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Form 990   Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>  ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		<b>2010</b>
		<b>Open to Public Inspection</b>

<b>A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011</b>		
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization CARE NEW ENGLAND HEALTH SYSTEM	<b>D Employer identification number</b>  05-0490997
	Doing Business As	<b>E Telephone number</b>  (401) 681-1150
	Number and street (or P O box if mail is not delivered to street address) 45 WILLARD AVENUE	Room/suite
	<b>G</b> Gross receipts \$ 57,909,680	
	City or town, state or country, and ZIP + 4 PROVIDENCE, RI 02905	
	<b>F</b> Name and address of principal officer JOHN M SUTHERLAND III 45 WILLARD AVENUE - 3RD FLOOR PROVIDENCE, RI 02905	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.CARENEWENGLAND.ORG		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation 1996	<b>M</b> State of legal domicile RI

<b>Part I</b>	<b>Summary</b>
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Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities THE ORGANIZATION IS DEVOTED TO CONTINUALLY IMPROVING THE HEALTH AND WELL-BEING OF THE PEOPLE AND COMMUNITIES THEY SERVE		
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	27	
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	19	
<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	<b>5</b>	204	
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	0	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	0	100,000
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	39,805,640	57,477,520
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,176,729	248,510
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	17,762	0
		41,000,131	57,826,030
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	24,134,223	38,377,253
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	15,628,455	19,477,195
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	39,762,678	57,854,448
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	1,237,453	-28,418
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	95,033,482	129,158,133
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	105,634,998	143,684,173
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	-10,601,516	-14,526,040

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

<b>Sign Here</b>	***** Signature of officer	2012-08-10 Date		
	JOHN M SUTHERLAND III ASSISTANT TREASURER Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Scott Mariani	Preparer's signature Scott Mariani	Date	Check if self-employed <input type="checkbox"/> PTIN
	Firm's name ▶ WithumSmithBrown PC	Firm's EIN ▶		
	Firm's address ▶ 465 South St Ste 200 Morristown, NJ 079606497	Phone no ▶ (973) 898-9494		

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

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

CARE NEW ENGLAND IS DEVOTED TO CONTINUALLY IMPROVING THE HEALTH AND WELL-BEING OF THE PEOPLE AND COMMUNITIES WE SERVE. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

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

If "Yes," describe these changes on Schedule O

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

4a	(Code )	(Expenses \$ 52,312,073 including grants of \$ 0 )	(Revenue \$ 57,229,516 )
	<p>CARE NEW ENGLAND HEALTH SYSTEM IS THE HOLDING COMPANY OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH CONSISTS OF BUTLER HOSPITAL, KENT COUNTY MEMORIAL HOSPITAL, WOMEN AND INFANTS HOSPITAL OF RHODE ISLAND, WOMEN AND INFANTS CORPORATION, KENT COUNTY VISITING NURSE ASSOCIATION D/B/A VNA OF CARE NEW ENGLAND, AND THEIR SUBSIDIARIES AND AFFILIATES CARE NEW ENGLAND HEALTH SYSTEM PROVIDES MANAGEMENT SERVICES WHICH INCLUDES STRATEGIC PLANNING, INVESTMENT MANAGMENT, CAPITAL FINANCING FOR THE GROUP, LEGAL, PURCHASING, INFORMATION TECHNOLOGY, REVENUE CYCLE, SFP, ACCOUNTING AND COMPLIANCE/INTERNAL AUDIT PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT</p>		


















<b>4b</b>	(Code	) (Expenses \$	398,711	including grants of \$	0 ) (Revenue \$	248,004 )
CARE NEW ENGLAND WELLNESS CENTER PROGRAMS AND CLINICAL SERVICES ARE BASED ON A MODEL OF MEDICAL INTEGRATION WITH A TEAM APPROACH, INCORPORATING NUTRICIAN COUNSELING, FITNESS, HEALTH EDUCATION AND STRESS MANAGEMENT AS A COMPLIMENT TO CONVENTIONAL MEDICAL TREATMENT, INTEGRATIVE THERAPIES ARE OFFERED PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT						

[illegible]

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

<b>4e</b>	<b>Total program service expenses</b>	<b>\$ 52,710,784</b>
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	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, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the 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? If "Yes," complete Schedule G, Part II	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? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	28b		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? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b>	341
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	204
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	No
<b>b</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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	No
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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.	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19	
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	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		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. CARLEEN P SMITH 300 RICHMOND STREET PROVIDENCE, RI 02903 (401) 274-1122

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

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

Form **990** (2010)



## Part VII

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization: 28

## Section B. Independent Contractors

## **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

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶12	
---	--	--

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections  512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . . 1a					
	b	Membership dues . . . . . 1b					
	c	Fundraising events . . . . . 1c					
	d	Related organizations . . . . . 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	100,000				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . . ▶	100,000				
	Program Service Revenue			Business Code			
2a		NET PATIENT SERVICE REVENUE	541900	248,004	248,004		
b		MANAGEMENT REVENUE	561000	57,211,105	57,211,105		
c		OTHER HEALTHCARE RELATED REVENUE	900099	18,411	18,411		
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f . . . . . ▶	57,477,520				
Other Revenue		3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶				
			84,346			84,346	
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			
	6a	Gross Rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			240,589	7,225			
		b	Less cost or other basis and sales expenses		83,650		
		c	Gain or (loss)	240,589	-76,425		
	d	Net gain or (loss) . . . . . ▶		164,164			164,164
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . a					
		b	Less direct expenses . . . . . b				
	c	Net income or (loss) from fundraising events . . ▶		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . a					
		b	Less direct expenses . . . . . b				
c		Net income or (loss) from gaming activities . . ▶		0			
10a	Gross sales of inventory, less returns and allowances . . . . . a						
	b	Less cost of goods sold . . . . . b					
c	Net income or (loss) from sales of inventory . . ▶		0				
Miscellaneous Revenue		Business Code					
11a							
	b						
	c						
	d	All other revenue . . . . .					
	e	Total. Add lines 11a-11d . . . . . ▶		0			
12	Total revenue. See Instructions . . . . . ▶		57,826,030	57,477,520	0	248,510	

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	29,239,356	29,239,356		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,607,601	1,607,601		
9	Other employee benefits . . . . .	5,722,091	5,722,091		
10	Payroll taxes . . . . .	1,808,205	1,808,205		
a	Fees for services (non-employees) Management . . . . .	0			
b	Legal . . . . .	942,835		942,835	
c	Accounting . . . . .	267,000		267,000	
d	Lobbying . . . . .	234,300		234,300	
e	Professional fundraising services See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	893,678	893,678		
12	Advertising and promotion . . . . .	377,206		377,206	
13	Office expenses . . . . .	4,040,346	727,263	3,313,083	
14	Information technology . . . . .	7,958,031	7,958,031		
15	Royalties . . . . .	0			
16	Occupancy . . . . .	1,372,773	1,372,773		
17	Travel . . . . .	120,978	120,978		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	0			
20	Interest . . . . .	9,240		9,240	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	399,972	399,972		
23	Insurance . . . . .	76,674	76,674		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	CONTRACTED SERVICES	1,181,944	1,181,944	0	0
b	BOND FEES	420,725	420,725	0	0
c	UTILITIES	299,295	299,295	0	0
d	EDUCATION & TRAINING	77,478	77,478	0	0
e	MERGER COSTS	53,990	53,990	0	0
f	All other expenses	750,730	750,730	0	0
25	Total functional expenses. Add lines 1 through 24f	57,854,448	52,710,784	5,143,664	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			0	1	887
	2	Savings and temporary cash investments . . . . .			5,001,310	2	-13,911,655
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			209,647	4	116,676
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			75,456,682	7	107,216,468
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			1,736,972	9	1,577,974
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	7,496,267			
	b	Less: accumulated depreciation . . . . .	10b	4,810,290	2,798,420	10c	2,685,977
	11	Investments—publicly traded securities . . . . .			7,547,163	11	4,043,124
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .			2,006,651	13	27,132,204
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			276,637	15	296,478
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			95,033,482	16	129,158,133	
Liabilities	17	Accounts payable and accrued expenses . . . . .			7,895,147	17	11,754,804
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .			74,500,000	20	99,333,682
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			23,239,851	25	32,595,687
	26	Total liabilities. Add lines 17 through 25 . . . . .			105,634,998	26	143,684,173
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			-10,601,516	27	-14,526,040
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			-10,601,516	33	-14,526,040
34	Total liabilities and net assets/fund balances . . . . .			95,033,482	34	129,158,133	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	57,826,030
2	Total expenses (must equal Part IX, column (A), line 25)	2	57,854,448
3	Revenue less expenses Subtract line 2 from line 1	3	-28,418
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-10,601,516
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,896,106
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	-14,526,040

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
CARE NEW ENGLAND HEALTH SYSTEM

Employer identification number  
05-0490997

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☒

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

a

☐

Type I

b

☐

Type II

c

☒

Type III - Functionally integrated

d

☐

Type III - Other

e

☒

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		No
<b>11g(ii)</b>		No
<b>11g(iii)</b>		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) WOMEN & INFANTS CORPORATION	050258937	03	Yes		Yes		Yes		0
(B) BUTLER HOSPITAL	050258812	03	Yes		Yes		Yes		0
(C) KENT COUNTY MEMORIAL HOSPITAL	050258896	03	Yes		Yes		Yes		0
(D) KENT COUNTY VISITING NURSE ASSOCIATION	050242659	03	Yes		Yes		Yes		0
Total									0

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

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

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))			14			
15 Public Support Percentage for 2009 Schedule A, Part II, line 14			15			
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶						

Part IIIPart III

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

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

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13 Total support (Add lines 9, 10c, 11 and 12 )						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> 						

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

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



Part IV

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

Additional Data

Software ID:  
Software Version:  
EIN: 05-0490997  
Name: CARE NEW ENGLAND HEALTH SYSTEM

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section )	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) WOMEN & INFANTS CORPORATION	050258937	03	Yes		Yes		Yes		0
(B) BUTLER HOSPITAL	050258812	03	Yes		Yes		Yes		0
(C) KENT COUNTY MEMORIAL HOSPITAL	050258896	03	Yes		Yes		Yes		0
(D) KENT COUNTY VISITING NURSE ASSOCIATION	050242659	03	Yes		Yes		Yes		0

Additional Data

Software ID:

Software Version:

EIN: 05-0490997

Name: CARE NEW ENGLAND HEALTH SYSTEM

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT E DEBLOIS CHAIRMAN - DIRECTOR	5 0	X		X				0	0	0
EDWARD J COONEY VICE CHAIRMAN - DIRECTOR	1 0	X		X				0	0	0
CHARLES R REPPUCCI ESQ TREASURER - DIRECTOR	1 0	X		X				0	0	0
JOANNA CAIN MD DIRECTOR (TERM 12/27/10)	0 0	X						0	633,789	12,618
THOMAS J CELONA DIRECTOR	1 0	X						0	0	0
EARL D CHAMBERS DIRECTOR	1 0	X						0	0	0
ALLEN H CICCHITELLI DIRECTOR	1 0	X						0	0	0
SANDRA L COLETTA DIRECTOR - PRES AND CEO/KCMH	1 0	X		X				0	705,010	86,884
ANDREW M ERICKSON DIRECTOR	1 0	X						0	0	0
JONATHAN K FARNUM DIRECTOR	1 0	X						0	0	0
MARGARET D FARRELL ESQ DIRECTOR	1 0	X						0	0	0
PHYLLIS C FIELD DIRECTOR	1 0	X						0	0	0
MICHAEL A FIORI MD DIRECTOR	1 0	X						0	0	0
ROBERT G FLANDERS JR ESQ DIRECTOR	1 0	X						0	0	0
KENT W GLADDING DIRECTOR	1 0	X						0	0	0
DUANE T GOLOMB MD DIRECTOR	1 0	X						0	7,500	0
BENJAMIN P HARRIS III ESQ DIRECTOR	1 0	X						0	0	0
DEAN T HOLT DIRECTOR	1 0	X						0	0	0
CONSTANCE A HOWES JD FACHE DIRECTOR - PRES/CEO/WIH	1 0	X		X				0	809,459	123,342
JOHN H HOWLAND DIRECTOR	1 0	X						0	0	0
JOHN J HYNES ESQ 101-731 DIRECTOR - PRES/CEO/CNE	55 0	X		X				0	1,342,974	307,010
DENNIS KEEFE 81-930 DIRECTOR - PRES/CEO/CNE	55 0	X		X				0	0	0
DOUGLAS L JACOBS DIRECTOR	1 0	X						0	0	0
KATHERINE F MCKENZIE DIRECTOR	1 0	X						0	0	0
MAUREEN G PHIPPS MD MPH DIRECTOR	1 0	X						0	306,185	19,160

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
STEVEN A RASMUSSEN MD DIRECTOR	1 0	X						0	544,232	71,163	
PATRICIA R RECUPERO JD MD DIRECTOR - PRES/CEO/BH	1 0	X		X				0	688,067	305,680	
GEORGE W SHUSTER DIRECTOR	1 0	X						0	2,000	0	
SANTINA L SIENA MD DIRECTOR	1 0	X						0	5,300	0	
JOHN M SUTHERLAND III ASSISTANT TREASURER	55 0			X				0	605,702	118,291	
THOMAS R COURAGE ESQ SECRETARY	55 0			X				0	504,627	110,253	
ALYSSA BOSS ASSISTANT SECRETARY	55 0			X				0	275,023	43,876	
DOMENIC DELMONICO SR VP CONTRACTING	55 0				X			0	446,044	79,974	
MARILYN WALSH SR VP HUMAN RESOURCES	55 0				X			0	424,715	124,008	
GAIL COSTA SR VP PLANNING	55 0				X			0	396,714	110,946	
MAYBELLE KERNAN VP PR MARKETING	55 0				X			0	351,007	52,885	
CEDRIC PRIEBE III MD CHIEF MEDICAL INFO OFFICER	55 0					X		392,610	0	53,227	
CARLEEN P SMITH CNE ASSOCIATE VP FINANCE	55 0					X		368,389	0	97,771	
THOMAS GARDNER DIRECTOR MATERIALS MANAGEMENT	55 0					X		244,614	0	82,952	
PATRICIA DEVANEY CNE ASSOC VP HUMAN RESOURCES	55 0					X		201,165	0	37,934	
RALPH HANSELMAN DIRECTOR COMPLIANCE AND AUDIT	55 0					X		137,913	0	29,818	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

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

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

Name of the organization CARE NEW ENGLAND HEALTH SYSTEM	Employer identification number 05-0490997
--	--

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

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If “Yes,” describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

A

Check

☒

if the filing organization belongs to an affiliated group

B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		234,300	308,136												
c Total lobbying expenditures (add lines 1a and 1b)		234,300	308,136												
d Other exempt purpose expenditures		57,620,148	872,485,662												
e Total exempt purpose expenditures (add lines 1c and 1d)		57,854,448	872,793,798												
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	1,000,000												
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000	250,000												
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	130,304	160,304	211,970	234,300	736,878
d Grassroots non-taxable amount	130,304	160,304	211,970	234,300	736,878
e Grassroots ceiling amount (150% of line 2d, column (e))					1,105,317
f Grassroots lobbying expenditures	250,000	250,000	250,000	250,000	1,000,000

Part II-B

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

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

Part III-A

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

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public  
Inspection

**Name of the organization**  
CARE NEW ENGLAND HEALTH SYSTEM

**Employer identification number**  
  
05-0490997

Part I

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

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

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

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

4

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

5

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

☐ Yes

☐ No

6

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

7

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

8

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

☐ Yes

☐ No

9

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

Part III

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

1a

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

1b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii)

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2010



Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

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

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land . . . . .			
b	Buildings . . . . .			
c	Leasehold improvements . . . . .	516,454	442,644	73,810
d	Equipment . . . . .	2,298,758	1,908,464	390,294
e	Other . . . . .	4,681,055	2,459,182	2,221,873
Total.	Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶			2,685,977



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

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

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

<b>Part XIV    Supplemental Information</b>
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
TEXT OF FIN 48 AUDITED FINANCIAL STATEMENT FOOTNOTE	SCHEDULE D, PART X	THE ORGANIZATION IS THE PARENT ENTITY OF CARE NEW ENGLAND HEALTH SYSTEM AND AFFILIATES, A TAX-EXEMPT, INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") AN INDEPENDENT BIG FOUR CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF CARE NEW ENGLAND HEALTH SYSTEM AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND SEPTEMBER 30, 2010, RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CERTAIN CONSOLIDATING SCHEDULES THE AUDITED FINANCIAL STATEMENTS DO NOT CONTAIN FOOTNOTE DISCLOSURE RELATED TO THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 THE ORGANIZATION COMPLETED AN ASSESSMENT OF THE ESTIMATED LIABILITY FOR UNCERTAIN TAX POSITIONS AT SEPTEMBER 30, 2011 AND CONCLUDED THAT THE ESTIMATED LIABILITY WAS NOT MATERIAL TO THE ORGANIZATION'S FINANCIAL STATEMENTS

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization CARE NEW ENGLAND HEALTH SYSTEM	Employer identification number  05-0490997
--	--

Part I

Questions Regarding Compensation

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

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

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

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

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

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
COMPENSATION INFORMATION	PART VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2010 FORMS W-2 AND 1099 (IF APPLICABLE)
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES VESTED BENEFITS IN A LONG-TERM INCENTIVE PLAN WHICH ARE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2010 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: CONSTANCE A. HOWES, J.D., FACHE, \$60,640, JOHN J. HYNES, ESQ., \$194,391, STEVEN A. RASMUSSEN, M.D., \$62,371, PATRICIA R. RECUPERO, J.D., M.D., \$100,416, JOHN M. SUTHERLAND, III, \$44,821, THOMAS R. COURAGE, ESQ., \$65,512, DOMENIC DELMONICO, \$31,633, MARILYN WALSH, \$55,238, GAIL COSTA, \$51,807, MAYBELLE KERNAN, \$48,277, CARLEEN P. SMITH, \$137,601 AND THOMAS GARDNER, \$31,954. THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A LONG-TERM INCENTIVE PLAN WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THE UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN THE INDIVIDUAL'S 2010 FORM W-2, AS TAXABLE WAGES: SANDRA L. COLETTA, \$62,280, CONSTANCE A. HOWES, J.D., FACHE, \$79,792, JOHN J. HYNES, ESQ., \$178,852, STEVEN A. RASMUSSEN, M.D., \$54,462, PATRICIA R. RECUPERO, J.D., M.D., \$92,982, JOHN M. SUTHERLAND, III, \$55,852, THOMAS R. COURAGE, ESQ., \$60,695, ALYSSA BOSS, \$33,027, DOMENIC DELMONICO, \$38,317, MARILYN WALSH, \$51,193, GAIL COSTA, \$47,960, MAYBELLE KERNAN, \$44,286, CEDRIC PRIEBE, III, M.D., \$14,297, CARLEEN P. SMITH, \$38,794, THOMAS GARDNER, \$29,610 AND PATRICIA DEVANEY, \$7,590. THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUAL INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUAL MAY NEVER ACTUALLY RECEIVE THE UNVESTED BENEFIT AMOUNT. THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN THE INDIVIDUAL'S 2010 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: PATRICIA R. RECUPERO, J.D., M.D., \$138,254.
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 6A & 6B	THE EXECUTIVE COMPENSATION PACKAGE FOR VARIOUS INDIVIDUALS REPORTED ON THIS FORM 990 CONSISTS OF BOTH A FIXED SALARY AND ADDITIONAL AT-RISK COMPENSATION THAT IS BASED ON SEVERAL QUALITATIVE AND QUANTITATIVE COMPONENTS. THE AT-RISK COMPENSATION IS COMPRISED OF BOTH SHORT-TERM AND LONG-TERM FACTORS AS FOLLOWS: THE SHORT-TERM INCENTIVE PROGRAM PROVIDES AN OPPORTUNITY FOR PROGRAM PARTICIPANTS TO EARN AN INCENTIVE AWARD BASED ON THE ACHIEVEMENT OF CRITICAL STRETCH GOALS THAT RECOGNIZE PERFORMANCE ABOVE EXPECTATIONS. THESE GOALS ARE MEASURED FOR EACH FISCAL PERIOD IN THE FOLLOWING CRITICAL AREAS: QUALITY, FINANCIAL AND PATIENT SATISFACTION. THE LONG-TERM INCENTIVE PROGRAM PROVIDES AN OPPORTUNITY FOR PROGRAM PARTICIPANTS TO EARN AN INCENTIVE AWARD BASED ON THE ACCOMPLISHMENT OF CRITICAL MULTI-YEAR SYSTEM PERFORMANCE OBJECTIVES. AWARDS ARE EARNED BY MEASURING SYSTEM PERFORMANCE OVER THREE-YEAR OVERLAPPING PERFORMANCE PERIODS AND ARE MEASURED IN REFERENCE TO GOALS IN THE FOLLOWING CRITICAL AREAS: NET INCOME FROM OPERATIONS, MARKET SHARE, PATIENT SATISFACTION AND STRATEGIC OBJECTIVE.
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J PART II RECEIVED A BONUS DURING CALENDAR YEAR 2010 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2010 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.
COMPENSATION INFORMATION	SCHEDULE J, PART II, COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUALS INCLUDES VESTED BENEFITS IN A LONG-TERM INCENTIVE PLAN BECAUSE THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THIS AMOUNT WAS TREATED AS TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S 2010 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: CONSTANCE A. HOWES, J.D., FACHE, \$60,640, JOHN J. HYNES, ESQ., \$194,391, STEVEN A. RASMUSSEN, M.D., \$62,371, PATRICIA R. RECUPERO, J.D., M.D., \$100,416, JOHN M. SUTHERLAND, III, \$44,821, THOMAS R. COURAGE, ESQ., \$65,512, DOMENIC DELMONICO, \$31,633, MARILYN WALSH, \$55,238, GAIL COSTA, \$51,807, MAYBELLE KERNAN, \$48,277, CARLEEN P. SMITH, \$137,601 AND THOMAS GARDNER, \$31,954. THESE AMOUNTS WERE REPORTED ON PRIOR YEAR FORMS 990 AS AT-RISK NON-TAXABLE DEFERRED COMPENSATION IN SCHEDULE J, PART II, COLUMN C.

Software ID:  
Software Version:  
EIN: 05-0490997  
Name: CARE NEW ENGLAND HEALTH SYSTEM

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOANNA CAIN MD	(i)	0	0	0	0	0	0	0
	(ii)	524,042	90,000	19,747	0	12,618	646,407	0
SANDRA L COLETTA	(i)	0	0	0	0	0	0	0
	(ii)	458,219	156,000	90,791	78,646	8,238	791,894	0
CONSTANCE A HOWES JD FACHE	(i)	0	0	0	0	0	0	0
	(ii)	515,582	177,000	116,877	111,963	11,379	932,801	60,640
JOHN J HYNES ESQ 101-731	(i)	0	0	0	0	0	0	0
	(ii)	796,217	280,000	266,757	246,827	60,183	1,649,984	194,391
MAUREEN G PHIPPS MD MPH	(i)	0	0	0	0	0	0	0
	(ii)	259,588	28,893	17,704	0	19,160	325,345	0
STEVEN A RASMUSSEN MD	(i)	0	0	0	0	0	0	0
	(ii)	373,285	105,891	65,056	54,462	16,701	615,395	62,371
PATRICIA R RECUPERO JD MD	(i)	0	0	0	0	0	0	0
	(ii)	408,778	147,000	132,289	268,747	36,933	993,747	100,416
JOHN M SUTHERLAND III	(i)	0	0	0	0	0	0	0
	(ii)	410,595	121,000	74,107	96,085	22,206	723,993	44,821
THOMAS R COURAGE ESQ	(i)	0	0	0	0	0	0	0
	(ii)	308,808	93,000	102,819	92,150	18,103	614,880	65,512
ALYSSA BOSS	(i)	0	0	0	0	0	0	0
	(ii)	206,296	63,000	5,727	33,027	10,849	318,899	0
DOMENIC DELMONICO	(i)	0	0	0	0	0	0	0
	(ii)	247,636	77,000	121,408	62,313	17,661	526,018	31,633
MARILYN WALSH	(i)	0	0	0	0	0	0	0
	(ii)	257,812	79,000	87,903	108,752	15,256	548,723	55,238
GAIL COSTA	(i)	0	0	0	0	0	0	0
	(ii)	239,642	73,000	84,072	96,661	14,285	507,660	51,807
MAYBELLE KERNAN	(i)	0	0	0	0	0	0	0
	(ii)	212,697	67,000	71,310	44,286	8,599	403,892	48,277
CEDRIC PRIEBE III MD	(i)	301,060	87,000	4,550	32,921	20,306	445,837	0
	(ii)	0	0	0	0	0	0	0
CARLEEN P SMITH	(i)	130,250	59,500	178,639	76,456	21,315	466,160	137,601
	(ii)	0	0	0	0	0	0	0
THOMAS GARDNER	(i)	145,524	45,000	54,090	70,414	12,538	327,566	31,954
	(ii)	0	0	0	0	0	0	0
PATRICIA DEVANEY	(i)	156,787	43,654	724	26,373	11,561	239,099	0
	(ii)	0	0	0	0	0	0	0
RALPH HANSELMAN	(i)	124,603	0	13,310	11,198	18,620	167,731	0
	(ii)	0	0	0	0	0	0	0

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Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).  
▶ Attach to Form 990. ▶ See separate instructions.

DLN: 93493226003232

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
CARE NEW ENGLAND HEALTH SYSTEM

Employer identification number  
05-0490997

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A RI HEALTH AND EDUCATIONAL BUILDING CORPORATION	52-1300173	7622430B3	02-01-2008	46,730,000	REFUND CNE 2002 SERIES A BONDS		X		X		X
B RI HEALTH AND EDUCATIONAL BUILDING CORPORATION	52-1300173	7622430B4	02-01-2008	38,210,000	CONSTRUCTION, EQUIP, FURNISHING		X		X		X
C RI HEALTH AND EDUCATIONAL BUILDING CORPORATON	52-1300173		12-31-2010	12,000,000	RENOVATION, EQUIP, CONSTRUCTION		X		X		X
D RI HEALTH AND EDUCATIONAL BUILDING CORPORATION	52-1300173		08-12-2011	16,000,000	CONSTRUCTION, EQUIP, REFINANCING		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	46,958,454		38,210,000		12,000,000		16,000,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrow	46,610,000		6,780,419		11,894,000		15,920,000	
7	Issuance costs from proceeds	90,915		198,920		106,000		80,000	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	29,085		24,782		0		0	
10	Capital expenditures from proceeds	0		31,205,879		0		0	
11	Other spent proceeds	0		0		0		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2008		2009					
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
		X			X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X	X			X		X
16	Has the final allocation of proceeds been made?		X	X			X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

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

Cat No 50193E

Schedule K (Form 990) 2010



Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		X
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X		X
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X			X		X

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?	X		X			X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X		X			X		X
b	Name of provider	BOA & DEUTSCHE BANK		MORGAN STANLEY					
c	Term of hedge	24 4		29 5					
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part VSupplemental Information

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

Identifier	Return Reference	Explanation
TAX-EXEMPT BOND ISSUES	SCHEDULE K	CARE NEW ENGLAND HEALTH SYSTEM HAS ISSUED TAX-EXEMPT BONDS ON BEHALF OF ITSELF AND THE OBLIGATED GROUP THE OBLIGATED GROUP INCLUDES BUTLER HOSPITAL, KENT COUNTY MEMORIAL HOSPITAL, WOMEN & INFANTS CORPORATION AND WOMEN & INFANTS HOSPITAL OF RHODE ISLAND
TAX-EXEMPT BOND ISSUES	SCHEDULE K PART IV , LINES 3B & 3C	COLUMN A COLUMN B LINE 3B-NAME OF PROVIDER (1) BANK OF AMERICA MORGAN STANLEY (2) DEUTSCHE BANK LINE 3C-TERM OF HEDGE (1) 3 5 29 5 (IN YEARS) (2) 20 9 ----- 24 4 29 5

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047  
**2010**  
**Open to Public Inspection**

Name of the organization  
CARE NEW ENGLAND HEALTH SYSTEM

Employer identification number  
  
05-0490997

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

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

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

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

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

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

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

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

Part IV

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HINCKLEY ALLEN SNYDER LLP	PLEASE REFER TO PART V	263,002	PROFESSIONAL SERVICES		No

Part V

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

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L, PART IV	CHARLES R REPPUCCI, ESQ , MARGARET D FARRELL, ESQ AND ROBERT G FLANDERS, JR , ESQ , DIRECTORS OF THIS ORGANIZATION ARE PARTNERS IN THE LAW FIRM OF HINCKLEY, ALLEN & SNYDER, L L P THIS ORGANIZATION UTILIZED THE SERVICES OF THIS FIRM DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2011 TOTAL FEES PAID BY THE ORGANIZATION TO THIS FIRM TOTALED \$263,002 SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARMS-LENGTH NEGOTIATIONS

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.

OMB No 1545-0047

2010

Open to Public  
Inspection

<b>Name of the organization</b> CARE NEW ENGLAND HEALTH SYSTEM	<b>Employer identification number</b> 05-0490997
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Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART I, LINES 9 AND 15	DURING THE ORGANIZATION'S FISCAL YEAR ENDED SEPTEMBER 30, 2011 THERE WAS A SIGNIFICANT CONSOLIDATION OF THE SYSTEM'S FINANCE DEPARTMENT IN CONJUNCTION FINANCE PERSONNEL FROM BUTLER HOSPITAL, KENT COUNTY MEMORIAL HOSPITAL AND WOMEN & INFANTS HOSPITAL OF RHODE ISLAND WERE TRANSFERRED TO THIS ORGANIZATION AS A RESULT, CARE NEW ENGLAND HEALTH SYSTEM'S SALARIES EXPENSE, AS REFLECTED ON FORM 990, PART I, LINE 15, INCREASED SIGNIFICANTLY FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2011 WHEN COMPARED TO FISCAL YEAR ENDED SEPTEMBER 30, 2010 IN ADDITION, THE ORGANIZATION'S PROGRAM SERVICE REVENUE AS REFLECTED ON FORM 990, PART I, LINE 9, ALSO INCREASED SIGNIFICANTLY FROM THE FISCAL YEAR ENDED SEPTEMBER 30, 2011 WHEN COMPARED TO THE FISCAL YEAR ENDED SEPTEMBER 30, 2010 AS A RESULT OF THE FINANCE DEPARTMENT CONSOLIDATION

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>CARE NEW ENGLAND HEALTH SYSTEM ===== CARE NEW ENGLAND HEALTH SYST EM ("CARE NEW ENGLAND") IS A NOT-FOR-PROFIT TAX-EXEMPT ORGANIZATION WITH ITS CENTRAL OFFIC E IN PROVIDENCE, RHODE ISLAND CARE NEW ENGLAND, IS THE SOLE CORPORATE MEMBER OF VARIOUS HEALTHCARE-RELATED ORGANIZATIONS, THE MAJORITY OF WHICH ARE TAX-EXEMPT ENTITIES THE INTER NAL REVENUE SERVICE HAS RECOGNIZED CARE NEW ENGLAND HEALTH SYSTEM AS BEING A TAX-EXEMPT OR GANIZATION UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3) AS THE PARENT ORGANIZATI ON OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM BASED IN PROVIDENCE, RHODE ISLAND , CARE NEW ENGLAND AND ITS AFFILIATES STRIVE TO CONTINUALLY DEVELOP AND OPERATE A MULTI-HO SPITAL HEALTHCARE SYSTEM WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISIO N OF A COMPREHENSIVE SPECTRUM OF MEDICALLY NECESSARY HEALTHCARE SERVICES TO THE RESIDENTS OF THE SOUTHEASTERN NEW ENGLAND COMMUNITY CARE NEW ENGLAND ENSURES THAT ITS SYSTEM PROVID ES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, C REED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY NO INDIVIDUALS ARE DENIED NECESSAR Y MEDICAL CARE, TREATMENT OR SERVICE CARE NEW ENGLAND PROVIDES TREATMENT AND SERVICES TO APPROXIMAT ELY 211,596 INPATIENTS, OUTPATIENTS AND SAME DAY SURGERY PATIENTS, 97,245 EMERGE NCY DEPARTMENT PATIENTS AND DELIVERS MORE THAN 9,559 BABIES ANNUALLY CARE NEW ENGLAND ANN UALLY EMPLOYS 6,500 EMPLOYEES AND HAS OVER 500 VOLUNTEERS HISTORY ===== CARE NEW ENGLAN D HEALTH SYSTEM WAS FORMED IN FEBRUARY 1996 BY FOUNDING MEMBERS BUTLER HOSPITAL, KENT HOSP ITAL AND WOMEN &amp; INFANTS HOSPITAL OF RHODE ISLAND THESE THREE HOSPITALS ARE ALL INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS IN JUNE 1999, KENT COUNTY VISITIN G NURSE ASSOCIATION BECAME A MEMBER OF THE CARE NEW ENGLAND FAMILY, AND LATER THAT YEAR AN NOUNCED ITS NAME CHANGE TO VNA OF CARE NEW ENGLAND IN 2000, HEALTHTOUCH, INC , A PRIVATE DUTY NURSING SERVICE, JOINED THE DIVISION TODAY, VNA OF CARE NEW ENGLAND PROVIDES A BROAD SPECTRUM OF HOME HEALTH AND HOSPICE SERVICES CARE NEW ENGLAND'S STRENGTHS ARE BASED ON C OMPLEMENTARY PROGRAMS AND DISTINCTIVE COMPETENCIES OF OUR PARTNER HOSPITALS AND AGENCIES BUTLER HOSPITAL OFFERS EXPERTISE IN BEHAVIORAL HEALTH AND SUBSTANCE ABUSE KENT PROVIDES A FULL CADRE OF PRIMARY AND SECONDARY ACUTE CARE SERVICES WOMEN &amp; INFANTS SPECIALIZES IN T HE HEALTH NEEDS OF WOMEN AND NEWBORN CHILDREN VNA OF CARE NEW ENGLAND PROVIDES A SPECTRUM OF HOME HEALTH, HOSPICE AND PRIVATE DUTY NURSING SERVICES AND, OUR CARE NEW ENGLAND WELL NESS CENTER OFFERS AN ARRAY OF REHABILITATION, WELLNESS, FITNESS AND EDUCATIONAL PROGRAMS AS A RESULT, CARE NEW ENGLAND IS WELL POSITIONED TO TRANSITION INTO THE NEW ERA OF HEALTH CARE DELIVERY WITH A HIGH QUALITY CONTINUUM OF CARE CARE NEW ENGLAND IS DEDICATED TO THE ADVANCEMENT OF MEDICAL EDUCATION AND RESEARCH BUTLER HOSPITAL SERVES AS THE PRINCIPAL TEA CHING AFFILIATE FOR PSY CHIATRY AND HUMAN BEHAVIOR FOR THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY, WOMEN &amp; INFANTS IS BROWN'S PRIMARY AFFILIATE IN OBSTETRICS, GYNECOLOGY A ND NEWBORN PEDIATRICS, AND KENT IS AFFILIATED WITH THE UNIVERSITY OF NEW ENGLAND COLLEGE O F OSTEOPATHIC MEDICINE CARE NEW ENGLAND PROVIDES MEDICALLY NECESSARY HEALTHCARE TO PATIEN TS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LE SS THAN THE ESTABLISHED RATES BECAUSE CARE NEW ENGLAND DOES NOT PURSUE COLLECTION OF AMOU NT'S DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE CHARITY CARE INCLUDES SERVICES TO UNINSURED PATIENTS WHO CARE NEW ENGLAND HAS DETERMINED QUALIFY FOR CH ARITY CARE UNDER CARE NEW ENGLAND POLICIES SERVICES TO UNINSURED PATIENTS WHO ARE NOT ELI GIBLE FOR CHARITY CARE OR WHO CARE NEW ENGLAND WAS NOT ABLE TO DETERMINE THEIR ELIGIBILITY ARE NOT REPORTED AS CHARITY CARE BUT REPORTED IN THE PROVISION FOR BAD DEBTS ADDITIONALL Y, CARE NEW ENGLAND SPONSORS CERTAIN OTHER PROGRAMS WHICH PROVIDE SUBSTANTIAL BENEFIT TO T HE BROADER COMMUNITY SUCH PROGRAMS INCLUDE SERVICES TO NEEDY POPULATIONS INCLUDING COMMUN ITY SERVICE PROGRAMS AND SERVICES FOR SCHOOL-AGED CHILDREN AND THE ELDERLY CARE NEW ENGLA ND ALSO ACTIVELY SPONSORS PROGRAMS ON HEALTH EDUCATION AND WELLNESS CARE NEW ENGLAND MAIN TAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE AND COMMUNITY SERVICE IT P ROVIDES THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FORGONE BASED ON ESTABLISHED RATES FO R SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY AND COMMUNITY SERVICE POLICIES CARE N EW ENGLAND HOSPITALS AND MEDICAL CENTERS ===== CA RE NEW ENGLAND PROVIDES SUBSTANTIAL COMMUNITY BENEFIT CARE NEW ENGLAND INCLUDES THE FOLLO WING INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT HOSPITALS 1 BUTLER HOSPITAL ("BU TLER") 2 KENT HOSPITAL ("KENT") 3 WOMEN &amp; INFANTS HOSPITAL ("WOMEN &amp; INFANTS") PURSUANT TO ITS CHARITABLE PURPOSES, EACH CARE NEW ENGLAND</p>

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COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>HOSPITAL PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. NO PATIENTS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICE BY ANY CARE NEW ENGLAND INSTITUTION. IN ADDITION, EACH HOSPITAL OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545: 1. PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2. OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3. MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, AND 4. CONTROL OF EACH HOSPITAL RESTS WITH ITS BOARD OF DIRECTORS AND THE BOARD OF DIRECTORS OF CARE NEW ENGLAND. BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY. 5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES, AND ADVANCE MEDICAL CARE PROGRAMS AND ACTIVITIES. THE OPERATIONS OF EACH HOSPITAL, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF EACH HOSPITAL IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY.</p> <p>MISSION ===== CARE NEW ENGLAND IS DEVOTED TO CONTINUALLY IMPROVING THE HEALTH AND WELL-BEING OF THE PEOPLE AND COMMUNITIES WE SERVE. VISION ===== CARE NEW ENGLAND WILL BUILD A BETTER SYSTEM OF HEALTH CARE FOR OUR COMMUNITY. CARE NEW ENGLAND WILL - ATTAIN THE HIGHEST STANDARDS OF QUALITY - PROVIDE ACCESS TO ESSENTIAL HEALTH SERVICES REGARDLESS OF ABILITY TO PAY - DELIVER AN EXCEPTIONAL PATIENT EXPERIENCE - ADVANCE MEDICAL KNOWLEDGE THROUGH RESEARCH AND TEACHING - ADVOCATE FOR THOSE WE SERVE - ENHANCE WELLNESS AND PREVENTION - OPERATE IN A COST EFFECTIVE AND FINANCIALLY VIABLE MANNER. VALUES ===== CARE NEW ENGLAND PUTS THE PATIENTS AND THEIR FAMILIES AT THE CENTER OF ALL WE DO. IN OUR DAY-TO-DAY INTERACTIONS WITH PATIENTS AND EACH OTHER, OUR ACTIONS AND DECISIONS ARE GUIDED BY THE FOLLOWING CORE VALUES - COMPASSION. WE TREAT EVERYONE WITH UNDERSTANDING AND CARING - NEW IDEAS. WE ENCOURAGE LIFELONG LEARNING, CONTINUAL IMPROVEMENT, AND INNOVATION - EXCELLENCE. WE DEMONSTRATE UNPARALLELED QUALITY IN ALL WE DO - COLLABORATION. WE WORK IN PARTNERSHIP WITH THOSE AROUND US, INCLUDING OUR PATIENTS - ACCOUNTABILITY. WE HOLD OURSELVES ACCOUNTABLE FOR THE IMPACT OF OUR DECISIONS - RESPECT. WE TREAT EACH PERSON WITH DIGNITY, RESPECTING THE DIVERSE NEEDS OF THOSE WE SERVE - ETHICS. WE HOLD OURSELVES TO THE HIGHEST ETHICAL STANDARDS.</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>BUTLER HOSPITAL ===== BUTLER IS A LICENSED 117-BED NOT-FOR-PROFIT PSY CHIATRIC TREATMENT, TEACHING AND RESEARCH HOSPITAL BUTLER WAS FOUNDED IN 1844 AND SERVES RHODE ISLAND AND SOUTHEASTERN NEW ENGLAND BUTLER - PROVIDES SPECIALIZED ASSESSMENTS AND INNOVATIVE TREATMENTS FOR ALL MAJOR PSY CHIATRIC ILLNESSES AND SUBSTANCE ABUSE - FOCUSES ON THE SPECIAL NEEDS OF SENIORS BY OFFERING A STATE-OF-THE-ART PSY CHIATRIC SENIOR TREATMENT CENTER SPECIALIZING IN ALZHEIMER'S AND OTHER MEMORY DISORDERS - OFFERS A PARTIAL HOSPITAL DAY PROGRAM THAT ENABLES PATIENTS TO RECEIVE PSY-CHIATRIC AND SUBSTANCE ABUSE TREATMENT DURING THE DAY AND RETURN TO THE COMFORT OF THEIR OWN HOMES AT NIGHT - CONDUCTS CUTTING-EDGE RESEARCH HELPING TO UNLOCK THE SECRETS OF BRAIN-BASED DISEASES BUTLER SECURED MORE THAN \$11 1 MILLION IN GRANT FUNDING IN FISCAL YEAR 2010 SUPPORTING RESEARCH IN SUCH AREAS AS MOOD DISORDERS, OBSESSIVE COMPULSIVE DISORDER, ANXIETY DISORDERS, MEMORY DISORDERS, ADDICTIONS, PARKINSON'S DISEASE, AND PSY CHOSOCIAL INTERVENTIONS FOR FAMILIES - WORKS TO INCREASE UNDERSTANDING OF MENTAL ILLNESS AND REDUCE STIGMA BY PROVIDING ONGOING</p> <p>KENT HOSPITAL ===== KENT IS A LICENSED 359-BED NOT-FOR-PROFIT ACUTE CARE HOSPITAL KENT WAS ESTABLISHED IN 1951 AND IS RHODE ISLAND'S LARGEST COMMUNITY HOSPITAL WITH THE SECOND BUSIEST EMERGENCY DEPARTMENT, KENT - OFFERS A FULL SPECTRUM OF IN- AND OUTPATIENT HEALTH SERVICES FOR ALL AGES - OPERATES THE STATE'S SECOND LARGEST EMERGENCY DEPARTMENT WITH A DEDICATED PEDIATRIC EMERGENCY UNIT THAT CARES FOR 6,000 CHILDREN A YEAR - OFFERS ADVANCED TECHNOLOGY, INSTALLING SUCH ADVANCES AS HIGH-SPEED, MULTI-SLICE CT SCANNERS AND DIGITAL RADIOLOGY EQUIPMENT - OFFERS SUCH SPECIALTY SERVICES AS A MULTIDISCIPLINARY WOUND RECOVERY CENTER AND A CANCER PROGRAM ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS - COLLABORATES WITH WOMEN &amp; INFANTS HOSPITAL TO OPERATE THE STATE'S ONLY LEVEL II SPECIAL CARE NURSERY AND TO OFFER EXPERT BREAST CANCER DIAGNOSES AND TREATMENT AT THE BREAST HEALTH CENTER AT KENT - TRAINS PHYSICIANS THROUGH ITS EMERGENCY MEDICINE AND FAMILY PRACTICE RESIDENCY PROGRAMS AFFILIATED WITH THE UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICINE, ONE OF THE COUNTRY'S LEADING OSTEOPATHIC MEDICAL SCHOOLS - HELPS STROKE PATIENTS IN ITS STROKE CENTER, WHICH EARNED THE GOLD SEAL OF APPROVAL FROM THE JOINT COMMISSION FOR PRIMARY STROKE CENTERS - PURSUES EXCELLENCE THE WOMEN'S DIAGNOSTIC IMAGING CENTER HAS BEEN DESIGNATED AS A BREAST IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY - EMPLOYS INNOVATIVE APPROACHES TO RECRUITING AND RETAINING NURSES, INCLUDING A UNIQUE COLLABORATION WITH SALVE REGINA UNIVERSITY TO BRING BACCALAUREATE CLASSES ON-SITE FOR KENT NURSES</p> <p>WOMEN &amp; INFANTS HOSPITAL ===== WOMEN &amp; INFANTS INCLUDES 167-ADULT BEDS, 80-NEONATAL INTENSIVE CARE UNIT BED, 60-NEWBORN BASSINETS AND 10-OPERATING ROOMS A NATIONAL CENTER OF EXCELLENCE IN WOMEN'S HEALTH, WHERE MORE THAN 73% OF RHODE ISLAND'S BABIES ARE DELIVERED EACH YEAR WOMEN &amp; INFANTS - IS THE PREMIER HEALTH RESOURCE IN THE REGION FOR NEWBORNS AND WOMEN AND THE REGION'S ONLY PERINATAL CENTER - IS ONE OF THE LEADING SPECIALTY HOSPITALS IN THE NATION AND A U S NEWS BEST HOSPITAL IN GYNECOLOGY - OPENED THE NATION'S LARGEST SINGLE-FAMILY ROOM NEONATAL INTENSIVE CARE UNIT IN 2009 THE UNIT TENDED TO APPROXIMATELY 1,200 TINY BABIES LAST YEAR ABOUT 14% OF THOSE BABIES WERE BROUGHT TO WOMEN &amp; INFANTS FROM OTHER HOSPITALS - OFFERS THE SERVICES OF A GENERAL AND GYNECOLOGICAL SURGICAL PROGRAM WITH MORE THAN 7,825 PROCEDURES PERFORMED IN FISCAL YEAR 2010 - CULTIVATES AND EXPANDS COMPREHENSIVE PRIMARY AND SPECIALIZED CARE SERVICES FOR WOMEN THROUGH THE WOMEN'S PRIMARY CARE CENTER TOGETHER WITH THE DIVISION OF AMBULATORY CARE'S URGENT CARE SERVICES, THE CENTER SEES APPROXIMATELY 39,000 WOMEN EACH YEAR - FOCUSES ON THE NEEDS OF WOMEN AT EVERY STAGE OF LIFE WITH SUCH SPECIALIZED PROGRAMS AS THE CENTER FOR REPRODUCTION AND INFERTILITY, THE PROGRAM IN WOMEN'S ONCOLOGY AND ITS BREAST HEALTH CENTER, THE CENTER FOR WOMEN'S BEHAVIORAL HEALTH, AND THE CENTER FOR WOMEN'S GASTROINTESTINAL DISORDERS - PROVIDES UNIQUE SERVICES THROUGH PROJECT LINK FOR PREGNANT WOMEN STRUGGLING WITH SUBSTANCE ABUSE - TAILORS CLINICAL SERVICES AND RESEARCH IN VARIOUS PSYCHOLOGICAL AND SOCIAL ASPECTS OF PEDIATRICS - FROM COLIC TO DRUG EXPOSURE - IN THE BROWN CENTER FOR THE STUDY OF CHILDREN AT RISK - WOMEN &amp; INFANTS SERVES AS THE LEAD PARTNER WITH BROWN UNIVERSITY ON THE NATIONAL CHILDREN'S STUDY, A GROUNDBREAKING PROJECT</p>

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART V, QUESTION 2A	AS OUTLINED HEREIN THE ORGANIZATION'S PROGRAM SERVICE REVENUE AND SALARIES EXPENSE INCREASED SIGNIFICANTLY FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2011, HOWEVER THE NUMBER OF EMPLOYEES DID NOT INCREASE SIGNIFICANTLY THE REASON FOR THIS IS BECAUSE THE NUMBER OF EMPLOYEES IS REPORTED BASED UPON CALENDAR YEAR 2010 AND THE NUMBER OF W-2'S ISSUED WHEREAS THE ORGANIZATION'S REVENUE AND EXPENSES ON THE FORM 990 ARE REPORTED ON THE FISCAL YEAR ENDED SEPTEMBER 30, 2011



Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION A, QUESTION 2	CHARLES R REPPUCCI, ESQ , MARGARET D FARRELL, ESQ AND ROBERT G FLANDERS, JR , ESQ - BUSINESS RELATIONSHIP; AND JONATHAN K FARNUM AND GEORGE W SHUSTER - BUSINESS RELATIONSHIP

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

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

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 15	<p>THE BOARD OF DIRECTORS OF CARE NEW ENGLAND HEALTH SYSTEM ("CNE") HAS A COMMITTEE OF DIRECTORS KNOWN AS THE CNE COMPENSATION COMMITTEE ("THE COMMITTEE") THE COMMITTEE IS RESPONSIBLE FOR DISCHARGING THE BOARD'S RESPONSIBILITIES REGARDING THE TOTAL COMPENSATION PROGRAM FOR CNE'S EXECUTIVES THE COMMITTEE AT ALL TIMES CONDUCTS ITSELF FREE FROM EXECUTIVE MANAGEMENT IN ITS DECISION MAKING PROCESS THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING 1 THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2 THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3 THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION THE COMMITTEE IS COMPRISED OF AT LEAST 7 DIRECTORS, ALL OF WHOM ARE INDEPENDENT, AT LEAST ONE MEMBER OF THE BOARD FROM EACH OF THE OPERATING ENTITIES (KENT COUNTY MEMORIAL HOSPITAL, WOMEN &amp; INFANTS HOSPITAL OF RHODE ISLAND, BUTLER HOSPITAL AND THE KENT COUNTY VNA) AS WELL AS FROM THE CNE BOARD, SERVE ON THE COMMITTEE THE CNE PRESIDENT/CHIEF EXECUTIVE OFFICER PARTICIPATES IN COMPENSATION COMMITTEE MEETINGS, EXCEPT AS THE COMMITTEE'S DELIBERATIONS CONCERN THE CNE PRESIDENT/CHIEF EXECUTIVE OFFICER THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILARLY SIZED HEALTHCARE SYSTEMS AND HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING, BUT NOT LIMITED TO, THE PRESIDENT/CHIEF EXECUTIVE OFFICER THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY EITHER THE COMPENSATION COMMITTEES OF KENT COUNTY MEMORIAL HOSPITAL OR WOMEN &amp; INFANTS HOSPITAL OF RHODE ISLAND OR BY THE CARE NEW ENGLAND HEALTH SYSTEM PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS</p>

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION HAS ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT PRIMARILY FOR THE THREE INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT HOSPITALS WITHIN THE SY STEM, BUTLER HOSPITAL, KENT COUNTY MEMORIAL HOSPITAL AND WOMEN & INFANTS HOSPITAL OF RHODE ISLAND IN CONJUNCTION WITH THE ISSUANCE OF THESE TAX-EXEMPT BONDS, THE ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED WITH THE TAX-EXEMPT BOND PROSPECTUS WHICH WAS MADE AVAILABLE TO THE GENERAL PUBLIC FOR REVIEW IN ADDITION, THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF RHODE ISLAND SECRETARY OF STATE

Identifier	Return Reference	Explanation
COMPENSATION INFORMATION DISCLOSURE	CORE FORM, PART VII AND SCHEDULE J	<p>PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION OR A RELATED ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME OR PART-TIME EMPLOYEES OR INDEPENDENT CONTRACTORS OF THE ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF DIRECTORS CARE NEW ENGLAND HEALTH SYSTEM IS THE TAX-EXEMPT PARENT OF AN INTEGRATED TAX-EXEMPT HEALTHCARE DELIVERY SYSTEM WITH THREE INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT HOSPITALS INCLUDING KENT COUNTY MEMORIAL HOSPITAL, WOMEN &amp; INFANTS HOSPITAL OF RHODE ISLAND AND BUTLER HOSPITAL SANDRA L COLETTA, CONSTANCE A HOWES, J D , FACHE AND PATRICIA R RECUPERO, J D , M D ARE THE PRESIDENTS OF THE THREE HOSPITALS, RESPECTIVELY THESE INDIVIDUALS SERVE ON A FULL-TIME BASIS FOR THE THREE HOSPITALS AND ARE REPORTED ON PART VII OF THEIR RESPECTIVE HOSPITAL FORM 990 SHOWN AS WORKING 55 HOURS PER WEEK THESE INDIVIDUALS ARE ALSO REPORTED ON THIS FORM 990 SHOWN AS WORKING ONE HOUR PER WEEK BY VIRTUE OF SERVING AS A VOTING MEMBER OF THE BOARD OF DIRECTORS FOR CARE NEW ENGLAND HEALTH SYSTEM IN ADDITION, CERTAIN INDIVIDUALS OF THE SENIOR MANAGEMENT TEAM INCLUDED IN THIS FORM 990 RECEIVED A FORM W-2 FROM WOMEN &amp; INFANTS HOSPITAL OF RHODE ISLAND, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION THESE INDIVIDUALS SERVE ON A FULL-TIME BASIS WORKING ON CARE NEW ENGLAND HEALTH SYSTEM MATTERS AND ARE SHOWN ON THIS FORM 990 AS EACH WORKING 55 HOURS PER WEEK, RESPECTIVELY CERTAIN OF THESE INDIVIDUALS ARE ALSO SHOWN ON THE WOMEN &amp; INFANTS HOSPITAL OF RHODE ISLAND FORM 990 AS WORKING ONE HOUR PER WEEK</p>

Identifier	Return Reference	Explanation
BALANCE SHEET	CORE FORM, PART X, LINE 20	<p>DURING FY 2008, CNE AND ITS OBLIGATED GROUP MEMEBERS, BUTLER, KENT, WIH AND WIC ISSUED A T OTAL OF \$84,940,000 IN RIHEBC HOSPITAL FINANCING BONDS (THE BONDS) THESE BONDS WERE ISSUE D AS CNE 2008 SERIES A (\$46,730,000) AND CNE 2008 SERIES B (\$38,210,000) The proceeds fro mthe CNE 2008 Series A bonds were used to (1) refund the outstanding CNE 2002 Series A bo nds, and (2) pay certain expenses related to the issuance of the CNE 2008 Series A bonds The proceeds fromthe CNE 2008 Series B bonds were used to (1) defease a portion of the ou tstanding CNE 2002 Series B bonds, and (2) finance a portion of WIH's Certificate of Need project consisting of the construction, equipping, and furnishing of a five-story addition WITH A TWO-STORY CONNECTION to WIH's existing hospital building, (3) finance a portion of routine capital improvements, and (4) pay certain expenses related to the issuance of the CNE 2008 Series B bonds The CNE 2002 Series B bonds were defeased by depositing a portio n of the proceeds of the CNE 2008 Series B bond proceeds and money contributed by the Obli gated Group MEMBERS, BUTLER HOSPITAL, KENT COUNTY MEMORIAL HOSPITAL, WOMEN &amp; INFANTS CORPO RATION AND WOMEN &amp; INFANTS HOSPITAL OF RHODE ISLAND in an account held by the trustee for the CNE 2002 Series B bonds to provide funds as and when necessary to pay the principal an d interest on the CNE 2002 Series B bonds THE OBLIGATED GROUP MEMBERS ARE JOINT AND SEVER ALLY LIABLE FOR THE REPAY MENT OF THE CNE SERIES A AND CNE SERIES B BONDS THE OUTSTANDING BALANCE ON THE BONDS WAS \$71,540,000 (SERIES A \$41,655,000 AND SERIES B \$29,885,000) ON SE PTEMBER 30, 2011 THE BOND PROCEEDS RECEIVED BY THE HOSPITALS UNDER THE 2008 SERIES A &amp; B BONDS REPRESENT THE A MOUNT ALLOCATED THROUGH THE CNE FINANCING PROGRAMS AND ARE CLASSIFIED AS A "DUE TO CNE' ON THE HOSPITAL'S INDIVIDUAL FINANCIAL STATEMENTS THE OUTSTANDING BALA NCE DUE TO CNE BY HOSPITAL AS OF SEPTEMBER 30, 2011 IS AS FOLLOWS SERIES A SERIES B TOTAL BUTLER \$ 4,359,960 \$ NONE \$ 4,359,960 KENT \$15,617,243 \$ NONE \$15,617,243 WIH \$18,067,237 \$29,885,000 \$47,952,237 -----</p> <p>- TOTAL \$38,044,440 \$29,88 5,000 \$67,929,440 In 2010, the Health System issued RIHEBC 2010 Series fixed rate bonds of \$12,000,000 The bonds have mandatory sinking fund redemptions ranging from \$424,000 in 2 012 to \$813,065 in 2030, with a final payment of \$417,695 in 2031 These bonds were issued Direct Purchase Tax Exempt Bank qualified bonds The bonds bear a fixed interest rate of 3 65% through December, 2017 with 3 year optional tenders through December, 2030 The bond s bear interest on a per annum basis with semi-annual payments based on a 20 year amortiza tion The proceeds fromthe bonds are being used by Kent to finance (i) the renovation, eq uipping and furnishing of existing hospital space to house a ten (10) bed short stay unit (ii) the construction, equipping and furnishing of a 30,000 square foot ambulatory surgic al center with a connection to Kent's existing hospital building and (iii) cost of issuanc e CNE, Butler, Kent, WIC and WIH are jointly and severable liable for repayment Unspent bond proceeds of \$11,486,297 are included in trustee-held funds in the consolidated balanc e sheet at September 30, 2011 THE OBLIGATED GROUP MEMBERS ARE JOINT AND SEVERALLY LIABLE FOR THE REPAY MENT OF THE CNE SERIES 2010 BONDS THE OUTSTANDING BALANCE ON THE BONDS WAS \$ 11,793,682 ON SEPTEMBER 30, 2011 THE BOND PROCEEDS RECEIVED BY KENT COUNTY MEMORIAL HOSPI TAL UNDER THE 2010 BOND REPRESENTS THE A MOUNT ALLOCATED THROUGH THE CNE FINANCING PROGRAM AND ARE CLASSIFIED AS A "DUE TO CNE' ON KENT COUNTY MEMORIAL HOSPITAL'S FINANCIAL STATEMEN TS THE OUTSTANDING BALANCE DUE TO CNE BY KENT COUNTY MEMORIAL HOSPITAL AS OF SEPTEMBER 30 , 2011 IS \$11,793,682 In 2011, the Health System issued RIHEBC 2011 Series fixed rate bon ds of \$16,000,000 The bonds have mandatory sinking fund redemptions ranging from \$607,267 in 2012 to \$1,044,574 in 2031 These bonds were issued as unrated private placement tax e xempt bonds The bonds bear a fixed interest rate of 2 99% The bonds bear interest on a p er annum basis with semi-annual payments based on a 20 year amortization The proceeds fro mthe bonds are being used to finance (i) the construction, equipping and furnishing of a 32,000 square foot addition of Butler's existing hospital facility, (ii) refinancing of th e Bank of Rhode Island mortgage held by WIC, (iii) refinancing of certain capital leases, (iv) purchase of capital equipment, (v) capitalized interest and (vi) cost of issuance CN E, Butler, Kent, WIC and WIH are jointly and severable liable for repayment Unspent bond proceeds of \$11,595,442 are included in trustee-held funds in the consolidated balance she et at September 30, 2011 THE OBLIGATED GROUP MEMBERS ARE JOINT AND SEVERALLY LIABLE FOR T HE REPAY MENT OF THE CNE SERIES 2011 BONDS THE OUTSTANDING BALANCE ON THE BOND WAS \$16,000 ,000 ON SEPTEMBER 30, 2011 THE BOND PROCEEDS RECE</p>

Identifier	Return Reference	Explanation
BALANCE SHEET	CORE FORM, PART X, LINE 20	IVED BY THE HOSPITALS UNDER THE 2011 SERIES BONDS REPRESENT THE AMOUNT ALLOCATED THROUGH T HE CNE FINANCING PROGRAMS AND ARE CLASSIFIED AS A "DUE TO CNE" ON THE HOSPITAL'S INDIVIDUA L FINANCIAL STATEMENTS THE OUTSTANDING BALANCE DUE TO CNE BY HOSPITAL AS OF SEPTEMBER 30, 2011 IS AS FOLLOWS SERIES 2011 BUTLER \$11,300,000 WIH \$ 4,700,000 ----- TOTAL \$1 6,000,000



Identifier	Return Reference	Explanation
OTHER CHANGES IN FUND BALANCE	CORE FORM, PART XI, LINE 5	OTHER CHANGES IN FUND BALANCE INCLUDE - NET CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS, (\$1,539,686), - NET PAYMENTS ON INTEREST RATE SWAPS, (\$114,620), - CHANGE IN NET UNREALIZED LOSSES ON INVESTMENTS, (\$100,014), - PENSION AND POST RETIREMENT ADJUSTMENT, (\$2,216,786) AND - TRANSFERS FROM RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS, \$75,000

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

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

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.ROBERT E DEBLOIS TITLE.CHAIRMAN - DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME EDWARD J COONEY TITLE VICE CHAIRMAN - DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHARLES R REPPUCCI ESQ TITLE TREASURER - DIRECTOR HOURS 5

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

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS J CELONA TITLE DIRECTOR HOURS 2



Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.EARL D CHAMBERS TITLE.DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ALLEN H CICHITELLI TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SANDRA L COLETTA TITLE DIRECTOR - PRES AND CEO/KCMH HOURS 56

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ANDREW M ERICKSON TITLE DIRECTOR HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JONATHAN K FARNUM TITLE DIRECTOR HOURS 2

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

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PHYLLIS C FIELD TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL A FIORI MD TITLE DIRECTOR HOURS 25



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

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KENT W GLADDING TITLE DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DUANE T GOLOMB MD TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BENJAMIN P HARRIS III ESQ TITLE DIRECTOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DEAN T HOLT TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CONSTANCE A HOWES JD FACHE TITLE DIRECTOR - PRES/CEO/WH HOURS 58

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN H HOWLAND TITLE DIRECTOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN J HYNES ESQ (10/1-7/31) TITLE DIRECTOR - PRES/CEO/CNE HOURS 2



Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DENNIS KEEFE (8/1-9/30) TITLE DIRECTOR - PRES/CEO/CNE HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DOUGLAS L JACOBS TITLE DIRECTOR HOURS 6

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

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.MAUREEN G PHIPPS MD MPH TITLE.DIRECTOR HOURS 58

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME STEVEN A RASMUSSEN MD TITLE DIRECTOR HOURS 55

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.PATRICIA R RECUPERO JD MD TITLE.DIRECTOR - PRES/CEO/BH HOURS 55

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GEORGE W SHUSTER TITLE DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SANTINA L SIENA MD TITLE DIRECTOR HOURS 1



Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN M SUTHERLAND III TITLE ASSISTANT TREASURER HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS R COURAGE ESQ TITLE SECRETARY HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEALYSSA BOSS TITLE ASSISTANT SECRETARY HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DOMENIC DEL MONICO TITLE SR VP CONTRACTING HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARILYN WALSH TITLE SR VP HUMAN RESOURCES HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GAIL COSTA TITLE SR VP PLANNING HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MAY BELLE KERNAN TITLE VP PR MARKETING HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.CEDRIC PRIEBE III MD TITLE.CHIEF MEDICAL INFO OFFICER HOURS



Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CARLEEN P SMITH TITLE CNE ASSOCIATE VP FINANCE HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS GARDNER TITLE DIRECTOR MATERIALS MANAGEMENT HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME: PATRICIA DEVANEY TITLE: CNE ASSOC VP HUMAN RESOURCES HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RALPH HANSELMAN TITLE DIRECTOR COMPLIANCE AND AUDIT HOURS

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
CARE NEW ENGLAND HEALTH SYSTEM

Employer identification number  
05-0490997

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CARE NEW ENGLAND WELLNESS CENTERS LLC 45 WILLARD AVE 3RD FLOOR PROVIDENCE, RI 02906 05-0501283	DISSOLVED	RI	248,004	0	CNE

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) TOLL GATE INDEMNITY LTD 23 LIME TREE BAY AVE PO BOX 1051 GRAND CAYMAN KY1-11 CJ 34-2028514	FINANCIAL VEHICLE	CJ		C CORP			
(2) W & I INDEMNITY LTD 23 LIME TREE BAY AVE PO BOX 1051 GRAND CAYMAN KY1-11 CJ 98-0159342	FINANCIAL VEHICLE	CJ		C CORP			

Part V

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

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

l

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

m

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

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

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

r

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

No

2

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

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

Schedule R (Form 990) 2010

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

[illegible]



Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation
TRANSACTIONS WITH RELATED ORGANIZATIONS	SCHEDULE R, PART V	AS OUTLINED IN SCHEDULE O , CARE NEW ENGLAND HEALTH SYSTEM IS THE TAX-EXEMPT PARENT OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM THIS ORGANIZATION IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) ORGANIZATION THE SYSTEM ALSO INCLUDES BUTLER HOSPITAL, KENT COUNTY MEMORIAL HOSPITAL AND WOMEN & INFANTS HOSPITAL OF RHODE ISLAND, EACH IS ALSO RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT HOSPITAL THIS ORGANIZATION ROUTINELY PAYS EXPENSES FOR VARIOUS AFFILIATES WITHIN THE CARE NEW ENGLAND HEALTH SYSTEM IN THE ORDINARY COURSE OF BUSINESS THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED

Software ID:

Software Version:

EIN: 05-0490997

Name: CARE NEW ENGLAND HEALTH SYSTEM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
BUTLER HOSPITAL  345 BLACKSTONE BLVD PROVIDENCE, RI02906 05-0258812	HEALTHCARE	RI	501(C)(3)	HOSPITAL	CNE		
WOMEN AND INFANTS CORPORATION  300 RICHMOND STREET PROVIDENCE, RI02903 02-2885807	HEALTHCARE	RI	501(C)(3)	509(A)(3)	CNE		
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND  300 RICHMOND STREET PROVIDENCE, RI02903 05-0258937	HEALTHCARE	RI	501(C)(3)	HOSPITAL	WIC		
WOMEN AND INFANTS DEVELOPMENT FOUNDATION  300 RICHMOND STREET PROVIDENCE, RI02903 22-2885815	HEALTHCARE	RI	501(C)(3)	509(A)(3)	WIC		
PALOMAR GROUP INC  300 RICHMOND STREET PROVIDENCE, RI02903 05-0462378	PARKING FAC	RI	501(C)(3)	509(A)(2)	WIC		
WIH FACULTY PHYSICIANS INC  67 BRIGHAM STREET NEW BEDFORD, MA02740 04-3579432	HEALTHCARE	MA	501(C)(3)	509(A)(2)	WIH		
KENT COUNTY MEMORIAL HOSPITAL  455 TOLL GATE ROAD WARWICK, RI02886 05-0258896	HEALTHCARE	RI	501(C)(3)	HOSPITAL	CNE		
KENT HOSPITAL FOUNDATION  455 TOLL GATE ROAD WARWICK, RI02886 05-0514640	SUPPORT ORG	RI	501(C)(3)	509(A)(3)	KCMH		
KENT COUNTY VNA DBA VNA OF CNE  51 HEALTH LANE WARWICK, RI02886 05-0242659	HEALTHCARE	RI	501(C)(3)	170B1AVI	CNE		
HEALTHTOUCH INC  51 HEALTH LANE WARWICK, RI02886 05-0514949	HEALTHCARE	RI	501(C)(3)	509(A)(2)	KCVNA		

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	BUTLER HOSPITAL	K	6,404,969	
(2)	KENT COUNTY MEMORIAL HOSPITAL	K	21,855,765	
(3)	WOMEN & INFANTS HOSPITAL OF RHODE ISLAND	K	28,106,974	
(4)	KENT COUNTY VNA DBA VNA OF CNE	K	843,397	
(5)	KENT COUNTY MEMORIAL HOSPITAL	D	17,793,682	
(6)	BUTLER HOSPITAL	D	11,300,000	
(7)	WOMEN & INFANTS HOSPITAL OF RHODE ISLAND	D	4,700,000	
(8)	BUTLER HOSPITAL	E	139,209	
(9)	KENT COUNTY MEMORIAL HOSPITAL	E	498,643	
(10)	KENT COUNTY MEMORIAL HOSPITAL	E	370,000	
(11)	WOMEN & INFANTS HOSPITAL OF RHODE ISLAND	E	576,869	
(12)	WOMEN & INFANTS HOSPITAL OF RHODE ISLAND	E	1,260,000	