WAS NOT ABLE TO DETERMINE THEIR ELIGIBILITY ARE NOT REPORTED AS CHARITY CARE BUT REPORTED IN THE PROVIS ION FOR BAD DEBTS ADDITIONALLY , CARE NEW ENGLAND SPONSORS CERTAIN OTHER PROGRAMS WHICH PR OVIDE SUBSTANTIAL BENEFIT TO THE BROADER COMMUNITY SUCH PROGRAMS INCLUDE SERVICES TO NEED Y POPULATIONS INCLUDING COMMUNITY SERVICE PROGRAMS AND SERVICES FOR SCHOOL-AGED CHILDREN A ND THE ELDERLY CARE NEW ENGLAND ALSO ACTIVELY SPONSORS PROGRAMS ON HEALTH EDUCATION AND W ELLNESS CARE NEW ENGLAND MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY C ARE AND COMMUNITY SERVICE IT PROVIDES THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FORGONE BASED ON ESTABLISHED RATES FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY AND COMM UNITY SERVICE POLICIES MISSION ===== WOMEN & INFANTS, 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 ESSENTIAL SERVICES REGARDLESS OF ABILITY TO PA Y VISION ===== WOMEN & INFANTS WILL BE THE RECOGNIZED LEADER IN HEALTHCARE FOR WOMEN AND INFANTS VALUES ===== AS A MEMBER OF THE CARE NEW ENGLAND HEALTH SYSTEM, WE PUT OUR PATI ENTS AND THEIR FAMILIES AT THE CENTER OF ALL WE DO IN OUR DAY-TO-DAY INTERACTIONS WITH PA TIENTS, FAMILIES, AND EACH OTHER, OUR ACTIONS AND DECISIONS ARE GUIDED BY THE FOLLOWING CO RE VALUES - COMPASSION WE TREAT EVERY ONE WITH UNDERSTANDING AND CARING - NEW IDEAS WE ENCOURAGE LIFELONG LEARNING, CONTINUAL IMPROVEMENT, AND INNOVATION - EXCELLENCE WE DEMON STRATE UNPARALLELED QUALITY IN ALL WE DO - COLLABORATION WE WORK IN PARTNERSHIP WITH THO SE AROUND US, INCLUDING OUR PATIENTS AND THEIR FAMILIES - ACCOUNTABILITY WE HOLD OURSELV ES ACCOUNTABLE FOR THE IMPACT OF OUR DECISIONS - RESPECT WE TREAT EACH PERSON WITH DIGNI TY, RESPECTING THE DIVERSE NEEDS OF THOSE WE SERVE - ETHICS WE HOLD OURSELVES TO THE HIG HEST ETHICAL STANDARDS AWARDS & RECOGNITIONS ===== WOMEN & INFANTS HAS R ECEIVED THE FOLLOWING AWARDS AND RECOGNITIONS - 2011 - RANKED NUMBER ONE IN THE PROVIDENC E METRO AREA IN U S NEWS BEST HOSPITALS METRO AREA RANKINGS - 2011 - RANKED A BEST HOSPIT AL IN GYNECOLOGY IN U S NEWS BEST HOSPITALS METRO AREA RANKINGS - 2011 - RANKED A BEST HO SPITAL IN CANCER IN U S NEWS BEST HOSPITALS METRO AREA RANKINGS - 2011 - NAMED A U S NEW S BEST CHILDREN'S HOSPITALS IN NEONATOLOGY - 2010 - NAMED A U S NEWS BEST HOSPITAL IN GYN ECOLOGY - 2002 - NAMED ONE OF THE TOP TEN PLACES IN THE U S TO DELIVER A BABY BY FIT PREG NANCY MAGAZINE - 2001 - NAMED ONE OF THE BEST HOSPITALS IN GYNECOLOGY IN THE AMERICA'S BES T HOSPITALS IN U S NEWS & WORLD REPORT - 2000 - NAMED ONE OF THE BEST HOSPITALS IN GYNECO LOGY IN THE AMERICA'S BEST HOSPITALS IN U S NEWS & WORLD REPORT CENTERS OF EXCELLENCE === ===== WOMEN & INFANTS HAS THE FOLLOWING CENTERS OF EXCELLENCE - A CENTER O F EXCELLENCE FOR REPRODUCTIVE HEALTH RESOURCES, OPTUM HEALTH - A BREAST CENTER OF EXCELLEN CE, AMERICAN COLLEGE OF RADIOGRAPHY - A CENTER FOR INVITRO MATURATION EXCELLENCE, SAGE IN VITRO FERTILIZATION - A CENTER OF BIOMEDICAL RESEARCH EXCELLENCE, NATIONAL INSTITUTES OF H EALTH - A NEONATAL RESOURCE SERVICES CENTER OF EXCELLENCE - A MEMBER OF THE NATIONAL CANCER INSTITUTE'S GYNECOLOGIC ONCOLOGY GROUP - A BROWN UNIVERSITY/WOMEN & INFANTS NATIONAL CEN TER OF EXCELLENCE IN WOMEN'S HEALTH BY THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>WOMEN & INFANTS IS AN ACCOMPLISHED TEACHING HOSPITAL WE ARE ===== - THE PRIMARY TEACHING AFFILIATE IN OBSTETRICS, GYNECOLOGY AND NEWBORN PEDIATRICS FOR THE DEPARTMENTS OF OBSTETRICS AND GYNECOLOGY AND PEDIATRICS AT THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY - AN EDUCATIONAL LEADER WOMEN & IN FANTS OFFERS NATIONALLY- ACCREDITED FELLOWSHIPS IN MATERNAL-FETAL MEDICINE, GYNECOLOGIC ONC OLOGY, BREAST SURGERY , REPRODUCTIVE ENDOCRINOLOGY, UROGYNECOLOGY, NEONATOLOGY AND SPECIAL FELLOWSHIPS IN BREAST CYTOLOGY AND OBSTETRIC MEDICINE THIS INCLUDES THE NATION'S ONLY FEL LOWSHIP THAT COMBINES ADVANCED STUDY IN GYNECOLOGIC ONCOLOGY WITH BREAST CARE - SCHOLARS AND LEADERS BARBARA O'BRIEN, MD, A FACULTY PHYSICIAN IN THE DIVISION OF MATERNAL-FETAL ME DICINE, WAS ACCEPTED INTO THE SCHOLARS AND LEADERS PROGRAM OF THE ASSOCIATION OF PROFESSOR S OF OBSTETRICS AND GYNECOLOGY IN 2010 THE AWARD WILL PROVIDE HER WITH THE NECESSARY TOOL S TO ACCOMPLISH OUTSTANDING TEACHING AND EDUCATIONAL RESEARCH, HELPING HER BECOME A BETTER EDUCATOR AND DESIGN CURRICULUM STANDARDS FOR STUDENTS, RESIDENTS AND FELLOWS SHE JOINS E IGH T PRIOR SCHOLARS FROM WOMEN & INFANTS/BROWN UNIVERSITY WOMEN & INFANTS IS THE PREMIER PLACE FOR MOTHERS AND NEWBORNS ===== == - MORE THAN 73% OF ALL NEWBORNS IN RHODE ISLAND ARE DELIVERED AT WOMEN & INFANTS - WOM EN CAN CHOOSE TO GIVE BIRTH EITHER IN ONE OF 19 PRIVATE LABOR/DELIVERY /RECOVERY ROOMS OR I N THE HOSPITAL'S ALTERNATIVE BIRTHING CENTER (ABC), ONE OF ONLY THREE SUCH CENTERS IN NEW ENGLAND - AN OBSTETRIC TRIAGE UNIT PROVIDES IMMEDIATE, EXPERT EVALUATION OF LABORING WOME N AND HOUSES THE HOSPITAL'S FETAL EVALUATION UNIT WOMEN & INFANTS LEADS THE NATION IN SPE CIAL CARE FOR NEWBORNS ===== - THE HOSPITAL HOUSES THE LARGEST SINGLE-FAMILY ROOM NEONATAL INTENSIVE CARE UNIT (NICU) IN THE NATION PATIENTS, STAFF AND FAMILY SATISFACTION HAS BEEN EXTRAORDINARY IN THE NEW NICU - THE NEW, TWO-STORY NICU GIVES EACH FAMILY ITS OWN ROOM, WITH DEDICATED SPACE ON EACH FLOO R FOR FAMILIES AND STAFF EACH CHILD AND FAMILY NOW HAS AN APPROPRIATE ENVIRONMENT FOR IND IVIDUALIZED CARE AND PRIVACY - THE NICU IS THE LARGEST IN SOUTHEASTERN NEW ENGLAND WITH MORE THAN 1,200 ADMISSIONS LAST YEAR MORE THAN 165 OF THOSE WERE HIGH-RISK BABIES WHO WERE BROUGHT TO THE HOSPITAL BY OUR SPECIAL CARE TEAM FROM OTHER HOSPITALS IN THE REGION FOR S URGERY OR SPECIALIZED CARE AND EVALUATION - PATIENTS AND FAMILIES IN THE NICU HAVE ACCESS TO ALL THE PEDIATRIC AND SURGICAL SPECIALISTS AT HASBRO CHILDREN'S HOSPITAL THROUGH THE L ARGER DEPARTMENT OF PEDIATRICS AT THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY - THE BROWN CENTER FOR THE STUDY OF CHILDREN AT RISK PROVIDES CLINICAL SERVICES, RESEARCH AN D TRAINING IN THE PSY CHOLOGICAL, BEHAVIORAL, EMOTIONAL AND SOCIAL ASPECTS OF INFANTS AND C HILDREN UP TO SIX YEARS OF AGE SERVICES INCLUDE A COLIC CLINIC, PSY CHOSOCIAL AND OCCUPATI ONAL THERAPY IN THE NICU/SPECIAL CARE NURSERY, A BEHA VIOR AND DEVELOPMENT CLINIC FOR TODDL ERS THROUGH PRESCHOOLERS, AND THE HEALTHY EARLY RELATIONSHIPS (HER) PROGRAM - THE DEPARTM ENT OF PEDIATRICS AT WOMEN & INFANTS AND THE BROWN CENTER FOR CHILDREN ARE CONDUCTING A LO NG-TERM, PROSPECTIVE STUDY OF THE IMPACT OF THE SINGLE- FAMILY ROOM NICU ON INFANT OUTCOMES RESEARCHERS BELIEVE THE STUDY OF THE NEW NICU WILL SET THE STANDARD FOR CARE OF PREMATUR E AND HIGH-RISK INFANTS LONG INTO THE FUTURE - THE NICU IN 2010 WAS NAMED A CENTER OF EXC ELLENCE FOR THE FOURTH CONSECUTIVE YEAR BY UNITED HEALTH AND OPTUMHEALTH NEONATAL RESOURCE SERVICES WOMEN & INFANTS OFFERS INCOMPARABLE SPECIAL CARE IN PREGNANCY ===== ===== - THROUGH ITS DIVISIONS OF MATERNAL-FETAL MED ICINE AND OBSTETRIC MEDICINE, WOMEN & INFANTS OFFERS CLINICAL AND EDUCATIONAL SERVICES FOR WOMEN WITH BOTH MATERNAL AND FETAL COMPLICATIONS IN PREGNANCY - WITH HASBRO CHILDREN'S H OSPITAL, WOMEN & INFANTS OFFERS ONE OF ONLY TWO FETAL SURGERY SITES IN THE NATION - THE R EPRODUCTIVE GENETICS SERVICE WITHIN THE DIVISION OF MATERNAL- FETAL MEDICINE OFFERS SEAMLES S GENETIC COUNSELING SERVICES FOR MEN AND WOMEN PLANNING TO HAVE A CHILD OR WOMEN WHO ARE ALREADY PREGNANT THE SERVICE, ONE OF ONLY A FEW OF ITS KIND IN THE NATION TO HAVE TWO PHY SICIANS ON STAFF WITH TRAINING IN BOTH MATERNAL-FETAL MEDICINE AND CLINICAL GENETICS, WORK S IN CONCERT WITH THE HOSPITAL'S PRENATAL DIAGNOSIS CENTER - EDWARD CHIEN, MD, A RESEARCH ER IN WOMEN & INFANTS' DIVISION OF MATERNAL-FETAL MEDICINE, EARNED A \$3 7-MILLION NIH GRAN T IN 2010 TO HELP ESTABLISH A TOOL THAT CAN DIFFERENTIATE BETWEEN A SMALL, HEALTHY FETUS A ND A FETUS THAT IS SMALL DUE TO PATHOLOGIC CAUSES IMPROVING THE TOOLS CURRENTLY AVAILABLE SHOULD SAVE THE HEALTH CARE SY STEM RESOURCES SPENT MONITORING WOMEN WHO ARE CARRYING SMAL L BUT OTHERWISE HEALTHY FETUSES - THE PRENATAL DI</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>AGNOSIS CENTER, OPERATED THROUGH THE DIVISION OF MATERNAL-FETAL MEDICINE, CARES FOR MORE WOMEN WITH HIGH-RISK PREGNANCIES THAN ANY OTHER FACILITY IN THE NORTHEAST. THE FACILITY OFFERS CERTIFIED GENETIC COUNSELORS, FETAL ULTRASONOGRAPHY AND MATERNAL-FETAL MEDICINE SPECIALISTS ALL IN ONE LOCATION - THE HOSPITAL'S ANTENATAL CARE UNIT, THE ONLY ONE IN THE REGION, PROVIDES SPECIALIZED TREATMENT FOR WOMEN WHOSE PREGNANCY-RELATED COMPLICATIONS NEED CLOSE MONITORING OR INPATIENT HOSPITAL CARE. THE 30-BED UNIT IS LOCATED IN THE SOUTH PAVILION AND FEATURES LARGER ROOMS, PRIVATE BATHROOMS AND AMENITIES SUITE WITH A WASHER AND DRYER, A PROFESSIONAL HAIRDRESSING SINK, MASSAGE TABLES AND EXERCISE EQUIPMENT - PROJECT LINK IS DEDICATED TO THE ASSESSMENT, TREATMENT AND COUNSELING OF PREGNANT WOMEN AND NEWBORNS AFFECTED BY SUBSTANCE ABUSE. WOMEN & INFANTS OFFERS THE BEST RESOURCE FOR COUPLES CHALLENGED BY INFERTILITY ===== - THE HOSPITAL'S CENTER FOR REPRODUCTION AND INFERTILITY OFFERS A SUCCESSFUL REPRODUCTIVE TECHNOLOGY PROGRAM. HUNDREDS OF INFERTILE COUPLES EACH YEAR BENEFIT FROM THE DIAGNOSIS AND TREATMENT OF INFERTILITY THROUGH IVF (IN VITRO FERTILIZATION), IVM (IN VITRO MATURATION), OVULATION INDUCTION, REPRODUCTIVE SURGERY, DONOR SPERM PROGRAM, FROZEN EMBRYO TRANSFER, ICSI (INTRACYTOPLASMIC SPERM INJECTION), AND PGD (PREIMPLANTATION GENETIC DIAGNOSIS) - WOMEN & INFANTS RESEARCHERS IN 2010 WERE PART OF A DISCOVERY THAT COULD LEAD TO NEW INSIGHTS ABOUT HOW EGGS DEVELOP AND ULTIMATELY INFORM JUDGMENTS ABOUT HOW THE EMBRYOS THEY PRODUCE WILL FAIR. THE IDEA IS TO EXAMINE THE GENETIC MATERIAL THE EGG CELLS DISCARDED WHEN THEY WERE FIRST FORMING TO SEE WHICH GENES THEY WERE EXPRESSING - RESEARCHERS FROM WOMEN & INFANTS WERE ALSO INVOLVED IN THE 2010 UNVEILING OF AN ARTIFICIAL HUMAN OVARY, WHICH CAN BE USED AS A SIMULATOR IN FUTURE FERTILITY RESEARCH - WOMEN & INFANTS WAS DESIGNATED A CENTER FOR IVM EXCELLENCE BY ITS PARTNER, SAGE IN VITRO FERTILIZATION, A COOPERSURGICAL COMPANY. THIS RECOGNIZES THE HIGH LEVEL OF TRAINING WOMEN & INFANTS DOCTORS AND EMBRYOLOGISTS RECEIVE IN THIS SPECIALIZED TECHNIQUE. THIS CENTER TRAINS DOCTORS FROM AROUND THE WORLD IN THIS TECHNIQUE - WOMEN & INFANTS' EGG DONATION PROGRAM PROVIDES AN ADDITIONAL FERTILITY OPTION FOR WOMEN WHO LACK OVARIES, HAVE DIMINISHED OVARIAN FUNCTION, OR HAVE A GENETIC DISEASE OR A FAMILY HISTORY OF GENETIC DISEASE - REPRODUCTIVE ENDOCRINOLOGISTS SEE PATIENTS ON WOMEN & INFANTS' MAIN PROVIDENCE CAMPUS, AT TUFTS MEDICAL CENTER IN BOSTON, AND AT A NUMBER OF OFFICE SITES THROUGHOUT NEW ENGLAND - THE CENTER FOR REPRODUCTION AND INFERTILITY HAS ACHIEVED SOME OF THE BEST NATIONAL OUTCOMES FOR REDUCING THE INCIDENCE OF HIGH ORDER MULTIPLES THAT OCCUR AS A RESULT OF INFERTILITY TREATMENT.</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>WOMEN & INFANTS FEATURES PREMIER RESOURCES FOR WOMEN WITH CANCER</p> <p>===== - WOMEN & INFANTS' PROGRAM IN WOMEN'S ONCOLOGY IS THE REGION'S LARGEST CANCER PROGRAM DEDICATED TO WOMEN THE PROGRAM INCLUDES A PROSPECTIVE , MULTIDISCIPLINARY TUMOR BOARD PROCESS AND IS THE HUB OF AN INTERNATIONAL TELEMEDICINE PR OGRAM THAT ENABLES THE HOSPITAL TO SHARE ITS EXPERTISE WITH COLLEAGUES THROUGHOUT THE WORL D - THE HOSPITAL'S CANCER PROGRAM IS APPROVED, WITH COMMENDATION, BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER THE PROGRAM IS ALSO A TEACHING HOSPITAL CANCER PROGRAM AS APPROVED BY THE SAME ORGANIZATION - THE PROGRAM IN WOMEN'S ONCOLOGY OFFERS A COMPREHEN SIVE CANCER RISK ASSESSMENT AND PREVENTION PROGRAM THAT ADDRESSES CONCERNS INDIVIDUALS OR FAMILIES MAY HAVE REGARDING THEIR GENETIC RISK OF DEVELOPING CANCER THE PROGRAM IS ACCRED ITED BY THE AMERICAN COLLEGE OF SURGEONS - WOMEN & INFANTS' PROGRAM IN WOMEN'S ONCOLOGY I S A FULL MEMBER OF THE NATIONAL CANCER INSTITUTE'S GYNECOLOGIC ONCOLOGY GROUP (GOG) - WOM EN & INFANTS OFFERS CUTTING-EDGE TREATMENT FOR WOMEN WITH CANCER - INCLUDING INTRAPERITONE AL (IP) THERAPY , A MORE INTENSE CHEMOTHERAPY TREATMENT FOR WOMEN WITH ADVANCED OVARIAN CAN CER - AND ROBOTIC SURGERY , A LESS INVASIVE, LESS PAINFUL TECHNIQUE FOR WOMEN WITH GYNECOLO GIC CANCER - THE BREAST HEALTH CENTER IS A SPECIALIZED SERVICE OFFERING EDUCATION, SUPPOR T, DIAGNOSIS AND CONTEMPORARY TREATMENT FOR ALL BREAST HEALTH PROBLEMS - IN 2010, THE BRE AST HEALTH CENTER HELPED BRING SPECIALIZED CARE CLOSER TO HOME FOR SOME RHODE ISLAND WOMEN WHEN THE HOSPITAL JOINED WITH KENT HOSPITAL IN WARWICK TO OPEN THE BREAST HEALTH CENTER A T KENT - THE CENTER FOR BIOMARKERS AND EMERGING TECHNOLOGIES (CBET) IS DEVELOPING NEW MET HODS FOR SCREENING FOR WOMEN'S CANCERS AND CREATING NEW POSSIBILITIES FOR THE FUTURE IN 2 010, ONE OF CBET'S INITIAL DISCOVERIES - A NOVEL BLOOD TEST FOR THE BIOMARKERS HE4 AND CA1 25 - WAS INTRODUCED WOMEN & INFANTS' DIVISION OF MEDICAL SCREENING AND SPECIAL TESTING IS ONE OF ONLY A FEW LABORATORIES IN THE COUNTRY CURRENTLY OFFERING THIS TEST WOMEN & INFAN TS IS THE ANSWER FOR WOMEN AT EVERY STAGE OF LIFE =====</p> <p>- COMPREHENSIVE PRIMARY AND SPECIALIZED CARE SERVICES FOR WOMEN ARE PROVIDED THROUGH THE WOMEN'S PRIMARY CARE CENTER IN COMBINATION WITH THE DIVISION OF AMB ULATORY CARE'S URGENT CARE SERVICES, THE CENTER SEES APPROXIMATELY 39,000 PATIENTS ANNUALL Y - THE RHODE ISLAND NETWORK FOR PELVIC FLOOR DISORDERS AT WOMEN & INFANTS BRINGS TOGETHE R LEADING RESEARCHERS AND CLINICIANS IN UROGYNECOLOGY AS WELL AS COLORECTAL AND UROLOGIC S URGERY TO OFFER A NATIONAL MODEL FOR COLLABORATIVE CARE FOR WOMEN WITH PELVIC FLOOR DISORD ERS THE USE OF ROBOTICALLY-ASSISTED LAPAROSCOPIC SURGERY ALLOWS WOMEN & INFANTS TO OFFER UNIQUE SOLUTIONS FOR PELVIC FLOOR PROBLEMS AND INCONTINENCE - WOMEN & INFANTS' CENTER FOR SEXUALITY, INTIMACY AND FERTILITY , THE FIRST OF ITS KIND IN THE REGION, IS COLLABORATION BETWEEN THE WOMEN'S PRIMARY CARE CENTER, THE PROGRAM IN WOMEN'S ONCOLOGY AND THE CENTER FO R REPRODUCTION AND INFERTILITY IT SERVES AS A RESOURCE FOR WOMEN WHO HAVE UNDERGONE TREAT MENT FOR CANCER AND ARE EXPERIENCING ITS DETRIMENTAL EFFECT ON THEIR SEX LIVES OR WOMEN WH O MAY WANT TO BEAR CHILDREN AFTER TREATMENT - THE HOSPITAL OPERATES THE CONTRACEPTIVE CON SULT CLINIC TO EVALUATE, ADVISE AND RECOMMEND CONTRACEPTIVE OPTIONS FOR WOMEN WITH COMPLEX MEDICAL CONDITIONS AND/OR A HISTORY OF CONTRACEPTIVE FAILURE - WOMEN & INFANTS IS THE FIR ST HOSPITAL IN RHODE ISLAND TO OFFER IMAGING-DIRECTED CYTOLOGY , A BREAKTHROUGH PROCESS TH AT ACHIEVES A HIGHER LEVEL OF CERTAINTY IN CERVICAL CANCER SCREENING - THE DIVISION OF UR OGYNECOLOGY AND RECONSTRUCTIVE PELVIC SURGERY IS RECOGNIZED FOR ITS RESEARCH AND SUCCESS I N TREATING THE FULL RANGE OF WOMEN'S UROGYNECOLOGIC PROBLEMS, MOST NOTABLY URINARY INCONTI NENCE, WITH SURGICAL, MEDICAL AND/OR PHARMACOLOGICAL INTERVENTIONS - WOMEN & INFANTS' DEP ARTMENT OF MEDICINE PROVIDES A BROAD SPECTRUM OF WOMEN'S HEALTH SERVICES, INCLUDING ECHOCA RDIOLOGY , PULMONARY FUNCTION TESTING AND AN ASTHMA CLINIC THE DIVISION OF OBSTETRIC & CON SULTATIVE MEDICINE PROVIDES CONSULTATION FOR MEDICAL COMPLICATIONS OF PREGNANCY AND PREOPE RATIVE CONSULTATION, AS WELL AS INTERNAL MEDICINE - THE CENTER FOR WOMEN'S GASTROINTESTIN AL DISORDERS PROVIDES GASTROENTEROLOGY CONSULTATION TO WOMEN, INCLUDING MANAGEMENT OF HYPE REMESIS AND INFLAMMATORY BOWEL DISEASE IN PREGNANCY AND COLORECTAL CANCER SCREENING ENDOS COPY SERVICES FOR WOMEN ARE ALSO OFFERED, AND THE PROGRAM HELPS COORDINATE THE STATE-WIDE PERINATAL HEPATITIS PREVENTION PROGRAM, WHICH IDENTIFIES WOMEN WHO HAVE HEPATITIS B OR C A ND PROVIDES CLINICAL CARE THROUGHOUT PREGNANCY TO PREVENT TRANSMISSION OF THE VIRUS TO THE BABY - THE CENTER FOR WOMEN'S BEHAVIORAL HEALTH OFFERS INPATIENT AND OUTPATIENT PSYCHIAT RIC CARE IN SUCH AREAS AS STRESS MANAGEMENT, PMS,</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>AND PANIC DISORDERS TREATMENT FOR POSTPARTUM DEPRESSION AND ANXIETY IN PREGNANCY IS OFFER ED THROUGH THE HOSPITAL'S DAY PROGRAM - A HOSPITAL-WIDE DOMESTIC VIOLENCE TASK FORCE EDUC ATES PROVIDERS AND IDENTIFIES PATIENTS WHO MAY BE VICTIMS OF PARTNER ABUSE - THE CENTERS FOR HEALTH EDUCATION, THE FIRST COMPREHENSIVE RESOURCES OF THEIR KIND IN THE AREA, OFFER F REE LENDING LIBRARIES, COMPUTERIZED DATABASES AND A BROAD SPECTRUM OF EDUCATIONAL PROGRAMS AND SUPPORT GROUPS FOR WOMEN AND THEIR FAMILIES THE CENTERS ARE PART OF THE HOSPITAL'S M EDICAL OFFICE BUILDINGS - LOCATED IN PROVIDENCE, EAST GREENWICH, WOONSOCKET, SOUTH KINGSTO WN, SWANSEA, AND NORTH ATTLEBORO - THAT ALSO OFFER APPOINTMENTS WITH WOMEN & INFANTS PHY SI CI ANS WOMEN & INFANTS SPONSORS GROUNDBREAKING RESEARCH =====</p> <p>===== - WOMEN & INFANTS ALSO HOSTS MULTIPLE CLINICAL RESEARCH ENTERPRISES AND IS A MAJOR SITE OF NATIONAL CANCER INSTITUTE'S GYNECOLOGIC ONCOLOGY GROUP, THE NEONATAL NETWO RK AND MATERNAL FETAL NETWORK UNIT (NICHD), THE ONCOFERTILITY NETWORK (NICHD), THE CENTER FOR BIOMARKER AND EMERGING TECHNOLOGY AND NUMEROUS OTHER RESEARCH INITIATIVES THAT PLACE T HE HOSPITAL IN THE TOP RESEARCH FUNDING IN OBSTETRICS AND GYNECOLOGY, NEONA TOLOGY, WOMEN'S HEALTH, AND BIOMARKER DEVELOPMENT - WOMEN & INFANTS SERVES AS THE LEAD PARTNER WITH BROW N UNIVERSITY ON THE NATIONAL CHILDREN'S STUDY, A GROUNDBREAKING PROJECT AIMED AT IMPROVING CHILD HEALTH A MAJOR NATIONAL COMMITMENT HAS BEEN MADE BY THE FEDERAL GOVERNMENT AND THE NATIONAL INSTITUTES OF HEALTH (NIH) TO STUDY 100,000 LIVES FROM PRECONCEPTION THROUGH BIR TH AND UNTIL THE CHILDREN REACH 21 YEARS OF AGE ACROSS THE NATION, 100 COUNTIES WERE IDEN TIFIED TO PARTICIPATE IN THE STUDY BY ENROLLING 1,000 PATIENTS WOMEN & INFANTS AND BROWN UNIVERSITY WON SUPPORT TOTALING ALMOST \$24 MILLION TO BEGIN RECRUITING FAMILIES FROM PROVI DENCE COUNTY, RI, AND BRISTOL COUNTY, MA - VINITA GOYAL, MD, MPH, A MEMBER OF THE MEDICAL TEAM IN WOMEN & INFANTS' DIVISION OF AMBULATORY CARE AND WOMEN'S PRIMARY CARE CENTER, WAS NAMED THE HOSPITAL'S NEWEST WOMEN'S REPRODUCTIVE HEALTH RESEARCH (WRHR) SCHOLAR, THROUGH A CAREER DEVELOPMENT PROGRAM INITIATED BY THE EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH & HUMAN DEVELOPMENT (NICHD), IN COLLABORATION WITH THE NATIONAL INSTITUTES O F HEALTH AND THE NATIONAL CANCER INSTITUTE DR GOYAL IS PURSUING RESEARCH INTO THE ACCESS IBI LITY OF CONTRACEPTION FOR FEMALE VETERANS IN THE UNITED STATES - IN 2010, WOMEN & INFA NTS RECEIVED A \$2 1 MILLION GRANT FROM THE NIH TO CONTINUE WORK UNDER THE CENTER OF BIOMED ICA L RESEARCH EXCELLENCE (COBRE) FOR PERINATAL BIOLOGY OF THE 108 COBRES ACROSS THE COUNT RY, WOMEN & INFANTS IS THE ONLY ONE SPECIFICALLY FOCUSED ON DEVELOPMENTAL RESEARCH ITS RE SEARCHERS ARE STUDYING EMBRY O, PLACENTA AND HEART DEVELOPMENT, THE SUSCEPTIBILITY TO INFEC TION IN NEWBORNS, AND THE EFFECTS OF INTRAUTERINE DEVELOPMENT ON LATER OUTCOMES - THE KIL GUSS RESEARCH INSTITUTE IS LOCATED IN THE HEART OF PROVIDENCE'S JEWELRY DISTRICT IT IS HO ME TO THE COBRE AND OTHER WOMEN & INFANTS' AND BROWN UNIVERSITY'S RESEARCHERS AND THEIR ST AFF WHO PROBE ANSWERS IN DEVELOPMENTAL BIOLOGY, CANCER BIOLOGY, AND DEVELOPMENTAL IMMUNOLO GY - THREE NEW STRAINS OF TRANSGENIC MICE HAVE BEEN DEVELOPED AND ARE BEING USED TO BETTE R UNDERSTAND THE ROLE OF STEM CELLS IN CARDIAC REPAIR AND REGENERATION THESE UNIQUE NEW R ESOURCES ARE ALSO BEING USED TO STUDY WAYS TO PROTECT AND PREVENT INJURY TO THE DEVELOPING LUNGS IN PREMATURE INFANTS, CHANGES IN DNA DURING "FETAL PROGRAMMING" IN RESPONSE TO ADVE RSE INTRAUTERINE LIFE, THE MOLECULAR PATHOGENESIS OF YEAST INFECTIONS IN PRETERM INFANTS, AND THE ROLE OF OXYGEN-REGULATED GENES IN EARLY EMBRY OGENESIS AND IMPLANTATION</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>- A RESEARCH TEAM FROM WOMEN & INFANTS RECEIVED THE 2010 COLLABORATIVE RESEARCH AWARD FROM THE RHODE ISLAND SCIENCE AND TECHNOLOGY ADVISORY COUNCIL (STAC) FOR THE PROJECT ENTITLED "NEW STRATEGIES FOR PREVENTING BRAIN DAMAGE IN PREMATURE INFANTS " - THE HOSPITAL'S GEORGE ANDERSON OUTCOMES MEASUREMENT UNIT AND THE DIVISION OF RESEARCH IN THE DEPARTMENT OF OBSTETRICS & GYNECOLOGY EMPHASIZE OUTCOMES-BASED RESEARCH THIS PROVIDES NEEDED INFRASTRUCTURE AND ENHANCES OPPORTUNITIES FOR RESEARCH SUCCESS IN CLINICAL RESEARCH - WOMEN & INFANTS WAS NAMED ONE OF FIVE COORDINATING CENTERS IN THE COUNTRY TO OVERSEE A FIVE-YEAR EXTENSION OF THE NATIONAL CANCER INSTITUTE'S OVARIAN CANCER PREVENTION AND EARLY DETECTION STUDY, WHICH IS EXAMINING WAYS WOMEN AT HIGH RISK FOR DEVELOPING OVARIAN CANCER CAN LOWER THEIR RISK AND DETECT THE CANCER EARLIER THE BUSIEST CENTERS FROM THE SCREENING TRIAL WERE TAPPED TO CONTINUE THE RESEARCH, TESTIMONY TO THE QUALITY OF RESEARCH BEING DONE AT WOMEN & INFANTS - THE HOSPITAL PARTICIPATES IN A NUMBER OF INTERNATIONAL, NATIONAL AND LOCAL STUDIES, INCLUDING ONE THAT IDENTIFIED A NEW BLOOD TEST THAT COULD HELP DOCTORS FIND CANCER CELLS EARLY AND PLAN BETTER TREATMENT FOR OVARIAN CANCER, AND OTHERS INTO A NEW MEDICATION FOR URGENT INCONTINENCE, THE PRESENCE OF IMAGES OF CANCER IN DREAMS, AND THE PREVALENCE OF HPV AMONG LOCAL SOUTHEAST ASIAN WOMEN WOMEN & INFANTS BELIEVES IN THE COMMUNITY ===== - THE HOSPITAL ORGANIZES AN ENTIRE CALENDAR OF COMMUNITY PROGRAMS THAT INCLUDES CLASSES IN CHILDBIRTH, PARENTING, REPRODUCTIVE HEALTH, HUMAN SEXUALITY, BREAST HEALTH AND WOMEN'S HEALTH ACROSS ALL AGES IN ADDITION, THE HOSPITAL 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 CHIPSA Day One E.W. Flynn Model Elementary School Healthy Mothers, Healthy Babies Kidscount March of Dimes Meeting Street School National Association of Social Workers 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 - OUTREACH EDUCATION BENEFITED THE COMMUNITY LAST YEAR THROUGH 24,120 PROGRAMS IN LOCAL SCHOOLS, COMMUNITY CENTERS AND SIMILAR SITES - THE HOSPITAL PROVIDED ALMOST \$27 MILLION LAST YEAR IN UNCOMPENSATED CARE TO WOMEN AND FAMILIES IN NEED - STAFF FROM WOMEN & INFANTS' FAMILY VAN, A MOBILE HEALTH CLINIC, PROVIDES MUCH-NEEDED SERVICES FOR THE UNDERSERVED AND UNDERINSURED ACROSS THE STATE THE PROGRAM OFFERS A TRANSLATION COMMUNICATOR THAT ENABLES STAFF TO COMMUNICATE AND CONVERSE IN 22 LANGUAGES - WOMEN & INFANTS RESEARCHERS AND LATINO PUBLIC RADIO JOINED WITH STATE AND NATIONAL LEADERS TO ADDRESS NOVEL APPROACHES TO IMPROVING HEALTH LITERACY IN 2010 RESULTS OF THE HOSPITAL'S ESCUCHE (EVALUATING THE SPANISH RADIO COMMUNITY'S UNDERSTANDING OF CLINICAL RESEARCH AND HEALTH TOPICS) STUDY, FUNDED BY A NATIONAL INSTITUTES OF HEALTH PARTNERS IN RESEARCH PROGRAM GRANT, REVEALED THAT A HEALTH AND SCIENCE CURRICULUM HELPED IMPROVE LITERACY FOR PARTICIPANTS THE COMMUNITY BELIEVES IN WOMEN & INFANTS ===== - APPROXIMATELY 450 IN-HOSPITAL VOLUNTEERS PROVIDED MORE THAN 31,500 HOURS OF SERVICE IN FISCAL YEAR 2010 - A GROUP OF 107 COMMUNITY-BASED VOLUNTEERS FROM OPERATION WARM HEAD START, A COMMITTED GROUP OF KNITTERS WORKING IN THEIR HOMES, SUPPLY BABY HATS FOR EVERY BABY BORN AT WOMEN & INFANTS - WOMEN & INFANTS' AUXILIARY COMMITTEE WORKS WITH THE DEVELOPMENT FOUNDATION BOARD OF DIRECTORS TO SUPPORT THE HOSPITAL'S MISSION BY RAISING FUNDS FOR PATIENT PROGRAMS AND SERVICES THROUGH TARGETED INITIATIVES AND ENTERPRISES SUCH AS THE GIFT SHOP, BABY PHOTO PROGRAM, THE AU BON PAIN BAKERY CAFÉ AS WELL AS THE NURSING MOMS, ETC, STORE WHICH SERVES THE NEEDS OF BREASTFEEDING MOTHERS AND NEWBORNS - THOUSANDS OF DONORS ENTHUSIASTICALLY SUPPORT WOMEN & INFANTS EACH YEAR THROUGH GIFTS TO THE HOSPITAL'S ANNUAL FUND AND ENDOWMENT, AS WELL AS THROUGH PHONE-A-THONS, CELEBRITY LUNCHEONS AND OTHER VARIOUS EVENTS GIFTS ARE USED TO ENHANCE PATIENT CARE, SUPPORT EDUCATION AND TRAINING, FUND CAPITAL AND EQUIPMENT NEEDS, AND ENSURE WOMEN & INFANTS' FINANCIAL SECURITY THROUGH THE GENERAL ENDOWMENT FUND - VARIOUS COMMUN</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ITY ORGANIZATIONS AND CORPORATIONS CHOOSE TO SUPPORT WOMEN & INFANTS' PROGRAMS IN 2010, SUPPORT CAME FROM SUCH SOURCES AS COVIDIEN, WITH FUNDING FOR THE HOSPITAL'S LA VAN PROGRAM TO TRANSPORT LOW-INCOME PATIENTS TO THE WOMEN'S PRIMARY CARE CENTER FOR ROUTINE PRENATAL VISITS, WHOLE FOODS THREE RHODE ISLAND MARKETS AND FAT BASTARD WINES, GENERATING FUNDS FOR THE INTEGRATIVE CARE PROGRAM IN THE PROGRAM IN WOMEN'S ONCOLOGY, AND RI PINK HEALS, RAISING MONIES FOR THE BREAST HEALTH CENTER - THE INAUGURAL RHODE ISLAND SWIM ACROSS AMERICA FUNDRAISER GENERATED MORE THAN \$250,000 FOR CANCER RESEARCH BEING CONDUCTED BY THE WOMEN & INFANTS PROGRAM IN WOMEN'S ONCOLOGY ALMOST 200 SWIMMERS PARTICIPATED IN THE SEPTEMBER SWIM THIS WAS ONE OF THE LARGEST, MOST SUCCESSFUL TURN-OUTS FOR AN INAUGURAL EVENT

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION A, QUESTION 2	ROBERT G FLANDERS, JR , ESQ AND MARGARET D FARRELL, ESQ - BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION A, QUESTION 3	THE ORGANIZATION ENGAGES SODEXO HEALTH CARE ("SODEXO") TO BE AN AGENT OF THE ORGANIZATION AND DELEGATES CONTROL TO SODEXO IN THE MANAGEMENT OF DAILY OPERATIONS OF ITS FOOD & NUTRITION DEPARTMENT THE SODEXO MANAGEMENT EMPLOYEE FUNCTIONS AND IS RECOGNIZED AS A DEPARTMENT MANAGER WHO PERFORMS IN ACCORDANCE WITH THE ORGANIZATION'S DEPARTMENT MANAGEMENT PRACTICES AND IN ACCORDANCE WITH ITS WRITTEN POLICIES AND PROCEDURES THE POSITION REPORTS TO AN OFFICER/KEY EMPLOYEE OF THE ORGANIZATION

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION A, QUESTIONS 6 & 7	WOMEN & INFANTS CORPORATION ("WIC") IS THE SOLE MEMBER OF THIS ORGANIZATION CARE NEW ENGLAND HEALTH SYSTEM ("CNE") IS THE SOLE MEMBER OF WIC CNE HAS THE ULTIMATE AUTHORITY TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF DIRECTORS AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BY LAWS

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 11B	<p>THE ORGANIZATION IS AN AFFILIATE IN THE CARE NEW ENGLAND HEALTH SYSTEM AND AFFILIATES ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. CARE NEW ENGLAND HEALTH SYSTEM IS THE PARENT ENTITY OF THE SYSTEM. THE ORGANIZATION'S FEDERAL FORM 990 WAS MADE AVAILABLE TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY (ITS BOARD OF DIRECTORS) PRIOR TO THE FILING WITH THE IRS. IN ADDITION, THE CARE NEW ENGLAND HEALTH SYSTEM FINANCE COMMITTEE ALSO PERFORMED A REVIEW OF THE FEDERAL FORM 990 PRIOR TO MAKING IT AVAILABLE TO EACH VOTING MEMBER OF ITS BOARD OF DIRECTORS. THE CARE NEW ENGLAND HEALTH SYSTEM BOARD OF DIRECTORS HAS DELEGATED TO THE FINANCE COMMITTEE THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION AND FILING PROCESS FOR THE TAX-EXEMPT AFFILIATES OF THE SYSTEM. AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS, THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S ASSOCIATE VICE PRESIDENT OF ACCOUNTING AND VARIOUS OTHER INDIVIDUALS TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN. THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S INTERNAL WORKING GROUP, INCLUDING, BUT NOT LIMITED TO, THE INDIVIDUAL OUTLINED ABOVE, FOR HIS REVIEW. THE ORGANIZATION'S INTERNAL WORKING GROUP AND OTHER INDIVIDUALS REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY, AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S INTERNAL WORKING GROUP AND VARIOUS OTHER INDIVIDUALS FOR FINAL REVIEW AND APPROVAL PRIOR TO PRESENTATION OF THE FEDERAL FORM 990 TO THE MEMBERS OF THE CARE NEW ENGLAND HEALTH SYSTEM FINANCE COMMITTEE. FOLLOWING THE FINANCE COMMITTEE'S REVIEW, THE FINAL FEDERAL FORM 990 WAS MADE AVAILABLE TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO THE FILING WITH THE IRS.</p>

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 12	THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY AND REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH THAT POLICY. THE POLICY REQUIRES THAT A CONFLICT OF INTEREST DISCLOSURE FORM CONSISTENT WITH BEST GOVERNANCE PRACTICES AND INTERNAL REVENUE SERVICE GUIDELINES BE CIRCULATED TO OFFICERS, DIRECTORS, AND KEY EMPLOYEES ANNUALLY. IF A DIRECTOR DISCLOSES AN INTEREST THAT COULD GIVE RISE TO A CONFLICT, THE DIRECTOR'S POTENTIAL CONFLICT IS REFERRED TO THE BOARD OR THE COMMITTEE, WHICH EVALUATES THE CONFLICT AND ITS POTENTIAL IMPACT ON THE DIRECTOR'S PARTICIPATION ON THE BOARD OR ON CERTAIN ISSUES THAT MAY COME BEFORE THE BOARD. AFTER CONSULTATION WITH COUNSEL, THE COMMITTEE WILL TAKE ACTION, IF APPROPRIATE AND NECESSARY, TO ADDRESS ANY SUCH CONFLICT IN A MANNER CONSISTENT WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY.

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 15	<p>THE BOARD OF DIRECTORS OF WOMEN & INFANTS HOSPITAL OF RHODE ISLAND ("WIH") HAS A COMMITTEE OF DIRECTORS 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 THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING 1 THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2 THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3 THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION' CONCURRENTLY WITH MAKING THAT DETERMINATION THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS, EACH OF WHOM ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILARLY SIZED HEALTHCARE SYSTEMS AND HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING, BUT NOT LIMITED TO, THE PRESIDENT/CHIEF EXECUTIVE OFFICER THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE ALSO REVIEWED BY THE CARE NEW ENGLAND HEALTH SYSTEM COMPENSATION COMMITTEE IN ADDITION, THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE WOMEN & INFANTS HOSPITAL OF RHODE ISLAND PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS</p>

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION HAS BEEN ALLOCATED A PORTION OF TAX-EXEMPT BONDS (THROUGH ITS TAX-EXEMPT PARENT CARE NEW ENGLAND HEALTH SYSTEM) TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT THE ORGANIZATION HAS REFLECTED THIS AMOUNT AS A DUE TO AFFILIATE LIABILITY ON ITS BALANCE SHEET IN CONJUNCTION WITH THE ISSUANCE OF THESE TAX-EXEMPT BONDS, THE SYSTEM'S FINANCIAL STATEMENTS WERE INCLUDED WITH THE TAX-EXEMPT BOND PROSPECTUS WHICH WAS MADE AVAILABLE TO THE GENERAL PUBLIC FOR REVIEW IN ADDITION, THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF RHODE ISLAND SECRETARY OF STATE

Identifier	Return Reference	Explanation
COMPENSATION INFORMATION DISCLOSURE	CORE FORM, PART VII AND SCHEDULE J	PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION OR A RELATED ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME AND PART-TIME EMPLOYEES OR INDEPENDENT CONTRACTORS OF THE ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF DIRECTORS IN ADDITION, CERTAIN INDIVIDUALS NOT INCLUDED IN THIS FORM 990 RECEIVED A FORM W-2 FROM THIS ORGANIZATION AND ARE REPORTED ON THE FORM 990 OF CARE NEW ENGLAND HEALTH SYSTEM, THE INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT PARENT OF THE SYSTEM BECAUSE THEY SERVE ON A FULL-TIME BASIS WORKING ON CARE NEW ENGLAND HEALTH SYSTEM MATTERS AND ARE NOT OFFICERS, DIRECTORS, KEY EMPLOYEES OR THE NEXT FIVE HIGHEST PAID EMPLOYEES OF THIS ORGANIZATION IN ADDITION, CERTAIN INDIVIDUALS ARE REPORTED ON THIS FORM 990 AND RECEIVE A FORM W-2 FROM THIS ORGANIZATION HOWEVER, THEY ALSO WORK ON A FULL TIME BASIS FOR CARE NEW ENGLAND HEALTH SYSTEM AND ARE ALSO INCLUDED ON THAT RESPECTIVE FORM 990 ANNUALLY ACCORDINGLY, JOHN M SUTHERLAND, III, GAIL COSTA, THOMAS R COURAGE, ESQ AND MAY BELLE KERNAN ARE EACH SHOWN WORKING ONE AND 55 HOURS PER WEEK ON THIS FORM 990 AND THE CARE NEW ENGLAND HEALTH SYSTEM FORM 990, RESPECTIVELY

Identifier	Return Reference	Explanation
OTHER CHANGES IN FUND BALANCE	CORE FORM, PART XI, LINE 5	OTHER CHANGES IN FUND BALANCE INCLUDE NONOPERATING EXPENDITURES, (\$696,783), NET PAYMENTS ON INTEREST RATE SWAPS, (\$1,702,116), CHANGE IN NET UNREALIZED LOSSES ON INVESTMENTS, (\$1,152,645), PENSION AND POST RETIREMENT ADJUSTMENT, (\$4,367,310), NET ASSETS RELEASED FROM RESTRICTIONS AND USED FOR PROPERTY AND EQUIPMENT PURCHASES, \$2,277,464, TRANSFERS TO RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS, (85,638), TRANSFER TO DEFERRED REVENUE, (\$1,834,250), AND NET ASSETS RELEASED FROM RESTRICTION, (\$3,942,547)

Identifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	CORE FORM, PART XII, QUESTION 2	THIS ORGANIZATION IS AN AFFILIATE OF CARE NEW ENGLAND HEALTH SYSTEM AND AFFILIATES, A TAX-EXEMPT, INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM'S PARENT ENTITY IS CARE NEW ENGLAND HEALTH SYSTEM AN INDEPENDENT BIG FOUR CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF CARE NEW ENGLAND HEALTH SYSTEM AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND SEPTEMBER 30, 2010, RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM CARE NEW ENGLAND HEALTH SYSTEM'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE SYSTEM'S CONSOLIDATED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

Identifier	Return Reference	Explanation
FINANCIAL STATEMENTS AND REPORTING	CORE FORM, PART XII, QUESTION 3	THE ORGANIZATION IS AN AFFILIATE IN THE CARE NEW ENGLAND HEALTH SY STEM AND AFFILIATES ("SY STEM') THE SY STEM ENGAGES AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A SY STEM WIDE CONSOLIDATED A-133 AUDIT THIS ORGANIZATION WAS INCLUDED IN THE SY STEM WIDE A-133 AUDIT

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DOUGLAS L JACOBS TITLE CHAIRMAN - DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT G FLANDERS JR ESQ TITLE VICE CHAIRMAN - DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KATHERINE F MCKENZIE TITLE VICE CHAIR - DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CYNTHIA S REED TITLE VICE CHAIR - DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROGER N BEGIN TITLE SECRETARY - DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN R GALVIN TITLE TREASURER - DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KATHLEEN COTE BOWLING MD TITLE DIRECTOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOANNA CAIN MD TITLE DIRECTOR (TERM 12/27/10) HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DAVID CARCIERI MD TITLE DIRECTOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LISA G CHURCHVILLE TITLE DIRECTOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SHARON CONARD WELLS TITLE DIRECTOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARGARET D FARRELL ESQ TITLE DIRECTOR HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME WILLIAM F HATFIELD TITLE DIRECTOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CONSTANCE A HOWES JD FACHE TITLE DIRECTOR - PRES/CEO/VIH HOURS 4

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LINDA R MCGOLDRICK TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.JAMES F PADBURY MD TITLE.DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MAUREEN PHIPPS MD MPH TITLE DIRECTOR HOURS 4

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.GINA RAIMONDO TITLE.DIRECTOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SATINA L SIENA MD TITLE DIRECTOR - PRESIDENT MED STAFF HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ANNE SZOSTAK TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARK MARCANTANO TITLE EXECUTIVE VICE PRESIDENT/COO HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN M SUTHERLAND III TITLE PRESIDENT - W&I INDEMNITY LTD HOURS 55

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DEBRA M PAUL CPA MBA TITLE SR VP & CFO/ASST TREASURER HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RAY MOND POWRIE MD TITLE SENIOR VICE PRESIDENT-QUALITY HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GAIL COSTA TITLE SR VP - PLANNING CNE HOURS 55

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KAREN DAVIE TITLE SR VP - PHILANTHROPY & GOV HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PAULA GILLETTE (TERM 10/10-01/11) TITLE SR VP - PATIENT CARE SERVICES HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SUSAN E MAXWELL (TERM 03/11-08/11) TITLE SR VP - PATIENT CARE SERVICES HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JAMES GILMORE (EFF 6/14/11) TITLE SR VP - PATIENT SUPPORT SVCS HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CORNELIUS GRANNAI MD TITLE VICE PRESIDENT HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS R COURAGE ESQ TITLE VICE PRESIDENT/ASST SECRETARY HOURS 57

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MAY BELLE KERNAN TITLE VP MKTG & PUBLIC RELATIONS HOURS 55

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ELIAS NEUWAHR TITLE VP-PHYS SERVICES (10/1-5/13) HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS HUGHES TITLE VP - PATIENT SUPPORT SERVICES HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PAUL HEFFERNAN TITLE VICE PRESIDENT-HR (2/14-9/30) HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.JOSEPH RODA TITLE.INTERIM VP - HR (10/1-2/13) HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME WILLIAM LAWRENCE MD TITLE CHIEF OF PATHOLOGY HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KAREN ROSENE MONTELLA MD TITLE PHYSICIAN HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PAUL DISILVESTRO MD TITLE PHYSICIAN HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RICHARD MOORE MD TITLE PHY S I C I A N HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KATHERINE WENSTROM MD TITLE DIRECTOR - MATERNAL FETAL MED HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PATRICE DIMARIO TITLE FORMER SR VP PATIENT SUPPORT HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JANET SCHIPPER TITLE FORMER OFFICER HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DANIEL MICHAUD TITLE FORMER VP - HR HOURS

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

2010

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
(1) W & I ANCILLARY SERVICES LLC 300 RICHMOND STREET PROVIDENCE, RI 02903 20-0222992	HEALTHCARE	RI	0	0	WIHRI
(2) W & I HEALTH CARE ALLIANCE LLC 300 RICHMOND STREET PROVIDENCE, RI 02903 45-2676488	HEALTHCARE	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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							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
(1) TOLL GATE INDEMNITY LTD 23 LIME TREE BAY AVE PO BOX 1051 GRAND CAYMAN KY1-11 CJ 34-2028514	FINANCIAL VEHICLE	CJ	N/A	C CORP			
(2) W & I INDEMNITY LTD 23 LIME TREE AVE PO BOX 1051 GRAND CAYMAN KY1-11 CJ 98-0159342	FINANCIAL VEHICLE	CJ	WIH	C CORP	17,909,965	95,691,443	100 000 %

Part V

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

Yes

Yes

Yes

No

No

No

No

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

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	(d) Method of determining amount involved
(1) WIH FACULTY PHYSICIANS INC	E, O	2,093,604	
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
CARE NEW ENGLAND HEALTH SYSTEM 45 WILLARD AVENUE PROVIDENCE, RI02905 05-0490997	HEALTHCARE	RI	501(C)(3)	509(A)(3)	NA		
BUTLER HOSPITAL 345 BLACKSTONE BLVD PROVIDENCE, RI02906 05-0258812	HEALTHCARE	RI	501(C)(3)	HOSPITAL	CNE		
WOMEN AND INFANTS CORPORATION 300 RICHMOND STREET PROVIDENCE, RI02903 02-2885807	HEALTHCARE	RI	501(C)(3)	509(A)(3)	CNE		
WOMEN AND INFANTS DEVELOPMENT FOUNDATION 300 RICHMOND STREET PROVIDENCE, RI02903 22-2885815	HEALTHCARE	RI	501(C)(3)	509(A)(3)	WIC		
PALOMAR GROUP INC 300 RICHMOND STREET PROVIDENCE, RI02903 05-0462378	PARKING FAC	RI	501(C)(3)	509(A)(2)	WIC		
WIH FACULTY PHYSICIANS INC 67 BRIGHAM STREET NEW BEDFORD, MA02740 04-3579432	HEALTHCARE	MA	501(C)(3)	509(A)(2)	WIH		
KENT COUNTY MEMORIAL HOSPITAL 455 TOLL GATE ROAD WARWICK, RI02886 05-0258896	HEALTHCARE	RI	501(C)(3)	HOSPITAL	CNE		
KENT HOSPITAL FOUNDATION 455 TOLL GATE ROAD WARWICK, RI02886 05-0514640	SUPPORT ORG	RI	501(C)(3)	509(A)(3)	KCMH		
KENT COUNTY VNA DBA VNA OF CNE 51 HEALTH LANE WARWICK, RI02886 05-0242659	HEALTHCARE	RI	501(C)(3)	170B1AIII	CNE		
HEALTHTOUCH INC 51 HEALTH LANE WARWICK, RI02886 05-0514949	HEALTHCARE	RI	501(C)(3)	509(A)(2)	KCVNA		

TY 2010 Earnings and Profits Other Adjustments Statement

Name: WOMEN & INFANTS HOSPITAL OF RI

EIN: 05-0258937

Description	Amount
LOSS & IOSS ADJUSTMENT EXPENSE INCURRED	9,177,456
UNREALIZED LOSS ON INVESTMENT	5,508,874

**TY 2010 Earnings and Profits Other
Adjustments Statement**

Name: WOMEN & INFANTS HOSPITAL OF RI
EIN: 05-0258937

Description	Amount
PREMIUMS EARNED	13,228,683

TY 2010 Itemized Other Current Liabilities Schedule

Name: WOMEN & INFANTS HOSPITAL OF RI

EIN: 05-0258937

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		UNEARNED PREMIUMS	6,011,520	5,113,338

**TY 2010 Itemized Other Current Assets
Schedule****Name:** WOMEN & INFANTS HOSPITAL OF RI**EIN:** 05-0258937

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		PREMIUM RECEIVABLE	8,326,113	8,569,001
		ACRRUED INTEREST RECEIVABLE	7,679	12,226
		PREPAID EXPENSES	21,345	17,863

TY 2010 Other Deductions Schedule**Name:** WOMEN & INFANTS HOSPITAL OF RI**EIN:** 05-0258937

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
UNREALIZED LOSSES ON INVESTMENTS		5,508,874
GENERAL & ADMINISTRATIVE EXPENSES		1,628,042
LOSSES PAID & LOSS EXPENSES		8,011,402
CHANGE IN RESERVES - LOSS & ADJ EXP		1,166,054

TY 2010 Itemized Other Investments Schedule

Name: WOMEN & INFANTS HOSPITAL OF RI

EIN: 05-0258937

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		MARKETABLE SECURITIES	84,875,608	83,852,974

TY 2010 Itemized Other Liabilities Schedule**Name:** WOMEN & INFANTS HOSPITAL OF RI**EIN:** 05-0258937

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		LOSSES PAYABLE	351,590	397,917
		OUTSTANDING LOSS RESERVES & IBNR	58,189,400	59,355,454

TY 2010 Other Income Statement**Name:** WOMEN & INFANTS HOSPITAL OF RI**EIN:** 05-0258937

Description	Foreign Amount	Amount
REALIZED GAIN ON INVESTMENTS		4,405,144

Care New England Health System and Affiliates

**Consolidated Financial Statements with
Supplementary Consolidating Information
September 30, 2011 and 2010**

Care New England Health System and Affiliates

Index

September 30, 2011 and 2010

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Report of Independent Auditors

To the Board of Trustees
Care New England Health System

In our opinion, the accompanying consolidated balance sheet and the related consolidated statement of operations, changes in net assets and cash flow present fairly, in all material respects, the financial position of Care New England Health System and Affiliates ("Care New England") at September 30, 2011, and the consolidated results of their operations, changes in their net assets and their cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America. These financial statements are the responsibility of the Care New England's management, our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit of these statements in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion. The financial statements of Care New England as of September 30, 2010 and for the year then ended were audited by other auditors whose report dated December 23, 2010 expressed an unqualified opinion on those statements.

Our audit was conducted for the purpose of forming an opinion on the 2011 consolidated financial statements taken as a whole. The supplementary consolidating information included on page 39 to 42 is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations of the individual affiliates. Accordingly, we do not express an opinion on the financial position and results of operations of the individual affiliates. However, the consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and, in our opinion, is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole.

PricewaterhouseCoopers LLP

December 22, 2011

Care New England Health System and Affiliates
Consolidated Balance Sheets
September 30, 2011 and 2010

	2011	2010
Assets		
Current assets		
Cash and cash equivalents	\$ 42,228,189	\$ 78,907,705
Investments	30,538,218	2,846,997
Patient accounts receivable, net of allowance for uncollectible accounts of \$32,567,214 in 2011 and \$31,296,045 in 2010	95,824,246	81,031,735
Other receivables	19,185,236	12,799,246
Pledges receivable, net	1,660,823	1,303,759
Other current assets	9,490,236	9,503,750
Current portion of assets whose use is limited	4,080,531	3,530,085
Total current assets	<u>203,007,479</u>	<u>189,923,277</u>
Assets whose use is limited or restricted as to use		
Endowment funds	34,993,047	36,763,760
Board-designated funds	80,223,173	76,029,006
Trustee-held funds	160,618,076	137,210,575
Deferred compensation funds	4,351,646	3,940,457
Total assets limited as to use	<u>280,185,942</u>	<u>253,943,798</u>
Less Amounts required to meet current obligations	<u>(4,080,531)</u>	<u>(3,530,085)</u>
Noncurrent assets limited as to use	<u>276,105,411</u>	<u>250,413,713</u>
Property, plant and equipment, net	250,795,543	253,227,303
Pledges receivable, net	2,963,287	1,285,438
Investments	6,595,191	19,817,913
Other assets	1,979,554	1,170,918
Total assets	<u>\$ 741,446,465</u>	<u>\$ 715,838,562</u>
Liabilities and Net Assets		
Current liabilities		
Accounts payable and accrued expenses	\$ 95,317,221	\$ 101,389,513
Current portion of estimated third-party payor settlements and advances	14,509,100	15,189,402
Current portion of long-term debt and capital leases	5,913,883	5,976,801
Pension liability	11,378,200	2,426,552
Interest rate swaps	-	1,104,629
Other current liabilities	6,897,169	4,634,608
Total current liabilities	<u>134,015,573</u>	<u>130,721,505</u>
Long-term liabilities		
Self-insurance reserves	117,916,536	104,137,560
Long-term portion of estimated third-party payor settlements and advances	19,656,544	20,713,406
Long-term debt and capital leases	105,966,325	86,039,506
Pension liability	54,526,947	47,441,341
Postretirement liability	1,973,659	2,396,079
Interest rate swaps	11,356,534	8,712,219
Other liabilities	7,456,846	8,393,891
Total long-term liabilities	<u>318,853,391</u>	<u>277,834,002</u>
Net assets		
Unrestricted	223,493,967	242,068,773
Temporarily restricted	46,947,206	46,682,612
Permanently restricted	18,136,328	18,531,670
Total net assets	<u>288,577,501</u>	<u>307,283,055</u>
Total liabilities and net assets	<u>\$ 741,446,465</u>	<u>\$ 715,838,562</u>

The accompanying notes are an integral part of these financial statements

Care New England Health System and Affiliates
Consolidated Statements of Operations
Years Ended September 30, 2011 and 2010

	2011	2010
Revenues and gains		
Net patient service revenue	\$ 755,046,092	\$ 730,762,119
Net assets released from restrictions and used for operations	2,995,386	7,843,614
Research revenue	28,456,839	28,954,976
Other revenue	54,588,515	37,709,538
Total revenues and gains	<u>841,086,832</u>	<u>805,270,247</u>
Operating expenses		
Salaries and benefits	526,523,654	502,912,902
Supplies and other expenses	150,237,859	139,539,901
Research expenses	28,599,517	28,961,381
Depreciation and amortization	27,521,712	27,599,900
Insurance	29,603,122	21,595,578
Licensure fee	30,712,398	27,866,534
Interest	1,278,350	1,254,472
Provision for uncollectible accounts	31,931,088	36,700,064
Total operating expenses	<u>826,407,700</u>	<u>786,430,732</u>
Income from operations	<u>14,679,132</u>	<u>18,839,515</u>
Nonoperating gains (losses)		
Investment income on assets limited as to use	3,246,158	2,418,733
Unrestricted gifts and bequests	645,990	489,569
Change in fair value of interest rate swaps	(1,539,686)	(3,675,851)
Net payments on interest rate swaps	(2,463,050)	(2,477,873)
Change in net unrealized (losses) gains on investments	(12,679,303)	10,490,064
Nonoperating expenditures	(1,886,229)	(1,553,979)
Net nonoperating (losses) gains	<u>(14,676,120)</u>	<u>5,690,663</u>
Excess of revenues and gains over expenses and losses	3,012	24,530,178
Other changes in unrestricted net assets		
Pension and postretirement adjustment	(19,355,459)	(12,672,250)
Net assets released from restrictions used for purchase of property, plant and equipment	3,419,281	4,792,191
Transfer to deferred revenue	(2,641,640)	-
Others	-	47,703
(Decrease) increase in unrestricted net assets	<u>\$ (18,574,806)</u>	<u>\$ 16,697,822</u>

The accompanying notes are an integral part of these financial statements

Care New England Health System and Affiliates
Consolidated Statements of Changes in Net Assets
Years Ended September 30, 2011 and 2010

	2011	2010
Unrestricted net assets		
Excess of revenues over expenses	\$ 3,012	\$ 24,530,178
Other changes in unrestricted net assets		
Pension and postretirement adjustment	(19,355,459)	(12,672,250)
Net assets released from restrictions used for purchase of property, plant and equipment	3,419,281	4,792,191
Transfer to deferred revenue	(2,641,640)	-
Others	-	47,703
(Decrease) increase in unrestricted net assets	<u>(18,574,806)</u>	<u>16,697,822</u>
Temporarily restricted net assets		
Contributions	7,114,804	11,389,097
Income from investments	908,944	709,262
Net realized and unrealized (losses) gains from investments	(1,344,487)	1,436,561
Net assets released from restrictions	<u>(6,414,667)</u>	<u>(13,525,190)</u>
Increase in temporarily restricted net assets	<u>264,594</u>	<u>9,730</u>
Permanently restricted net assets		
Net realized and unrealized (losses) gains from investments	(499,422)	734,967
Contributions	<u>104,080</u>	<u>152,635</u>
(Decrease) increase in permanently restricted net assets	<u>(395,342)</u>	<u>887,602</u>
(Decrease) increase in net assets	<u>(18,705,554)</u>	<u>17,595,154</u>
Net assets		
Beginning of year	<u>307,283,055</u>	<u>289,687,901</u>
End of year	<u>\$ 288,577,501</u>	<u>\$ 307,283,055</u>

The accompanying notes are an integral part of these financial statements

Care New England Health System and Affiliates
Consolidated Statements of Cash Flows
Years Ended September 30, 2011 and 2010

	2011	2010
Operating activities		
Change in net assets	\$ (18,705,554)	\$ 17,595,154
Adjustments to reconcile change in net assets to net cash (used in) provided by operating activities		
Pension and postretirement adjustment	19,355,459	12,672,250
Depreciation and amortization	27,521,712	27,599,900
Provision for bad debt	31,931,088	36,700,064
Change in fair value of interest rate swaps	1,539,686	3,675,851
Income and gains on assets limited as to use	(3,246,158)	(2,418,733)
Net unrealized (gains) losses on investments	12,679,303	(10,490,064)
Restricted contributions and investment income	395,342	(887,602)
Changes in		
Patient accounts receivable	(46,723,599)	(37,925,476)
Investments	(60,912,110)	(9,738,889)
Other current and long-term assets	(9,216,025)	1,345,372
Accounts payable and accrued expenses	(6,072,292)	14,292,564
Estimated third-party payor settlements	(1,737,164)	(5,378,105)
Deferred revenue and other liabilities	1,325,516	(1,460,902)
Net pension liability	(3,740,625)	(5,990,571)
Self-insurance reserves	13,778,976	1,472,767
Net cash (used in) provided by operating activities	<u>(41,826,445)</u>	<u>41,063,580</u>
Investing activities		
Purchase of property and equipment	(25,089,952)	(23,943,062)
Purchase of investments	(9,900,000)	-
Proceeds from the sale of investments	20,668,322	-
Net cash used in investing activities	<u>(14,321,630)</u>	<u>(23,943,062)</u>
Financing activities		
Proceeds from long-term debt	28,000,000	4,899,749
Payments on long-term debt	(8,136,099)	(7,161,920)
Restricted contributions to be used for long-term investments and investment income	<u>(395,342)</u>	<u>887,602</u>
Net cash provided by (used in) financing activities	<u>19,468,559</u>	<u>(1,374,569)</u>
Net (decrease) increase in cash and cash equivalents	<u>(36,679,516)</u>	<u>15,745,949</u>
Cash and cash equivalents		
Beginning of year	<u>78,907,705</u>	<u>63,161,756</u>
End of year	<u>\$ 42,228,189</u>	<u>\$ 78,907,705</u>
Supplemental disclosures of cash flow information		
Cash paid for interest	\$ 1,215,630	\$ 1,355,785

The accompanying notes are an integral part of these financial statements

Care New England Health System and Affiliates

Notes to Consolidated Financial Statements

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1. Description of Organization

Corporate Structure

Care New England Health System (“CNE”, “Care New England”, or the “Health System”), a not-for-profit corporation, was established in February 1996 as the holding company for the development of an integrated delivery network which consists of Butler Hospital, Kent County Memorial Hospital, and Women & Infants Hospital of Rhode Island (collectively, the “Hospitals”), and the Kent County Visiting Nurse Association, d/b/a VNA of Care New England (the “Agency”)

The accompanying consolidated financial statements include the accounts of Care New England and its affiliates, over which Care New England has corporate governance

- Butler Hospital (“Butler”) and its affiliates, Carriage House, LLC (“Carriage”), and Butler Hospital Allied Medical Services, LLC
- Kent County Memorial Hospital (“Kent”) and its affiliates, Kent Hospital Foundation, Kent Ancillary Services, LLC, Affinity Physicians, LLC, and Toll Gate Indemnity, Ltd (“Toll Gate”)
- Women & Infants Corporation (“WIC”) and its affiliates, Women & Infants Development Foundation, Palomar Group, Inc (“Palomar”), Women & Infants Hospital of Rhode Island (“WIH”), WIH Faculty Physicians, Inc, Women & Infants Ancillary Services, LLC, Women & Infants Health Care Alliance, LLC, and W&I Indemnity, Ltd (“W&I Indemnity”)
- Kent County Visiting Nurse Association and its affiliate, Healthtouch, Inc (together, the “Agency”)
- Care New England Wellness Centers, LLC

Significant intercompany accounts have been eliminated in consolidation

Mission and Nature of Business

Care New England is dedicated to building an exemplary health care system. Care New England supports the three Hospitals, the Agency, and affiliated organizations

The mission of Butler Hospital is to provide treatment for psychiatric illness in an atmosphere of dignity and respect, and to contribute to knowledge through education and research, while continuously improving the ways Butler serves its patients and the community. Butler is a 117-bed, not-for-profit psychiatric teaching hospital, affiliated with the Warren Alpert Medical School of Brown University, providing services for the care of patients from Rhode Island and nearby Massachusetts. As a complement to its role in service and education, Butler actively supports research by members of its staff. Butler is accredited by The Joint Commission (“TJC”).

The mission of Kent County Memorial Hospital is to continually improve the health and well-being of the people and communities it serves, offering its essential services without regard for the ability to pay. Kent is a 359-bed, not-for-profit general hospital providing a full range of services for the acute care of patients principally from Kent County, Rhode Island. Kent is affiliated with, and provides clinical training to, the students of the University of New England College of Osteopathic Medicine, and currently operates American Osteopathic Association approved residency programs in emergency medicine, family practice, internal medicine, and a fellowship program in hyperbaric medicine. Kent is accredited by TJC and the Commission on Accreditation of Rehabilitation Facilities. Toll Gate, a wholly owned subsidiary of Kent insures primary and excess hospital

Care New England Health System and Affiliates

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professional and general liability risks for the Hospital and its employees on an occurrence basis. Toll Gate insures the Hospital's contractual liability (pursuant to certain Indemnification Agreements) arising from employed physicians' professional liability on both a claims-made and occurrence basis. Toll Gate also insures the Hospital's contractual liability (pursuant to certain Indemnification Agreements) arising from community physicians' professional liability on both a claims-made and occurrence basis.

The mission of Women & Infants Corporation is to support Women & Infants Hospital of Rhode Island and all other affiliated organizations. The mission of Women & Infants Hospital of Rhode Island is to improve the health and well-being of women and infants, and to provide essential services regardless of ability to pay. WIH is a 247-bed, not-for-profit regional center for women and infants' care in Rhode Island and southern New England. Among other university affiliations, Women & Infants is the primary teaching affiliate of the Warren Alpert Medical School of Brown University in obstetrics, gynecology and newborn pediatrics along with related sub-specialty and internal medicine services. As a complement to its role in service and education, WIH actively supports research by members of its staff. WIH is accredited by TJC. W&I Indemnity is a wholly owned subsidiary of WIH. W&I Indemnity insures excess hospital professional liability risks for the Hospital and its employees on an occurrence basis, and excess hospital professional liability risks for the Care New England Health System solely to the extent not covered by commercial insurance purchased by Care New England, Butler, or Kent. W&I Indemnity insures the Hospital's contractual liability (pursuant to certain Indemnification Agreements) arising from employed physicians' and residents' medical malpractice liability on an occurrence basis. W&I Indemnity also insures the Hospital's contractual liability (pursuant to certain Indemnification Agreements) arising from community physicians' medical malpractice liability on both a claims-made and occurrence basis.

The mission of Kent County Visiting Nurse Association is to provide and administer a comprehensive, multidisciplinary, therapeutic, hospice, and public health nursing program. The Agency is a not-for-profit corporation, providing home care services to the residents of Rhode Island and nearby Massachusetts. Healthtouch, Inc. is a not-for-profit corporation providing private duty nursing and personal care services, primarily to residents of Rhode Island.

2. Significant Accounting Policies

Basis of Presentation

The accompanying consolidated financial statements have been prepared on the accrual basis and in accordance with accounting principles generally accepted in the United States of America ("GAAP") and in accordance with the reporting principles of not-for-profit accounting as defined by Not-for-Profit Entities and the American Institute of Certified Public Accountants ("AICPA") Audit and Accounting Guide for Health Care Organizations.

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenues and expenses during the reporting period. Significant estimates are made in the areas of patient accounts receivable, accruals for settlements with third-party payors, incurred but not reported liabilities for health insurance, workers' compensation, and medical malpractice insurance, and other accrued expenses. Actual results could differ from those estimates.

Care New England Health System and Affiliates

Notes to Consolidated Financial Statements

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Cash and Cash Equivalents

Care New England considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents, excluding amounts whose use is limited by the Boards of Trustees (the "Boards") designation or other arrangements under trust agreements

Investments

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated balance sheets. Investment income or loss (including realized and unrealized gains and losses on investments, other-than-temporary impairments in the value of securities, interest, and dividends) is included in the excess of revenues and gains over expenses unless the income or loss is restricted by donor or law.

Kent, WIH and the Agency follow the practice of pooling resources of unrestricted and restricted assets for long-term investment purposes. The investment pool is operated on the market value method whereby each participating fund is assigned a number of units based on the percentage of the pool it owns at the time of entry. Income, gains, and losses of the pool are allocated to the funds based on their respective participation in the pool.

Alternative investments (nontraditional, not readily marketable holdings) include hedge funds. Alternative investment interests generally are structured such that the Health System holds a limited partnership interest. The Health System's ownership structure does not provide for control over the related investees, and the Health System's financial risk is limited to the carrying amount reported for each investee, in addition to any unfunded capital commitment. There are no future funding commitments for alternative investments at September 30, 2011.

Individual investment holdings within the alternative investments include nonmarketable and market-traded debt and equity securities, and interests in other alternative investments. The Health System may be exposed indirectly to securities lending, short sales of securities, and trading in futures and forward contracts, options, and other derivative products. Alternative investments often have liquidity restrictions under which the Health System's capital may be divested only at specified times. The Health System's liquidity restrictions may be up to 90 days for certain investments. Liquidity restrictions may apply to all or portions of a particular invested amount. The Health System's policy is to record its ownership interest in certain alternative investments of less than 5% at cost.

Financial information used by the Health System to evaluate its alternative investments is provided by the investment manager or general partner, and includes fair value valuations (quoted market prices and values determined through other means) of underlying securities and other financial instruments held by the investee, and estimates that require varying degrees of judgment. The financial statements of the investee companies are audited annually by independent auditors, although the timing for reporting the results of such audits does not coincide with the Health System's annual financial statement reporting.

There is uncertainty in the valuation for alternative investments arising from factors such as lack of active markets (primary and secondary), lack of transparency into underlying holdings, and time lags associated with reporting by investee companies. As a result, there is at least a reasonable possibility that estimates will change in the near term.

Care New England Health System and Affiliates

Notes to Consolidated Financial Statements

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Income and realized net gains (losses) on investments of endowments and specific purpose funds are reported as follows

- Increases (decreases) in permanently restricted net assets if the terms of the gift require that they be added to the principal of permanently restricted net assets,
- Increases (decreases) in temporarily restricted net assets if the terms of the gift impose restrictions on the use of the income or the income has not yet been appropriated, or
- Increases (decreases) in the unrestricted net assets in all other cases

Assets Limited as to Use

Assets limited as to use primarily include endowment funds, assets held by trustees under indenture agreements and insurance programs, deferred compensation arrangements, and designated assets set aside by one or more of the Boards, over which the Boards retain control and may, at their discretion, subsequently use for other purposes. Amounts required to meet current obligations of the Hospitals have been reclassified to current assets.

Inventories

Inventories of drugs and supplies are stated at the lower of cost (first-in, first-out) or market. Inventories of \$4,180,758 and \$3,919,717 at September 30, 2011 and 2010, respectively are included in other current assets in the consolidated balance sheets.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Donated property and equipment is recorded at fair value at the date of receipt. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. Depreciation is recorded using the straight-line method based on the estimated useful life of each class of depreciable asset, as recommended by the American Hospital Association as follows:

Buildings and improvements	5 - 40 years
Fixed and moveable equipment	3 - 20 years

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted support, and are excluded from the excess of revenues over expenses unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used, and gifts of cash or other assets that must be used to acquire long-lived assets, are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Assets recorded under capital leases are amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the asset. Such amortization is included with depreciation and amortization expense in the consolidated statements of operations.

Upon retirement or sale of assets, the cost of assets disposed of and the related accumulated depreciation are eliminated and the related gains or losses are recognized in other revenue in the consolidated statements of operations.

Care New England Health System and Affiliates

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Care New England evaluates the potential impairment of property, plant and equipment whenever events or changes in circumstances indicate that the carrying value of a group of assets may not be recoverable

Pledges

Pledges, less an allowance for uncollectible amounts, are recorded as receivables in the year made. Pledges are recorded as additions to the appropriate net asset classification

Deferred Financing Costs

Expenses related to issuance of bonds are deferred and amortized on a straight-line basis over the period during which the bonds are expected to be outstanding

Self-Insurance Reserves

The reserves for self-insured programs are estimated based on actuarial studies and the Hospitals' and industry experience. The reserves include estimates of the ultimate cost for both reported claims and claims incurred but not yet reported. The Hospitals have established separate indemnification companies and trust funds for payment of certain self-insured claims

Care New England is self-insured for losses arising from workers' compensation claims. Loss reserves are estimated based on actuarial studies, and the Health System's and industry experience

For the employees of the Hospitals and the Agency, with the exclusion of the unionized employees at Women & Infants Hospital, Care New England is self-insured for losses arising from health insurance claims. Self-insured losses for both reported claims and claims incurred but not yet reported are estimated based on actuarial studies and the Health System's actual experience

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity

Excess of Revenues Over Expenses

The consolidated statements of operations and changes in net assets include excess of revenues and gains over expenses. Changes in unrestricted net assets, which are excluded from excess of revenues and gains over expenses, consistent with industry practice, include permanent transfers of assets to and from affiliates for other than goods and services, contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets), and changes in the pension and postretirement liability

Net Patient Service Revenue

The Hospitals and the Agency have individual agreements with many third-party payors that provide payments at amounts different from their established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per-diem payments

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Net patient service revenue is reported at estimated net realizable amounts from patients, third-party payors, and others for services rendered, and includes estimated retroactive revenue adjustments due to such things as future audits and reviews. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known, or as years are no longer subject to such adjustments.

Research Revenue

Research revenue includes revenue from federal, state, institutional and other sources for the purposes of funding research activities.

Other Revenue

Other revenue includes underwriting income, rental income, cafeteria sales, laboratory services provided to nonpatients, sales of home medical equipment, vendor rebates and discounts, various services provided to physicians and other organizations and gains or losses upon the retirement or sale of assets.

Charity Care

The Health System provides care to patients who meet certain criteria under their charity care policies without charge or at amounts less than established rates. Because the Health System does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient revenue.

Contributions and Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date when the condition is satisfied. Gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions.

Unrestricted contributions are reported net of direct fundraising expenses in the consolidated statements of operations.

Income Tax Status

Care New England, the Hospitals, the Agency, Healthtouch, Women & Infants Faculty Physicians, Inc., Women & Infants Corporation, Women & Infants Development Foundation, Palomar, and Kent Hospital Foundation are not-for-profit corporations, and have been recognized as tax exempt on related income pursuant to Section 501(c)(3) of the Internal Revenue Code. W&I Indemnity, Ltd and Toll Gate Indemnity, Ltd are foreign corporations with no material tax liability. Other affiliates are single-member limited liability companies which are treated as part of their sole member for tax purposes.

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New Accounting Pronouncements

Presentation and Disclosure of Net Revenues, Provision for Bad Debts, and the Allowance for Doubtful Accounts

In July 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update 2011-7 (ASU 2011-7), *Health Care Entities: Presentation and Disclosure of Net Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts*. Under the new guidance, bad debts relating to patient service revenue will be separately disclosed in the consolidated statements of operations and reported as a component of net patient service revenue. Bad debts associated with activities other than patient service revenue will continue to be reported as an operating expense. For Care New England, ASU 2011-7 would be effective for fiscal years beginning after December 15, 2011, but early adoption is permitted. The Health System has decided not to early adopt this standard.

Postretirement Benefit Plan Assets

In March 2008, the FASB issued ASC Topic 517-20-65-2, *Employers' Disclosures about Postretirement Benefit Plan Assets*. This Topic amends ASC Topic 958-715 to provide guidance on an employer's disclosures about plan assets of a defined benefit pension or other postretirement plan. The Health System adopted the provisions of the Topic beginning with the fiscal year ended September 30, 2010.

Derivative Instruments and Hedging Activities

In March 2008, the FASB issued ASC Topic 815-10-65-1, *Disclosures about Derivative Instruments and Hedging Activities – an amendment of Topic 815-10-50* (ASC Topic 815-10-65-1). ASC Topic 815-10-65-1 builds upon the existing disclosure requirements of ASC Topic 815-10-50, *Accounting for Derivative Instruments and Hedging Activities*, by requiring enhanced disclosures about how and why an entity uses derivative instruments, how derivative instruments and related hedged items are accounted for under ASC Topic 815-10-50 and its related interpretations, and how derivative instruments and related hedged items affect an entity's financial position, financial performance, and cash flows. The Health System adopted ASC Topic 815-10-65-1 for its fiscal year ending September 30, 2010.

Reclassifications

Certain items in the 2010 financial statements have been reclassified to conform to the current year presentation.

3. Uncompensated Care and Community Services

The Health System maintains records to identify and monitor the level of charity care and community services it provides, including the amount of charges forgone for services and the estimated cost incurred to provide those services. The revenues forgone and estimated costs and expenses incurred to provide charity care for the years ended September 30 are as follows:

	2011	2010
Revenues forgone, based on established rates	\$ 35,271,183	\$ 26,405,197
Expenses and cost incurred	14,554,470	11,545,773

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In addition to the above-mentioned medical care rendered, the Health System provides numerous other services free of charge to the community. These services include such things as transporting patients to the healthcare facilities, interpretation of medical information to various languages, volunteer services to other not-for-profit agencies, emergency and disaster relief services, various health, educational, research and teaching programs, healthcare screening services, therapeutic patient services, and provision of direct services to patients with multiple psychosocial needs.

	2011	2010
Approximated revenues forgone, or cost of the services provided to the community	\$ 7,397,062	\$ 10,095,776

The Health System also provides services to other indigent patients under the Medicaid/Rite Care Program, which reimburses healthcare providers at amounts which are less than the cost of services provided to the recipients.

In addition to the cost of charity care and other community service programs, the Health System provided \$31,931,088 and \$36,700,064 for uncollectible patient accounts during the years ended September 30, 2011 and 2010, respectively.

4. Pledges Receivable

Unconditional promises to give are recorded at present value as current and long-term assets based on expected time of collection. Future expected collections of these pledges as of September 30 are as follows:

	2011	2010
Within one year	\$ 2,195,890	\$ 1,791,872
One to five years	3,650,520	2,154,974
Beyond five years	6,305	10,105
	<u>5,852,715</u>	<u>3,956,951</u>
Less: Allowance for uncollectibles	<u>(1,228,605)</u>	<u>(1,367,754)</u>
Pledges receivable, net	<u>\$ 4,624,110</u>	<u>\$ 2,589,197</u>

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5. Summary of Investments

Investments at September 30 are summarized as follows

	2011	2010
Securities, at market		
Cash and cash equivalents	\$ 29,408,878	\$ 18,480,802
Fixed income securities	75,556,136	37,580,326
Equity securities	52,244,843	67,096,178
Mutual funds	85,328,557	83,166,909
Auction rate securities	10,598,691	19,817,913
Alternative investments	35,591,407	23,052,753
Cash surrender value of life insurance	28,590,839	27,413,827
	<u>\$ 317,319,351</u>	<u>\$ 276,608,708</u>

The cash surrender value of life insurance is included in Board-designated funds

Investment return for the years ended September 30 consisted of the following

	2011	2010
Interest and dividend income	\$ 2,862,928	\$ 2,685,828
Net realized gains on sales of investments	9,885,312	2,645,146
Net change in unrealized (losses) gains	(12,679,303)	10,490,064
	<u>\$ 68,937</u>	<u>\$ 15,821,038</u>
Included in operating revenue	\$ 9,502,082	\$ 2,912,241
Included in nonoperating revenue	(9,433,145)	12,908,797
	<u>\$ 68,937</u>	<u>\$ 15,821,038</u>

Care New England, the Hospitals, and the Agency routinely invest their surplus operating funds in various overnight repurchase agreements, money market funds, and fixed income U S agency bonds, which are classified as cash and cash equivalents

Through its consolidated treasury management system, Care New England, on behalf of the Health System, has invested surplus operating cash in auction rate securities with varying maturity dates, which are backed by student loans. These loans are guaranteed for repayment by the federal government. During 2008, the auctions at which these securities were sold began to fail, requiring CNE to hold these securities indefinitely. However, payments of interest from the underlying loan pool remain current. As of September 30, 2011 and 2010, these securities are recorded as short-term and long-term investments in the consolidated balance sheets and Care New England has recorded an other-than-temporary impairment loss of \$651,310 and \$1,182,086, respectively, based on an independent valuation of the securities. During 2011, \$9,750,000 of the auction rate securities were liquidated at face value, resulting in a nonoperating gain of \$548,825. During 2010, \$3,225,000 of the auction rate securities were liquidated at face value, resulting in a nonoperating gain of \$198,359. During October, 2011, an additional \$4,250,000 were liquidated at face value, resulting in a nonoperating gain of \$246,500.

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The summary of the current and long-term fair value of the auction rate securities is as follows

	2011	2010
Current investments	\$ 4,003,500	\$ -
Long term investments	<u>6,595,191</u>	<u>19,817,913</u>
	<u>\$ 10,598,691</u>	<u>\$ 19,817,913</u>

6. Property, Plant and Equipment

A summary of property, plant and equipment at September 30 follows

	2011	2010
Land and land improvements	\$ 10,409,078	\$ 10,169,616
Buildings and improvements	345,142,240	334,879,014
Moveable equipment	<u>275,240,463</u>	<u>262,280,466</u>
Total property, plant and equipment	630,791,781	607,329,096
Less Accumulated depreciation and amortization	<u>(382,282,204)</u>	<u>(357,840,698)</u>
	248,509,577	249,488,398
Construction and projects in progress	<u>2,285,966</u>	<u>3,738,905</u>
Property, plant and equipment, net	<u>\$ 250,795,543</u>	<u>\$ 253,227,303</u>

Depreciation expense for property, plant and equipment amounted to \$27,364,023 and \$27,526,520 for the years ended September 30, 2011 and 2010, respectively

Care New England disposed of \$3,119,556 and \$1,952,944 of assets, with accumulated depreciation of \$2,922,517 and \$1,952,944 for the years ended September 30, 2011 and 2010, respectively. The net book value was written off and reflected in the consolidated statements of operations.

During May 2010, Kent received a Certificate of Need approval from the Rhode Island Department of Health to construct and relocate its outpatient surgical suites to one floor of a two-story medical building being built on its campus by a private developer. The Certificate of Need also includes lobby renovations, the construction of a connector to the main hospital building, and the construction of a 10-bed short stay nursing unit in the vacated outpatient surgery space. The project is being funded through the issuance of tax-exempt debt and philanthropic donations. Total estimated cost of the project is \$15,000,000.

During November 2010, Butler received a Certificate of Need approval from the Rhode Island Department of Health to build a building that will house an updated Patient Assessment Service, and accommodate an increase in Butler's licensed bed complement of inpatient psychiatry beds by twenty-six. The building is being funded through the issuance of tax-exempt debt, use of equity, and philanthropic donations. Total estimated cost of the new building is \$19,126,000.

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As of September 30, 2011, the Health System estimated the total cost of completion of construction and projects in progress to be approximately \$35,444,126. The funding to complete these projects will come from Board-designated funds, philanthropic donations, tax-exempt debt, and operating cash.

WIH leases land for its facility from Rhode Island Hospital ("RIH"), for a nominal annual payment, under a 99-year lease agreement which expires December 31, 2085.

Butler owns approximately 110 acres of land, which was purchased with donated funds in the mid-19th century. This land has a book value of one dollar.

In the late 1940s, Kent acquired 57 acres of land, which is recorded at the acquisition price of \$90,165.

Conditional asset retirement obligations are recorded at \$1,650,159 and \$1,580,875 as of September 30, 2011 and 2010, respectively. These obligations are recorded in other long-term liabilities in the consolidated balance sheets. There are no assets that are legally restricted for purposes of settling asset retirement obligations. During 2011 and 2010, there were no significant retirement obligations incurred or settled. Accretion expense of \$66,284 and \$64,576 was recorded during the years ended September 30, 2011 and 2010, respectively.

7. Long-Term Debt and Capital Leases

A summary of long-term debt at September 30 is as follows:

	2011	2010
Variable rate \$46,730,000 RIHEBC 2008 Series A bonds, final maturity in 2032	\$ 41,655,000	\$ 42,985,000
Variable rate \$38,210,000 RIHEBC 2008 Series B bonds, final maturity in 2037	29,885,000	31,515,000
Fixed rate \$12,000,000 RIHEBC 2010 Series bonds, final maturity in 2031	11,793,682	-
Fixed rate \$16,000,000 RIHEBC 2011 Series bonds, final maturity in 2031	16,000,000	-
Term, \$300,000 RIHEBC equipment note, final maturity in 2014	97,058	131,919
Term, \$2,250,000 BankRI mortgage note, final maturity in 2015	-	2,006,936
Term, \$3,750,000 Bank of America mortgage note, final maturity in 2015	2,593,750	2,781,250
Term, \$4,000,000 Time Insurance Company mortgage note, final maturity in 2027	3,671,380	3,759,163
Capital lease obligations	<u>6,184,338</u>	<u>8,837,039</u>
Total long-term debt and capital lease obligations	111,880,208	92,016,307
Less: Current portion of long-term debt and capital lease obligations	<u>(5,913,883)</u>	<u>(5,976,801)</u>
Long-term debt and capital lease obligations, excluding current portion	<u>\$ 105,966,325</u>	<u>\$ 86,039,506</u>

Rhode Island Health and Educational Building Corporation (RIHEBC) Bonds

In 2008, the Health System issued RIHEBC 2008 Series A variable rate bonds of \$46,730,000. The bonds have mandatory sinking fund redemptions ranging from \$1,380,000 in 2012 to \$2,735,000 in 2032.

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In 2008, the Health System issued RIHEBC 2008 Series B variable rate bonds of \$38,210,000. The bonds have mandatory sinking fund redemptions ranging from \$1,315,000 in 2012 to \$660,000 in 2013, with a final payment of \$1,810,000 in 2037.

The proceeds from the CNE 2008 Series A bonds were used to (1) refund the outstanding CNE 2002 Series A bonds, and (2) pay certain expenses related to the issuance of the CNE 2008 Series A bonds. The proceeds from the CNE 2008 Series B bonds were used to (1) defease a portion of the outstanding CNE 2002 Series B bonds, and (2) finance a portion of WIH's Certificated of Need project consisting of the construction, equipping, and furnishing of a five-story addition to WIH's existing hospital building, (3) finance a portion of routine capital improvements, and (4) pay certain expenses related to the issuance of the CNE 2008 Series B bonds. The CNE 2002 Series B bonds were defeased by depositing a portion of the proceeds of the CNE 2008 Series B bond proceeds and money contributed by the Obligated Group members, Butler, Kent, WIC and WIH in an account held by the trustee for the CNE 2002 Series B bonds to provide funds as and when necessary to pay the principal and interest on the CNE 2002 Series B bonds. The refunding trust of \$1,208,013 has sufficient fixed income securities to meet the required payments on the outstanding balances as of September 30, 2011.

The Series A and Series B bonds bear interest at a daily, weekly, or monthly rate, which is payable on the first business day of each month, and on maturity or redemption dates and the fixed rate conversion date. In no event will the interest rate borne by the bonds exceed 10% per annum. Since issuance in 2008, the bonds have borne weekly interest rate. CNE has pledged gross receipts backed by a bank letter of credit which expires on February 1, 2015. The bonds are subject to tender at the option of the owners thereof. To the extent the tendered bonds are not able to be remarketed, the letter of credit bank has committed to purchase the bonds. Amounts advanced by the bank to pay the purchase price on bonds being purchased and not reimbursed to the bank on the date of such drawing will be converted to a credit agreement loan and amortized over three years. CNE, Butler, Kent, WIC, and WIH are jointly and severally liable for repayment.

Under the terms of the Series A and Series B revenue bonds, CNE and the Hospitals are required to make periodic debt service payments with a trustee, which are included with assets limited as to use. The revenue bond indenture and letter of credit agreement also places limits on the incurrence of additional borrowings, and require that the Obligated Group satisfy certain measures of financial performance as long as the bonds are outstanding. The Health System is required to comply with certain debt covenants under the bond agreements, including a minimum debt service coverage ratio of 1.25 to 1 and a liquidity ratio of .75 to 1. The Health System has been, and remains, compliant with these terms.

Care New England Health System and Affiliates

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In 2010, the Health System issued RIHEBC 2010 Series fixed rate bonds of \$12,000,000. The bonds have mandatory sinking fund redemptions ranging from \$424,000 in 2012 to \$813,065 in 2030, with a final payment of \$417,695 in 2031. These bonds were issued Direct Purchase Tax Exempt Bank qualified bonds. The bonds bear a fixed interest rate of 3.65% through December, 2017 with 3 year optional tenders through December, 2030. The bonds bear interest on a per annum basis with semi-annual payments based on a 20 year amortization. The proceeds from the bonds are being used by Kent to finance (i) the renovation, equipping and furnishing of existing hospital space to house a ten (10) bed short stay unit, (ii) the construction, equipping and furnishing of a 30,000 square foot ambulatory surgical center with a connection to Kent's existing hospital building and (iii) cost of issuance. CNE, Butler, Kent, WIC and WIH are jointly and severable liable for repayment. Unspent bond proceeds of \$11,486,297 are included in trustee-held funds in the consolidated balance sheet at September 30, 2011. The Health System is required to comply with certain debt covenants under the bond agreements, including a minimum debt service coverage ratio of 1.25 to 1 and a liquidity ratio of .75 to 1. The Health System has been, and remains, compliant with these terms.

In 2011, the Health System issued RIHEBC 2011 Series fixed rate bonds of \$16,000,000. The bonds have mandatory sinking fund redemptions ranging from \$607,267 in 2012 to \$1,044,574 in 2031. These bonds were issued as unrated private placement tax exempt bonds. The bonds bear a fixed interest rate of 2.99%. The bonds bear interest on a per annum basis with semi-annual payments based on a 20 year amortization. The proceeds from the bonds are being used to finance (i) the construction, equipping and furnishing of a 32,000 square foot addition of Butler's existing hospital facility, (ii) refinancing of the Bank of Rhode Island mortgage held by WIC, (iii) refinancing of certain capital leases, (iv) purchase of capital equipment, (v) capitalized interest and (vi) cost of issuance. CNE, Butler, Kent, WIC and WIH are jointly and severable liable for repayment. Unspent bond proceeds of \$11,595,442 are included in trustee-held funds in the consolidated balance sheet at September 30, 2011. The Health System is required to comply with certain debt covenants under the bond agreements, including a minimum debt service coverage ratio of 1.25 to 1 and a liquidity ratio of .75 to 1. The Health System has been, and remains, compliant with these terms.

Rhode Island Health and Educational Building Corporation Notes

In 2003, the Health System entered into a \$340,000 RIHEBC Equipment Note due March 2003 through February 2010. Monthly interest and principal installments of \$4,687 were due at a fixed interest rate of 4.25%. The note was collateralized by the equipment purchased with the proceeds by the Agency and guaranteed by the Health System.

In 2004, the Health System entered into a \$300,000 RIHEBC Equipment Note due July 1, 2004 through June 1, 2014. Monthly interest and principal installments of \$3,141 are due at a fixed interest rate of 4.72%. The note is collateralized by the equipment purchased with the proceeds by the Agency and guaranteed by the Health System.

Bank Mortgage Notes

In 2005, the Health System entered into a \$2,250,000 mortgage note with BankRI due July 2005 through June 2015. Interest and principal installments of \$14,538 are due monthly, with a final payment of \$1,734,954 due June 2015, at a fixed interest rate of 6.03%. The note was collateralized by the real estate purchased. This note was refinanced as part of the RIHEBC 2011 Series bonds. WIH was required to comply with certain debt covenants under the note agreement, including a minimum fixed charge coverage ratio of 1.15 to 1. The Health System had been compliant with these terms.

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In 2005, the Health System entered into a \$3,750,000 mortgage note with Bank of America due August 2005 through July 2015. Interest and principal installments of \$33,837 on August 1, 2005 to \$24,883 on May 5, 2015 are due monthly, with a final payment of \$1,890,625 due June 2015, at a fixed interest rate of 5.64%. The note is collateralized by the real estate purchased. The Health System is required to comply with certain debt covenants under the note agreement, including a minimum debt service coverage ratio of 1.25 to 1. The Health System has been, and remains, compliant with these terms.

In 2007, the Health System entered into a \$4,000,000 mortgage note with Time Insurance Company due October 2007 through September 2027. Interest and principal installments of \$25,261 are due monthly, with a final payment of \$1,338,527 due September 2027, at a fixed interest rate of 5.79%. The note is collateralized by the real estate purchased.

Interest Rate Swaps

CNE maintains interest rate swap programs on certain of its 2008 Series A and B variable rate revenue bonds. These bonds expose the Health System to variability in interest payments due to changes in interest rates. The Health System entered into various interest rate swap agreements to manage fluctuations in cash flows resulting from interest rate risk. These agreements involve the exchange of fixed rate payments by CNE for variable rate payments from counterparties, based on the Securities Industry and Financial Markets Association (SIFMA) Index.

In 2004, CNE entered into an interest rate swap agreement with Bank of America Investments, effectively converting the \$50,000,000 RIHEBC CNE 2002 Series A variable rate debt to a fixed rate of 2.99% for the period of October 1, 2005 through August 1, 2011.

As part of the 2008 Series A & B refinancing, CNE (1) maintained the interest rate swap agreement that was entered into in 2004 with Bank of America Investments which effectively converted \$45,400,000 of the RIHEBC CNE 2008 Series A variable rate bonds to a fixed rate of 3.02% for the period of February 1, 2008 through August 1, 2011. The notional amount of the swap at September 30, 2010 was \$42,860,000, (2) entered into an interest rate swap agreement with Deutsche Bank Group which effectively converts all of the RIHEBC CNE 2008 Series A variable rate bonds to a fixed rate of 4.216% for the period of August 1, 2011 through July 1, 2032. The notional amount of the swap at September 30, 2011 was \$41,655,000, and (3) entered into an interest rate swap agreement with Morgan Stanley Capital Services which effectively converts all of the RIHEBC CNE 2008 Series B variable rate bonds to a fixed rate of 3.857% for the period of February 1, 2008 through August 31, 2037. The notional amount of the swap at September 30, 2011 and 2010 was \$29,885,000 and \$33,765,000, respectively.

The Health System uses the interest rate swap agreements in order to manage its interest rate risk associated with its outstanding debt. These swaps effectively convert interest rates on variable rate bonds to fixed rates. The interest rate swap agreements meet the definition of derivative instruments. However, the change in the market value and cash flow impact of the derivative instruments are accounted for as a nonoperating activity. The swaps, while serving as an economic hedge, do not qualify as an accounting hedge.

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The following table summarizes the 2008 Series A and B debt activity for the fiscal years ended September 30

	2011	2010
Debt outstanding		
October 1 – August 31	\$ 74,500,000	\$ 78,035,000
September 1 – September 30	\$ 71,540,000	\$ 74,500,000
Weighted-average bonds outstanding	\$ 74,253,333	\$ 77,740,417
Interest payments to bondholders plus letter of credit fees paid to bank	\$ 443,848	\$ 461,610
Net cash payments on interest rate swaps	2,463,050	2,477,873
	\$ 2,906,898	\$ 2,939,483
Effective interest rate	3.91 %	3.78 %
Market value of swap agreements at September 30	\$ (11,356,534)	\$ (9,816,848)
Change in market value of swap agreements	\$ (1,539,686)	\$ (3,675,851)

Scheduled principal repayments on long-term debt are as follows for the years ended September 30

2012	\$ 4,032,647
2013	3,462,863
2014	3,570,614
2015	5,508,585
2016	3,599,783
Thereafter	85,521,378
	<u>\$ 105,695,870</u>

Care New England had available \$15,000,000 during 2010 and through August 12, 2011 through a line of credit with a financial institution. There were no outstanding balances on the line of credit as of September 30, 2011 and 2010.

The Hospitals classify certain noncancelable leases as capital leases, and include the property under lease in their property and equipment. Amortization expense for these assets is included in depreciation and amortization expenses in the consolidated statements of operations and changes in net assets. Ownership of the leased property converts to the Hospitals at the end of the lease term. Assets and related accumulated depreciation under the capital leases are included in property, plant and equipment (Note 6).

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Future minimum lease payments due under capital lease arrangements are as follows

2012	\$ 2,239,991
2013	1,904,260
2014	1,317,236
2015	724,492
2016	224,155
Thereafter	<u>1,288,488</u>
Total minimum lease payments	7,698,622
Less Amount representing interest	<u>1,514,284</u>
Capital lease obligations at September 30, 2011	<u>\$ 6,184,338</u>

8. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes or periods at September 30

	2011	2010
Healthcare services	\$ 17,671,618	\$ 17,360,187
Healthcare research	6,785,050	6,816,908
General purposes	7,306,745	7,761,408
Indigent care	2,483,848	2,617,636
Health education	1,945,865	2,000,500
Plant replacement and expansion	6,547,723	3,887,073
Endowment	3,254,498	3,550,816
Other	<u>951,859</u>	<u>2,688,084</u>
Total temporarily restricted net assets	<u>\$ 46,947,206</u>	<u>\$ 46,682,612</u>

Permanently restricted net assets at September 30 are restricted investments to be held in perpetuity

	2011	2010
Plant replacement and expansion	\$ 10,074,539	\$ 10,574,465
Indigent care	877,018	874,506
General purposes	1,603,481	1,603,481
Research	560,279	554,191
Healthcare services	4,007,497	3,918,334
Health education	<u>1,013,514</u>	<u>1,006,693</u>
Total permanently restricted net assets	<u>\$ 18,136,328</u>	<u>\$ 18,531,670</u>

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The Health System follows the requirements of the Rhode Island enacted version of the Uniform Prudent Management of Institutional Funds Act of 2006 as they relate to its permanently restricted endowments. The Health System's endowments consist of numerous individual funds established for a variety of purposes. Its endowments consist solely of donor-restricted endowment funds. As required by U.S. generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

The Health System classifies restricted donor funds in accordance with the laws of the State of Rhode Island and generally accepted accounting principles. The Health System classifies as permanently restricted net assets (1) the original value of gifts donated to the permanent endowment, (2) the original value of subsequent gifts to the permanent endowment, and (3) 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 funds that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure. The Health System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the fund, (2) the purpose of the Health System and the donor-restricted endowment fund, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, and (6) the investment policies of the Health System.

For the year ended September 30, 2011, the Health System had the following changes in the endowment net assets:

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets at beginning of year	\$ 17,801,565	\$ 7,957,205	\$ 25,758,770
Investment return			
Investment income	333,250	504	333,754
Net appreciation (realized and unrealized)	(1,066,399)	-	(1,066,399)
Total investment return	(733,149)	504	(732,645)
Contributions	(37,149)	104,080	66,931
Appropriation of endowment assets for expenditure	(328,291)	-	(328,291)
Endowment net assets at end of year	\$ 16,702,976	\$ 8,061,789	\$ 24,764,765

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For the year ended September 30, 2010, the Health System had the following changes in the endowment net assets

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets at beginning of year	\$ 21,172,035	\$ 7,804,023	\$ 28,976,058
Investment return			
Investment income	416,852	547	417,399
Net appreciation (realized and unrealized)	1,554,990	-	1,554,990
Total investment return	1,971,842	547	1,972,389
Contributions	2,394,766	152,635	2,547,401
Appropriation of endowment assets for expenditure	(2,535,646)	-	(2,535,646)
Endowment net assets at end of year	\$ 23,002,997	\$ 7,957,205	\$ 30,960,202

In addition to permanently restricted endowments, Kent is an income beneficiary of various trusts. On September 30, 2011 and 2010, the market value of the trust assets, which are recorded as permanently restricted net assets, totaled \$10,074,539 and \$10,574,465, respectively. Distributions of income are made at the discretion of the trustees.

It is the policy of the Health System that any appropriations from the appreciation in endowment funds are periodically requested of and approved by the Board of Trustees.

The Boards have responsibility for formulating investment policy. The investment policy is to invest in a conservative asset portfolio with minimal investment risk. Certain funds are included in a consolidated long term investment pool and invested in accordance with the investment strategy, authorized by the Boards.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Health System to retain as a fund of perpetual duration. Deficiencies of this nature that are reported in unrestricted net assets are immaterial as of September 30, 2011 and 2010. These deficiencies resulted from unfavorable market fluctuations. The individual donor-restricted endowment funds with deficiencies will retain future income and appreciation to restore the required fair value of the assets.

During fiscal 2011 and 2010, net assets were released from donor restrictions by incurring expenses satisfying the following restricted purposes:

	2011	2010
Healthcare services	\$ 1,541,279	\$ 5,771,899
Healthcare research	18,205	1,118,390
Plant replacement and expansion	3,419,281	4,792,191
Other	1,046,630	1,520,773
Health education	282,197	213,630
Indigent care	107,075	108,307
Total net assets released from restrictions	\$ 6,414,667	\$ 13,525,190

Care New England Health System and Affiliates

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9. Retirement Plans

The Health System has two separate pension plans. One plan covers the employees of CNE and the Hospitals, with the exception of the unionized employees of WIH (who are covered under a multiemployer union plan) and certain WIH-employed physicians. The other plan covers the employees of the Agency.

Care New England Pension Plan

The Care New England Pension Plan (the "Plan"), established on October 1, 1998, is a defined benefit cash balance plan that covers all of the employees of CNE, and all of the Hospitals' employees, with the exception of the unionized employees and certain employed physicians at WIH. The benefits for the unionized employees at Butler are computed under a separate formula that was in effect when the Butler plan was a standalone noncontributory defined benefit plan. The Hospitals incur and fund their respective pension plan expenses within the guidelines established by the Employee Retirement Income Security Act of 1974.

The Care New England Board of Trustees voted, on September 23, 2010, to freeze the Plan effective December 31, 2010 for all employees with the exception of the Butler unionized employees. Effective December 31, 2010, compensation paid to a participant shall be disregarded for plan purposes, except for purposes related to determining benefits for the unionized employees at Butler. In addition, a participant's cash balance account will only increase annually for interest credit. As a result, the System realized a gain on the curtailment of the Plan in the fiscal year ending September 30, 2010 of \$3,194,728, which is recorded in pension expense. In connection with the Plan freeze, the Health System will enhance contributions to the Care New England 403(b) Match and Savings Plan.

Included in cumulative changes in unrestricted net assets at September 30, 2011 that has not yet been recognized in net periodic pension cost is an actuarial loss of \$70,950,846. Included in changes in unrestricted net assets at September 30, 2010 that has not yet been recognized in net periodic pension cost is an actuarial loss of \$52,006,974.

The actuarial loss included as cumulative changes in unrestricted net assets and expected to be recognized in net periodic pension cost during the fiscal year ended September 30, 2012 is \$1,471,248.

Net periodic pension cost includes the following components at September 30

	2011	2010
Service cost	\$ 4,078,458	\$ 10,360,836
Interest cost	11,114,337	10,601,834
Expected return on plan assets	(13,523,703)	(13,150,540)
Amortization of prior service cost	-	(728,403)
Amortization of loss	1,012,569	1,906,636
Net periodic pension expenses	<u>\$ 2,681,661</u>	<u>\$ 8,990,363</u>
Curtailment	\$ -	\$ 3,194,728

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The assumptions used to determine net periodic benefit cost for the years ended September 30 are as follows

	2011	2010
Discount rate	5.26 %	5.50 %
Expected return on assets	7.75	8.25
Rate of compensation increase	4.00	4.00

The following table presents a reconciliation of the beginning and ending balances of the plan projected benefit obligations, fair value of plan assets, funded status, and accumulated other comprehensive income (AOCI) of the plan as of September 30

	2011	2010
Changes in benefit obligations		
Projected benefit obligations at beginning of period	\$ 216,299,180	\$ 197,178,743
Service cost	4,078,458	10,360,836
Interest cost	11,114,337	10,601,834
Actuarial loss	4,380,881	13,714,782
Benefits and expenses paid	(14,818,634)	(13,608,066)
Curtailment	-	(1,948,949)
Projected benefit obligations at end of period	<u>\$ 221,054,222</u>	<u>\$ 216,299,180</u>
Changes in plan assets		
Fair value of plan assets at beginning of period	\$ 170,778,388	\$ 156,816,240
Actual return on plan assets	(2,059,857)	15,087,214
Employer contributions	15,325,000	12,475,000
Benefits and expenses paid	(14,818,634)	(13,608,066)
Fair value of plan assets at end of period	<u>\$ 169,224,897</u>	<u>\$ 170,770,388</u>
Funded status		
Total pension liability	\$ (51,829,325)	\$ (45,528,792)
Accumulated benefit obligation	218,932,069	214,765,024
Unrestricted net assets		
Unrestricted net assets at beginning of period	\$ 52,006,974	\$ 40,161,320
Less amounts amortized during the year		
Net prior service credit	-	(3,923,131)
Net loss	1,012,569	3,855,585
Plus amounts occurring during the year		
Net loss	19,956,441	11,778,108
Unrestricted net assets at end of period	<u>\$ 70,950,846</u>	<u>\$ 52,006,974</u>

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The assumptions used to develop the projected benefit obligation as of September 30 are as follows

	2011	2010
Discount rate	5.03 %	5.26 %
Rate of compensation increase	4.00 %	4.00 %

Plan Assets

The Plan's investment objectives are to achieve long-term growth in excess of inflation, and to provide a rate of return that meets or exceeds the actuarial expected long-term rate of return on plan assets. In order to minimize risk, the Plan attempts to minimize the variability in yearly returns. The Plan diversifies its holdings among sectors, industries, and companies. No more than 6% of the Plan's portfolio (measured on market value) may be held in an individual company's stocks or bonds.

To develop the expected long-term rate of return on plan assets assumption, the Health System considered the historical return and the future expectations for returns for each asset class, as well as the target asset allocation of the pension portfolio.

The Health System's pension plan asset allocations (based on market value) at September 30, by asset category, are as follows:

Asset category	Target Allocation	Actual 2011	Actual 2010
Alternative investments	28 %	26 %	26 %
Fixed income securities	20	24	30
Equity securities	52	50	44
	<u>100 %</u>	<u>100 %</u>	<u>100 %</u>

Contributions

The Health System contributed \$15,325,000 and \$12,475,000 to the Plan in 2011 and 2010, respectively. The Health System expects to contribute \$12,250,000 to the Plan in 2012.

Estimated Future Benefit Payments

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid:

Fiscal Year	Pension Benefits
2012	\$ 15,300,000
2013	15,600,000
2014	15,700,000
2015	16,200,000
2016	16,100,000
Years 2017–2021	81,400,000

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Care New England 403(b) Match and Savings Plan

As a result of the Pension Plan Protection legislation, regulatory changes impacting matching credits previously recorded in the CNE Pension Plan were discontinued effective January 1, 2009. As a result, CNE established the Care New England 403(b) Plan to account for future matching credits. The plan covers employees that meet certain eligibility requirements. The Health System recorded an expense of \$2,904,069 and \$2,776,391 for fiscal years ended September 30, 2011 and 2010, respectively. The Health System funded \$2,682,349 and \$2,657,261 in fiscal 2011 and 2010 to the plan for the calendar year 2010 and 2009 matching credits, respectively.

Effective January 1, 2011, in connection with the freeze of the Care New England Pension Plan, the Health System will provide a nonelective contribution to participant accounts, as defined in the Plan document. Nonelective contributions will be allocated to each eligible participant based on a percentage of salary based on a combination of the recipients age and years of service, and will be credited to each such participant as of the first day of the Plan year, as further described in the Plan document. As a result, the Health System recorded an expense of \$8,941,660 for fiscal year ended September 30, 2011, which will be funded in fiscal 2012.

WIH Union Plan

Payments to a multiemployer pension plan covering union employees at WIH for the years ended September 30, 2011 and 2010 were \$7,766,513 and \$7,535,000, respectively.

Kent County Visiting Nurse Association Pension Plan

The Agency has a noncontributory defined benefit pension plan covering all employees who have satisfied certain eligibility requirements that was frozen effective December 31, 2007, and replaced with a contributory retirement savings plan. Benefits under the defined benefit plan were based on years of service and employee's compensation levels.

Included in the charge to net assets at September 30, 2011 and 2010 is an unrecognized actuarial loss of \$3,303,783 and \$2,708,723, respectively. The actuarial loss expected to be recognized in net periodic pension cost during the fiscal year ended September 30, 2012 is \$292,510.

The Agency's pension expense was \$187,497 in 2011 and \$165,914 in 2010.

The assumptions used to determine net periodic benefit cost for the years ended September 30 are as follows:

	2011	2010
Discount rate	5.00 %	5.50 %
Expected return on assets	7.50 %	7.50 %
Rate of compensation increase	N/A	N/A

The assumptions used to develop the projected benefit obligation as of September 30 are as follows:

	2011	2010
Discount rate	4.75 %	5.00 %
Rate of compensation increase	N/A	N/A

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To develop the expected long-term rate of return on plan assets assumption, the Agency considered the historical return and the future expectations for returns for each asset class, as well as the target asset allocation of the pension portfolio

Plan assets, valued at fair value, consist of 3% cash and cash equivalents and 97% mutual funds. The fair value of the Plan assets were \$5,466,732 and \$5,410,313 at September 30, 2011 and 2010, respectively.

The Agency made required contributions to the Plan of \$308,354 and \$97,165 in 2011 and 2010, respectively. The Agency is expected to make \$330,826 in contributions to the Plan during 2012. Benefit payments are expected to be paid as follows:

Fiscal Year	Pension Benefits
2012	\$ 227,000
2013	236,000
2014	246,000
2015	291,000
2016	317,000
Years 2017–2021	2,403,000

Effective January 1, 2008, the Agency established a 403(b) Retirement Savings Plan that covers employees who have met certain eligibility requirements. Discretionary contributions to the plan are based on years of service and compensation levels. For the fiscal years that ended September 30, 2011 and 2010, respectively, the Agency recorded an expense of \$244,703 and \$227,728.

10. Postretirement Plans

Kent sponsors an unfunded noncontributory defined benefit postretirement plan that provides medical and dental benefits to certain salaried and nonsalaried employees. In 1996, Kent amended the plans to eliminate benefits for all employees, except for certain employees with at least 25 years of service at that date.

Included in the charge to net assets are the following amounts that have not yet been recognized in net periodic postretirement benefit cost as of September 30, 2011 and 2010, respectively: unrecognized net transition obligation of \$354,751 and \$451,750 and unrecognized actuarial loss of \$192,355 and \$278,826. The unrecognized net transition obligation and actuarial gain expected to be recognized in net periodic postretirement costs during the fiscal year ended September 30, 2012 are \$97,000 and \$0, respectively.

The postretirement benefit cost for these plans was \$206,032 in 2011 and \$759,771 in 2010. Included in the benefit cost for the plan in 2010 was \$581,795 related to the costs of offering an early retirement program.

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11. Patient Service Revenue

For the majority of the System's revenue, the Hospitals and the Agency have agreements with third-party payors that provide for payments to the Hospitals and the Agency at amounts different from their established rates. At the time of rendering service to the patients, the Hospitals and the Agency obtain assignment of benefits payable under the patient's health insurance program, plan, or policy (e.g., Medicaid, Blue Cross, health maintenance organizations, commercial insurance, Medicare, and others). The following is a breakdown of gross patient service revenue by payor type for the years ended September 30:

	2011	2010
Medicare and Medicare Managed Care	32 %	31 %
Medicaid and Medicaid Managed Care	20	20
Blue Cross	26	26
Managed care	11	11
Self-pay	4	4
Other third-party payors	7	8
	<u>100 %</u>	<u>100 %</u>

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there will always be a possibility that the recorded estimates of net revenue could change by a significant amount in the future. The Hospitals and the Agency believe they are in compliance with all applicable laws and regulations. Cost reports filed annually with third-party payors are subject to audit prior to final settlement. The Hospitals and the Agency are compliant with all reimbursement filings. A summary of cost report activity as of September 30, 2011 is as follows:

Medicare: Cost reports for the Hospitals and the Agency have been filed through 2010, and settled through 2010 for the Agency, 2008 for Butler, and 2006 for Kent and WIH.

State of Rhode Island (Medicaid): Cost reports have been filed through 2010, and settled through 2006 for Butler, Kent and WIH.

The filing of these cost reports and associated settlements require the use of estimates. Net patient service revenue was increased by approximately \$3,286,300 and \$4,411,454 in 2011 and 2010, respectively, to reflect the changes in the estimated settlements for certain prior years.

12. Disproportionate Share

The government has long recognized the financial burdens which are borne by hospitals which serve an unusually large number, or "disproportionate share", of low-income patients. Kent and WIH received disproportionate share payments of \$27,734,289 and \$24,190,258 from the State of Rhode Island's Medicaid program for the years ended September 30, 2011 and 2010, respectively. Kent and WIH also recorded disproportionate share payments of \$4,936,177 and \$4,740,205 from Medicare during 2011 and 2010, respectively.

Care New England Health System and Affiliates

Notes to Consolidated Financial Statements

September 30, 2011 and 2010

13. Concentration of Credit Risk

As of September 30, 2011 and 2010, Care New England, the Hospitals, and the Agency had cash and cash equivalents in excess of Federal Depository Insurance limits at major financial institutions. These financial institutions have a strong credit rating, and management believes that credit risks related to these deposits are minimal.

The Hospitals and the Agency receive a significant portion of its payment for services rendered from a limited number of governmental and commercial third-party payors, including Medicare, Medicaid, and Blue Cross. The organization has not historically incurred any significant concentrated credit losses in the normal course of business.

In addition, the organizations routinely grant credit to patients without requiring collateral or other security. The mix of receivables, net of contractual allowances, from patients and third-party payors at September 30, 2011 and 2010, was as follows:

	2011	2010
Medicare and Medicare Managed Care	11 %	11 %
Medicaid and Medicaid Managed Care	29	30
Blue Cross	20	16
Managed care	12	9
Self-pay	16	19
Other third-party payors	12	15
	<u>100 %</u>	<u>100 %</u>

The Health System provides an allowance for uncollectible accounts to address the risks of nonpayment of accounts receivable.

14. Commitments and Contingencies

Operating Leases

Care New England, the Hospitals, and the Agency have entered into operating lease agreements with several vendors for the lease of certain equipment and office space. Future minimum lease payments under noncancelable operating leases as of September 30, 2011 are:

2012	\$ 5,595,458
2013	4,501,011
2014	4,048,572
2015	3,347,513
2016	3,124,235
Later years	41,854,414
Total minimum lease payments	<u>\$ 62,471,203</u>

Total rent expense for operating leases for the years ended September 30, 2011 and 2010 amounted to \$5,942,924 and \$5,545,102, respectively.

Care New England Health System and Affiliates

Notes to Consolidated Financial Statements

September 30, 2011 and 2010

Butler has entered into several agreements with various parties, mostly nonprofit organizations, to lease space on the Butler campus. Rental income in the amount of \$3,007,056 and \$2,939,233 for the fiscal years ending September 30, 2011 and 2010, respectively, is included in other operating revenue in the consolidated statements of operations.

Litigation

CNE, the Affiliates, and the Agency have been individually named as codefendants in several complaints. It is the opinion of management that the liability, if any, to CNE, the Affiliates, and the Agency in excess of insurance coverage will have no material adverse effect on the consolidated financial position of Care New England.

Collective Bargaining Agreements

At September 30, 2011, approximately 40% of the Health System's employees were covered by collective bargaining agreements. The collective bargaining agreement covering 49% of the Agency's employees will expire on May 31, 2012, and be subject to negotiation. The remaining bargaining agreements will be in effect through fiscal 2012.

15. Professional and General Liability Claims

Due to strategic and economic issues, as well as the potential for limited availability of commercial insurance policies, the Care New England entities have moved over time to covering the majority of their professional and general liability insurance to self-insured approaches. The adequacy of the coverage provided, reserves, and the funding levels are evaluated annually by independent actuaries who review the soundness of the programs and recommend future funding levels. Potential losses are estimated based on industry as well as entity experience, and a provision for these losses is recorded.

Butler annually contributes to its self-insurance trust fund to provide for risks relating to its existing actuarially calculated primary level of professional and general liabilities, as well as the tail liability related to prior claims-made coverage. Butler's professional liability coverage for claims in excess of its primary coverage limits is provided by W&I Indemnity.

Kent Hospital established Toll Gate Indemnity in 2004, as an off-shore captive insurance entity to insure primary and excess hospital professional and general liability risks, as well as to supply indemnification coverage for certain eligible medical staff.

WIH annually contributes to its self-insurance trust fund to provide for risks relating to its existing actuarially calculated primary level of professional and general liabilities, as well as the tail liability related to prior claims-made coverage.

In addition to the trust fund, WIH established W&I Indemnity in 1994, as an off-shore captive insurance entity to provide coverage for claims in excess of its underlying policy, as well as to insure the contractual liability arising from indemnification agreements with certain eligible medical staff.

The provisions for anticipated losses were based upon expected undiscounted values. Trust fund and captive assets are available for the payment of claims.

CNE Wellness Centers, LLC and the Agency purchase general and professional liability insurance from Toll Gate Indemnity.

Care New England Health System and Affiliates

Notes to Consolidated Financial Statements

September 30, 2011 and 2010

16. Other Self-Insurance Reserves

Care New England has established a workers' compensation trust fund to cover all past and future self-insured claims of workers' compensation activity for CNE, the Hospitals, and the Agency. The reserve for workers' compensation losses is based on an actuarial study and actual experience. At September 30, 2011 and 2010, the amounts accrued for estimated self-insurance costs have not been discounted.

CNE, on behalf of itself, the Hospitals, and the Agency, has entered into a self-insurance program for health insurance risks. This program covers the health insurance claims for all of CNE's, the Hospitals', and the Agency's employees, with the exception of the unionized employees at WIH. The provisions for health insurance losses are based on actuarial assumptions and actual claims experience.

17. Affiliation With Rhode Island Hospital

In 1981, RIH and WIH approved an agreement providing for the affiliation of the two Hospitals. The affiliation agreement provides for a program of shared medical services, thereby greatly increasing the scope of comprehensive acute-care services available to WIH in maternal, gynecological, and neonatal care. In accordance with the agreement, the Hospital relocated to the property of RIH.

18. Affiliation With Accredited Medical Schools

Butler and WIH are affiliated with the Warren Alpert Medical School of Brown University. The affiliation agreements provide that Butler and WIH will be the principal academic medical centers for psychiatry and healthcare unique to women and newborns, respectively. Kent is affiliated with the University of New England College of Osteopathic Medicine.

19. Functional Expenses

CNE provides healthcare services to residents within their geographic service areas. Expenses related to providing these services for the years ended September 30 are as follows:

	2011	2010
Healthcare services	\$ 660,293,951	\$ 630,931,072
General and administrative	166,113,749	155,499,660
	<u>\$ 826,407,700</u>	<u>\$ 786,430,732</u>

20. Fair Value of Financial Instruments

The Health System calculates fair value defined in ASC Topic 820 to value its financial assets and liabilities, where applicable. ASC Topic 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, and establishes a framework for measuring fair value. Topic 820 applies to other accounting pronouncements that require or permit fair value measurements, and does not require new fair value measurements. Fair value measurements are applied based on the unit of account from the reporting entity's perspective. The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated) for purposes of applying other accounting pronouncements.

Care New England Health System and Affiliates

Notes to Consolidated Financial Statements

September 30, 2011 and 2010

ASC Topic 820 establishes a three-level valuation hierarchy for disclosure of fair value measurements. The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

- Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.
- Level 2: Observable inputs that are based on inputs not quoted in active markets, but corroborated by market data.
- Level 3: Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, the Health System uses valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible, and considers nonperformance risk in its assessment of fair value.

Fair value for Level 1 is based upon quoted market prices. Fair value for Level 2 is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources, including market participants, dealers, and brokers. Fair value for Level 3 is based upon unobservable inputs for the asset (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset (including assumptions about risk).

The Health System's ownership in alternative investments is limited partnership interests in private equity funds. The value of certain alternative investments represents the ownership interest in the Net Asset Value (NAV) of the respective partnership. The NAV of the securities held by limited partnerships that do not have readily determinable fair values are determined by the general partner and are based on appraisals or other estimates that require varying degrees of judgment. If no public market exists for the investment securities, the fair value is determined by the general partner taking into consideration, among other things, the cost of the securities, prices of recent significant placements of securities of the same issuer, and subsequent developments concerning the companies to which the securities related. The Health System has performed significant due diligence around these investments to ensure NAV is an appropriate measure of fair value as of September 30.

The fair value of interest rate swap agreements is primarily determined using techniques consistent with the market approach. Significant observable inputs to valuation models include interest rates, treasury yields, and credit spreads.

Care New England Health System and Affiliates

Notes to Consolidated Financial Statements

September 30, 2011 and 2010

Financial instruments carried at fair value for the System's nonpension plan assets as of September 30, 2011 are classified in the table below in one of the three categories described above

	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	\$ 26,995,197	\$ 2,413,681	\$ -	\$ 29,408,878
Fixed income securities	44,964,224	30,501,011	90,901	75,556,136
Equity securities	52,221,158	-	23,685	52,244,843
Alternative investments	-	16,107,216	13,713,965	29,821,181
Auction rate securities	-	-	10,598,691	10,598,691
Mutual funds	31,834,194	53,494,363	-	85,328,557
Other	28,590,839	-	-	28,590,839
	<u>\$ 184,605,612</u>	<u>\$ 102,516,271</u>	<u>\$ 24,427,242</u>	<u>\$ 311,549,125</u>
Liabilities				
Interest rate swap agreements	\$ -	\$ (11,356,534)	\$ -	\$ (11,356,534)

Financial instruments carried at fair value for the System's nonpension plan assets as of September 30, 2010 are classified in the table below in one of the three categories described above

	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	\$ 15,247,264	\$ 3,233,538	\$ -	\$ 18,480,802
Fixed income securities	21,937,224	15,643,102	-	37,580,326
Equity securities	67,008,266	-	87,912	67,096,178
Alternative investments	-	-	14,528,650	14,528,650
Auction rate securities	-	-	19,817,913	19,817,913
Mutual funds	81,380,519	1,786,390	-	83,166,909
Other	27,413,827	-	-	27,413,827
	<u>\$ 212,987,100</u>	<u>\$ 20,663,030</u>	<u>\$ 34,434,475</u>	<u>\$ 268,084,605</u>
Liabilities				
Interest rate swap agreements	\$ -	\$ (9,816,848)	\$ -	\$ (9,816,848)

The amounts reported in the financial instruments table exclude certain alternative investments valued at approximately \$5,770,226 as of September 30, 2011 and \$8,524,103 as of September 30, 2010, which are valued at cost (Notes 2 and 5)

Care New England Health System and Affiliates
Notes to Consolidated Financial Statements
September 30, 2011 and 2010

Financial instruments carried at fair value for assets invested in the Defined Benefit Pension Plan as of September 30, 2011 are classified in the table below in one of the three categories described above

	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	\$ 4,844,943	\$ 1,026	\$ -	\$ 4,845,969
Fixed income securities	25,899,100	-	-	25,899,100
Equity securities	19,023,296	-	-	19,023,296
Mutual funds	-	-	-	-
Alternative investments	-	41,611,960	77,844,572	119,456,532
	<u>\$ 49,767,339</u>	<u>\$ 41,612,986</u>	<u>\$ 77,844,572</u>	<u>\$ 169,224,897</u>

Financial instruments carried at fair value for the Defined Benefit Pension Plan assets as of September 30, 2010 are classified in the table below in one of the three categories described above

	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	\$ 8,715,153	\$ -	\$ -	\$ 8,715,153
Fixed income securities	30,998,418	-	-	30,998,418
Equity securities	19,536,877	-	-	19,536,877
Mutual funds	4,582,447	-	-	4,582,447
Alternative investments	-	40,615,786	66,321,707	106,937,493
	<u>\$ 63,832,895</u>	<u>\$ 40,615,786</u>	<u>\$ 66,321,707</u>	<u>\$ 170,770,388</u>

During the years ended September 30, 2011 and 2010, respectively, the changes in the fair value for the System's financial instruments in the nonpension plan assets measured using significant unobservable inputs (Level 3) were comprised of the following

	Fixed Income Securities	Equity Securities	Alternative Investments	Auction Rate Securities	Total Investments
Fair value at October 1, 2010	\$ -	\$ 87,912	\$ 14,528,650	\$ 19,817,913	\$ 34,434,475
Total gains (losses)					
Dividends and interest income	3,235	606	236,514	-	240,355
Net realized gains on investments	-	-	339,441	548,826	888,267
Change in net unrealized appreciation on investments	1,123	(6,153)	(2,689,188)	(18,048)	(2,712,266)
Purchases	-	14,976	9,900,000	-	9,914,976
Sales	(28,883)	(15,456)	(10,918,332)	(9,750,000)	(20,712,671)
Transfers in and/or out of Level 3	115,426	(58,200)	2,316,880	-	2,374,106
Fair value at September 30, 2011	<u>\$ 90,901</u>	<u>\$ 23,685</u>	<u>\$ 13,713,965</u>	<u>\$ 10,598,691</u>	<u>\$ 24,427,242</u>

Care New England Health System and Affiliates
Notes to Consolidated Financial Statements
September 30, 2011 and 2010

	Assets Held Under Split-Interest Agreements
Fair value at October 1, 2010	\$ 10,574,465
Unrealized losses	(499,926)
Fair value at September 30, 2011	<u>\$ 10,074,539</u>

	Equity Securities	Alternative Investments	Auction Rate Securities	Total Investments
Fair value at October 1, 2009	\$ 30,152	\$ 10,224,455	\$ 22,735,000	\$ 32,989,607
Total gains (losses)				
Dividends and interest income	-	55,489	-	55,489
Net realized gains on investments	(440)	(4,980)	198,358	192,938
Change in net unrealized appreciation on investments	-	(298,648)	109,556	(189,092)
Purchases		4,096,590	-	4,096,590
Sales	-	35,547	(3,225,001)	(3,189,454)
Transfers in and/or out of Level 3	58,200	420,197	-	478,397
Fair value at September 30, 2010	<u>\$ 87,912</u>	<u>\$ 14,528,650</u>	<u>\$ 19,817,913</u>	<u>\$ 34,434,475</u>

	Assets Held Under Split-Interest Agreements
Fair value at October 1, 2009	\$ 9,840,045
Unrealized gains	734,420
Fair value at September 30, 2010	<u>\$ 10,574,465</u>

During the year ended September 30, 2011 and 2010, the changes in the fair value for the System's financial instruments invested in the System's Defined Benefit Pension Plan assets measured using significant unobservable inputs (Level 3) were comprised of the following

	2011	2010
Balance at beginning of year	\$ 66,321,707	\$ 62,108,253
Total gains (losses)		
Dividends and interest income	341,450	162,832
Net Realized gains on investments	5,672,999	1,224,135
Change in net unrealized appreciation on investments	(7,099,511)	3,326,487
Purchases	25,848,927	6,500,000
Sales	(13,241,000)	(7,000,000)
Balance at end of year	<u>\$ 77,844,572</u>	<u>\$ 66,321,707</u>

Care New England Health System and Affiliates

Notes to Consolidated Financial Statements

September 30, 2011 and 2010

The Health System uses NAV to determine the fair value of its investments which do not have a readily determinable fair market value. The following table summarizes the key provisions for the Health System's nonpension plan investments as of September 30, 2011, which are valued at NAV. There were no outstanding unfunded commitments at September 30, 2011.

	Net Asset Value	Redemption Terms
Limited Partnership	\$ 869,786	Minimum of \$100,000 on the last day of a fiscal quarter upon 75 day prior written notice, Subject to Early Withdrawal Fees
Fixed Income	2,397,716	Bi-monthly upon 30 day prior written notice
Common Collective Trust	1,349,445	Monthly upon 30 day prior written notice
Common Collective Trust	3,784,534	Bi-monthly upon 5 day prior written notice
Common Collective Trust	1,567,280	Monthly upon 10 day prior written notice
International Equity	10,456,762	First day of each month
Absolute Return	8,815,478	Bi-monthly upon 5 day prior written notice
Hedge Fund	3,745,205	End of each quarter with 90 day prior written notice
Alternative Investments		
Common Collective Trust	1,214,210	Bi-monthly with a limit of 4% each month. Unredeemed monthly allocations are banked towards future redemptions.
Common Collective Trust	4,436,243	Daily with a minimum of \$25,000 upon written notification by 3PM EST
	<u>\$ 38,636,659</u>	

The following methods and assumptions were used in estimating the fair value of financial instruments other than investments:

Accounts payable and accrued expenses: The carrying amount reported in the consolidated balance sheets for accounts payable and accrued expenses approximates its fair value.

Estimated third-party payor settlements: The carrying amount reported in the consolidated balance sheets for estimated third-party payor settlements approximates its fair value.

Long-term debt: The Health System's long-term debt obligations are reported in the accompanying statements of financial position at principal value less unamortized discount or premium, which totaled approximately \$106 million at September 30, 2011, excluding capital leases. The estimated fair value of the Health System's long-term debt as of September 30, 2011 approximated its carrying value.

21. Termination of Affiliation Agreement With Lifespan

In July 2007, Care New England Health System and Lifespan Corporation entered into an Affiliation Agreement under which Care New England and its affiliates would merge into Lifespan Corporation. From the time of the execution of this agreement through early 2010, the parties endeavored to procure regulatory approvals required to consummate this transaction. The parties mutually agreed to terminate the Affiliation Agreement in February 2010.

Care New England Health System and Affiliates
Notes to Consolidated Financial Statements
September 30, 2011 and 2010

22. Subsequent Event

Care New England Health System has assessed the impact of subsequent events through December 22, 2011, the date the audited financial statements were issued and has concluded that there were no such events that require adjustments to the audited financial statements or disclosure in the notes to the audited financial statements

**Supplementary Consolidating
Financial Statements**

Care New England Health System and Affiliates
Consolidating Balance Sheet
September 30, 2011

	Butler and Affiliates	Kent and Affiliates	WIC and Affiliates	Care New England	The Agency	Eliminations	Total
Assets							
Current assets							
Cash and cash equivalents	\$ 16,383,496	\$ 6,759,981	\$ 37,089,536	\$ (13,910,768)	\$ (4,094,056)	\$ -	\$ 42,228,189
Investments	1,645,743	-	1,983,158	26,909,317	-	-	30,538,218
Patient accounts receivable	6,695,474	53,675,679	65,956,627	-	2,063,680	-	128,391,460
Less Estimated uncollectible	(1,008,034)	(18,023,227)	(13,124,110)	-	(411,843)	-	(32,567,214)
Net patient accounts receivable	5,687,440	35,652,452	52,832,517	-	1,651,837	-	95,824,246
Other receivables	2,486,892	5,561,791	10,819,886	116,676	199,991	-	19,185,236
Pledges receivable, net	183,340	554,200	923,283	-	-	-	1,660,823
Other current assets	836,258	4,554,845	2,438,867	1,617,264	43,002	-	9,490,236
Current portion of assets whose use is limited	679,392	1,109,335	2,281,783	10,021	-	-	4,080,531
Due from affiliates – other	4,071,228	2,620,530	1,547,503	11,493,346	140,399	(19,873,006)	-
Due from affiliates – debt	-	-	-	95,723,122	-	(95,723,122)	-
Total current assets	31,973,789	56,813,134	109,916,533	121,958,978	(2,058,827)	(115,596,128)	203,007,479
Assets whose use is limited or restricted as to use							
Endowment funds	13,944,405	13,715,541	7,333,101	-	-	-	34,993,047
Board-designated funds	3,965,894	20,633,295	55,075,397	-	548,587	-	80,223,173
Trustee-held funds	12,164,645	34,934,344	112,106,857	1,412,230	-	-	160,618,076
Deferred compensation funds	1,793,847	1,070,079	1,113,087	280,212	94,421	-	4,351,646
Total assets limited as to use	31,868,791	70,353,259	175,628,442	1,692,442	643,008	-	280,185,942
Less Amounts required to meet current obligations	(679,392)	(1,109,335)	(2,281,783)	(10,021)	-	-	(4,080,531)
Noncurrent assets limited as to use	31,189,399	69,243,924	173,346,659	1,682,421	643,008	-	276,105,411
Property, plant and equipment, net							
Property, plant and equipment, net	21,815,094	68,277,037	157,203,527	2,685,977	813,908	-	250,795,543
Pledges receivable, net	374,391	1,790,034	798,862	-	-	-	2,963,287
Investments	816,698	-	3,266,796	2,511,697	-	-	6,595,191
Other assets	50,791	1,295,024	314,679	319,060	-	-	1,979,554
Total assets	\$ 86,220,162	\$ 197,419,153	\$ 444,847,056	\$ 129,158,133	\$ (601,911)	\$ (115,596,128)	\$ 741,446,465

Care New England Health System and Affiliates
Consolidating Balance Sheet
September 30, 2011

	Butler and Affiliates	Kent and Affiliates	WIC and Affiliates	Care New England	The Agency	Eliminations	Total
Liabilities and Net Assets							
Current liabilities							
Accounts payable and accrued expenses	\$ 10,004,744	\$ 35,845,305	\$ 35,567,640	\$ 11,754,804	\$ 2,144,728	\$ -	\$ 95,317,221
Current portion of estimated third-party payor settlements and advances	869,213	2,827,844	10,568,241	-	243,802	-	14,509,100
Current portion of long-term debt and capital leases	228,748	1,412,303	512,728	3,726,267	33,837	-	5,913,883
Current portion of long-term debt, due to parent	573,324	941,388	2,091,940	-	-	(3,606,652)	-
Pension liability	1,541,469	5,452,964	2,872,294	1,412,335	99,138	-	11,378,200
Interest rate swap	-	-	-	-	-	-	-
Other current liabilities	1,448,665	91,967	5,098,545	-	257,992	-	6,897,169
Due to affiliates	1,943,826	7,903,957	5,452,012	3,755,579	817,632	(19,873,006)	-
Total current liabilities	16,609,989	54,475,728	62,163,400	20,648,985	3,597,129	(23,479,658)	134,015,573
Long term liabilities							
Self-insurance reserves	2,068,466	25,611,122	78,300,993	11,935,955	-	-	117,916,536
Long-term portion of third-party payor settlements and advances	2,007,520	5,063,286	12,585,738	-	-	-	19,656,544
Long-term debt and capital leases	5,003,058	2,886,378	2,406,253	95,607,415	63,221	-	105,966,325
Pension liability	8,497,658	26,656,414	12,839,480	3,835,775	2,697,620	-	54,526,947
Postretirement liability	-	1,973,659	-	-	-	-	1,973,659
Interest rate swaps	-	-	-	11,356,534	-	-	11,356,534
Other liabilities	2,232,278	2,193,627	2,535,715	299,509	195,717	-	7,456,846
Due to parent, long-term debt	15,086,636	26,469,537	50,560,297	-	-	(92,116,470)	-
Total long-term liabilities	34,895,616	90,854,023	159,228,476	123,035,188	2,956,558	(92,116,470)	318,853,391
Net assets							
Unrestricted	15,461,497	34,886,690	194,827,418	(14,526,040)	(7,155,598)	-	223,493,967
Temporarily restricted	16,823,913	5,630,584	24,492,709	-	-	-	46,947,206
Permanently restricted	2,429,147	11,572,128	4,135,053	-	-	-	18,136,328
Total net assets	34,714,557	52,089,402	223,455,180	(14,526,040)	(7,155,598)	-	288,577,501
Total liabilities and net assets	\$ 86,220,162	\$ 197,419,153	\$ 444,847,056	\$ 129,158,133	\$ (601,911)	\$ (115,596,128)	\$ 741,446,465

Care New England Health System and Affiliates
Consolidating Statement of Operations
Year Ended September 30, 2011

	Butler and Affiliates	Kent and Affiliates	WIC and Affiliates	Care New England	The Agency	Eliminations	Total
Revenues and gains							
Net patient service revenue	\$ 64,309,852	\$ 299,788,244	\$ 375,106,190	\$ 248,004	\$ 15,792,411	\$ (198,609)	\$ 755,046,092
Net assets released from restrictions and used for operations	515,141	815,162	1,665,083	-	-	-	2,995,386
Research revenue	10,907,545	-	17,549,294	-	-	-	28,456,839
Other revenue	18,188,183	14,698,760	35,014,775	57,227,710	1,088,816	(71,629,729)	54,588,515
Total revenues and gains	93,920,721	315,302,166	429,335,342	57,475,714	16,881,227	(71,828,338)	841,086,832
Operating expenses							
Salaries and benefits	63,515,803	160,979,258	256,541,949	38,377,253	13,896,113	(6,786,722)	526,523,654
Supplies and other expenses	13,469,899	91,868,376	88,806,181	18,991,309	2,059,710	(64,957,616)	150,237,859
Research expenses	10,901,077	-	17,698,440	-	-	-	28,599,517
Depreciation and amortization	3,324,998	8,873,736	14,694,296	399,972	228,710	-	27,521,712
Insurance	1,790,359	12,540,460	14,783,640	76,674	495,989	(84,000)	29,603,122
Licensure fee	-	13,441,647	17,270,751	-	-	-	30,712,398
Interest	429,729	248,035	576,117	9,240	15,229	-	1,278,350
Provision for uncollectible accounts	1,796,158	24,146,955	5,981,694	-	6,281	-	31,931,088
Total operating expenses	95,228,023	312,098,467	416,353,068	57,854,448	16,702,032	(71,828,338)	826,407,700
Income (loss) from operations	(1,307,302)	3,203,699	12,982,274	(378,734)	179,195	-	14,679,132
Nonoperating gains (losses)							
Investment income on assets limited as to use	820,545	483,038	1,692,236	250,316	23	-	3,246,158
Unrestricted gifts and bequests	58,147	1,130	412,125	100,000	74,588	-	645,990
Change in fair value of interest rate swaps	-	-	-	(1,539,686)	-	-	(1,539,686)
Net payments on interest rate swaps	(138,416)	(507,898)	(1,702,116)	(114,620)	-	-	(2,463,050)
Change in net unrealized losses on investments	(354,523)	(3,972,518)	(8,211,568)	(100,014)	(40,680)	-	(12,679,303)
Nonoperating expenditures	(321,469)	(842,322)	(696,783)	-	(25,655)	-	(1,886,229)
Net nonoperating gains (losses)	64,284	(4,838,570)	(8,506,106)	(1,404,004)	8,276	-	(14,676,120)
Excess (deficiency) of revenues and gains over expenses and losses	\$ (1,243,018)	\$ (1,634,871)	\$ 4,476,168	\$ (1,782,738)	\$ 187,471	\$ -	\$ 3,012

Care New England Health System and Affiliates
Consolidating Statement of Changes in Net Assets
Year Ended September 30, 2011

	Butler and Affiliates	Kent and Affiliates	WIC and Affiliates	Care New England	The Agency	Eliminations	Total
Unrestricted net assets							
Excess (deficiency) of revenues over expenses	\$ (1,243,018)	\$ (1,634,871)	\$ 4,476,168	\$ (1,782,738)	\$ 187,471	\$ -	\$ 3,012
Pension and postretirement adjustment	(3,118,755)	(9,057,549)	(4,367,310)	(2,216,786)	(595,059)	-	(19,355,459)
Net assets released from restrictions used for purchase of property, plant and equipment	351,935	789,882	2,277,464	-	-	-	3,419,281
Transfers	(8,618)	(27,307)	(37,485)	75,000	(1,590)	-	-
Transfer to deferred revenue	(807,390)	-	(1,834,250)	-	-	-	(2,641,640)
(Decrease) increase in unrestricted net assets	(4,825,846)	(9,929,845)	514,587	(3,924,524)	(409,178)	-	(18,574,806)
Temporarily restricted net assets							
Contributions	1,011,584	3,615,937	2,487,283	-	-	-	7,114,804
Income from investments	197,215	449,984	261,745	-	-	-	908,944
Net realized and unrealized losses from investments	(713,034)	(110,650)	(520,803)	-	-	-	(1,344,487)
Net assets released from restrictions	(867,076)	(1,605,044)	(3,942,547)	-	-	-	(6,414,667)
Increase (decrease) in temporarily restricted net assets	(371,311)	2,350,227	(1,714,322)	-	-	-	264,594
Permanently restricted net assets							
Net realized and unrealized gains (losses) from investments	-	(499,926)	504	-	-	-	(499,422)
Contributions	6,090	15,634	82,356	-	-	-	104,080
Increase (decrease) in permanently restricted net assets	6,090	(484,292)	82,860	-	-	-	(395,342)
Decrease in net assets	(5,191,067)	(8,063,910)	(1,116,875)	(3,924,524)	(409,178)	-	(18,705,554)
Net assets at beginning of year	39,905,624	60,153,312	224,572,055	(10,601,516)	(6,746,420)	-	307,283,055
Net assets at end of year	\$ 34,714,557	\$ 52,089,402	\$ 223,455,180	\$ (14,526,040)	\$ (7,155,598)	\$ -	\$ 288,577,501

Care New England Health System and Affiliates
Consolidating Balance Sheet
September 30, 2010

	Butler and Affiliates	Kent and Affiliates	WIC and Affiliates	Care New England	The Agency	Eliminations	Total
Assets							
Current assets							
Cash and cash equivalents	\$ 16,054,008	\$ 9,327,359	\$ 53,094,889	\$ 5,001,310	\$ 1,130,139	\$ (5,700,000)	\$ 78,907,705
Investments	2,539,711	-	-	-	307,286	-	2,846,997
Patient accounts receivable	6,482,983	51,837,116	51,808,602	-	2,199,079	-	112,327,780
Less Estimated uncollectible	(1,413,776)	(17,868,916)	(11,530,000)	-	(483,353)	-	(31,296,045)
Net patient accounts receivable	5,069,207	33,968,200	40,278,602	-	1,715,726	-	81,031,735
Other receivables	2,178,380	1,264,783	9,027,093	209,647	119,343	-	12,799,246
Pledges receivable, net	96,082	167,476	1,040,201	-	-	-	1,303,759
Other current assets	836,117	4,343,700	2,571,910	1,736,972	15,051	-	9,503,750
Current portion of assets whose use is limited	265,979	2,319,529	692,005	209,250	43,322	-	3,530,085
Due from affiliates—other	3,222,898	862,067	520,043	4,682,521	228,733	(9,516,262)	-
Due from affiliates—debt	-	-	-	70,774,161	-	(70,774,161)	-
Total current assets	30,262,382	52,253,114	107,224,743	82,613,861	3,559,600	(85,990,423)	189,923,277
Assets whose use is limited or restricted as to use							
Endowment funds	14,566,537	14,313,377	7,883,846	-	-	-	36,763,760
Board-designated funds	3,686,272	19,882,178	52,176,060	-	284,496	-	76,029,006
Trustee-held funds	2,055,070	24,972,547	108,443,522	1,739,436	-	-	137,210,575
Deferred compensation funds	1,576,485	872,652	1,132,221	267,215	91,884	-	3,940,457
Total assets limited as to use	21,884,364	60,040,754	169,635,649	2,006,651	376,380	-	253,943,798
Less Amounts required to meet current obligations	(265,979)	(2,319,529)	(692,005)	(209,250)	(43,322)	-	(3,530,085)
Noncurrent assets limited as to use	21,618,385	57,721,225	168,943,644	1,797,401	333,058	-	250,413,713
Property, plant and equipment, net	22,172,744	69,381,958	157,939,409	2,798,420	934,772	-	253,227,303
Pledges receivable, net	141,601	151,600	992,237	-	-	-	1,285,438
Investments	2,454,147	-	9,816,603	7,547,163	-	-	19,817,913
Other assets	10,708	541,742	341,831	276,637	-	-	1,170,918
Total assets	\$ 76,659,967	\$ 180,049,639	\$ 445,258,467	\$ 95,033,482	\$ 4,827,430	\$ (85,990,423)	\$ 715,838,562

Care New England Health System and Affiliates
Consolidating Balance Sheet
September 30, 2010

	Butler and Affiliates	Kent and Affiliates	WIC and Affiliates	Care New England	The Agency	Eliminations	Total
Liabilities and Net Assets							
Current liabilities							
Accounts payable and accrued expenses	\$ 10,403,530	\$ 38,595,953	\$ 41,894,520	\$ 7,895,143	\$ 2,600,367	\$ -	\$ 101,389,513
Current portion of estimated third-party payor settlements and advances	630,976	4,053,726	10,504,700	-	-	-	15,189,402
Current portion of long-term debt and capital leases	299,816	1,858,446	826,384	2,960,000	32,155	-	5,976,801
Current portion of long-term debt, due to parent	139,209	868,642	1,836,868	-	-	(2,844,719)	-
Pension liability	218,898	1,072,008	659,936	164,840	310,870	-	2,426,552
Interest rate swap	-	-	-	1,104,629	-	-	1,104,629
Other current liabilities	501,417	247,747	3,368,848	199,601	316,995	-	4,634,608
Due to affiliates	885,970	4,652,463	2,515,085	963,440	499,304	(9,516,262)	-
Total current liabilities	13,079,816	51,348,985	61,606,341	13,287,653	3,759,691	(12,360,981)	130,721,505
Long term liabilities							
Self-insurance reserves	1,915,003	17,092,337	75,640,868	9,489,352	-	-	104,137,560
Long-term portion of third-party payor settlements	2,293,858	3,537,185	14,882,363	-	-	-	20,713,406
Long-term debt and capital leases	5,227,418	4,298,680	4,873,644	71,540,000	99,764	-	86,039,506
Pension liability	7,627,750	23,744,154	11,841,536	2,315,354	1,912,547	-	47,441,341
Postretirement liability	-	2,396,079	-	-	-	-	2,396,079
Interest rate swaps	-	-	-	8,712,219	-	-	8,712,219
Other liabilities	2,250,538	1,861,663	3,889,422	290,420	101,848	-	8,393,891
Due to parent, long-term debt	4,359,960	15,617,244	47,952,238	-	5,700,000	(73,629,442)	-
Total long-term liabilities	23,674,527	68,547,342	159,080,071	92,347,345	7,814,159	(73,629,442)	277,834,002
Net assets							
Unrestricted	20,287,343	44,816,535	194,312,831	(10,601,516)	(6,746,420)	-	242,068,773
Temporarily restricted	17,195,224	3,280,357	26,207,031	-	-	-	46,682,612
Permanently restricted	2,423,057	12,056,420	4,052,193	-	-	-	18,531,670
Total net assets	39,905,624	60,153,312	224,572,055	(10,601,516)	(6,746,420)	-	307,283,055
Total liabilities and net assets	\$ 76,659,967	\$ 180,049,639	\$ 445,258,467	\$ 95,033,482	\$ 4,827,430	\$ (85,990,423)	\$ 715,838,562

Care New England Health System and Affiliates
Consolidating Statement of Operations
Year Ended September 30, 2010

	Butler and Affiliates	Kent and Affiliates	WIC and Affiliates	Care New England	The Agency	Eliminations	Total
Revenues and gains							
Net patient service revenue	\$ 63,737,786	\$ 281,923,304	\$ 369,582,685	\$ 780,465	\$ 15,728,664	\$ (990,785)	\$ 730,762,119
Net assets released from restrictions and used for operations	1,108,724	881,676	5,853,214	-	-	-	7,843,614
Research revenue	12,151,838	-	16,803,138	-	-	-	28,954,976
Other revenue	17,180,542	9,627,941	20,872,675	40,104,308	1,108,359	(51,184,287)	37,709,538
Total revenues and gains	94,178,890	292,432,921	413,111,712	40,884,773	16,837,023	(52,175,072)	805,270,247
Operating expenses							
Salaries and benefits	62,593,473	156,715,351	253,553,449	24,134,223	13,565,627	(7,649,221)	502,912,902
Supplies and other expenses	10,052,640	79,052,629	77,516,696	15,180,947	2,165,300	(44,428,311)	139,539,901
Research expenses	12,158,243	-	16,803,138	-	-	-	28,961,381
Depreciation and amortization	3,162,849	8,477,767	15,319,714	387,292	252,278	-	27,599,900
Insurance	2,474,947	6,921,390	11,902,162	51,073	317,006	(71,000)	21,595,578
Licensure fee	-	12,041,993	15,824,541	-	-	-	27,866,534
Interest	447,197	311,461	494,844	9,142	18,368	(26,540)	1,254,472
Provision for uncollectible accounts	1,826,396	26,706,478	8,104,361	-	62,829	-	36,700,064
Total operating expenses	92,715,745	290,227,069	399,518,905	39,762,677	16,381,408	(52,175,072)	786,430,732
Income from operations	1,463,145	2,205,852	13,592,807	1,122,096	455,615	-	18,839,515
Nonoperating gains (losses)							
Investment income on assets limited as to use	983,035	390,625	929,447	115,358	268	-	2,418,733
Unrestricted gifts and bequests	55,906	-	365,270	-	68,393	-	489,569
Change in fair value of interest rate swaps	-	-	-	(3,675,851)	-	-	(3,675,851)
Net payments on interest rate swaps	(132,918)	(523,906)	(1,710,982)	(110,067)	-	-	(2,477,873)
Change in net unrealized gains on investments	273,351	1,632,397	8,480,064	80,597	23,655	-	10,490,064
Nonoperating expenditures	(306,621)	(491,461)	(727,023)	-	(28,874)	-	(1,553,979)
Net nonoperating gains	872,753	1,007,655	7,336,776	(3,589,963)	63,442	-	5,690,663
Excess (deficiency) of revenues and gains over expenses and losses	\$ 2,335,898	\$ 3,213,507	\$ 20,929,583	\$ (2,467,867)	\$ 519,057	\$ -	\$ 24,530,178

Care New England Health System and Affiliates
Consolidating Statement of Changes in Net Assets
Year Ended September 30, 2010

	Butler and Affiliates	Kent and Affiliates	WIC and Affiliates	Care New England	The Agency	Eliminations	Total
Unrestricted net assets							
Excess (deficiency) of revenues over expenses	\$ 2,335,898	\$ 3,213,507	\$ 20,929,583	\$ (2,467,867)	\$ 519,057	\$ -	\$ 24,530,178
Pension and postretirement adjustment	(1,911,386)	(6,366,988)	(3,358,218)	(534,520)	(501,138)	-	(12,672,250)
Net assets released from restrictions used for purchase of property, plant and equipment	406,058	930,067	3,456,066	-	-	-	4,792,191
Transfers	109,500	363,500	505,000	(1,000,000)	22,000	-	-
Others	-	-	47,703	-	-	-	47,703
Increase (decrease) in unrestricted net assets	940,070	(1,859,914)	21,580,134	(4,002,387)	39,919	-	16,697,822
Temporarily restricted net assets							
Contributions	2,442,646	1,716,948	7,229,503	-	-	-	11,389,097
Income from investments	282,144	305,371	121,747	-	-	-	709,262
Net realized and unrealized gains from investments	789,395	218,554	428,612	-	-	-	1,436,561
Net assets released from restrictions	(2,404,167)	(1,811,743)	(9,309,280)	-	-	-	(13,525,190)
Increase (decrease) in temporarily restricted net assets	1,110,018	429,130	(1,529,418)	-	-	-	9,730
Permanently restricted net assets							
Net realized and unrealized gains from investments	-	734,420	547	-	-	-	734,967
Contributions	82,691	8,534	61,410	-	-	-	152,635
Increase in permanently restricted net assets	82,691	742,954	61,957	-	-	-	887,602
Increase (decrease) in net assets	2,132,779	(687,830)	20,112,673	(4,002,387)	39,919	-	17,595,154
Net assets at beginning of year	37,772,845	60,841,142	204,459,382	(6,599,129)	(6,786,339)	-	289,687,901
Net assets at end of year	\$ 39,905,624	\$ 60,153,312	\$ 224,572,055	\$ (10,601,516)	\$ (6,746,420)	\$ -	\$ 307,283,055

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			
DOUGLAS L JACOBS CHAIRMAN - DIRECTOR	5 0	X		X				0	0	0
ROBERT G FLANDERS JR ESQ VICE CHAIRMAN - DIRECTOR	1 0	X		X				0	0	0
KATHERINE F MCKENZIE VICE CHAIR - DIRECTOR	1 0	X		X				0	0	0
CYNTHIA S REED VICE CHAIR - DIRECTOR	1 0	X		X				0	0	0
ROGER N BEGIN SECRETARY - DIRECTOR	1 0	X		X				0	0	0
JOHN R GALVIN TREASURER - DIRECTOR	1 0	X		X				0	0	0
KATHLEEN COTE BOWLING MD DIRECTOR	25 0	X						79,001	0	0
JOANNA CAIN MD DIRECTOR (TERM 12/27/10)	0 0	X						633,789	0	12,618
DAVID CARCIERI MD DIRECTOR	1 0	X						6,240	0	0
LISA G CHURCHVILLE DIRECTOR	1 0	X						0	0	0
SHARON CONARD WELLS DIRECTOR	1 0	X						0	0	0
MARGARET D FARRELL ESQ DIRECTOR	1 0	X						0	0	0
WILLIAM F HATFIELD DIRECTOR	1 0	X						0	0	0
CONSTANCE A HOWES JD FACHE DIRECTOR - PRES/CEO/WIH	55 0	X		X				809,459	0	123,342
LINDA R MCGOLDRICK DIRECTOR	1 0	X						0	0	0
JAMES F PADBURY MD DIRECTOR	55 0	X						559,589	0	81,433
MAUREEN PHIPPS MD MPH DIRECTOR	55 0	X						306,185	0	19,160
GINA RAIMONDO DIRECTOR	1 0	X						0	0	0
SATINA L SIENA MD DIRECTOR - PRESIDENT MED STAFF	1 0	X						5,300	0	0
ANNE SZOSTAK DIRECTOR	1 0	X						0	0	0
MARK MARCANTANO EXECUTIVE VICE PRESIDENT/COO	55 0			X				469,783	0	11,705
JOHN M SUTHERLAND III PRESIDENT - W&I INDEMNITY LTD	1 0			X				605,702	0	118,291
DEBRA M PAUL CPA MBA SR VP & CFO/ASST TREASURER	55 0			X				497,337	0	26,941
RAYMOND POWRIE MD SENIOR VICE PRESIDENT-QUALITY	55 0			X				456,618	0	10,482
GAIL COSTA SR VP - PLANNING CNE	1 0			X				396,714	0	110,946

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			
KAREN DAVIE SR VP - PHILANTHROPY & GOV	55 0			X				364,001	0	36,818
PAULA GILLETTE TERM 1010-0111 SR VP - PATIENT CARE SERVICES	55 0			X				304,780	0	9,147
SUSAN E MAXWELL TERM 0311-0811 SR VP - PATIENT CARE SERVICES	55 0			X				147,210	0	536
JAMES GILMORE EFF 61411 SR VP - PATIENT SUPPORT SVCS	55 0			X				0	0	0
CORNELIUS GRANNAI MD VICE PRESIDENT	55 0			X				592,387	0	14,773
THOMAS R COURAGE ESQ VICE PRESIDENT/ASST SECRETARY	1 0			X				504,627	0	110,253
MAYBELLE KERNAN VP MKTG & PUBLIC RELATIONS	1 0			X				351,007	0	52,885
ELIAS NEUJAHN VP-PHYS SERVICES (10/1-5/13)	55 0			X				207,986	0	9,847
THOMAS HUGHES VP - PATIENT SUPPORT SERVICES	55 0			X				188,802	0	3,619
PAUL HEFFERNAN VICE PRESIDENT-HR (2/14-9/30)	55 0			X				0	0	0
JOSEPH RODA INTERIM VP - HR (10/1-2/13)	55 0			X				170,519	0	619
WILLIAM LAWRENCE MD CHIEF OF PATHOLOGY	55 0					X		520,949	0	11,555
KAREN ROSENE MONTELLA MD PHYSICIAN	55 0					X		493,173	0	1,188
PAUL DISILVESTRO MD PHYSICIAN	55 0					X		470,039	0	9,501
RICHARD MOORE MD PHYSICIAN	55 0					X		469,653	0	9,457
KATHERINE WENSTROM MD DIRECTOR - MATERNAL FETAL MED	55 0					X		452,908	0	919
PATRICE DIMARIO FORMER SR VP PATIENT SUPPORT	0 0						X	370,742	0	57,660
JANET SCHIPPER FORMER OFFICER	0 0						X	220,458	0	8,990
DANIEL MICHAUD FORMER VP - HR	0 0						X	162,942	0	6,602