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DLN: 93493223001262

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2010

Form **990**

		ne Treasury e Service The organization may have to use a copy of this return to satisfy sta	te reporting	requirements	Open to Public Inspection		
A Fo	r the	2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011					
_	eck ıf a ress ch			D Employer 05-0450	identification number		
— Nar	ne cha	Doing Business As ange		E Telephone	number		
_	ial retu minate	Super and steet (of PO Box II mail is not delivered to steet address)	Room/suite	(401) 444-5135			
_		return City or town, state or country, and ZIP + 4 PROVIDENCE, RI 02903 n pending		G Gross recei	pts \$ 56,424,178		
J W	ebsite n of or Tt II	F Name and address of principal officer LOUIS RICE MD 593 EDDY STREET PROVIDENCE, RI 02903 mpt status	H(b) Are all a If "No H(c) Group L Year of for	affiliates included," attach a lis o exemption n	t (see instructions) umber ► M State of legal domicile RI		
Activities & Governance	2 3 4 5 6 7a	TO PROVIDE HIGH-LEVEL PATIENT CARE, ADVANCE MEDICAL KNOWLEDGE Check this box if the organization discontinued its operations or disposed of Number of voting members of the governing body (Part VI, line 1a)	more than 25				
			Prior	Year	Current Year		
	8	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
a.	•	Contributions and grants (Part VIII, line 1h)		0	0		
enue	9	Program service revenue (Part VIII, line 2g)		53,211,270	55,537,870		
- Pevenue	9 10	Program service revenue (Part VIII, line 2g)		53,211,270 287,382	55,537,870 278,618		
Revenue	9 10 11	Program service revenue (Part VIII, line 2g)		53,211,270	55,537,870		
Revenue	9 10	Program service revenue (Part VIII, line 2g)		53,211,270 287,382	55,537,870 278,618		
Revenue	9 10 11	Program service revenue (Part VIII, line 2g)		53,211,270 287,382 0	55,537,870 278,618 0		
Revenue	9 10 11 12	Program service revenue (Part VIII, line 2g)		53,211,270 287,382 0 53,498,652	55,537,870 278,618 0 55,816,488		
	9 10 11 12	Program service revenue (Part VIII, line 2g)		53,211,270 287,382 0 53,498,652 0	55,537,870 278,618 0 55,816,488 212,500		
	9 10 11 12 13 14 15	Program service revenue (Part VIII, line 2g)		53,211,270 287,382 0 53,498,652 0 0	55,537,870 278,618 0 55,816,488 212,500 0 44,759,213		
	9 10 11 12 13 14 15	Program service revenue (Part VIII, line 2g)		53,211,270 287,382 0 53,498,652 0	55,537,870 278,618 0 55,816,488 212,500		
Explenses Revenue	9 10 11 12 13 14 15 16a b	Program service revenue (Part VIII, line 2g)		53,211,270 287,382 0 53,498,652 0 0 42,152,613	55,537,870 278,618 0 55,816,488 212,500 0 44,759,213		
	9 10 11 12 13 14 15 16a b	Program service revenue (Part VIII, line 2g)		53,211,270 287,382 0 53,498,652 0 0 42,152,613 0	55,537,870 278,618 0 55,816,488 212,500 0 44,759,213 0		
	9 10 11 12 13 14 15 16a b 17 18	Program service revenue (Part VIII, line 2g)		53,211,270 287,382 0 53,498,652 0 0 42,152,613 0 10,090,006 52,242,619	55,537,870 278,618 0 55,816,488 212,500 0 44,759,213 0 10,127,927 55,099,640		
Expenses	9 10 11 12 13 14 15 16a b	Program service revenue (Part VIII, line 2g)	Beginning	53,211,270 287,382 0 53,498,652 0 0 42,152,613 0	55,537,870 278,618 0 55,816,488 212,500 0 44,759,213 0		
Expenses	9 10 11 12 13 14 15 16a b 17 18	Program service revenue (Part VIII, line 2g)	Beginning Ye	53,211,270 287,382 0 53,498,652 0 0 42,152,613 0 10,090,006 52,242,619 1,256,033 of Current	55,537,870 278,618 0 55,816,488 212,500 0 44,759,213 0 10,127,927 55,099,640 716,848		
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service revenue (Part VIII, line 2g)	Beginning Ye	53,211,270 287,382 0 53,498,652 0 0 42,152,613 0 10,090,006 52,242,619 1,256,033 of Current car	55,537,870 278,618 0 55,816,488 212,500 0 44,759,213 0 10,127,927 55,099,640 716,848 End of Year		
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service revenue (Part VIII, line 2g)	Beginning Ye	53,211,270 287,382 0 53,498,652 0 0 42,152,613 0 10,090,006 52,242,619 1,256,033 of Current ear 20,099,165	55,537,870 278,618 0 55,816,488 212,500 0 44,759,213 0 10,127,927 55,099,640 716,848 End of Year 21,456,791		
And Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service revenue (Part VIII, line 2g)	Beginning Ye	53,211,270 287,382 0 53,498,652 0 0 42,152,613 0 10,090,006 52,242,619 1,256,033 of Current ear 20,099,165 3,687,415 16,411,750	55,537,870 278,618 0 55,816,488 212,500 0 44,759,213 0 10,127,927 55,099,640 716,848 End of Year 21,456,791 4,550,641 16,906,150		
And Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service revenue (Part VIII, line 2g)	Beginning Ye	287,382 0 53,498,652 0 0 42,152,613 0 10,090,006 52,242,619 1,256,033 of Current ear 20,099,165 3,687,415 16,411,750	55,537,870 278,618 0 55,816,488 212,500 0 44,759,213 0 10,127,927 55,099,640 716,848 End of Year 21,456,791 4,550,641 16,906,150		
Modern State	9 10 11 12 13 14 15 16a b 17 18 19	Program service revenue (Part VIII, line 2g)	Beginning Ye	287,382 0 53,498,652 0 0 42,152,613 0 10,090,006 52,242,619 1,256,033 of Current ear 20,099,165 3,687,415 16,411,750	55,537,870 278,618 0 55,816,488 212,500 0 44,759,213 0 10,127,927 55,099,640 716,848 End of Year 21,456,791 4,550,641 16,906,150		
in the property of the propert	9 10 11 12 13 14 15 16a b 17 18 19	Program service revenue (Part VIII, line 2g)	Beginning Ye	287,382 0 53,498,652 0 0 42,152,613 0 10,090,006 52,242,619 1,256,033 of Current ear 20,099,165 3,687,415 16,411,750	55,537,870 278,618 0 55,816,488 212,500 0 44,759,213 0 10,127,927 55,099,640 716,848 End of Year 21,456,791 4,550,641 16,906,150		
Not Assets of Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service revenue (Part VIII, line 2g)	Beginning Ye	287,382 0 53,498,652 0 0 42,152,613 0 10,090,006 52,242,619 1,256,033 of Current ear 20,099,165 3,687,415 16,411,750	55,537,870 278,618 0 55,816,488 212,500 0 44,759,213 0 10,127,927 55,099,640 716,848 End of Year 21,456,791 4,550,641 16,906,150		
Signal Assets of Expenses of Manager of Mana	9 10 11 12 13 14 15 16a b 17 18 19	Investment income (Part VIII, line 2g)	Beginning Ye edules and statis based on a	53,211,270 287,382 0 53,498,652 0 0 42,152,613 0 10,090,006 52,242,619 1,256,033 of Current ear 20,099,165 3,687,415 16,411,750 atements, and information 2-08-09 ee	55,537,870 278,618 0 55,816,488 212,500 0 44,759,213 0 10,127,927 55,099,640 716,848 End of Year 21,456,791 4,550,641 16,906,150		
iner Park Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service revenue (Part VIII, line 2g)	Beginning Ye edules and statis based on a	53,211,270 287,382 0 53,498,652 0 0 42,152,613 0 10,090,006 52,242,619 1,256,033 of Current ear 20,099,165 3,687,415 16,411,750 atements, and Il information	55,537,870 278,618 0 55,816,488 212,500 0 44,759,213 0 10,127,927 55,099,640 716,848 End of Year 21,456,791 4,550,641 16,906,150 to the best of my of which preparer has any		

PROVIDENCE, RI 02904

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address 🕨 951 NORTH MAIN STREET

Preparer

Use Only

Phone no 🕨 (401) 274-

Par		Statement of Program Statement of Program States			п			.
1	Briefly	describe the organization's m	ission					
SURF AND MEM ACA MED GLOI	ROUND: SCIEN BERS A DEMIC ICAL SO BALLY	ON-PROFIT, ACADEMIC, MUING COMMUNITIES OUR MICE AND DEVELOP CURES OND TO THE PHYSICIANS WE PURSUITS OF OUR PHYSICICHOOL WE CONTRIBUTE TINWE PROVIDE OVER \$1 MILLONAL REACH PROVIDES FIND	SSION IS TO PROVUR CULTURE PROM TRAIN TO REINFO ANS WHO HAVE FA ME, ENERGY AND F ION DOLLARS OF F	VIDE HIGH-LEVEL F MOTES CONSTANT DRCE THIS, UMF AL ACULTY APPOINTM UNDS TO NON-PRO FREE CARE TO PEOI	PATIENT CAR LEARNING, W LOCATES 10 ENTS WITH B FIT HEALTHO PLE IN THE S	.E, ADVANCE /HICH TRANSI % OF ITS REV ROWN UNIVE CARE ENDEAV TATE OF RHO	MEDICAL KN FERS ACROS /ENUE INTO RSITY'S WAI /ORS LOCAL DE ISLAND	IOWLEDGE S ALL STAFF THE RREN ALPERT LY AND OUR
2		organization undertake any s or Form 990 or 990-EZ? .					┌ Yes ┌	No
	If "Yes	," describe these new services	on Schedule O					
3		organization cease conductines?					┌ Yes ┌	No
	If "Yes	," describe these changes on S	Schedule O					
4	Section	be the exempt purpose achiev n 501(c)(3) and 501(c)(4) org ions to others, the total expen	anızatıons and sectı	on 4947(a)(1) trusts	are required	to report the ar		ts and
4a	(Code) (Expenses s	39,686,387	including grants of \$) (Revenue \$	55,53	37,870)
	DIVISIO SERVIO AT BOT	ROVIDED PRIMARY CARE AT NUMERO DNS AT RHODE ISLAND HOSPITAL, MI SES THROUGH THE HALLET CENTER F IH THE RHODE ISLAND AND MIRIAM H RS AND TWO STAND ALONE OUTPATI	RIAM HOSPITAL AND THE OR DIABETES AND ENDO HOSPITALS IN ADDITION	PROVIDENCE VETERAN'S CRINOLOGY AT RHODE IS UMF OFFERED MEDICAL	ADMINISTRATIO SLAND HOSPITAL CARE AT ALL SEV	N HOSPITAL UMF UMF PHYSICIANS ⁄EN OF RHODE ISI	ALSO PROVIDED RAN THE HOSPI	ENDOCRINOLOGY TALISTS PROGRAMS
4b	(Code) (Expenses s	<u> </u>	ıncludıng grants of \$) (Revenue \$)
	<u> </u>							,
	-							
4c	(Code) (Expenses s	;	including grants of \$) (Revenue \$)
		, <u> </u>						
4d		program services (Describenses \$	n Schedule O) including grants o	f¢) (Reven	¢)
 4e		program service expenses \$	39,686,38	<u> </u>) (Nevell	uс ф		1
-10	ivial	program service expenses#\$	25,000,30	, ,				

Part TV	Checklist of	Required	Schedules
	CHCCKHSCOL	IXC GGII CG	Scriculics

			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		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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 1	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 quasiendowments? If "Yes," complete Schedule D, Part V^{\bullet}	10		No
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, line10? 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
С	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		No
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	Yes	
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	Yes	
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	Yes	
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		No
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? <i>If</i> " <i>Yes,"</i> 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		No
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? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		No
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		

Par	t 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? If "Yes," complete Schedule I, Parts I and II \Box	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? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
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? If "Yes," complete Schedule L, Part III	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? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes Vo			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
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		.୮	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 49			
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		
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the	За		No
h	year?	3b		110
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	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		
	Organizations that may receive deductible contributions under section 170(c).			
а	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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			
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		
	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		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	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			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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 Enter the amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
D	in test has it flied a Form 770 to report these payments? If "No," provide an explanation in Schedule ()	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										. F	7
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_Se	ction 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			
b	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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	7a	Yes	
b	governing body?	7a 7b	Yes	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the	70	1 e5	
8	year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
<u></u>	venue Code.)		V	Na
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			110
11-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	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	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		
	Let the Chates with which a compact the Source 200 to many word to be filed B.D.			
17	List the States with which a copy of this Form 990 is required to be filed RI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			

- 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 + HERMINEH OHARONIAN 17 VIRGINIA AVENUE SUITE 107

PROVIDENCE, RI 02905 (401) 784-4909

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours	Posi t	((tion (that a	che		II		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other		
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	rottiler lighest compensated amployee Key employee Officel		Cfficel		Former Highest compensated employee Key employee		organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) LOUIS RICE MD PRESIDENT	40 00	х		х				0	0	0		
(2) TED LALLY MD SECRETARY	40 00	Х		х				245,957	0	40,208		
(3) GEETHA GOPALAKRISHNAN MD DIRECTOR	40 00	х						172,557	0	25,547		
(4) KELLY MCGARRY MD DIRECTOR	40 00	Х						165,493	0	34,217		
(5) JAMES BUTERA MD DIRECTOR (10/10-1/11)	40 00	Х						249,833	0	43,429		
(6) JOHN LONKS MD DIRECTOR	40 00	Х						159,672	0	33,158		
(7) HARLAN RICH MD DIRECTOR	40 00	Х						241,223	0	42,905		
(8) MICHAEL JOHNSON MD DIRECTOR	40 00	Х						153,523	0	33,237		
(9) MICHELLE ANVAR MD DIRECTOR	40 00	х						170,886	0	34,923		
(10) JEROME LARKIN MD DIRECTOR	40 00	х						152,753	0	21,849		
(11) WARREN LICHT MD DIRECTOR	40 00	х						213,933	0	40,067		
(12) GLENN A TUNG MD DIRECTOR	1 00	х						0	0	0		
(13) JOHN MURPHY MD DIRECTOR	1 00	х						0	0	0		
(14) STEVEN MALLOZZI MD VICE PRESIDENT	40 00			х				224,251	0	24,043		
(15) RICHARD MILLMAN MD TREASURER	40 00			х				286,754	0	40,346		
(16) PETER CERIANI CEO	40 00			х				258,540	0	42,880		
	•				_		_			Form 000 (2010)		

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

(A) Name and Title	(B) Average hours		tion (that a			II		(D) Reportable compensation from the	(E) Reportable compensation	amou		other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	fr organ r	pensa om th izatio elate anizat	ie n and d
(17) LANCE DWORKIN MD PHYSICIAN	40 00					х		437,713	C)		40,190
(18) KWAME DAPAAH-AFRIYIE MD PHYSICIAN	40 00					Х		430,979	C)		43,507
(19) PETER QUESENBERRY MD PHYSICIAN	40 00					х		397,220	C)		34,196
(20) FRED SCHIFFMAN MD PHYSICIAN	40 00					Х		369,148	C			36,452
(21) JACK R WANDS MD PHYSICIAN	40 00					Х		361,643	C			29,260
1b Sub-Total							P -					
					<u> </u>		 -	4,692,078	0		64	0,414
Total number of individuals (inclusion) \$100,000 in reportable compens	ıdıng but not lım	nited to	thos	e list	ted a	ibove)) who	received more tha	n	1		
									-	Y	es	No
3 Did the organization list any form on line 1a? If "Yes," complete Sch						mploy: •	ee,o •	r highest compensa		3		No

			1 63	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
	.		103	
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 I for such person	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INGENIX CARETRACKER 2771 MOMENTUM PLACE CHICAGO, IL 60689	MEDICAL BILLING	1,212,308
RHODE ISLAND HOSPITAL PO BOX H PROVIDENCE, RI 02901	STAFFING	354,311
PROVIDENCE VA MEDICAL CENTER 860 CHALKSTONE AVENUE PROVIDENCE, RI 02908	PHYSICIAN SERVICES	315,064
LIFESPAN PO BOX 414546 BOSTON, MA 02241	PHYSICIAN SERVICES	284,233
PHYSICIAN CHART AUDITORS LLC 14 DRIFTWAY AVENUE HULL, MA 02045	CHART AUDIT SERVICES	191,748
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 10

Form 99	•	2010) Statement of Reven	10				Pa	ge 9
		or ite vent			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events	. 1c . 1d . 1e . and 1f	Business Code				
Program Service Revenue	b c d e f	MEDICAL SERVICE FEES SUPPORT FROM RIH, TMH CONTRACT SERVICE REV MISCELLANEOUS All other program service rev Total. Add lines 2a-2f		900099 900099 900099	10,074,740	5,760,126 689,988		
	4 5 6a b	Investment income (including and other similar amounts) Income from investment of tax-ext Royalties	empt bond proceeds	(II) Personal	255,324			255,324
	7a b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising	(1) Securities 629,893 597,794 32,099	(II) O ther 1,091 9,896 -8,805	23,294			23,29
Other Revenue	b c 9a b c 10a b c d e	(not including \$ of contributions reported on See Part IV, line 18 Less direct expenses Net income or (loss) from fur Gross income from gaming a Less direct expenses Net income or (loss) from ga Gross sales of inventory, less returns and allowances . Less cost of goods sold Net income or (loss) from sa Miscellaneous Revenue	ine 1c) a b idraising events	a b Business Code				
	12	Total revenue. See Instructi	ons		55,816,488	55,537,870	orm 990 (20	

	990 (2010)				Page 10
Par	IX Statement of Functional Expenses				
^	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to c			(D)	
Do no	ot include amounts reported on lines 6b, b, 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	212,500	212,500		'
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,172,437	2,785,457	386,980	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	33,288,705	26,805,618	6,483,087	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,850,100	2,417,076	433,024	
9	Other employee benefits	3,257,041	2,271,378	 	
10	Payroll taxes	2,190,930	1,647,865	 	
а	Fees for services (non-employees) Management	2,130,330	1,017,003	313,003	
ь	Legal	124,009		124,009	
c	Accounting	55,200		55,200	
d	Lobbying	33,200		33,200	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	5,413		5,413	
g	Other	3,202,082	1,085,515		
12	Advertising and promotion	135,400	1,003,313	135,400	
13	Office expenses	1,202,916	497	1,202,419	
14	Information technology	12,649	437	12,649	
15	Royalties	12,047		12,047	
16	Occupancy	1,536,272		1,536,272	
17	Travel	79,984	10,985	 	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	79,904	10,983	00,339	_
19	Conferences, conventions, and meetings	152,902	152,902		
20	Interest	22,307	132,302	22,307	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	259,550		259,550	
23	Insurance	1,517,510	1,441,853	 	
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)	1,511,1510	2,112,000	13,331	
а	CARDIOLOGY EXPENSES-AEF	723,753	556,161	167,592	
b	OTHER EXPENSES	442,559		442,559	
c	EQUIPMENT RENTAL & MAIN	253,082		253,082	
d	SUBSCRIP/LICENSES	234,880	213,422	21,458	
е	EDUCATION AND TRAINING	84,205	84,205		
f	All other expenses	83,254	953	82,301	
25	Total functional expenses. Add lines 1 through 24f	55,099,640	39,686,387	15,413,253	0
26	Joint costs. Check here ► ☐ 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			<u>_</u>	000 (2010)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			3,002,800	1	3,655,256
	2	Savings and temporary cash investments			3,680,189	2	4,758,247
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		1,632,336	4	1,838,824	
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$, and contributing er sponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)	ers, and				
sts		Schedule L				6	
Assets	7	Notes and loans receivable, net			7		
₹	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		635,729	9	461,340	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	3,334,182			
	b	Less accumulated depreciation	10b	2,412,002	713,930	10c	922,180
	11	Investments—publicly traded securities			7,256,798	11	7,770,123
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	3,177,383	15	2,050,821		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			20,099,165	16	21,456,791
	17	Accounts payable and accrued expenses .			3,293,048	17	3,278,957
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
Se	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.			21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties		•		23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			394,367	25	1,271,684
	26	Total liabilities. Add lines 17 through 25			3,687,415	26	4,550,641
5		Organizations that follow SFAS 117, check here ► 🗸 and comp	lete li	nes 27			
Ce.		through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets			16,338,945	27	16,843,679
Ba	28	Temporarily restricted net assets			72,805	28	62,471
Fund	29	Permanently restricted net assets			29		
Fu		Organizations that do not follow SFAS 117, check here ► ┌ an	d com	plete			
ě		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			16,411,750	33	16,906,150
I	34	Total liabilities and net assets/fund balances			20,099,165	34	21,456,791

Ра	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		55.8	316,48
2	Total expenses (must equal Part IX, column (A), line 25)	2			099,64
3	Revenue less expenses Subtract line 2 from line 1	3		7	716,84
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		16,4	111,75
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 2	222,44
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		16,9	906,15
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were i	eeuad	20	103	
u	on a separate basis, consolidated basis, or both	ssueu			
	✓ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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OMB No. 1545-004

OMB No 1545-0047

2040

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization UNIVERSITY MEDICINE FOUNDATION

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.

Employer identification number

05-0450410 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 See Additional Data Table 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 Type I **b** Type II Type III - Other 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) 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 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) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(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 US?		(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

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.)

S	ection A. Public Support		and to quanty t			out complete	
	endar year (or fiscal year beginning						
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude 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						
Ū	line 4						
S	ection B. Total Support		<u> </u>	I I.			
	endar year (or fiscal year beginning						
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	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 activiti	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and stop here						►
	-tiC Ct-tiC D-I	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check	
_	and stop here. The organization qua						▶ □
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -
	box and stop here. The organization				45.46		►
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	► □
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						V
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □

organization

Part 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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 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 Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 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

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 **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 A (Form 990 or 990-EZ) 2010

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As Filed Data -

DLN: 93493223001262

OMB No 1545-0047

Department of the Treasury

SCHEDULE D (Form 990)

> ► Complete if the organization answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public Inspection

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** UNIVERSITY MEDICINE FOUNDATION 05-0450410 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ Yes funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c 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 ▶_ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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 ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 **▶**\$_____ (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

r en c	Organizations Maintaining Co	<u>llections of Art</u>	t, His	<u>stori</u>	<u>cal Tr</u>	easu	res, or O	ther	Similar Asse	ets (co	ontinued)
	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	he foll	owing t	hat are	e a significa	ant us	se of its collectio	n	
а	Public exhibition		d	Γ	Loan	or exch	nange progi	ams			
b	Scholarly research		е	Γ	Other						
c	Preservation for future generations										
	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	y furthe	r the o	rganızatıor	ı's ex	empt purpose ın		
	During the year, did the organization solicit cassets to be sold to raise funds rather than t									Yes	┌ No
Part	Part IV, line 9, or reported an an						n answere	d "Ye	es" to Form 99	Ο,	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	/ for c	ontrıbu	tions o	or other ass	ets n		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г		Ama		
	Danis and Indiana						-	1.	Amo	unt	
c d	Beginning balance						-	1c 1d			
	Additions during the year						-	1e			
_	Distributions during the year						-	1f			
f 2a	Ending balance	orm 000 Bart V Irr		,			L	TI	-	Ver	
	Did the organization include an amount on Fo		,e ∠1 ′	,					ı	Yes	│ No
	If "Yes," explain the arrangement in Part XIV				-d !!\/-	o!! to [Dow	t TV line 10		
Par	t V Endowment Funds. Complete	(a)Current Year)Prior '			-Orm 990, o Years Back			•) Four Y	ears Back
1a	Beginning of year balance	(a)carrent rear	(2	<i>y</i>	· cui	(6)	o rearo back	1(4).	mee rears back (e	.,. oa	cars back
	Contributions										
c	Investment earnings or losses										
	Grants or scholarships										
	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment ►										
	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that a	are held	d and a	dministere	d for t	the	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)	<u> </u>	<u> </u>
	If "Yes" to 3a(II), are the related organization	•						•	<u>3b</u>		<u> </u>
	Describe in Part XIV the intended uses of th					00 0-		1.0			
Part	Investments—Land, Buildings	s, and Equipme	:nt. 5				i '			l l	
	Description of investment) Cost or is (inves		(b)Cost or basis (oth		(c) Accumulated depreciation	(d) B	ook value
	and		•								
	uildings		•							<u> </u>	
c L	easehold improvements		•				37	3,363	176,451	<u> </u>	196,912
d E	quipment		•				2,96	0,819	2,235,551		725,268
	s i t										
	Other		•	<u></u>					<u> </u>	<u> </u>	922,180

Part VII Investments—Other Securities. Security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	þ-	
Part VIII Investments—Program Related.	See Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Bescription of investment type	(B) Book value	Cost or end-of-year market value
Tabl. (Column (b) should a real Fairs 000, Book V, and (B) had 42.)	P	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X		
(a) Des		(b) Book value
(1) OTHER RECEIVABLES		2,039,685
(2) DUE FROM UNIVERSITY CARDIOLOGY FOUNDAT	TON	11,136
(2) BOLT KOTT ONIVERSITE CARBIOLOGI FOUNDAT	1011	11,130
Total (Column (h) should equal Form 000 Part V and (D) !:	20.15	2.050.031
Total. (Column (b) should equal Form 990, Part X, col.(B) III Part X Other Liabilities. See Form 990, Part		2,050,821
(a) December of Legheleter		
<u> </u>	(b) A mount	
Federal Income Taxes		
PLEDGES PAYABLE	546,144	
DEFERRED COMPENSATION PLAN	725,540	
	+	
	1	
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,271,684	

Total revenue (Form 990, Part VIII, column (A), line 12)	1	55,816,488
Total expenses (Form 990, Part IX, column (A), line 25)	2	55,099,640
Excess or (deficit) for the year Subtract line 2 from line 1	3	716,848
Net unrealized gains (losses) on investments	4	-222,448
Donated services and use of facilities	5	
Investment expenses	6	
Prior period adjustments	7	
Other (Describe in Part XIV)	8	
	9	-222,448
	10	494,400
	er Retu	rn
Total revenue, gains, and other support per audited financial statements	1	55,594,040
Amounts included on line 1 but not on Form 990, Part VIII, line 12		
Net unrealized gains on investments		
Donated services and use of facilities		
Recoveries of prior year grants		
Other (Describe in Part XIV) 2d		
Add lines 2a through 2d	2e	-222,448
Subtract line 2e from line 1	3	55,816,488
Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Other (Describe in Part XIV) 4b		
Add lines 4a and 4b	4c	C
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	55,816,488
<u> </u>	per Re	
	1	55,099,640
	_	
Other losses		
Other (Describe in Part XIV) 2d		
Add lines 2a through 2d	2e	C
Subtract line 2e from line 1	3	55,099,640
Amounts included on Form 990, Part IX, line 25, but not on line 1:		
Other (Describe in Part XIV) 4b		
Addition and the	ایما	C
Add lines 4a and 4b	4c	
Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	4c 5	55,099,640
	Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 **XII** Reconcilitation of Revenue per Audited Financial Statements With Revenue Financial Statements and other support per audited financial statements. Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments	Excess or (deficit) for the year Subtract line 2 from line 1

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

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE MANAGEMENT BELIEVES THAT THE FOUNDATION OPERATES IN A MANNER CONSISTENT WITH THEIR TAX-EXEMPT STATUS AT BOTH THE STATE AND FEDERAL LEVEL THE FOUNDATION ANNUALLY FILES IRS FORM 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, REPORTING VARIOUS INFORMATION THAT THE IRS USES TO MONITOR THE ACTIVITIES OF TAX-EXEMPT ENTITIES THESE TAX RETURNS ARE SUBJECT TO REVIEW BY THE TAXING AUTHORITIES, AND THE FEDERAL INCOME TAX RETURNS FOR 2008, 2009, AND 2010 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED THE FOUNDATION CURRENTLY HAS NO TAX EXAMINATIONS IN PROGRESS

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DLN: 93493223001262

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury Internal Revenue Service Attach to Form 990. ► See separate Instructions.							Open to Public Inspection		
	e of the organization /ERSITY MEDICINI		ON			Employer iden	tification number		
UNI	ZERSITY MEDICINI	= FOUNDATI	ON			05-0450410			
Pa			n on Activit rt IV, line 14t		he United States.	Complete if the organi	zation answered		
1					ds to substantiate the	amount of the grants	or		
						tion criteria used to aw			
	the grants or ass	ıstance?					│ Yes │ No		
2	For grantmakers. D United States	escribe in Pa	art V the organi	zatıon's procedı	ires for monitoring the us	se of grant funds outside t	he		
3	Activites per Regio	n (Use Part	V ıf addıtıonal s	space is needed)				
	(a) Region		(b) Number of offices in the region	(c) Number of employees or agents in region of independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region		
	CENTRAL AMERIC CARIBBEAN	CA AND THE	0	0	DOCTORS TRAVEL TO	HEALTH PROGRAM	10,151		
2-	Sub-total		0	0			10.151		

0

b Total from continuation sheets

c Totals (add lines 3a and 3b)

to Part I

10,151

Part	Part IV, l	ine 15, for any					plete if the organiza received more thai		
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	nt organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2010

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			I				
			1				
			i				
			1				
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-			 I		,		
			ı		,		

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)	Γ	Yes	굣	Νo
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)	Γ	Yes	굣	Νo
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)	Г	Yes	্	Νo
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)	Г	Yes	্	Νo
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)	Г	Yes	্	Νo
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).	Г	Yes	굣	Νo

Schedule F (Form 990) 2010

Additional Data

Software ID: Software Version:

EIN: 05-0450410

Name: UNIVERSITY MEDICINE FOUNDATION

Schedule F (Form 990) 2010

Page **5**

Part V Supplemental Information

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

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General Information on Grants and Assistance

Schedule I

Grants and Other Assistance to Organizations,

Governments and Individuals in the United States

OMB No 1545-0047

DLN: 93493223001262

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY MEDICINE FOUNDATION

(Form 990)

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Employer identification number

05-0450410

2 Describe in Part IV the or	-	-					
Form 990, Part I	V, line 21 for any	o Governments and recipient that received eded	d more than \$5,000	. Check this box if n	o one recipient re	ceived more than \$5,	d "Yes" to 000. Part II can be
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BROWN UNIVERSITY CONTROLLERS OFFICE BOX J PROVIDENCE,RI 02912	05-0258809	501(C)3	10,000				TO SUPPORT AIDS CENTER, MEDICAL SCHOOL DONATION
(2) RHODE ISLAND HOSPITAL593 EDDY STREET PROVIDENCE,RI 02903	05-0258954	501(C)3	120,000				SUPPORT PRESIDENT'S PURSUIT OF EXCELLENCE, RESEARCH DEVELOPMENT AWARD, AND SUPPORT OF RIH MEDICAL INFRASTRUCTURE
(3) THE MIRIAM HOSPITAL 164 SUMMIT AVENUE PROVIDENCE,RI 02906	05-0258905	501(C)3	42,500				RESEARCH DEVELOPMENT AWARD, SUPPORT FOR TMH ANNUAL GALA
(4) WOMEN & INFANTS HOSPITAL101 DUDLEY STREET PROVIDENCE,RI 02905	05-0258937	501(C)3	10,000				SUPPORT FOR THE CENTER OF EXCELLENCE IN WOMEN'S HEALTH
(5) HASBRO CHILDREN HOSPITAL593 EDDY STREET PROVIDENCE,RI 02903	05-0258954	501(C)3	5,000				SPONSOR HASBRO'S ANNUAL FUNDRAISING GALA
(6) OCEAN STATE RESEARCH INSTITUTE830 CHALKSTONE AVENUE PROVIDENCE,RI 02908	05-0440574	501(C)3	25,000				RESEARCH DEVELOPMENT AWARD
Enter total number of sectEnter total number of other							<u> </u>
Fau Deliman Ast and Demand 1 D	d., Ast N-4!	the Treturetiens for Form	000	Cat No FOOFED		_	hadula I (Fau 000) 2010

Identifier

Return Reference

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

Explanation

Schedule I (Form 990) 2010

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DLN: 93493223001262

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

UNIVERSITY MEDICINE FOUNDATION

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

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

05-0450410 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e g , maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain 1b 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 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment from the organization or a related organization? 4a Nο 4h Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo **4**c Participate in, or receive payment from, an equity-based compensation arrangement? Νo 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. 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 The organization? **5**a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

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 o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

Schedule J (Form 990) 2010 Page **3**

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

|--|

Schedule J (Form 990) 2010

Software ID: Software Version:

EIN: 05-0450410

Name: UNIVERSITY MEDICINE FOUNDATION

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

Form 990, Schedule J, Part I	<u> 1 - Off</u>	icers, Direct	ors, Trustees, Key	Employees, and	Highest Compens	ated Employees	-	T
(A) Name	(B) Breakdown of \		(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form
	(i) Bo Compen		(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	bellents	(5)(1) (5)	990 or Form 990-EZ
TED LALLY MD (I		241,406 0	0 0	4,551 0	24,100 0	16,108 0	286,165 0	0 0
GEETHA (I GOPALAKRISHNAN (II MD)	170,660 0	0 0	1,897 0	17,108 0	8,439 0	198,104 0	0
KELLY MCGARRY MD (I		162,076 0	o 0	3,417 0	16,372 0	17,845 0	199,710 0	0 0
JAMES BUTERA MD (I)	245,733 0	0	4,100 0	24,500 0	18,929	293,262 0	0 0
JOHN LONKS MD (I		156,043 0	0	3,629 0	15,613 0	17,545 0	192,830 0	0
HARLAN RICH MD (I)	238,964 0	0	2,259 0	24,064 0	18,841	284,128 0	0
MICHAEL JOHNSON (I		149,937 0	0	3,586 0	15,113 0	18,124 0	186,760 0	0
MICHELLE ANVAR MD (III		169,410 0	0	1,476 0	17,124 0	17,799 0	205,809	0
JEROME LARKIN MD (I)	152,250 0	0	503 0	4,110 0	17,739 0	174,602 0	0
WARREN LICHT MD (II		210,250 0	0	3,683 0	21,244	18,823	254,000 0	0
STEVEN MALLOZZI (II)	221,343 0	0	2,908 0	22,034 0	2,009	248,294 0	0
RICHARD MILLMAN (I		280,562 0	0	6,192 0	24,500 0	15,846 0	327,100 0	0
PETER CERIANI (I)	256,851 0	0	1,689 0	24,500 0	18,380 0	301,420 0	0
LANCE DWORKIN MD (I		431,480 0	0	6,233 0	24,500 0	15,690 0	477,903 0	0
KWAME DAPAAH- (I		428,159 0	0	2,820 0	24,500 0	19,007 0	474,486 0	0
PETER QUESENBERRY (III		388,460 0	0	8,760 0	24,500 0	9,696 0	431,416 0	0
FRED SCHIFFMAN MD (I		363,610 0	0	5,538 0	24,500 0	11,952 0	405,600 0	0
JACK R WANDS MD (I)	355,182 0	0	6,461 0	24,500 0		390,903 0	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493223001262

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

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

2010

Open to Public Inspection

Name of the organization UNIVERSITY MEDICINE FOUNDATION							Er	nployer id	dent if ica	tion numb	er	
UNIVERSITY PREDICINE FOUNDATION							0 !	5-04504	10			
Part I Excess Benefit Tran												
Complete if the organizat	ion ans	wered "Y	es" on Form	1 990, P	art IV, line 25a c	or 25b,	or Form	990-EZ,	Part V , lı	ne 40b	(a)	
1 (a) Name of disqualified person			(b) Description of transaction					Cor	(c) Corrected?			
					(2, 2 33 3					Yes	No	
2 Enter the amount of tax impos section 4958									r · +			
3 Enter the amount of tax, if any									* 			
5 Enter the amount of tax, if any	, on mie	2, abov	e, reilliburse	a by the	e organización :				Р —			
Part II Loans to and/or I												
Complete if the organiz			"Yes" on Fo	rm 990	, Part IV , line 26	, or Fori	m 990-E	(f)		a T		
(-) No		(b) Loan to or from the (c) O rice				(e)	In	Approved			(g)Written	
(a) Name of interested person and purpose		zation?	(c)Orig principal a				default? by board or committee?			agreeme	agreement?	
	То	From				Yes	No	Yes	No	Yes	No	
(1) ARCHILLES R ALCARAZ											1	
LEGAL EXPENSES RELATED TO												
OBTAINING WORK PERMIT TO												
WORK IN US		X		15,000	8,315		No	Yes		Yes		
								-			<u> </u>	
							+		1		1	
							+				1	
Total		'		> \$	8,315		1				1	
Part IIII Grants or Assistar												
Complete if the orga	nızatıo						27.					
(a) Name of interested pers	on	(b			en interested per janization	son	(c) A m	ount of g	rant or ty	pe of assi	stance	
			una	T CITE OT 9	Juni Zacion							

Part IV Business Transactions In Complete if the organization			ne 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sha organiz reven	atıon's
	organızatıon			Yes	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
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Schedule L (Form 990 or 990-EZ) 2010

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As Filed Data -

DLN: 93493223001262

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service 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
UNIVERSITY MEDICINE FOUNDATION

Employer identification number

05-0450410

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		ALL PHY SICIANS ARE MEMBERS UPON JOINING THE FOUNDATION

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		ALL BOARD MEMBERS ARE ELECTED BY THE MEMBERS, EXCEPT THE THREE WHO SERVE AS EX OFFICIO

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE PRESIDENT'S VETO OF ANY ACTION CAN BE OVERRIDDEN BY A MEMBERSHIP VOTE OF 75%

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE 990 IS NOT PROVIDED TO THE ORGANIZATION'S FULL BOARD OF DIRECTORS BEFORE IT IS FILED. THE 990 IS REVIEWED BY THE FINANCE OFFICE AND THE PRESIDENT

Identifier	Return Reference Explanation						
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION'S CONFLICT OF INTEREST FORMS ARE REQUIRED TO BE FILLED OUT ANNUALLY THE RESPONSES ARE COMPILED BY THE CEO'S OFFICE AND FOLLOWED UP IF THE FORMS INDICATE POTENTIAL CONFLICTS					

Identifie	Return Reference	Explanation
	· · · · · · · · · · · · · · · · · · ·	THE COMPENSATION OF THE BOARD MEMBERS THAT ARE EMPLOYEES OF THE ORGANIZATION IS DETERMINED BY THE DIVISION DIRECTOR THE COMPENSATION OF THE CEO AND OTHER KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT OF THE ORGANIZATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE AT THE SECRETARY OF STATE'S OFFICE AND ON THE RELATED WEBSITE. THE ORGANIZATION DOES NOT MAKE ITS FINANCIAL STATEMENTS, BY-LAWS OR ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC AS IT DOES NOT BELIEVE THAT A PUBLIC PURPOSE WOULD BE SERVED BY DOING SO

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -222,448

DLN: 93493223001262

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Attachment

nternal Revenue Service (99)	•	See separate instructions	. ► Attach	to your	tax re	et urn.		Sequence No 67
Name(s) shown on return		1	dentifying number					
UNIVERSITY MEDICINE	FOUNDATION	05-0450410						
Part I Election	Γο Expense (Certain Property Un	0 PAGE 10	179] 0	5-0450410
		sted property, complet			ı con	nplete Part I.		
1 Maximum amount See	the instructions	for a higher limit for certa	aın busınesses	•			1	500,000
2 Total cost of section 1	79 property plac	ced in service (see instruc	ctions) .				2	
3 Threshold cost of sect	ion 179 property	y before reduction in limita	ation (see instr	uctions) .		3	2,000,000
4 Reduction in limitation	Subtract line 3	from line 2 If zero or less	s, enter - 0 -				4	
5 Dollar limitation for tax	year Subtract	line 4 from line 1 If zero o	or less, enter - 0)- Ifm	arried	filing		
separately, see instruc	tions						5	
6 (a)	Description of pr	roperty	(b) Cost (bu		use	(c) Elected c	ost	
								-
7 Listed property Enter t	the amount from	June 20			7			_
		erty Add amounts in colu	mn (c) lines 6	•			8	1
9 Tentative deduction E			iiii (c), iiiies o	allu /	•		9	
10 Carryover of disallowed			m 4562	•			10	
11 Business income limitation				e instruc	tions)		11	
12 Section 179 expense of							12	
·		•		I lille I			12	
13 Carryover of disallowed Note: <i>Do not use Part</i> .				co Par	13			
		Allowance and Other				include listed n	ropert	v) (See instructions)
14 Special depreciation al tax year (see instruction	lowance for qual		•					,,,(000
15 Property subject to sec	•	election			_		15	
16 Other depreciation (inc					Ī		16	
		Do not include listed p	roperty.) (Se	e ınstr	uctio	ns.)	1	<u> </u>
			ction A			,		
17 MACRS deductions for	assets placed ı	n service in tax years beg	ınnıng before 2	010			17	207,910
18 If you are electing t	o group any a	ssets placed in service	during the ta	ax yea	r into	one or mo <u>re</u>		
	-	re						
Section B—Asse	ets Placed in	Service During 201	<u> 0 Tax Year</u>	Using	the	General Dep	recia	ation System
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention (f) Method			od	(g)Depreciation deduction
19a 3-year property								
b 5-year property		318,141	5 0	N	1 M	S/L		46,820
c 7-year property								
d 10-year property								
e 15-year property f 20-year property								
g 25-year property	1		25 yrs			S/L		
h Residential rental			27 5 yrs	M	IM	S/L		
property			27 5 yrs	MM S/L				
i Nonresıdentıal real			39 yrs	MM S/L				
property				1	IM	S/L		
	n C—Assets Plac	ced in Service During 2010					n Syst	
20a Class life b 12-year	1	159,055				4,820		
c 40-year		12 yrs S/L 40 yrs MM S/L						
	y (see instruc	tions)	. 5 , . 5	<u>'</u>				
21 Listed property Enter							21	
22 Total. Add amounts fro and on the appropriate		14 through 17, lines 19 a urn Partnerships and S c					22	259,550
23 For assets shown abov portion of the basis att			year, enter the	e 	23			

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	<u>nforma</u>	ition (C	aution	: See t	he ir	<i>istruct</i>	ions for	· limits	for pa	sseng	ier au	tomot	<u>iles</u>
24a Do you have eviden	ice to support	the business/in	vestment ι	use claime	d? ┌ Yes	Гио		24	b If "Yes	" is the e	ev idence	written?	Гү	s L N	o
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost o	d) r other sis	(busines	(e) r deprecia ss/investm se only)		(f) Recovery period	(g) Metho Conven	d/	(h Deprec dedud	iation/		(i) Electe section : cost	179
.5 Special depreciation allo	•	· · · ·	erty placed	ın service	during the	tax year	and u	sed more		25					
6 Property used more			husiness	LISE					1.4						
or roperty asea more	1 11 11 11 11	%	business	, 450											
		%													
7 Duamanti,		%													
7 Property used 50%	or less in a	quanned bus	siness us	e	1		I		S/L -	1					
		%							S/L -						
		%							S/L -				4		
28 Add amounts in co						ne 21, p	age	1.	28			_			
29 Add amounts in co	olumn (ı), lın						•	•			29				
	6		ction B												
omplete this section you provided vehicles to													se vehic	les	
30 Total business/inv				_	a)	(b		T .	(c)		(d)		e)		f)
year (do not inclu			ring the	Vehi	icle 1	Vehic	le 2	Ve	hicle 3	Veh	ıcle 4	Vehi	cle 5	Vehi	cle
		-				1				_					
31 Total commuting r		,													
32 Total other person	nal(noncomm	nuting) miles	drıven												
33 Total miles driven	during the y	ear Add line	s 30												
through 32 . 34 Was the vehicle av	· · · ·	orconaluca		V	l Na	 Y	N.	V	No.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N _a	V	T No.	V	TN
		iersonai use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	N
during off-duty hou 35 Was the vehicle us		· · · ·	 han 50/a		+								 		\vdash
owner or related p		by a more t													
36 Is another vehicle	available fo	r personal us	se? .												
Section	on C—Que	stions for	Emplo	yers W	ho Pro	vide V	ehi	cles fo	or Use	by Th	eir Er	nploy	ees	<u> </u>	
nswer these question % owners or related				eption to	comple	tıng Sec	tion	B for ve	hicles u	sed by	employ	ees wh	o are	not mo	re tl
37 Do you maintain a employees?				nibits all	personal	use of	vehic	les, inc	luding c	ommuti	ng, by	your	Y	'es	No
					-	-	-					-			
38 Do you maintain a employees? See th															
9 Do you treat all us	e of vehicles	s by employe	es as pei	rsonal us	e? .										
10 Do you provide movehicles, and retai	re than five	vehicles to y	our empl			ormation	fron	n your e	mployee	s abou	t the us	e of th	e 🗀		
11 Do you meet the re				· ·	· ·	 netratioi	n uce	.2 (500	· ·		•	•	-		
Note: If your answ	•		•					•		,		•	\vdash	-	
		, 39, 40, 01 -	+115 16:	5, 40 110	Comple	te Secti	OII B	ioi tile	Covered	venicie	:5				
Part VI Amo	rtization	(b)								(0)	1				
(a) Description of c	osts	Date amortizatio begins	n	A mort a mo	ızable		С	(d) ode ction	A mo	(e) tizatior iod or entage	A mortization for this year				
12 A mortization of co	sts that bea		ur 2010	tax vear	(see ins	truction	s)								
			1	,	,		-,								
			-						+						
I3 Amortization of co	sts that beg	an before vo	ur 2010 t	tax vear						43					
14 Total Add amount	=	•		•	• •	•	- '	•		44	+				

Additional Data

Software ID: Software Version:

EIN: 05-0450410

Name: UNIVERSITY MEDICINE FOUNDATION

Form 990, Schedule A, Part I, Line 4 - A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

Hospital Name, City, and State					
RHODE ISLAND HOSPITAL					
PROVIDENCE,					
MIRIAM HOSPITAL					
PROVIDENCE,					
HASBRO CHILDREN'S HOSPITAL					
PROVIDENCE,					
WOMEN AND INFANTS HOSPITAL					
PROVIDENCE,					
PROVIDENCE VETERANS ADMINISTRATION HOSPITAL					
PROVIDENCE,					
MEMORIAL HOSPITAL					
PAWTUCKET,					