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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

The Miriam Hospital

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

164 Summit Avenue

City or town, state or country, and ZIP + 4

Providence, RI 02906

F Name and address of principal officer

Timothy J Babineau MD

164 Summit Avenue

Providence, RI 02906

D Employer identification number

05-0258905

E Telephone number

(401) 793-2500

G Gross receipts \$ 479,098,337

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: www.miriamhospital.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1926

M State of legal domicile RI

Part I	Summary
Activities & Governance	<div>1 Briefly describe the organization's mission or most significant activities</div> <div>The mission of The Miriam Hospital(TMh) is to inspire one another to improve the health and spirit of the lives we touch</div>
	<div>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div> <div>3 Number of voting members of the governing body (Part VI, line 1a)</div> <div>4 Number of independent voting members of the governing body (Part VI, line 1b)</div> <div>5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)</div> <div>6 Total number of volunteers (estimate if necessary)</div> <div>7a Total unrelated business revenue from Part VIII, column (C), line 12</div> <div>7b Net unrelated business taxable income from Form 990-T, line 34</div>
Revenue	<div><div>8 Contributions and grants (Part VIII, line 1h)</div><div>9 Program service revenue (Part VIII, line 2g)</div><div>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</div><div>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div><div>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div></div> <div><div>Prior Year</div><div>3,004,364</div><div>391,208,224</div><div>1,825,832</div><div>8,994,542</div><div>405,032,962</div></div> <div><div>Current Year</div><div>8,435,033</div><div>411,609,404</div><div>8,701,381</div><div>15,532,616</div><div>444,278,434</div></div>
Expenses	<div><div>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div><div>14 Benefits paid to or for members (Part IX, column (A), line 4)</div><div>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div><div>16a Professional fundraising fees (Part IX, column (A), line 11e)</div><div>16b Total fundraising expenses (Part IX, column (D), line 25) 0</div><div>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</div><div>18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div><div>19 Revenue less expenses Subtract line 18 from line 12</div></div> <div><div></div><div>179,893,033</div><div></div><div>220,130,266</div><div>400,023,299</div><div>5,009,663</div></div> <div><div></div><div>507,193</div><div>0</div><div>183,243,201</div><div>0</div><div>233,040,198</div><div>416,790,592</div><div>27,487,842</div></div>
Net Assets or Fund Balances	<div><div>Beginning of Current Year</div><div>372,660,071</div><div>135,106,742</div><div>237,553,329</div></div> <div><div>End of Year</div><div>400,605,850</div><div>138,226,843</div><div>262,379,007</div></div>

Part II Signature Block

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.

Sign Here

Signature of officer

Mary A Wakefield EVP & CFO

2013-08-14

Date

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

Date

KPMG LLP

2 Financial Center 60 South St

Boston, MA 02111

Check if self-employed

Preparer's taxpayer identification number (see instructions)

EIN

Phone no (617) 988-1000

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

The mission of The Miriam Hospital(TMh) is to inspire one another to improve the health and spirit of the lives we touch

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

checked

No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

checked

No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 315,813,554 including grants of \$ 507,193) (Revenue \$ 400,021,178)

Patient Care Services and programs provided by TMh include general medicine, general surgery, emergency medicine, cardiovascular care, orthopedics, nuclear cardiology, radiology, laboratory, renal dialysis, urology, gastroenterology, endocrinology, gynecology, nephrology, neurology, ophthalmology, trauma care, computerized tomography, and magnetic resonance imaging (MRI) During November 2011, the Total Joint Center, a program of the Orthopedic Institute at Rhode Island Hospital, began operations at TMh (Continued on Schedule O)

4b

(Code) (Expenses \$ 27,674,800 including grants of \$) (Revenue \$ 23,990,800)

Research Since 1969, the level of research has increased from seven projects totaling \$127,000 involving nine investigators to 355 projects totaling \$27.7 million involving 76 investigators and 162 employees The following represents significant areas of research being conducted at the Hospital cancer treatment and prevention, epidemiological research, clinical trials in AIDS and HIV infection (including vaccine development), coronary heart disease, nutrition, exercise, weight control and lifestyle risk factors affecting health TMh provided \$3.7 million in support of research activities in fiscal year 2012 (Continued on Schedule O)

4c

(Code) (Expenses \$ 21,455,237 including grants of \$) (Revenue \$ 2,790,585)

Medical Education TMh provides the setting for and substantially supports medical education in various clinical training and nursing programs TMh is designated as a major teaching affiliate of The Warren Alpert Medical School of Brown University The total cost of direct medical education provided by the Hospital exceeded the reimbursement received from third-party payors by \$18.7 million in fiscal year 2012 (Continued on Schedule O)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses

\$ 364,943,591

Form 990 (2011)

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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	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.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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.		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.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	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.	Yes	
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.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	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.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.		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, Part III and IV.		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.		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.		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.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a	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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or 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		No
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	191			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	2,846			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a				No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				No
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				No
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	0			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				No
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a				No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				No
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a				No
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the aggregate amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				No

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	19		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16
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	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	No
11a	Has the organization provided a complete 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 the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	No

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 made 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 made 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. Mary A Wakefield 167 Point Street Providence, RI 02903 (401) 444-7093

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

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

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

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

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	1,706,906	3,027,696	591,361

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 183

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
University Medicine Foundation Inc 17 Virginia Ave Providence, RI 02905	Medical Services	8,607,623
Sodexo Inc 25 Royal Little Drive Providence, RI 02904	Dietary/Cafe Svs	1,301,003
Quest Diagnostics Inc 12436 Collections Drive Chicago, IL 60693	Laboratory Services	1,267,571
Narragansett Bay Anesthesia 164 Summit Avenue Providence, RI 02906	Medical Services	1,851,798
Brown University 75 Waterman Street Providence, RI 02912	Subcontracted Svcs	1,727,794

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶30

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	8,295,633				
	e	Government grants (contributions)	1e	31,808				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	107,592				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f		8,435,033				
Program Service Revenue			Business Code					
	2a	Temp Restricted (SPFs)	900099	1,493,063	1,493,063			
	b	Patient Service Rev	900099	381,326,593	381,326,593			
	c	Laboratory	621500	2,591,091		2,591,091		
	d	Direct Rev from Research	900099	26,198,657	26,198,657			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		411,609,404				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		3,174,806			3,174,806	
	4	Income from investment of tax-exempt bond proceeds . .		1,069			1,069	
	5	Royalties		0				
	6a	Gross rents	(i) Real	(ii) Personal				
			799,990					
			509,440					
			290,550					
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		290,550		5,451	285,099	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			39,835,969					
			34,310,463					
			5,525,506					
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)		5,525,506			5,525,506	
	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	Joint Venture Revenue	900099	7,192,533	7,192,533				
b	Indirect Rev from Grants	900099	5,104,216	5,104,216				
c	Cafeteria Revenue	722210	1,158,807	1,158,807				
d	All other revenue		1,786,510	1,737,603	48,907			
e	Total. Add lines 11a-11d		15,242,066					
12	Total revenue. See Instructions		444,278,434	424,211,472	2,645,449	8,986,480		

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)

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

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 United States See Part IV, line 21	507,193	507,193		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	290,399	290,399		
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	142,737,464	138,230,141	4,507,323	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,599,051	5,422,525	176,526	
9	Other employee benefits	24,547,747	23,879,932	667,815	
10	Payroll taxes	10,068,540	9,751,101	317,439	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	3,043	3,043		
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	372,617		372,617	
g	Other	19,578,036	19,495,226	82,810	
12	Advertising and promotion	122,224	117,777	4,447	
13	Office expenses	86,853,768	86,594,109	259,659	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	8,958,019	8,175,679	782,340	
17	Travel	703,093	651,154	51,939	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	419,310	398,253	21,057	
20	Interest	3,493,138		3,493,138	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	11,132,284		11,132,284	
23	Insurance	2,119,628	2,119,628		
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	All Other Expenses	13,169,425	12,248,034	921,391	
b	License Fee	17,700,799	17,700,799		
c	Provision for bad debts	24,013,379	24,013,379		
d	Purch Svs & Equip Cont	44,344,484	15,288,268	29,056,216	
e					
f	All other expenses	56,951	56,951		
25	Total functional expenses. Add lines 1 through 24f	416,790,592	364,943,591	51,847,001	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	0
	2	Savings and temporary cash investments			14,168,190	2	14,068,133
	3	Pledges and grants receivable, net			1,464,558	3	1,514,332
	4	Accounts receivable, net			36,464,708	4	41,439,931
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	0
	7	Notes and loans receivable, net			508,141	7	318,703
	8	Inventories for sale or use			4,956,106	8	5,968,500
	9	Prepaid expenses and deferred charges			888,645	9	3,427,774
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	328,083,336			
	b	Less: accumulated depreciation	10b	169,223,297	154,894,765	10c	158,860,039
	11	Investments—publicly traded securities			61,584,178	11	73,630,205
	12	Investments—other securities. See Part IV, line 11			31,534,911	12	35,075,511
	13	Investments—program-related. See Part IV, line 11				13	0
	14	Intangible assets				14	0
	15	Other assets. See Part IV, line 11			66,195,869	15	66,302,722
16	Total assets. Add lines 1 through 15 (must equal line 34)			372,660,071	16	400,605,850	
Liabilities	17	Accounts payable and accrued expenses			26,928,215	17	30,020,939
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			66,056,166	20	63,953,017
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			42,122,361	25	44,252,887
	26	Total liabilities. Add lines 17 through 25			135,106,742	26	138,226,843
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			205,353,302	27	223,650,887
	28	Temporarily restricted net assets			19,575,215	28	25,771,614
	29	Permanently restricted net assets			12,624,812	29	12,956,506
	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			237,553,329	33	262,379,007
34	Total liabilities and net assets/fund balances			372,660,071	34	400,605,850	

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	444,278,434
2	Total expenses (must equal Part IX, column (A), line 25)	2	416,790,592
3	Revenue less expenses Subtract line 2 from line 1	3	27,487,842
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	237,553,329
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,662,164
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	262,379,007

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 type="checkbox"/> Consolidated basis <input checked="" 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	

Additional Data

Software ID: 11000144

Software Version: 2011v1.5

EIN: 05-0258905

Name: The Miriam Hospital

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			
Brian J Zink MD Trustee	2 00	X						0	0	0
Jane Williams RN PhD Trustee	0 00	X						0	0	0
Fred J Schiffman MD Trustee	1 20	X						0	0	0
Lawrence Sadwin Trustee	3 00	X						0	0	0
James A Procaccianti Trustee	2 00	X						0	0	0
Michael J Perik Trustee	1 00	X						0	0	0
David A Marcoux MD Trustee	2 00	X						0	0	0
Joseph J MarcAurele Trustee	2 00	X						0	0	0
Alan H Litwin Chairman	6 00	X		X				0	0	0
Bertram M Lederer Vice Chairman	3 00	X		X				0	0	0
Phillip Kydd Trustee	3 00	X						0	0	0
Mary Jo Kaplan Secretary	3 00	X		X				0	0	0
Dayle H Joseph MSEdD Trustee	4 00	X						0	0	0
Michael L Hanna Treasurer	4 00	X		X				0	0	0
Brian Goldner Trustee	50	X						0	0	0
Edward D Feldstein Trustee	2 00	X						0	0	0
Jonathan J Elion MD Trustee	2 00	X						0	0	0
Penelope H Dennehy MD Trustee	2 00	X						0	199,992	21,912
Ellen A Collis Trustee	1 50	X						0	0	0
Jeffrey G Brier Trustee	2 00	X						0	0	0
Edmund C Bennett Vice Chairman	2 00	X		X				0	0	0
Roger N Begin Trustee	2 00	X						0	0	0
Emanuel Barrows Trustee	1 50	X						0	0	0
Timothy J Babineau MD President & CEO	13 00	X		X				0	833,462	145,667
Lawrence A Aubin Sr Trustee	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mary A Wakefield EVP & CFO	12 00			X				0	677,833	101,701
Arthur J Sampson Executive Director	40 00				X			0	481,412	87,140
Maria Ducharme Chief Nursing Officer	40 00				X			221,784	0	62,460
Jeffrey M Burock MD Physician	40 00					X		255,080	0	35,802
Robert W Corwin MD Senior VP & CMO	40 00					X		365,058	0	23,054
Lisa Goldstein MD Physician	40 00					X		252,241	0	23,119
Rogers C Griffith MD Physician	40 00					X		339,259	0	35,463
Rena R Wing Psychologist	40 00					X		273,484	0	25,765
Kathleen Hittner MD President & CEO	0 00						X	0	834,997	29,278

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

2011

Open to Public
Inspection

Name of the organization The Minam Hospital	Employer identification number 05-0258905
--	--

Part I

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2011

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2010 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

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

Facts And Circumstances Test

Explanation

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

2011

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, line 35c (Proxy Tax), then

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

Name of the organization The Miram Hospital	Employer identification number 05-0258905
--	--

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 on behalf of or in opposition to candidates for public office 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 checked="" type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input checked="" 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		3,043
	j Total lines 1c through 1i			3,043
	2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No		

Part III-A

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

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
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
Part II-B, Line 1i	Part II-B, Line 1i - Other Activities Description	The Miriam Hospital pays membership fees to the Hospital Association of Rhode Island (HARI), a portion of which is allocated to HARI's lobbying efforts.

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
The Minam Hospital

Employer identification number
05-0258905

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

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

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

1

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

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

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

	Amount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	

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	97,696,217	96,830,355	73,337,707		
b Contributions	35,666,188	25,953,487	40,371,010		
c Investment earnings or losses	10,411,008	678,572	8,097,713		
d Grants or scholarships					
e Other expenditures for facilities and programs	32,606,107	25,766,197	24,976,075		
f Administrative expenses					
g End of year balance	111,167,306	97,696,217	96,830,355		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 84 750 %

b

Permanent endowment ▶

c

Term endowment ▶ 15 250 %

3a

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,288,032		4,288,032
b Buildings		197,681,947	74,455,425	123,226,522
c Leasehold improvements				
d Equipment		121,927,103	94,767,872	27,159,231
e Other		4,186,254		4,186,254
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				158,860,039

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	444,278,434
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	416,790,592
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	27,487,842
4	Net unrealized gains (losses) on investments	4	2,162,927
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-4,825,091
9	Total adjustments (net) Add lines 4 - 8	9	-2,662,164
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	24,825,678

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	417,739,714
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,162,927
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-4,825,091
e	Add lines 2a through 2d	2e	-2,662,164
3	Subtract line 2e from line 1	3	420,401,878
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	372,617
b	Other (Describe in Part XIV)	4b	23,503,939
c	Add lines 4a and 4b	4c	23,876,556
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	444,278,434

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	392,914,036
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	392,914,036
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	372,617
b	Other (Describe in Part XIV)	4b	23,503,939
c	Add lines 4a and 4b	4c	23,876,556
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	416,790,592

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	The Miriam Hospital (the Hospital), as a not-for-profit corporation, is recognized under Section 501(c)(3) of the Internal Revenue Code and is exempt from Federal income taxes. The Hospital recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. Recognized income tax positions are measured at the largest amount of benefit that is greater than fifty percent likely to be realized upon settlement. Changes in measurement are reflected in the period in which the change in judgment occurs. The Hospital did not recognize the effect of any income tax positions during the fiscal year ended September 30, 2012.
Part XIII, Line 4b	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	Debt-financed rental expenses \$-12005 Non-debt-financed rental expenses \$-497435 Provision for bad debts \$24013379
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Debt-financed rental expenses \$-12005 Non-debt-financed rental expenses \$-497435 Provision for bad debts \$24013379
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Increase in Net Assets of TMHF \$4003082 Change in funded status of pension and other postretirement \$ -8828173 Decrease in Net Assets of TMHF \$ -0
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	The Miriam Hospital's unrestricted endowment consists of designated assets set aside by the Hospital's Board for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes. The largest temporarily restricted funds held by the Hospital are used to support: (1) renovations of the Hospital's Emergency Department (ED) to provide the capacity, privacy, and efficiency that the community needs. These renovations will also improve patient transportation, work flow, and collaboration among team members; (2) creation of a 21-bed ambulatory unit for patients coming to the Hospital for such procedures as cardiac catheterizations and electrophysiology, which will enhance cardiac care, while freeing beds in inpatient care units and facilitating faster admissions from the ED and expanding ED capacity; (3) replacement of the Hospital's hybrid catheterization laboratory; (4) purchase of an upgraded surgical robot; (5) the treatment and prevention of cancer, including the Cancer Patient Navigator Program, which assists cancer patients through the entire course of their care; (6) the Hospital's capital equipment and operating needs in providing services to patients, and (7) purchase of equipment for the operating rooms in the Total Joint Center, where orthopedic surgeons perform procedures that restore function to damaged joints, including total hip, knee, and shoulder replacement using minimally invasive surgical techniques.

1

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

3 Enter total number of other organizations or entities ► _____

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

[illegible]

Part IV Foreign Forms

- 1

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

☐ Yes

☒ No
- 2

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

☐ Yes

☒ No
- 3

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

☐ Yes

☒ No
- 4

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

☐ Yes

☒ No
- 5

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

☐ Yes

☒ No
- 6

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

☒ Yes

☐ No

Additional Data

Software ID: 11000144
Software Version: 2011v1.5
EIN: 05-0258905
Name: The Miriam Hospital

Part V

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

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
The Minam Hospital

Employer identification number
05-0258905

Part I

Charity Care and Certain Other Community Benefits at Cost

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

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			15,330,787	2,609,414	12,721,373	3 240 %
b Medicaid (from Worksheet 3, column a)			35,046,201	29,571,257	5,474,944	1 390 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			50,376,988	32,180,671	18,196,317	4 630 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			361,467	56,679	304,788	0 080 %
f Health professions education (from Worksheet 5)			21,455,237	2,790,585	18,664,652	4 750 %
g Subsidized health services (from Worksheet 6)			15,892,971	12,513,727	3,379,244	0 860 %
h Research (from Worksheet 7)			27,674,800	23,990,800	3,684,000	0 940 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			165,271		165,271	0 040 %
j Total Other Benefits			65,549,746	39,351,791	26,197,955	6 670 %
k Total. Add lines 7d and 7j			115,926,734	71,532,462	44,394,272	11 300 %

Part IICommunity Building Activities

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

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

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	
2Enter the amount of the organization's bad debt expense	2	5,491,860	
3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	938,857	
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	79,436,116	
6Enter Medicare allowable costs of care relating to payments on line 5	6	83,760,153	
7Subtract line 6 from line 5. This is the surplus or (shortfall).	7	-4,324,037	
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other			

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?	9a	Yes	
9bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IVManagement Companies and Joint Ventures (see instructions)

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

Section A. Hospital Facilities

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

Name and address

[illegible]

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

The Miriam Hospital

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): _____1_____

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	No
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 0000</u> % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400 0000</u> % If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input checked="" type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input checked="" type="checkbox"/> Insurance status e <input checked="" type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input checked="" type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input checked="" type="checkbox"/> The policy was attached to all billing invoices c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input checked="" type="checkbox"/> The policy was available upon request g <input checked="" type="checkbox"/> Other (describe in Part VI)	13	Yes	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input checked="" type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input checked="" type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input checked="" type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input checked="" type="checkbox"/> Other similar actions (describe in Part VI)	16	Yes	
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input checked="" type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input checked="" type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)			

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		No

Part V

Facility Information (continued)

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

(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 14

Name and address	Type of Facility (Describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
	Part VI - Affiliated Health Care System Roles and Promotion	Lifespan's mission is to improve the health status of the people it serves in RI and in southern New England through the provision of customer friendly, geographically accessible, high value services in the environment of an integrated academic health system Lifespan affiliates provide comprehensive inpatient and outpatient medical, surgical and psychiatric services for adults and children Lifespan and its affiliates employ more than 12,500 people The Lifespan system has over 2,300 physicians on the medical staffs of its affiliated hospitals, operates 1,155 licensed beds in four hospital complexes, and in 2012 generated approximately \$1.6 billion in total operating revenue By each of these measures, Lifespan is RI's largest health system, serving a population of over 1.5 million Three of its hospital members, Rhode Island Hospital (RIH), The Miriam Hospital (TMH) and Bradley Hospital (EPBH), are teaching affiliates of The Warren Alpert Medical School of Brown University with 78 percent of the residents and fellows in this program based at RIH, TMH, and EPBH Lifespan is a RI nonprofit corporation that is community-based and community-governed As a nonprofit organization, Lifespan is run by a voluntary Board of Directors who are community representatives Lifespan and all of its nonprofit hospital affiliates have received written notification from the Internal Revenue Service that they have been recognized as being organized and operated as entities described in Internal Revenue Code (IRC) Section 501(c)(3) and are generally exempt from income taxes under IRC Section 501(a) As of September 30, 2012, Lifespan Corporation employed approximately 700 full-time and part-time personnel, most of whom are located in Providence, RI Lifespan Corporation provides support services to its affiliates, such as information services, telecommunications, risk management, legal, communications and public affairs, fundraising, facility development, strategic planning, internal audit/compliance, human resources, finance, and investment management, for which each affiliate is charged a fee equivalent to the costs incurred by Lifespan in providing these services Corporate Authority and RoleLifespan Corporation has no members and is governed by its Board of Directors The Board has responsibility for planning, directing and establishing policies intended to assure the development and delivery of quality health services, professional education and biomedical research on an integrated, cost-effective basis The Board's powers include the power to set accounting policies for its affiliates, develop, negotiate and approve all managed care agreements, develop affiliations with other institutions for educational and research purposes, and approve human resource plans, executive compensation, and benefits for system affiliates The bylaws of TMH confer certain reserved powers on Lifespan to provide it with the means of effective oversight, coordination and support of the system Powers reserved to Lifespan as sole member include to elect and remove trustees, to approve the election of and to remove certain officers, to approve the amendment of the Articles of Incorporation and Bylaws and other Charter documents, to approve strategic plans, to approve investment policies and any capital or operating budgets or material non-budgeted expenditures, and to authorize incurrence or guaranty of material indebtedness For a complete listing of affiliated members of Lifespan's integrated healthcare delivery system, please refer to Schedule R

Identifier	ReturnReference	Explanation
	Part VI - Explanation Of How Organization Furthers Its Exempt Purpose	The Miriam Hospital is governed by a Board of Trustees, which is composed of 20 voting members, 17 who are elected by Lifespan Corporation as sole member of the Hospital, and three who serve ex officio. Lifespan approves the elected Trustees to serve one-year terms, until his/her successor is duly authorized and elected at the next Annual Meeting. The ex officio members of the Board with a vote are the President and Chief Executive Officer of the Hospital along with the Chair of The Miriam Hospital Foundation and the Chair of Rhode Island Hospital Foundation. Additionally, the Chair and the President and CEO of Lifespan Corporation are ex officio members of the Board without a vote. The Hospital's Board prescribes the duties and powers of committees appointed by the Chair and appoints members of the Medical Staff. The physicians on the Hospital's medical staff are both hospital-based and community-based.

Identifier	ReturnReference	Explanation
	Part VI - Community Building Activities	The Hospital substantially subsidizes various health services including the following programs oncology, tuberculosis, and certain other specialty services The Hospital also provides numerous other services to the community for which charges are not generated These services include certain emergency services, community health screenings for cardiac health, prostate cancer and other diseases, smoking cessation, immunization and nutrition programs, diabetes education, community health training programs, patient advocacy, foreign language translation, physician referral services, and charitable contributions

Identifier	ReturnReference	Explanation
	Part VI - Community Information	<p>The Miriam Hospital, located in Providence, Rhode Island, is a 247-bed nonprofit general acute care teaching hospital with university affiliation providing a comprehensive range of diagnostic and therapeutic services (excluding obstetrics) for the acute care of patients principally from RI and southeastern Massachusetts. As a complement to its role in service and education, the Hospital actively supports research. The Hospital is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and participates as a provider primarily in Medicare, Blue Cross and Medicaid programs. The Hospital is also a member of Voluntary Hospitals of America, Inc. (VHA). In 1969, the Hospital and certain other Rhode Island hospitals entered into an affiliation agreement to participate jointly in various clinical training programs and research activities with The Warren Alpert Medical School of Brown University (Brown). The Hospital is designated as a major teaching affiliate of Brown. The goals of the partnership are to facilitate the expansion of joint educational and research programs in order to compete both clinically and academically. With respect to nursing education, the Hospital has developed formal and informal educational affiliations with a number of accredited New England colleges and universities. The Hospital does not receive any compensation from the various schools for providing a clinical setting for the student nurse training. The Hospital conducts extensive medical research and is in the forefront of biomedical health care delivery research and among the leaders nationally in National Institutes of Health programs.</p>

Identifier	ReturnReference	Explanation
	Part VI - Patient Education of Eligibility for Assistance	The Miriam Hospital has multilingual signage in the Hospital's main lobby and waiting areas which provides information on financial aid contacts. The Registration Department meets with patients at the outset of care to discuss eligibility for assistance. The Registration staff provides interested patients with a "Welcome" booklet which includes information on patient rights and responsibilities. The signage and booklets contain a telephone number which connects patients with Registration staff who can answer any additional questions that may arise after the patient has left the Hospital. Assistance eligibility is also summarized on the Hospital's website.

Identifier	ReturnReference	Explanation
	Part VI - Needs Assessment	<p>Lifespan's Office of Strategic Planning and Analysis performs population-based studies for the Hospital regarding the need for inpatient medical and surgical services for both adults and children and a wide range of outpatient services including primary care office visits, specialty care, emergency services, imaging, ambulatory surgery, and specific high technology services such as radiation therapy and bone marrow transplantation. A population-based study examines the growth and changes in the population, the resources in the community, and the changing prevalence of diseases. In addition to this approach, Lifespan Strategic Planning also examines experience with wait times, the level of staffing, and the changing standards of care. All of this information is used to assess the demand for additional services to provide access to high quality care. In addition to population approaches to assessing and estimating need, all specialties and services monitor demand at the service-specific level by considering changing patterns of care and methods of treatment for the specific medical problem, wait times for visits/queues, and community resources. The service leadership then goes through a review process to add staff, expanded hours, and/or new sub-components to round out core services on an as-needed basis. At times, expansion requires more space, equipment, and staff, but often accommodation of community demand is achieved through expanded hours. Facilities are added as needed to accommodate these expansions, but most often minor renovations of existing locations with better, more modern layouts and equipment allow for greater patient access. The RI State Certificate of Need program requires a focused study of need for all projects over \$5.25 million, which is an important part of the program development process across Lifespan. Based on a broad understanding of community health needs, the Hospital provides a wide range of services to both its primary and secondary service areas. Lifespan and its hospital affiliates monitor health trends in Rhode Island in an effort to identify areas of unmet demands regarding clinical services. For example, in 2006, the Hospital was the first in the region to use a new technology to remove clots quickly, mitigating the debilitating effects of stroke. Over the past three years, the Hospital has expanded its groundbreaking robotic surgery program. The Hospital is home to the state's first Joint Commission-Certified Stroke Center and the only Women's Cardiac Center in Rhode Island.</p>

Identifier	ReturnReference	Explanation
Number of Hospital Faciltiy - 0	Part V, Line 19d - Other Billing Determination of Individuals Without Insurance	Uninsured patients receive an automatic 50% Community Benefit discount on Hospital charges In no case was there a situation where an uninsured patient paid more than amounts charged through Medicare or negotiated commercial insurance rates

Identifier	ReturnReference	Explanation
Number of Hospital Facility - 0	Part V, Line 16e - Other Collection Actions by Facility or Third Party Engaged	The Hospital engages third-parties to perform certain collection actions on its behalf. A pre-collect company is used for all self-pay accounts. Additionally, a collection agency is used if there is no payment activity on such accounts after 120 days. The collection process is explained in further detail in the response to Question 15e above.

Identifier	ReturnReference	Explanation
Number of Hospital Facility - 0	Part V, Line 15e - Other Collection Actions Against a Patient	Once an account balance or a portion thereof is classified as self-pay, it is placed with the Hospital's pre-collect company until the balance is paid in full, a monthly payment plan is in place, or insurance information is provided for billing After 120 days, if there is no payment activity, the account qualifies for bad debt and the pre-collect company returns the account to Patient Financial Services, which in turn forwards it to a collection agency The collection agency sends 3 to 5 notices to the patient requesting payment If there are no responses after the notices are sent, collection calls are made If there is no response after 120 days, the account is reviewed for legal action in the appropriate court If there are no assets to pursue, the collection agency deems the account uncollectible and returns it to Patient Financial Services for writeoff Note In accordance with Center for Medicare and Medicaid Services mandates, Medicare patient accounts are held 130 days from last payment, after which if there has been no activity, the account is referred to collection

Identifier	ReturnReference	Explanation
Number of Hospital Faciltiy - 0	Part V, Line 13g - Other Means Hospital Facility Publicized the Policy	An abbreviated version of the Hospital's financial assistance policy is posted in various admitting and outpatient areas of the Hospital. Additionally, registration personnel refer uninsured and/or low income patients to Patient Financial Counselors to discuss the policy and/or answer any questions they might have.

Identifier	ReturnReference	Explanation
	Part III, Line 9b - Provisions On Collection Practices For Qualified Patients	The Hospital uses an outside pre-collection agency for all self-pay receivables. The pre-collection agency attempts to collect the debt for 120 days. During this time, 3 letters are sent to the patient's address of record and, for balances in excess of \$50, attempts are made to reach the patient by telephone. If the agency makes contact with the patient and the patient expresses an inability to pay, payment plans and/or Community Free Service are offered. (Please refer to the Charity Care Eligibility Criteria and Additional Information sections for further detail on those processes.) If the pre-collection agency is unsuccessful in contacting the patient or no response is received within 120 days, the account is forwarded to a collection agency. The collection agency also sends statements and attempts to reach the patient via telephone. Again, if the agency makes contact with the patient and the patient expresses an inability to pay, payment plans and/or Community Free Service are offered. If no response is received, the claim is referred to small claims court and the patient is summoned to appear. If the patient does not appear, the Hospital will receive a judgment in its favor. If the Hospital learns that the claim has a related settlement, i.e., an automobile accident, the Hospital can put a lien on such settlement. Alternatively, if the collection agency deems the account uncollectible, it will be written off.

Identifier	ReturnReference	Explanation
	Part III, Line 8 - Explanation Of Shortfall As Community Benefit	Medicare shortfall has not been treated as a community benefit The source of the Medicare allowable costs reported on Part III, Section B, Line 6 is the Medicare cost report, Form 2552-10

Identifier	ReturnReference	Explanation
	Part III, Line 4 - Bad Debt Expense	<p>Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectibility of accounts receivable, the Hospital analyzes its past history and identifies its revenue trends for each of its major payors to estimate the appropriate allowance for doubtful accounts and the associated provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a significant allowance for doubtful accounts and provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates, if applicable) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts. The Hospital's allowance for doubtful accounts for self-pay patients decreased from 81% of self-pay accounts receivable at September 30, 2011 to 79% of self-pay accounts receivable at September 30, 2012. The Hospital's self-pay writeoffs for the years ended September 30, 2012 and 2011 amounted to approximately \$21,191,000 and \$19,107,000, respectively. The Hospital did not change its charity care or uninsured discount policies during the years ended September 30, 2012 and 2011, respectively. The Hospital does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant writeoffs from third-party payors in either 2012 or 2011. The Hospital provided \$24,013,379 for uncollectible patient accounts during the year ended September 30, 2012. The associated cost reported on Line 2 of Part III was determined by applying an operating cost to charge ratio (exclusive of community benefit costs and charges) to the provision amount. Schedule H, Part III, Section A, Line 2. The amount reported as bad debt expense is determined by applying the ratio of cost to charges (RCC) to the total charges written off to bad debt. The RCC rate is determined using data from the Hospital's cost accounting system and is adjusted for medical education, internally funded research, subsidized health services, community services, and charitable contributions. Discounts and payments are applied to patient accounts before such account balances are transferred to bad debt. Schedule H, Part III, Section A, Line 3. Accounts pending transfer to bad debt are reviewed by the Hospital's patient advocate staff to determine qualification for financial assistance under the Hospital's policy. Accounts with insufficient information to determine eligibility are assigned a separate identifying code. These accounts are ultimately transferred to bad debt if the appropriate qualifying documentation is not received. The amount reported on Schedule H, Part III, Section A, Line 3 represents the account balances at charge written off to bad debt from the pending code, which are in turn converted to cost by applying the RCC rate as identified in Schedule H, Part III, Section A, Line 2.</p>

Identifier	ReturnReference	Explanation
	Part I, Line 7, Column F - Explanation of Bad Debt Expense	The calculation of percentages disclosed for Schedule H, Part I, Line 7, column (f) "percent of total expense", does not include bad debt expense. Form 990, Part IX, Line 25 includes bad debt expense of \$ 24,013,379.

Identifier	ReturnReference	Explanation
	Part I, Line 7 - Explanation of Costing Methodology	<p>The Hospital's costing methodology used to calculate the amounts reported in Part I, Line 7 is as follows</p> <p>a) Financial Assistance at cost- involves utilization of a ratio derived from dividing patient costs, as defined, by patient charges, as defined, and applying that percentage to total charity care expense Patient costs are calculated based on Medicare principles of reimbursement by reducing total operating expenses by items such as bad debt expense, the cost of medical education, internally funded research, subsidized health services, community services, charitable contributions, and other operating revenue Patient costs are then divided by patient charges to determine a ratio of cost to charges (RCC) This RCC is applied as the costing methodology for determining charity care expense</p> <p>b) Medicaid- Medicaid expense is determined by cost as calculated by the Hospital's cost accounting system The system applies historical costing methods applied to all patient segments based on various patient demographics and utilizations These costing standards exclude bad debt, charity care, and the Medicaid portion of costs of health professions education which are reported on other areas of Line 7 These expenses include Medicaid provider taxes Direct offsetting revenue is reported as amounts received from Medicaid, as well as other payments which include reimbursement under Federal "Upper Payment Limit" (UPL) and "Disproportionate Share Hospital" (DSH) programs</p> <p>e) Community health improvement services and community benefit operations- Community benefit operations expense is recorded as direct expenses incurred as reported by the Hospital's Community Health Services department Revenue received for these services is reported as direct offsetting revenue</p> <p>f) Health profession education- Health professions education expenses represent direct costs related to amounts associated with resident and intern programs utilized at the Hospital These costs are determined by reporting actual direct costs taken from the Medicare cost report Direct offsetting revenue is reported as any direct Medicare reimbursements received for such services provided, as reported on the Hospital's Medicare cost report</p> <p>g) Subsidized health services- Subsidized health services' community benefit expense is determined by the cost accounting system These subsidized health services are recorded at cost in the Hospital's cost accounting system for all qualified subsidized health service divisions This expense is adjusted to remove all related Graduate Medical Education (GME) expenses, as well as bad debt, Medicaid, and charity costs already reported in applicable sections of Line 7 Net patient service revenue is recorded as amounts received from various payer types related to these services Revenue associated with Medicare GME and Medicaid is excluded from the amount disclosed for subsidized health services</p> <p>h) Research- The Hospital conducts extensive medical research focused on the prevention and treatment of HIV/AIDS, obesity, cancer, diabetes, cardiac disease, and mental health concerns For all internal and external research conducted, the costs associated with these activities is calculated by combining the direct and indirect costs as reported within the Hospital's cost accounting system Revenue received for these services is reported as direct offsetting revenue</p> <p>i) Cash and in-kind contributions for community benefit- Expenses for cash and in-kind contributions for community benefit are determined by using direct costs recorded in the general ledger and adding including an allocation of contributions made by Lifespan Corporation on the Hospital's behalf</p>

Identifier	ReturnReference	Explanation
	Part I, Line 3c - Charity Care Eligibility Criteria (FPG Is Not Used)	<p>The Miriam Hospital (the Hospital) uses a dual system for determining financial aid eligibility federal poverty guidelines and an asset test The financial screening process at the Hospital is intended to define probable eligibility for public assistance (Medicaid or Community Free Service ("CFS")) for those patients who do not have the means to pay for hospital services rendered, as follows 1 Upon patient indication of an inability to pay required monies, the patient is offered the financial screening option to determine eligibility for public assistance (Medicaid, CFS)2 The application for CFS is completed and includes information relative to income, expense, and other available resources and requires proof of such information which may include - most recently filed Federal income tax return and W-2 form(s)- copies of most recent savings and/or checking account statements- two most recently received payroll check stubs- copy of rent receipts for the last six months for proof of residency- copy of utility bills for the last month for proof of residency3 If the patient's financial situation falls within the guidelines for eligibility for Medicaid, has a long-term disability, Rite Care, or CFS, the appropriate application process is completed (Assistance to complete such applications is available from the Patient Financial Advocates (PFA) Office at the Hospital)4 Uninsured patients receive an automatic 50% deduction at the Hospital 5 Eligibility for CFS above the 50% discount is provided for those applicants whose family gross income is at or below twice the Federal Poverty Guidelines, with a sliding scale for individuals up to four times the poverty level in effect at the time of application Full charity care applicants with assets worth more than \$8,500 for an individual (or \$13,500 for a family) may not qualify for care without charge, but may qualify for discounted care While the maximum 100% discount may not be available to all charity care applicants based on the results of their asset test, all uninsured patients who receive care are eligible for, at a minimum, the 50% charity care discount 6 For patients who qualify for less than 100% of the financial assistance program, a payment schedule is determined and agreed upon (discussed further below) Payment arrangements are established prior to service for non-urgent care 7 In either case, the final results of the financial screening are recorded in the comments section of the Hospital's billing system Requests for Payment Arrangements Patient Financial Advocates (PFA) will qualify patients that are receiving non-urgent, medically indicated procedures prior to services The PFA will request 75% to 100% of estimated charges (net of the automatic 50% discount) if the balance is under \$5,000 and 50% to 100% of estimated charges (net of the automatic 50% discount) if the estimated bill exceeds \$5,000 For elective or non-urgent cases, the policy will require financial clearance prior to services or an exception from the Medical Director based on the clinical circumstances if the patient cannot meet the above payment agreement Patients who do not qualify for the total or partial CFS, but who have difficulty in paying their bills after services are rendered, may request enrollment in a payment plan Eligibility for the payment plan includes the following guidelines 1 Immediate payment in full will result in financial hardship to the patient or the patient's family 2 Deposit of one-half of the estimated total bill is requested prior to admission 3 The minimum monthly payment of \$50 00 4 The maximum length of the payment plan is twenty-four months The Customer Service staff will set up the payment plan using the above guidelines as well as complete the necessary information on the "Payment Agreement" form and mail to patient for signature Account documentation will be done online The pre-collect agency will be sent a copy of the payment agreement and all forms will be scanned into the PFS Optical Imaging System</p>

Additional Data

Software ID: 11000144
Software Version: 2011v1.5
EIN: 05-0258905
Name: The Miriam Hospital

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

[illegible]

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
The Miriam Hospital

Employer identification number
05-0258905

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Thundermist Health Center191 Social Street Woonsocket, RI 02895	05-0355097	501(c)(3)	41,250	0			Health Pgm Support
(2) Mt Hope Neighborhood Assoc199 Camp Street Providence, RI 02906	22-2599257	501(c)(3)	8,490	0			General Support
(3) Mt Hope Learning Center140 Cypress Street Providence, RI 02906	05-0502405	501(c)(3)	9,000	0			General Support
(4) Jewish Alliance of Greater RI401 Elmgrove Avenue Providence, RI 02906	27-4127671	501(c)(3)	5,250	0			General Support
(5) Groundwork Providence8 Third Street Providence, RI 02906	05-0397766	501(c)(3)	18,000	0			General Support
(6) Family Service of RI Inc PO Box 6688 Providence, RI 02940	05-0258858	501(c)(3)	6,500	0			General Support
(7) Downtown 5K Inc183 Purgatory Road Exeter, RI 02822	22-3047066	501(c)(3)	10,000	0			General Support
(8) City of Providence25 Dorrance Street Providence, RI 02903	05-6000329	Gov't Org	216,000	0			Payment in lieu of taxes
(9) Brown University164 Angell Street Providence, RI 02912	05-0258809	501(c)(3)	149,211	0			General Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 9

3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
Additional Supplemental Information		The Miriam Hospital is committed to community programs and provides support to various charitable organizations in Rhode Island. Donations are made to organizations recognized by the IRS as being described in IRC Section 501(c)(3). All contributions are approved by management and are made to organizations whose missions and goals align with those of the Hospital.

Software ID: 11000144
Software Version: 2011v1.5
EIN: 05-0258905
Name: The Miriam Hospital

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Thundermist Health Center191 Social Street Woonsocket, RI 02895	05-0355097	501(c)(3)	41,250	0			Health Pgm Support
Mt Hope Neighborhood Assoc 199 Camp Street Providence, RI 02906	22-2599257	501(c)(3)	8,490	0			General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mt Hope Learning Center140 Cypress Street Providence, RI 02906	05-0502405	501(c)(3)	9,000	0			General Support
Jewish Alliance of Greater RI401 Elmgrove Avenue Providence, RI 02906	27-4127671	501(c)(3)	5,250	0			General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Groundwork Providence8 Third Street Providence, RI 02906	05-0397766	501(c)(3)	18,000	0			General Support
Family Service of RI IncPO Box 6688 Providence, RI 02940	05-0258858	501(c)(3)	6,500	0			General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Downtown 5K Inc 183 Purgatory Road Exeter, RI 02822	22-3047066	501(c)(3)	10,000	0			General Support
City of Providence 25 Dorrance Street Providence, RI 02903	05-6000329	Gov't Org	216,000	0			Payment in lieu of taxes

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Brown University 164 Angell Street Providence, RI 02912	05-0258809	501(c)(3)	149,211	0			General Support

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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 The Minam Hospital	Employer identification number 05-0258905
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Part I

Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) Timothy J Babineau MD	(i) (ii)	670,179	113,906	49,377	123,194	22,473	979,129	21,386
(2) Rogers C Griffith MD	(i) (ii)	321,352	10,000	7,907	15,485	19,978	374,722	
(3) Robert W Corwin MD	(i) (ii)	239,319		125,739	7,298	15,756	388,112	77,800
(4) Rena R Wing	(i) (ii)	266,271		7,213	17,308	8,457	299,249	
(5) Penelope H Dennehy MD	(i) (ii)	193,064	2,470	4,458	12,594	9,318	221,904	
(6) Mary A Wakefield	(i) (ii)	499,573	84,291	93,969	85,853	15,848	779,534	67,780
(7) Maria Ducharme	(i) (ii)	204,843		16,941	42,760	19,700	284,244	
(8) Lisa Goldstein MD	(i) (ii)	239,174	11,000	2,067	14,678	8,441	275,360	
(9) Kathleen Hittner MD	(i) (ii)	467,419	79,819	287,759	9,800	19,478	864,275	206,559
(10) Jeffrey M Burock MD	(i) (ii)	206,573	40,000	8,507	14,617	21,185	290,882	
(11) Arthur J Sampson	(i) (ii)	350,388	59,400	71,624	70,685	16,455	568,552	45,490

Part IIISupplemental 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
Sch J, Part I, Line 1a	Part I, Line 1a. Relevant information in regards to selections on 1a.	Tax Indemnification and Gross-up Payments. The Lifespan Executive Long Term Disability program provides financial protection to designated Lifespan executives in the event that they become disabled. Premiums are paid to the insurance carrier by the insureds on an after-tax basis to allow for income replacement at a reasonable cost. The income associated with the premiums is grossed-up to cover the total cost of the benefit as provided in the Lifespan Executive Benefit Plan and is included in Medicare wages, more specifically on Schedule J, Part II, Column B (iii). Social Club Dues. The job responsibilities of certain executives include development of relationships with business leaders and donors. Those relationships are facilitated by the ability to meet in private sessions during which focused business discussions take place. The Hope and University Clubs, which require individual memberships, are places in Providence where businessmen and women, civic, community and social leaders can gather in a business-like atmosphere. The cost of membership is considered by Lifespan to be reasonable and necessary and thus a qualified business expense not taxable to the employee. IRS regulations regarding documentation requirements are followed for any payments made for meetings held at the respective club, including the business purpose and nature of the business benefit derived, the nature of the business discussion or activity, and the identity and business relationship of attendees.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
The Miriam Hospital

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.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number
05-0258905

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 & Ed Bldg Corp	52-1300173	762243K36	03-30-2009	19,582,506	See Part V		X		X	X	
B RI Health & Ed Bldg Corp	52-1300173	762243SS3	02-14-2006	40,725,126	See Part V		X		X	X	

Part II

Proceeds

1	Amount of bonds retired	A		B		C		D	
2	Amount of bonds defeased				4,656,100				
3	Total proceeds of issue			19,582,506	40,725,126				
4	Gross proceeds in reserve funds			1,955,663					
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds			288,639	348,652				
8	Credit enhancement from proceeds			339,121	968,829				
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			10,338,881					
11	Other spent proceeds				39,407,645				
12	Other unspent proceeds			6,660,202					
13	Year of substantial completion	2006							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X	X					
16	Has the final allocation of proceeds been made?		X	X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X	X					

Part III

Private 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				
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	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	0 500 %		0 970 %					
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								
6	Total of lines 4 and 5	0 500 %		0 970 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV

Arbitrage

		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				
2	Is the bond issue a variable rate issue?		X		X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		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				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☒ Yes ☐ No

Part VI

Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
The Minam Hospital

Employer identification number
05-0258905

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) Jessica Brier	Employee	102,665	Employee Compensation		No
(2) Roberts Carroll Feldstein & Peirce	Partner	113,159	Legal 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
		* Edward Feldstein, Trustee, is a partner in Roberts, Carroll, Feldstein and Peirce, a law firm that provides legal services to a sister company, Lifespan Risk Services. The common parent of TMH and Lifespan Risk Services is Lifespan Corporation. During fiscal year 2012, Lifespan Risk Services paid Roberts, Carroll, Feldstein and Peirce \$113,159 for services regarding TMH matters. * The wife of Jeffrey Brier is employed by The Miriam Hospital as a Cardiovascular Clinical Nurse Specialist. In fiscal year 2012, The Miriam Hospital paid Jessica Brier \$102,665 for her services.

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

2011

Open to Public
Inspection

Name of the organization The Minam Hospital	Employer identification number 05-0258905
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Identifier	Return Reference	Explanation
	Form 990, Schedule K, Part V	The Hospital has in place written post-issuance tax compliance procedures for tax-exempt obligations. To ensure that its bonds continue to qualify for tax-exempt status, the Hospital consults with bond counsel and other legal counsel and advisors, as needed, to ensure that all applicable post-issuance requirements are met. The Hospital has not identified any non-compliance with the requirements of its tax-exempt bonds.

Identifier	Return Reference	Explanation
	Form 990, Schedule K, Part I, Line B, Column (f)	The proceeds of the Series 2009A Bonds are being used for the purposes of financing projects consisting of (i) the acquisition, construction, renovation, expansion and equipping of certain hospital and related health care facilities owned and operated or to be owned and operated by one or more of Rhode Island, The Miriam, or Emma Pendleton Bradley Hospitals, located at and in the vicinity of the Hospital Campuses, (ii) equipping, furnishing, and improving facilities and other depreciable assets used in health care operations on the Hospital Campuses, (iii) the funding of a debt service reserve fund for the Bonds, and (iv) and the payment of certain expenses of issuance with respect to the Bonds

Identifier	Return Reference	Explanation
	Form 990, Schedule K, Part I, Line A, Column (f)	The proceeds of the Series 2006A Bonds were used (i) to advance refund a portion of the \$214,585,000 Hospital Financing Revenue Bonds, Lifespan Obligated Group Issue, Series 1996, (ii) to advance refund a portion of the \$78,000,000 Hospital Financing Revenue Bonds, Lifespan Obligated Group Issue, Series 2002 and (iii) to pay certain expenses incurred in connection with the issuance of the Series 2006A Bonds

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, Lines 15 a&b cont	Base Salary Actions The CEO recommends any salary adjustments for participants in the executive compensation program, using the results of the valuation study and his/her assessment of individual performance or other pertinent information, for the Committee's consideration New Participants in Executive Compensation Program With respect to compensation offers for individuals expected to participate in the executive compensation program, the office of the Senior Vice President of Human Resources works with the Committee's independent compensation consultant or relies on information previously provided by the consultant to establish a range of reasonable cash compensation within which recruitment is expected to conclude with acceptance of a reasonable compensation offer

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, Lines 15 a&b	<p>The following applies to Lifespan and all of its affiliates, including The Miriam Hospital EXECUTIVE COMPENSATION. Lifespan's executive compensation philosophy balances appropriate stewardship of resources and the need to be competitive in recruiting and retaining talented individuals. It incorporates market-competitive and performance-related principles, and covers the President and CEO of Lifespan as well as other officers, senior management and key employees. Lifespan's executive compensation program complies with both law and contemporary ethical norms, and is administered consistent with the organization's tax-exempt status under Section 501(c)(3) of the Internal Revenue Code (IRC) and the avoidance of transactions subject to intermediate sanctions under Section 4958 of the IRC. Executive compensation is also administered consistent with Lifespan's Corporate Compliance Policy on Excess Benefit Transactions. The Compensation Committee of the Lifespan Corporation Board of Directors (the Committee), comprised of disinterested Lifespan and affiliate Board members, is responsible for diligent oversight of executive compensation to ensure compliance with IRC requirements. Its duties include:</p> <ul style="list-style-type: none"> * Approving eligibility for participation in the executive compensation program * Approving changes in compensation for existing executive participants * Approving guidelines, such as salary ranges and contract terms, on appropriate levels of compensation for other key employees * Approving new, and modifying or terminating existing, executive compensation plans including, but not limited to, annual and long-term incentive and executive benefit plans * Approving performance objectives associated with Lifespan's annual and long-term incentive plans, including measuring points, and using audited actual performance relative to these objectives as a precondition to approving the payment of any awards under the plan(s) * Authorizing periodic performance benchmark studies to be conducted for purposes of assessing Lifespan's performance within the healthcare industry and the degree to which total remuneration levels at Lifespan are generally commensurate with Lifespan performance relative to healthcare industry performance * Conducting an annual performance review of Lifespan's Chief Executive Officer. The Chair of the Committee conducts and documents this review, based on his/her observations and interpretation of feedback from members of the Board of Directors * Selecting and engaging qualified, independent, third party compensation valuation consultants that the Committee charges with rendering opinions with respect to the reasonableness and comparability of compensation as well as the comparative organizations against which compensation is assessed, in accordance with relevant sections of the IRC and Lifespan's executive compensation philosophy. The independent consultants are not engaged by management to perform any services for Lifespan without prior approval by the Committee. Lifespan's Chief Executive Officer works closely with the Committee to make recommendations on the above topics and keep the Committee informed about contemplated compensation changes for executives and other key employees, as well as candidates for these roles. The CEO also provides periodic updates to the Committee regarding Lifespan's performance relative to compensation-related performance objectives. The Committee's deliberations and actions are documented in minutes prepared for each meeting. <p>PROCESS FOR DETERMINING COMPENSATION Valuation of Total Cash and Total Remuneration. No less frequently than annually, the Committee receives and reviews a total cash compensation valuation of all existing executive compensation program participants prepared by its independent compensation consultant. Annually, the Committee also receives and reviews a total remuneration valuation of all existing executive compensation participants.</p>

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, Line 12c	<p>Lifespan Corporation has a Conflict of Interest Policy that is applicable to all affiliates, including The Miriam Hospital, and administered by Lifespan's Corporate Compliance Department as follows. Each designated person subject to Lifespan's conflict of interest policy is required to provide Lifespan with an initial disclosure statement and thereafter an annual statement attesting that (i) the designated person has read and is familiar with this policy, and (ii) the designated person and, to the best of his/her knowledge, family members, have not in the past engaged in, are not presently engaging in, or plan to engage in, any activity which contravenes this policy. If, at any time during the course of employment or association, a designated person has reason to believe that an existing or contemplated activity may contravene this policy, the person shall submit a full written description of the activity to the Lifespan Compliance Officer or the Office of the General Counsel to seek a determination as to whether the contemplated activity does or does not contravene this policy. (For the bulk of Lifespan management staff awareness of this requirement shall be acknowledged as part of the annual performance evaluation process.) If the activity in question involves either the Chief Executive Officer, the Senior Vice President and General Counsel, or a Trustee, a full written disclosure must be made to, and a determination sought from, the Chairman of the Board of Directors of Lifespan Corporation. Annually, the Lifespan Compliance Officer shall review and report to the Lifespan Executive Corporate Compliance Committee and to the Lifespan Audit and Compliance Committee on the administration of this policy. Failure on the part of any designated person to comply with this policy, including failure to submit in a timely fashion the conflict of interest disclosure statement, will be grounds for removal from his/her position and/or termination of his/her employment with Lifespan.</p>

Identifier	Return Reference	Explanation
	Form 990, Part III, 4c	<p>In 1969, TMH and certain other Rhode Island hospitals entered into an affiliation agreement to participate jointly in various clinical training programs and research activities with Brown Medical School, renamed The Warren Alpert Medical School of Brown University (Brown). The goals of the partnership are to facilitate the expansion of joint educational and research programs to compete both clinically and academically. TMH participates in Brown programs in internal medicine and medicine subspecialties, general surgery and surgical subspecialties, psychiatry, emergency medicine, orthopedics, and dermatology and provides stipends to residents and physician fellows while in training. The Hospital is also a participating clinical training site for residents from other programs in infectious disease, OB/Gyn subspecialties, podiatry, psychiatry, geriatric psychiatry, and colorectal surgery. In addition, TMH Behavioral Medicine, in collaboration with Brown, sponsors research and clinical psychology training programs for interns, postdoctoral fellows, and faculty trainees.</p> <p>OTHER EDUCATIONAL AFFILIATIONS AND PROGRAMS Nursing TMH has developed formal and informal educational affiliations with the University of Rhode Island College of Nursing, Rhode Island College School of Nursing, Community College of Rhode Island (CCRI), Salve Regina University, Boston College, Yale University, Regis College, Simmons College, St. Joseph's Health Services' School of Nursing, the University of Massachusetts campuses at Dartmouth, Boston, Amherst and Worcester, the University of Connecticut, New England Technical Institute, Walden University, and the University of Pennsylvania, as well as other Schools of Nursing, pursuant to which their nursing students obtain clinical training and experience at TMH. TMH does not receive any compensation from the various schools for providing a clinical setting for the student nurse training.</p> <p>Sponsored Training Programs and Clinical Site Affiliations TMH sponsors training programs for a variety of allied health care professionals including required clinical and fieldwork experiences in physical, speech, and occupational therapy to university students in each discipline through contracts with the various universities. TMH serves as a clinical training site for students from CCRI for the vascular and cardiology ultrasound programs and also provides training experiences for students in diagnostic radiology, medical technology, phlebotomy, and social work. The Hospital serves as a clinical training site for students from The Nuclear Medicine Institute of the University of Findlay (Ohio). TMH has clinical affiliations/student clinical training programs for pharmacy students provided through contracts with a number of colleges and universities.</p>

Identifier	Return Reference	Explanation
	Form 990, Part III, 4b	<p>TMH conducts extensive medical research and is in the forefront of biomedical health care delivery research and among the leaders nationally in National Institutes of Health programs Major areas of research include Cancer- TMH conducts clinical and behavioral research focusing on the many facets of cancer including prevention, education, and therapeutics, supported by the National Cancer Institute, CALGB, and NSABP TMH is a participating hospital in the Brown University-sponsored Cancer Oncology Group (BrUCOG) HIV- At TMH, research focuses on the treatment and prevention of HIV infections, especially in hard-to-reach populations, both in the U S and abroad There are international sites located in Cambodia, India, Kenya, Indonesia, The Phillipines, and South Africa The Lifespan/Tufts/Brown Center for Aids Research conducts clinical, basic, and translational research programs The TB Clinic performs research in the area of co-infections of HIV and tuberculosis Depression- The Center for Behavioral and Preventive Medicine (CBPM) is comprised of major centers including (1) Weight Control and Diabetes, (2) Nicotine & Tobacco Research, and (3) Physical Activity Research The Weight Control and Diabetes Center conducts research programs that focus on diet, exercise, maintenance strategies, home environment, adolescent issues, and pediatric obesity The Physical Activity Research Center conducts research in the workplace, community settings and health care facilities, involving all age groups and focusing on the effects of exercise in disease preventions and treatment</p>

Identifier	Return Reference	Explanation
	Form 990, Part III, 4a, continued	<p>TMH is licensed to operate 247 acute care beds by the Rhode Island Department of Health. Notable medical accomplishments of TMH include performance of Rhode Island's first lung operation, first kidney transplant and first aortic valvuloplasty (a procedure to clear blocked heart valves). In 2012, TMH discharged 15,606 inpatients, logged nearly 58,000 visits in its emergency department and performed over 10,000 inpatient and outpatient surgical procedures. Services provided in 2012 represent nearly 163,000 inpatient days and more than 71,000 clinic visits. TMH is staffed by more than 775 affiliated physicians, approximately 50 full-time house staff (medical school graduates), a nursing staff of 500 and more than 1,100 health care employees. In total, TMH employs more than 2,500 people. TMH is a major teaching hospital for The Warren Alpert Medical School of Brown University, providing clinical rotations for residents. TMH provides full charity care for individuals at or below twice the federal poverty level, with a sliding scale for individuals up to four times the poverty level. In addition, a substantial discount is offered to all other uninsured patients. The Hospital determines the cost associated with providing charity care by aggregating the applicable direct and indirect costs, including compensation and benefits, supplies, and other operating expenses, based on data from its costing system. The total cost, excluding medical education and research, incurred by the Hospital to provide charity care amounted to \$12,721,373 in fiscal 2012. Charges forgone, based on established rates, amounted to \$41,579,316. TMH substantially subsidized various health services including oncology, HIV, tuberculosis and men's health clinics at a cost of \$3,379,244 in fiscal year 2012. TMH also provides numerous other services to the community for which charges are not generated. These services include certain emergency services, community health screenings for cardiac health, prostate cancer and other diseases, smoking cessation, immunization and nutrition programs, diabetes education, community health training programs, patient advocacy, foreign language translation, physician referral services, and charitable contributions. The cost of these services amounted to \$304,788 in fiscal year 2012. TMH subsidizes the cost of treating patients who receive government assistance where reimbursement is below cost. Medicaid is a means-tested health insurance program, jointly funded by state and federal governments. States administer the program and set rules for eligibility, benefits, and provider payments within broad federal guidelines. The program provides health care coverage to low-income children and families, pregnant women, long-term unemployed adults, seniors, and persons with disabilities. Eligibility is determined by a variety of factors, which include income relative to the federal poverty line, age and immigration status, and assets.</p>

Identifier	Return Reference	Explanation
	Form 990, Part I, Line 6	Volunteers support and contribute to the mission of TMH every day. They are able to learn, meet other dedicated volunteers, better understand the healthcare environment, and gain personal satisfaction knowing they are making a difference to patients, families, visitors, and vendors alike. Volunteer positions are available for both teens and adults in a wide variety of positions, including greeters, family liaisons, emergency room support, gift shop support, nurse aides, office support, pet therapy, dietary, patient visitors, recovery room support, patient experience representatives, hand massage, and central transporters.

Identifier	Return Reference	Explanation
		<p>TMH's surgeons are leaders in their field. TMH, as part of an academic medical center, prizes the mastery of new technologies in order to improve the quality of life for patients. TMH surgeons have successfully performed over 1,000 procedures using the da Vinci Surgical System and have made its use a cornerstone of cancer treatment at TMH. The Comprehensive Cancer Center brings together world-renowned physicians and a group of specialists from TMH, Rhode Island Hospital and Newport Hospital, forming a multidisciplinary team whose level of knowledge and experience are unparalleled in Rhode Island. The Hospital's Adult Outpatient Behavioral Medicine Services help individuals improve health through behavior change. Services are offered to help patients adjust to chronic medical conditions, including their associated physical and emotional distress, modify unhealthy ways of living (for example, smoking cessation) to help prevent the onset or progression of disease, and treat mood and anxiety disorders that interfere with management of medical conditions. Services are available to help individuals with behavioral and psychosocial management of medical conditions such as pain, cancer, heart disease (including those with implanted cardiac devices), pulmonary disease, and diabetes. The Weight Management Program provides comprehensive, medically supervised treatment for mildly, moderately, and severely overweight adults. Specialized programs are also available for adolescents and diabetics. Treatment combines medical monitoring, behavioral therapy, exercise instruction, three levels of calorie reduction, and nutrition education. The Hospital's clinicians include surgical oncologists, medical oncologists, radiation oncologists, hematologists, pathologists, physical therapists, radiologists, nurses, clinical social workers, patient advocates, pharmacists, and nutritionists. These dedicated specialists work with patients every step of the way, from diagnosis to treatment to follow-up care. To help patients and their families cope with breast cancer, TMH offers the Breast Health Navigator Program. The program assists breast cancer patients through the entire course of their cancer care with breast health navigators, registered nurses trained in oncology who possess an in-depth understanding of breast cancer, and the process undergone by patients. They guide patients through diagnosis, treatment and recovery, while helping them make informed decisions and cope with the variety of issues they face. TMH and Rhode Island Hospital were named Blue Distinction Centers for Complex and Rare Cancers by Blue Cross and Blue Shield of Rhode Island. TMH and Rhode Island Hospital are the only two hospitals in the State to receive this distinction. Blue Distinction Centers for Complex and Rare Cancers are facilities within participating Blue Cross and Blue Shield network service areas that offer comprehensive inpatient cancer care programs for adults, delivered by multidisciplinary teams with subspecialty training and distinguished clinical expertise in treating complex and rare subtypes of cancer. TMH and Rhode Island Hospital have both been recognized for excellence in treating esophageal, gastric, liver, pancreatic, rectal, and thyroid cancer. The division of gastrointestinal and liver pathology is committed to providing high quality diagnostic services for gastrointestinal and liver diseases. Collectively, gastrointestinal cancers are among the most common form of malignancies suffered today, affecting nearly a quarter of a million Americans each year. To address this, the Comprehensive Cancer Center has brought together nationally recognized leaders in the treatment and research of gastrointestinal cancers.</p>

Identifier	Return Reference	Explanation
		<p>TMH has been named among the nation's 100 top hospitals for cardiovascular care by Thompson Healthcare Thompson's annual study identifies hospitals that are setting benchmark levels of performance for cardiovascular services throughout the nation It recognizes the hospitals and their management teams for superior clinical, operational and financial performance in the area of cardiovascular service TMH's cardiac surgery department is led by four board certified cardiothoracic surgeons, each able to perform a wide variety of cardiac, thoracic and peripheral vascular procedures They represent more than ninety years of cumulative experience Anesthesiologists dedicated to the management of complex cardiothoracic and vascular procedures provide each patient with the latest measures of intraoperative therapy and assessment Every patient is monitored with a transesophageal echocardiogram (sonogram) TMH's team of surgeons, anesthesiologists and cardiologists works closely together This cooperative approach has led to outstanding results at all levels of complexity Thanks to the latest evolution in surgical technology, physicians now have an effective alternative to traditional open surgery and laparoscopy that allows them to provide patients with the best of both approaches This alternative is the da Vinci Surgical System and TMH uses this technology to treat different types of cancer</p>

Identifier	Return Reference	Explanation
		<p>The Center's team-based approach provides state-of-the-art care for patients who have or are at risk for cancers of the upper gastrointestinal tract, such as pancreatic cancer, cancer of the esophagus, and tumors involving the liver. The gastrointestinal cancer care services available through the Comprehensive Cancer Center provide care for patients who have or are at risk for the following types of cancer: bile duct, esophagus, gallbladder, endocrine, and cystic tumors of the pancreas, liver and stomach. TMH also offers medical nutrition therapy on an outpatient basis designed to help prevent and control gastrointestinal disorders.</p>

Identifier	Return Reference	Explanation
		<p>In 2012, Lifespan, on behalf of Rhode Island Hospital and The Miriam Hospital, reached an agreement with the City of Providence to make voluntary payments of \$800,000 a year for three years, for a total of \$2.4 million to help stabilize the city's financial health. TMH's share of the voluntary payment is \$216,000 a year, for a total of \$648,000. Lifespan has always maintained a strong commitment to Providence through its many community-based programs, as well as through the charity care it provides. Community programs provide support to the city through various clinics, community health programs, employment training initiatives, youth employment and mentoring programs, and substantial financial support to various city programs.</p> <p>The Total Joint Center at The Miriam Hospital is dedicated to providing the most technologically advanced and specialized procedures focused on the replacement of joints and rehabilitation and care in treating diseases of, or injuries to, hips, knees, and shoulders. The Miriam Hospital is a Blue Cross Blue Shield Blue Distinction Center for Knee and Hip Replacement, which is a designation given to hospitals that demonstrate an expertise in quality care by meeting objective clinical measures, resulting in better outcomes for patients. Medical and surgical services at the Total Joint Center are provided in a personalized, caring environment within the context of an academic medical center. All services focus on the patient experience from initial consultation through recovery. Multidisciplinary medical teams include many dedicated specialists - surgeons, internal medicine specialists, anesthesiologists, nurses, rehabilitation therapists and social workers who work with patients from diagnosis to treatment to follow-up care. The physical therapy and nursing teams work together after surgery to get patients moving for faster recovery, and physicians, nurses and therapists work collaboratively to follow up care. Each patient benefits from individualized treatment plans and rehabilitation to aid recovery and restore functionality as quickly as possible. Whenever possible, minimally invasive surgery techniques are used to perform surgery. These techniques have dramatically improved the quality of the post-operative and recovery experience for the patient. In some cases and when appropriate, computer navigation technology is used for knee and hip replacement surgeries. Computer navigation can assist the surgeon and improve the level of accuracy, bringing the precision of bone cuts and implant alignment in joint replacement surgery to a whole new level of accuracy, reliability and longevity.</p> <p>Award-Winning Care In 2012, TMH's Stroke Center received a Gold Plus Performance Achievement Award from the American Heart Association/American Stroke Association. This is the association's highest honor for stroke care. National Stroke Center Certification Also in 2012, TMH earned the elite Gold Seal of Approval from The Joint Commission for Primary Stroke Centers, a national honor awarded to the country's top stroke programs. TMH, which was the first hospital in Rhode Island to be certified a Primary Stroke Center, holds distinction as the only facility in the state to be certified four times.</p> <p>National Stroke Performance Award In both 2011 and 2010, TMH received the American Heart Association/American Stroke Association's Get With The Guidelines Stroke (GWTG-Stroke) Gold Plus Performance Achievement Award. The award recognizes TMH's commitment and success in providing the highest standard of stroke care for patients, according to evidence-based guidelines. This is the Association's highest honor for stroke care.</p> <p>Outstanding Achievement Award from the Commission on Cancer Also in 2011, The Leonard and Adele R. Decof Family Comprehensive Cancer Center at TMH earned the Outstanding Achievement Award from the Commission on Cancer (CoC) of the American College of Surgeons, among only 90 programs nationwide to receive this honor. This award recognizes the significant commitment by medical staff, administration and support staff to providing high-quality cancer care to their patients, as well as meeting and exceeding the standards set by the CoC.</p> <p>Center of Excellence Designation TMH was named an American Society for Metabolic and Bariatric Surgery (ASMBS) Bariatric Surgery Center of Excellence. The designation recognizes surgical programs with a demonstrated track record of excellence in providing superior and comprehensive bariatric surgery care.</p> <p>Blue Distinction Center Recognition In both 2011 and 2010, TMH was named a Blue Distinction Center for Bariatric Surgery by Blue Cross and Blue Shield of Rhode Island following a comprehensive review of its spine surgery and knee and hip replacement services. The Blue Distinction program recognizes facilities that meet objective, evidence-based thresholds for clinical quality, developed in collaboration with expert physicians and medical organizations.</p> <p>AACVPR Pro</p>

Identifier	Return Reference	Explanation
		<p>gram Certification During 2011, The Miriam Hospital pulmonary rehabilitation program was awarded certification from the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR). Certified AACVPR programs are recognized as leaders in the field of cardiovascular and pulmonary rehabilitation because they offer the most advanced practices available. Magnet Hospital Designation In 2010, for the fourth consecutive time, TMH received Magnet designation for overall nursing care and excellence from the American Nurses Credentialing Center (ANCC). Only three other facilities in the United States have been designated a Magnet hospital four times, and TMH is the only hospital in New England to earn this honor. The program provides a framework to recognize excellence in the management philosophy and practice of nursing services, adherence to standards for improving the quality of patient care, and continued competence of nursing personnel. In addition, recipient hospitals must demonstrate attention to the cultural and ethnic diversity of patients and their significant others, as well as the care providers in the system. The Magnet Award for Nursing Excellence is the highest level of recognition the American Nurses Credentialing Center can bestow upon organized nursing services in health care organizations.</p>

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Lifespan and the Lifespan Obligated Group, which consists of The Miriam Hospital, Rhode Island Hospital, Emma Pendleton Bradley Hospital, Rhode Island Hospital Foundation, and The Miriam Hospital Foundation, currently make their annual and quarterly consolidated financial statements available to the public via DAC (Digital Assurance Certification LLC), a disclosure dissemination agent for issues of the tax-exempt bonds which electronically posts and transmits Lifespan's financial information to repositories and investors alike. In addition, copies of TMH's Articles of Incorporation, Bylaws, and Conflict of Interest Policy are available upon request from the office of the Lifespan Chief Financial Officer, either in person or by mail.

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	<p>The preparation and filing of the Form 990 and supporting schedules is the responsibility of the Chief Financial Officer and Lifespan's Finance Department, with review by Lifespan's tax advisors, KPMG LLP. The Form 990 is prepared by the accounting staff upon completion of Lifespan's annual independent audit and reviewed by the Corporate Services Tax Compliance Manager. Further review is performed by the Director of Finance and the Vice President of Finance - Corporate Services. Once the draft Form 990 is complete, the Director of Finance forwards it with all supporting worksheets to KPMG, which then reviews the completed form in detail. The Director of Finance answers questions as they arise and provides additional information as needed. KPMG provides the Director of Finance with any recommended changes which are reviewed, and if agreed upon, are incorporated into the return. The draft Form 990 is then provided to the Chief Financial Officer for final management review. Prior to filing the return with the Internal Revenue Service, a copy of the entire form is sent to The Miriam Hospital's Board of Trustees in advance of its next Board meeting, at which the Chief Financial Officer discusses the highlights of the Form. All questions and concerns of the members of the Board are addressed by the Chief Financial Officer and incorporated into the Form 990 when appropriate. Once the Form 990 is complete and ready to be filed, the members of the Board are notified via email that a copy of the final version of the Form 990 is accessible through a password protected website portal. The Chief Financial Officer is authorized to file the Form 990.</p>

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 7b	Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	Lifespan has the responsibility for planning, directing and establishing policies intended to assure the development and delivery of quality health services on an integrated, cost-effective basis Powers reserved to Lifespan, in addition to those noted above, include to approve amendment of the Articles of Incorporation and Bylaws and other Charter documents, to approve strategic plans, to approve investment policies and any capital or operating budgets or material non-budgeted expenditures, and to authorize incurrence or guaranty of material indebtedness

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	The bylaws of The Miriam Hospital (TMH) confer certain reserved powers on Lifespan to provide it with the means of effective oversight, coordination and support of the system Powers reserved to Lifespan include to elect and remove trustees and to approve the election of and to remove certain officers At each annual meeting of the TMH Board of Trustees, a list is compiled of the names of those persons selected to serve as Trustees of TMH so that it can be approved and submitted to Lifespan for ratification and election

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	Lifespan Corporation is the sole corporate member of The Miriam Hospital

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Timothy J Babineau, MD, President, and Mary A Wakefield, CFO, are employed by and officers of Lifespan Corporation Ms Wakefield is also an officer of Lifespan Management Services Organization, Inc (MSO) Arthur J Sampson, key employee, is employed by Lifespan Corporation Kathleen Hittner, former President of The Miriam Hospital, is a director of MSO and is also employed by Lifespan Corporation

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

2011

Open to Public Inspection

Name of the organization
The Minam Hospital

Employer identification number
05-0258905

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

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) Disproportionate 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) VNA Technicare Inc 622 George Washington Highway Lincoln, RI 02865 05-0472710	DME Sales	RI	LDS Inc	C Corp			
(2) Lifespan Risk Services Inc 167 Point Street Providence, RI 02903 05-0459767	Risk Mgmnt	RI	Lifespan Corp	C Corp			
(3) Lifespan MSO Inc 167 Point Street Providence, RI 02903 05-0508717	Mgmnt Services	RI	Lifespan Corp	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 related organization(s)

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

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

r

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

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)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Software ID: 11000144

Software Version: 2011v1.5

EIN: 05-0258905

Name: The Miriam Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
RI Sound Enterprises Insurance Co Ltd 65 Front Street Hamilton HM 12 BD	Offshore Insurance Captive	BD	N/A	N/A	Lifespan Corporation		No
Lifespan Physician Group Inc 167 Point Street Providence, RI 02903 05-0389801	Health Care Services	RI	501(c) (3)	9	Lifespan Corporation		No
The Miriam Hospital Womens Assoc 164 Summit Avenue Providence, RI 02906 05-0268165	Patient Support	RI	501(c) (3)	11	Lifespan Corporation		No
The Miriam Hospital Foundation 167 Point Street Providence, RI 02903 05-0377502	Philanthropic Activities	RI	501(c) (3)	11	Lifespan Corporation		No
RIH Ventures 593 Eddy Street Providence, RI 02903 05-0448686	Parking Facilities/ Phlebotomy Services	RI	501(c) (3)	11	Lifespan Corporation		No
Rhode Island Hospital Foundation 167 Point Street Providence, RI 02903 05-0468736	Philanthropic Activities	RI	501(c) (3)	7	Lifespan Corporation		No
Rhode Island Hospital 593 Eddy Street Providence, RI 02903 05-0258954	Health Care Services	RI	501(c) (3)	3	Lifespan Corporation		No
NHCC Medical Associates Inc 11 Friendship Street Newport, RI 02840 05-0472268	Health Care Services	RI	501(c) (3)	11	Newport Health Care Corporation		No
Newport Hospital Foundation 11 Friendship Street Newport, RI 02840 22-2535533	Philanthropic Activities	RI	501(c) (3)	7	Newport Health Care Corporation		No
Newport Hospital 11 Friendship Street Newport, RI 02840 05-0258914	Health Care Services	RI	501(c) (3)	3	Newport Health Care Corporation		No
Newport Health Property Management Inc 11 Friendship Street Newport, RI 02840 22-2335539	Property Management	RI	501(c) (3)	11	Newport Health Care Corporation		No
Newport Health Care Corporation 11 Friendship Street Newport, RI 02840 22-2535537	Holding Company/Mgmnt Services	RI	501(c) (3)	7	Lifespan Corporation		No
Lifespan of Massachusetts Inc c/o Archstone Law 245 Winter St Waltham, MA 02451 04-3408517	Holding Company	MA	501(c) (3)	11	Lifespan Corporation		No
Lifespan Foundation 167 Point Street Providence, RI 02903 05-0493219	Philanthropic Activities	RI	501(c) (3)	7	Lifespan Corporation		No
Lifespan Diversified Services 167 Point Street Providence, RI 02903 05-0258935	Holding Company/Mgmnt Services	RI	501(c) (3)	11	Lifespan Corporation		No
Lifespan Corporation 167 Point Street Providence, RI 02903 22-2861978	Holding Company/Mgmnt Services	RI	501(c) (3)	11	NA		No
Hospital Properties Inc 593 Eddy Street Providence, RI 02903 22-2869743	Property Management	RI	501(c) (4)		Lifespan Corporation		No
Emma Pendleton Bradley Hospital 1011 Veterans Memorial Parkway East Providence, RI 02915 05-0258806	Pediatric Psychiatric Health Care Services	RI	501(c) (3)	3	Lifespan Corporation		No
Bradley Hospital Foundation 167 Point Street Providence, RI 02903 05-0500688	Philanthropic Activities	RI	501(c) (3)	7	Lifespan Corporation		No



THE MIRIAM HOSPITAL

Financial Statements

September 30, 2012 and 2011

(With Independent Auditors' Report Thereon)

THE MIRIAM HOSPITAL

Financial Statements

September 30, 2012 and 2011

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KPMG LLP
6th Floor, Suite A
100 Westminster Street
Providence, RI 02903-2321

Independent Auditors' Report

The Board of Trustees
The Miriam Hospital

We have audited the accompanying statements of financial position of The Miriam Hospital (the Hospital) as of September 30, 2012 and 2011, and the related statements of operations and changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Miriam Hospital as of September 30, 2012 and 2011, and the results of its operations and changes in net assets, and its cash flows for the years then ended, in conformity with U.S. generally accepted accounting principles.

KPMG LLP

February 19, 2013

THE MIRIAM HOSPITAL

Statements of Financial Position

September 30, 2012 and 2011

(In thousands)

Assets	2012	2011	Liabilities and Net Assets	2012	2011
Current assets			Current liabilities		
Cash and cash equivalents	\$ 14,068	\$ 14,168	Accounts payable	\$ 15,332	\$ 11,958
Patient accounts receivable	56,185	49,238	Accrued employee benefits and compensation	11,358	11,365
Less allowance for doubtful accounts	<u>(14,745)</u>	<u>(12,773)</u>	Other accrued expenses	3,437	7,558
Net patient accounts receivable	41,440	36,465	Current portion of long-term debt	1,997	1,977
Other receivables	<u>4,563</u>	<u>1,915</u>	Current portion of estimated third-party payor settlements	183	6,324
Total receivables	46,003	38,380	Estimated health care benefit self-insurance costs	<u>2,867</u>	<u>2,099</u>
Assets limited as to use	155	155	Total current liabilities	35,174	41,281
Inventories	5,969	4,956	Long-term debt, net of current portion	61,956	64,079
Prepaid expenses and other current assets	<u>379</u>	<u>438</u>	Estimated third-party payor settlements, net of current portion	6,731	3,327
Total current assets	66,574	58,097	Accrued pension liability	33,697	25,617
Interest in net assets of The Miriam Hospital Foundation	53,385	49,382	Other liabilities	<u>668</u>	<u>803</u>
Assets limited as to use	119,989	108,193	Total liabilities	138,226	135,107
Less amount required to meet current obligations	<u>(155)</u>	<u>(155)</u>	Net assets		
Noncurrent assets limited as to use	119,834	108,038	Unrestricted	223,651	205,353
Property and equipment, net	158,860	154,895	Temporarily restricted	25,772	19,575
Other assets			Permanently restricted	<u>12,957</u>	<u>12,625</u>
Deferred financing costs, net	1,470	1,602	Total net assets	262,380	237,553
Other noncurrent assets	<u>483</u>	<u>646</u>			
Total other assets	<u>1,953</u>	<u>2,248</u>			
Total assets	\$ <u><u>400,606</u></u>	\$ <u><u>372,660</u></u>	Total liabilities and net assets	\$ <u><u>400,606</u></u>	\$ <u><u>372,660</u></u>

See accompanying notes to financial statements

THE MIRIAM HOSPITAL
Statements of Operations and Changes in Net Assets
Years ended September 30, 2012 and 2011
(In thousands)

	<u>2012</u>	<u>2011</u>
Unrestricted revenues and other support		
Patient service revenue, net of contractual allowances	\$ 383,917	\$ 367,072
Provision for bad debts	(24,013)	(18,242)
Net patient service revenue	<u>359,904</u>	<u>348,830</u>
Other revenue	17,401	11,184
Endowment earnings contributed toward community benefit	2,953	2,638
Net assets released from restrictions used for operations	1,717	1,159
Net assets released from restrictions used for research	26,198	23,393
Total unrestricted revenues and other support	<u>408,173</u>	<u>387,204</u>
Operating expenses		
Compensation and benefits	202,821	197,437
Supplies and other expenses	110,721	105,411
Purchased services	46,761	45,186
Depreciation and amortization	11,134	10,340
Interest	3,484	3,578
License fees	17,701	17,154
Total operating expenses	<u>392,622</u>	<u>379,106</u>
Income from operations	<u>15,551</u>	<u>8,098</u>
Nonoperating gains and losses		
Net realized gains (losses) on board-designated investments	4,024	(935)
Litigation settlement (note 14)	—	(3,052)
Other nonoperating losses, net	(292)	—
Total nonoperating gains (losses), net	<u>3,732</u>	<u>(3,987)</u>
Excess of revenues over expenses	<u>\$ 19,283</u>	<u>\$ 4,111</u>

THE MIRIAM HOSPITAL

Statements of Operations and Changes in Net Assets (Continued)

Years ended September 30, 2012 and 2011

(In thousands)

	<u>2012</u>	<u>2011</u>
Unrestricted net assets		
Excess of revenues over expenses	\$ 19,283	\$ 4,111
Other changes in unrestricted net assets		
Change in funded status of pension and other postretirement plans, other than net periodic pension and postretirement benefit costs	(8,828)	(2,934)
Net change in unrealized gains on investments available for sale	1,863	(525)
Net assets released from restrictions used for purchase of property and equipment	4,691	1,214
Increase (decrease) in interest in net assets of The Miriam Hospital Foundation	1,289	(853)
Increase in unrestricted net assets	<u>18,298</u>	<u>1,013</u>
Temporarily restricted net assets		
Gifts, grants and bequests	27,880	23,926
Income from restricted investments	121	469
Increase (decrease) in interest in net assets of The Miriam Hospital Foundation	2,382	(1,225)
Transfers from The Miriam Hospital Foundation	6,991	1,653
Net assets released from restrictions	(32,606)	(25,766)
Net realized and unrealized gains (losses) on investments	1,429	(982)
Increase (decrease) in temporarily restricted net assets	<u>6,197</u>	<u>(1,925)</u>
Permanently restricted net assets		
Increase in interest in net assets of The Miriam Hospital Foundation	332	1,235
Increase in permanently restricted net assets	<u>332</u>	<u>1,235</u>
Increase in net assets	24,827	323
Net assets, beginning of year	<u>237,553</u>	<u>237,230</u>
Net assets, end of year	<u>\$ 262,380</u>	<u>\$ 237,553</u>

See accompanying notes to financial statements

THE MIRIAM HOSPITAL

Statements of Cash Flows

Years ended September 30, 2012 and 2011

(In thousands)

	<u>2012</u>	<u>2011</u>
Cash flows from operating activities		
Increase in net assets	\$ 24,827	\$ 323
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Change in funded status of pension and other postretirement plans, other than net periodic pension and postretirement benefit costs	8,828	2,934
Net realized and unrealized (gains) losses on investments	(7,316)	2,442
Undistributed portion of change in interest in net assets of The Miriam Hospital Foundation	(4,003)	843
Transfers from The Miriam Hospital Foundation	(6,991)	(1,653)
Depreciation and amortization	11,134	10,340
Provision for estimated health care benefit self-insurance costs	24,554	23,079
Decrease in liabilities for estimated health care benefit self-insurance costs resulting from claims paid	(23,786)	(23,273)
Net (increase) decrease in patient accounts receivable	(4,975)	1,922
Increase in accounts payable	3,374	904
Decrease in accrued employee benefits and compensation	(7)	(2,677)
Decrease in estimated third-party payor settlements	(2,737)	(6,410)
(Decrease) increase in all other current and noncurrent assets and liabilities, net	(8,569)	3,761
Net cash provided by operating activities	<u>14,333</u>	<u>12,535</u>
Cash flows from investing activities		
Purchase of property and equipment	(14,967)	(10,803)
Net decrease in trustee-held bond funds	1,675	2,684
Other net increases in assets limited as to use	(6,155)	(3,307)
Net cash used in investing activities	<u>(19,447)</u>	<u>(11,426)</u>
Cash flows from financing activities		
Payments on long-term debt	(1,977)	(1,878)
Transfers from The Miriam Hospital Foundation	6,991	1,653
Net cash provided by (used in) financing activities	<u>5,014</u>	<u>(225)</u>
Net (decrease) increase in cash and cash equivalents	(100)	884
Cash and cash equivalents, beginning of year	<u>14,168</u>	<u>13,284</u>
Cash and cash equivalents, end of year	<u>\$ 14,068</u>	<u>\$ 14,168</u>
Supplemental disclosure of cash flow information		
Cash paid for interest	<u>\$ 3,641</u>	<u>\$ 3,741</u>

See accompanying notes to financial statements

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(1) Description of Organization

The Miriam Hospital (the Hospital), located in Providence, Rhode Island, is a 247-bed nonprofit general acute care teaching hospital with university affiliation providing a comprehensive range of diagnostic and therapeutic services (excluding obstetrics) for the acute care of patients principally from Rhode Island and southeastern Massachusetts. As a complement to its role in service and education, the Hospital actively supports research. The Hospital is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and participates as a provider primarily in Medicare, Blue Cross and Medicaid programs. The Hospital is also a member of Voluntary Hospitals of America, Inc. (VHA).

Effective August 9, 1994, the Hospital and Rhode Island Hospital (RIH) of Providence, RI (719 beds) implemented a plan which included the creation of a not-for-profit parent company, Lifespan Corporation. Each hospital continues to maintain its own identity, as well as its own campus and its own name. Lifespan, the sole member of the Hospital and RIH, has the responsibility for strategic planning and initiatives, capital and operating budgets, and overall governance of the consolidated organization.

In 2009, Lifespan announced its intention to combine the Hospital and RIH into a single hospital with two campuses. The Miriam Hospital Foundation and Rhode Island Hospital Foundation would remain as separate entities. The hospitals have begun to integrate clinical programs and services and do not expect the elimination of services or a significant loss of jobs. Each has nominated, and Lifespan has selected, an identical slate of trustees to serve as the governing body for both hospitals.

(2) Charity Care and Other Community Benefits

The total net cost of charity care and other community benefits provided by the Hospital for the years ended September 30, 2012 and 2011 is summarized in the following table:

	2012	2011
Charity care	\$ 10,331	\$ 11,818
Medical education, net	12,614	12,628
Research	3,684	3,192
Subsidized health services	3,451	2,182
Community health improvement services and community benefit operations	469	242
Unreimbursed Medicaid costs	6,352	3,848
Total	<u>\$ 36,901</u>	<u>\$ 33,910</u>

Charity Care

The Hospital provides full charity care for individuals at or below twice the federal poverty level, with a sliding scale for individuals up to four times the poverty level. In addition, a substantial discount is offered to all other uninsured patients. The Hospital determines the costs associated with providing charity care by aggregating the applicable direct and indirect costs, including compensation and benefits, supplies,

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(2) Charity Care and Other Community Benefits (continued)

and other operating expenses, based on data from its costing system. The total cost, excluding medical education and research, incurred by the Hospital to provide charity care amounted to \$10,331 and \$11,818 in 2012 and 2011, respectively. Charges forgone, based on established rates, amounted to \$41,585 and \$46,116 in 2012 and 2011, respectively.

Medical Education

The Hospital provides the setting for and substantially supports medical education in various clinical training and nursing programs. The total cost of medical education provided by the Hospital exceeds the reimbursement received from third-party payors by \$12,614 and \$12,628 in 2012 and 2011, respectively.

In 1969, the Hospital and certain other Rhode Island hospitals entered into an affiliation agreement to participate jointly in various clinical training programs and research activities with Brown Medical School, renamed The Warren Alpert Medical School of Brown University (Brown). In 2010, Brown named Rhode Island Hospital its Principal Teaching Hospital. The Hospital and Emma Pendleton Bradley Hospital (EPBH) continue to be designated as major teaching affiliates. The goals of the partnership are to facilitate the expansion of joint educational and research programs in order to compete both clinically and academically.

The Hospital participates in Brown programs in internal medicine and medicine subspecialties, general surgery and surgical subspecialties, psychiatry, emergency medicine, orthopedics, and dermatology. The Hospital provides stipends to residents and physician fellows while in training.

The Hospital is also a participating clinical training site for residents from other programs in infectious disease, OB/Gyn subspecialties, podiatry, psychiatry, geriatric psychiatry, and colorectal surgery.

In addition, TMH Behavioral Medicine, in collaboration with Brown, sponsors research and clinical psychology training programs for interns, postdoctoral fellows, and faculty trainees.

With respect to nursing education, the Hospital has developed educational affiliations with the University of Rhode Island College of Nursing, Rhode Island College School of Nursing, Community College of Rhode Island (CCRI), Salve Regina University, Boston College, Yale University, Regis College, Simmons College, St. Joseph's Health Services' School of Nursing, the University of Massachusetts campuses at Dartmouth, Boston, Amherst and Worcester, the University of Connecticut, New England Technical Institute, Walden University, and the University of Pennsylvania, as well as other Schools of Nursing, pursuant to which their nursing students obtain clinical training and experience at the Hospital. The Hospital does not receive any compensation from the various schools for providing a clinical setting for the student nurse training.

The Hospital sponsors training programs for a variety of allied health care professionals including required clinical and fieldwork experiences in physical, speech, and occupational therapy to university students in each discipline through contracts with the various universities. The Hospital serves as a clinical training site for students from CCRI for the vascular and cardiology ultrasound programs and also provides training experiences for students in diagnostic radiology, medical technology, phlebotomy, and social work.

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(2) Charity Care and Other Community Benefits (continued)

The Hospital serves as a clinical training site for students from The Nuclear Medicine Institute of the University of Findlay (Ohio)

The Hospital has clinical affiliations/student clinical training programs for pharmacy students provided through contracts with a number of colleges and universities

Research

The Hospital conducts extensive medical research and is in the forefront of biomedical health care delivery research and among the leaders nationally in the National Institutes of Health programs. The Hospital also sponsors a significant level of these research activities, as indicated in the table on page 6.

Federal support accounts for approximately 86% of all externally funded research at the Hospital. Researchers focus on clinical trials which investigate prevention and treatment of HIV/AIDS, obesity, cancer, diabetes, cardiac disease, and mental health concerns.

Subsidized Health Services

The Hospital substantially subsidizes various health services including the following programs: oncology, tuberculosis, and certain other specialty services.

Community Health Improvement Services and Community Benefit Operations

The Hospital also provides numerous other services to the community for which charges are not generated. These services include certain emergency services, community health screenings for cardiac health, prostate cancer and other diseases, smoking cessation, immunization and nutrition programs, diabetes education, community health training programs, patient advocacy, foreign language translation, physician referral services, and charitable contributions.

Unreimbursed Medicaid Costs

The Hospital subsidizes the cost of treating patients who receive government assistance where reimbursement is below cost. Medicaid is a means-tested health insurance program, jointly funded by state and federal governments. States administer the program and set rules for eligibility, benefits, and provider payments within broad federal guidelines. The program provides health care coverage to low-income children and families, pregnant women, long-term unemployed adults, seniors, and persons with disabilities. Eligibility is determined by a variety of factors, which include income relative to the federal poverty line, age and immigration status, and assets. The unreimbursed Medicaid costs do not include any allocation of medical education or research costs.

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(3) Summary of Significant Accounting Policies

(a) *Basis of Presentation*

The Hospital considers events and transactions that occur after the statement of financial position date, but before the financial statements are issued, to provide additional evidence relative to certain estimates or to identify matters that require additional disclosure. These financial statements were issued on February 19, 2013 and subsequent events have been evaluated through that date (see Note 18).

(b) *Use of Estimates*

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

(c) *Accounting Pronouncement Adopted in 2012*

In July 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2011-07, Health Care Entities (Topic 954) *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities* (ASU 2011-07), which requires certain health care entities to change the presentation of their statement of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts).

Effective September 30, 2012, the Hospital elected to early adopt ASU 2011-07 and changed its reporting of the provision for bad debts. All periods presented have been reclassified in accordance with the provisions of ASU 2011-07. The adoption of ASU 2011-07 did not impact the Hospital's financial position, results of operations, or cash flows.

(d) *Cash and Cash Equivalents*

Cash and cash equivalents include all highly liquid debt instruments with maturities of three months or less when purchased, excluding amounts limited as to use by board-designation or other arrangements under trust agreements.

(e) *Investments and Investment Income*

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Subtopic 820-10, *Fair Value Measurements and Disclosures* (ASC 820-10), defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. Fair value represents the price that would be received upon the sale of an asset or paid upon the transfer of a liability in an orderly transaction between market participants as of the measurement date. ASC 820-10 establishes a fair value hierarchy that prioritizes inputs used to measure fair value into three levels.

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(3) Summary of Significant Accounting Policies (continued)

- Level 1 – quoted prices (unadjusted) in active markets that are accessible at the measurement date.
- Level 2 – observable prices that are based on inputs not quoted in active markets, but which are corroborated by market data, and
- Level 3 – unobservable inputs that are used when little or no market data is available

The fair value hierarchy gives the highest priority to Level 1 inputs and the lowest priority to Level 3 inputs. In determining fair value, the Hospital utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible.

Following is a description of the valuation methodologies used for investments measured at fair value:

Cash and short-term investments Valued at the net asset value (NAV) reported by the financial institution.

US government agency and corporate obligations Valued using market quotations or prices obtained from independent pricing sources which may employ various pricing methods to value the investments, including matrix pricing based on quoted prices for securities with similar coupons, ratings and maturities. These investments are designated by the Hospital as trading securities.

Corporate equity securities Valued at the closing prices reported by an active market in which the individual securities are traded. These investments are designated by the Hospital as trading securities.

Collective investment funds Investments in collective investment funds with monthly pricing and liquidity are valued using NAV as reported by the investment manager, which approximates the market values of the underlying investments within the fund or realizable value as estimated by the investment manager. Otherwise, such investments are recorded at historical cost. The Hospital has applied the accounting guidance in Accounting Standards Update No. 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* (ASU 2009-12), which permits the use of NAV or its equivalent reported by each underlying alternative investment fund as a practical expedient to estimate the fair value of the investment. These investments are generally redeemable or may be liquidated at NAV under the original terms of the subscription agreements or operations of the underlying funds. Also, because the Hospital uses NAV as a practical expedient to estimate fair value, the level in the fair value hierarchy in which each fund's fair value measurement is classified is based primarily on the Hospital's ability to redeem its interest in the fund at or near the date of the statement of financial position. Accordingly, the inputs or methodology used for valuing or classifying investments for financial reporting purposes are not necessarily an indication of the risk associated with those investments or a reflection on the liquidity of each fund's underlying assets and liabilities.

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(3) Summary of Significant Accounting Policies (continued)

Investments of less than 5% in limited partnerships are recorded at historical cost. Investments of 5% or more in limited partnerships, limited liability corporations, or similar investments are accounted for using the equity method.

Investments designated by the Hospital as trading securities are reported at fair value, with gains or losses resulting from changes in fair value recognized in the statements of operations and changes in net assets as realized gains or losses on investments. For investment securities other than trading, a decline in the market value of the security below its cost that is designated to be other than temporary is recognized through an impairment charge classified as a realized loss and a new cost basis is established.

Investment income or loss (including realized gains and losses on investments, interest, and dividends) is included in the excess of revenues over expenses unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments other than those designated as trading securities or those accounted for using the equity method are excluded from the excess of revenues over expenses.

Realized gains or losses on sales of investments are determined by the average cost method. Realized gains or losses on unrestricted investments are recorded as nonoperating gains or losses, realized gains or losses on restricted investments are recorded as an addition to or deduction from the appropriate restricted net asset category.

Investment income from funds held by trustees under bond indenture agreements is recorded as other revenue. The Hospital maintains a spending policy for certain of its board-designated funds which provides that investment income from such funds is recorded within unrestricted revenues as endowment earnings contributed toward community benefit.

(f) *Assets Limited as to Use*

Assets limited as to use primarily include designated assets set aside by the Hospital's Board for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes, and assets whose use by the Hospital has been limited by grantors or donors to a specific purpose, as well as assets held by trustees under bond indenture agreements. Amounts required to meet current liabilities of the Hospital are reported in current assets in the statements of financial position.

(g) *Property and Equipment*

Property and equipment acquisitions are recorded at cost. Depreciation is computed over the estimated useful life of each class of depreciable asset using the straight-line method. Buildings and improvements lives range from 5 to 40 years and equipment lives range from 3 to 20 years. Certain software development costs are amortized using the straight-line method over a period of five years. Net interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(3) Summary of Significant Accounting Policies (continued)

(h) *Deferred Financing Costs*

Deferred financing costs, which relate to the issuance of long-term bonds payable to the Rhode Island Health and Educational Building Corporation (RIHEBC), are being amortized ratably over the periods the bonds are outstanding

(i) *Temporarily Restricted Net Assets*

Temporarily restricted net assets contain grantor or donor-imposed stipulations as to the timing of their availability or use for a particular purpose, including research activities. These net assets are released from restrictions when the specified time elapses or actions have been taken to meet the restrictions

(j) *Excess of Revenues over Expenses*

The statements of operations and changes in net assets include excess of revenues over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include the change in the funded status of pension and other postretirement plans, the net change in unrealized gains on investments available for sale, net assets released from restrictions used for purchase of property and equipment, and the change in interest in net assets of The Miriam Hospital Foundation

(k) *Net Patient Service Revenue*

The Hospital provides care to patients under Medicare, Medicaid, managed care, and commercial insurance contractual arrangements. The Hospital has agreements with many third-party payors that provide for payments to the Hospital at amounts less than its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with some third-party payors.

Medicare and Medicaid utilize prospective payment systems for most inpatient hospital services rendered to program beneficiaries based on the classification of each case into a diagnostic-related group (DRG). Outpatient hospital services are primarily paid using an ambulatory payment classification system.

The majority of payments from managed care and commercial insurance companies are based upon negotiated fixed fee arrangements, whereby a combination of per diem rates and specific case rates are utilized for inpatient services, along with fixed fees applicable to outpatient services.

Settlements and adjustments arising under reimbursement arrangements with some third-party payors, primarily Medicare, Medicaid, and Blue Cross, are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. The Hospital has classified a portion of accrued estimated third-party payor settlements as long-term because such amounts, by their nature or by virtue of regulation or legislation, will not

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Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(3) Summary of Significant Accounting Policies (continued)

be paid within one year. Changes in the Medicare and Medicaid programs, such as the reduction of reimbursement, could have an adverse impact on the Hospital.

(l) *Provision for Bad Debts*

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectibility of accounts receivable, the Hospital analyzes its past history and identifies its revenue trends for each of its major payors to estimate the appropriate allowance for doubtful accounts and the associated provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a significant allowance for doubtful accounts and provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates, if applicable) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The Hospital's allowance for doubtful accounts for self-pay patients decreased from 81% of self-pay accounts receivable at September 30, 2011 to 79% of self-pay accounts receivable at September 30, 2012. The Hospital's self-pay writeoffs for the years ended September 30, 2012 and 2011 amounted to \$21,191 and \$19,107, respectively. The Hospital did not change its charity care or uninsured discount policies during the years ended September 30, 2012 and 2011, respectively. The Hospital does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant writeoffs from third-party payors in either 2012 or 2011.

(m) *Charity Care*

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue (see Note 2).

(n) *Donor-Restricted Gifts*

Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received. The gifts are reported as temporarily restricted support that increases

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Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(3) Summary of Significant Accounting Policies (continued)

this net asset class if they are received with stipulations that limit the use of the assets. When a donor or grantor restriction expires, that is, when a stipulated purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of operations and changes in net assets as net assets released from restrictions.

(o) *Inventories*

Inventories, consisting primarily of medical/surgical supplies and pharmaceuticals, are stated at the lower of cost or market.

(p) *Estimated Self-Insurance Costs*

The Hospital participates in Lifespan self-insurance programs with other Lifespan affiliates for losses arising from professional liability/medical malpractice, general liability, and workers' compensation claims, as well as health benefits to its employees. The Hospital has recorded provisions for estimated claims, which are based on the Hospital's own experience. The provisions for self-insured losses include estimates of the ultimate costs for both reported claims and claims incurred but not reported.

(q) *Fair Value of Financial Instruments*

The carrying amounts recorded in the statements of financial position for cash and cash equivalents, patient accounts receivable, assets limited as to use, accounts payable, accrued expenses, estimated third-party payor settlements, and estimated health care benefit self-insurance costs approximate their respective fair values. The estimated fair values of the Hospital's assets limited as to use, pension-related assets, and long-term debt are disclosed in notes 5, 7, and 10, respectively.

(r) *Reclassifications*

Certain 2011 amounts have been reclassified to conform with the 2012 reporting format.

(4) Disproportionate Share

The Hospital is a participant in the State of Rhode Island's Disproportionate Share Program, established in 1995 to assist hospitals which provide a disproportionate amount of uncompensated care. Under the program, Rhode Island hospitals, including the Hospital, receive federal and state Medicaid funds as additional reimbursement for treating a disproportionate share of low income patients. Total payments to the Hospital under the Disproportionate Share Program aggregated \$7.938 and \$11.870 in 2012 and 2011, respectively, and are reflected as part of net patient service revenue in the accompanying statements of operations and changes in net assets.

For periods beyond 2012, the federal government could change the level of federal matching funds for the Disproportionate Share Program. Accordingly, it may be necessary for the State of Rhode Island to modify the program and the reimbursement to Rhode Island hospitals under the program. At this time, the scope of such modifications or their effect on the Hospital cannot be reasonably determined.

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Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(5) Investments

The composition of assets limited as to use at September 30, 2012 and 2011 is set forth in the following table

	<u>2012</u>	<u>2011</u>
Unrestricted board-designated funds	\$ 94,215	\$ 84,857
Held by trustee under bond indenture agreements	8,822	10,497
Temporarily restricted funds	<u>16,952</u>	<u>12,839</u>
Total	<u><u>\$ 119,989</u></u>	<u><u>\$ 108,193</u></u>

Assets limited as to use at September 30 are classified as follows

	<u>2012</u>	<u>2011</u>
Available-for-sale	\$ 85,119	\$ 80,590
Trading	<u>34,870</u>	<u>27,603</u>
Total	<u><u>\$ 119,989</u></u>	<u><u>\$ 108,193</u></u>

Assets limited as to use are classified as trading securities if the buy/sell decision with respect to each portfolio security is the responsibility of an external investment manager. All other assets limited as to use are classified as available-for-sale securities.

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Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(5) Investments (continued)

Fair Value

The following table summarizes the Hospital's investments and assets held in trust by major category within the ASC 820-10 fair value hierarchy as of September 30, 2012 and 2011, as well as related strategy and liquidity/notice requirements

	2012				Redemption or liquidation	Days' notice
	Level 1	Level 2	Level 3	Total		
U.S. equities						
Large cap value	\$ 5,777	\$ —	\$ —	\$ 5,777	Daily	One
Mid-cap value	4,347	—	—	4,347	Daily	One
Large cap growth	3,307	—	—	3,307	Daily	One
Marketable alternatives						
Multiple strategies	—	11,940	—	11,940	Quarterly	Sixty-five
Absolute return strategies	—	6,817	—	6,817	Monthly	Five
International equities						
Developed markets	—	13,405	—	13,405	Monthly	Five - Seven
Emerging markets	—	4,652	—	4,652	Monthly	Ten
Commodities						
Energy	2,230	—	—	2,230	Daily	One
Various	—	1,941	39	1,980	Daily - Illiquid	One - N/A
Real estate	2,271	—	—	2,271	Daily	Five
Fixed income						
U.S. Treasuries	2,901	—	—	2,901	Daily	One - Five
U.S. Treasury inflation-protected	—	5,721	—	5,721	Daily	Two
U.S. Government and agency	—	1,366	—	1,366	Daily	One
Domestic bonds	9,503	6,059	—	15,562	Daily	One
Global bonds	3,523	8,568	—	12,091	Daily	One - Five
Cash and short-term investments	2,462	—	—	2,462	Daily	One
	36,321	60,469	39	96,829		
Held by trustee under bond indenture agreements (note 10)	8,822	—	—	8,822		
Total	\$ 45,143	\$ 60,469	\$ 39	\$ 105,651		

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Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(5) Investments (continued)

	2011				Redemption or liquidation	Days' notice
	Level 1	Level 2	Level 3	Total		
U S equities						
Large cap value	\$ 3,348	\$ —	\$ —	\$ 3,348	Daily	One
Mid-cap value	3,196	—	—	3,196	Daily	One
Large cap growth	3,469	—	—	3,469	Daily	One
Marketable alternatives						
Multiple strategies	—	10,642	—	10,642	Quarterly	Sixty-five
Absolute return strategies	—	6,280	—	6,280	Monthly	Five
International equities						
Developed markets	—	10,887	—	10,887	Daily - Monthly	One - Seven
Emerging markets	—	3,512	—	3,512	Monthly	Ten
Commodities						
Energy	1,910	—	—	1,910	Daily	One
Various	—	1,650	36	1,686	Daily - Illiquid	One - N A
Real estate	1,704	—	—	1,704	Daily	Five
Fixed income						
U S Treasuries	3,006	—	—	3,006	Daily	One - Five
U S Treasury inflation-protected	—	4,988	—	4,988	Daily	Two
U S Government and agency	—	1,968	—	1,968	Daily	One
Domestic bonds	8,106	5,587	—	13,693	Daily	One
Global bonds	3,141	6,716	—	9,857	Daily - Monthly	One - Ten
Cash and short-term investments	4,586	—	—	4,586	Daily	One
	32,466	52,230	36	84,732		
Held by trustee under bond indenture agreements (note 10)	10,497	—	—	10,497		
Total	\$ 42,963	\$ 52,230	\$ 36	\$ 95,229		

Trustee-held investments under bond indenture agreements consist of a money market fund invested in U S Government obligations

Investments of less than 5% in collective investment funds which do not have monthly pricing or liquidity are recorded at historical cost. Investments of less than 5% in limited partnerships are also recorded at historical cost. The aggregate historical cost of these investments, which approximates market value as reported by investment managers, amounted to \$14,338 at September 30, 2012 and \$12,964 at September 30, 2011.

Most investments classified in Levels 2 and 3 consist of shares or units in investment funds as opposed to direct interests in the funds' underlying holdings, which may be marketable. Because the NAV reported by each fund is used as a practical expedient to estimate the fair value of the Hospital's interest therein, its classification in Level 2 or 3 is based on the Hospital's ability to redeem its interest at or near the date of the statement of financial position. If the interest can be redeemed in the near term, the investment is generally classified in Level 2. The classification of investments in the fair value hierarchy is not necessarily an indication of the risks, liquidity, or degree of difficulty in estimating the fair value of each investment's underlying assets and liabilities.

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(5) Investments (continued)

There were no transfers between Level 1 and Level 2 fair value measurements during the years ended September 30, 2012 and 2011

The following table represents the Hospital's activity for the years ended September 30, 2012 and 2011 for investments measured at fair value on a recurring basis using significant unobservable inputs (Level 3) as defined in ASC 820-10

	<u>2012</u>	<u>2011</u>
Commodities		
Fair value at October 1	\$ 36	\$ 29
Net unrealized gains	<u>3</u>	<u>7</u>
Fair value at September 30	<u>\$ 39</u>	<u>\$ 36</u>

Investment Income, Gains and Losses

Investment income, gains and losses for cash equivalents and assets limited as to use are comprised of the following for the years ended September 30

	<u>2012</u>	<u>2011</u>
Other revenue		
Investment income	\$ <u>23</u>	\$ <u>27</u>
Endowment earnings contributed toward community benefit		
Interest and dividend income	\$ <u>2,953</u>	\$ <u>2,638</u>
Nonoperating gains and losses		
Net realized gains (losses) on board-designated investments	\$ <u>4,024</u>	\$ <u>(935)</u>
Other changes in unrestricted net assets		
Net change in unrealized gains on investments available for sale	\$ <u>1,863</u>	\$ <u>(525)</u>
Changes in temporarily restricted net assets		
Income from restricted investments	\$ 121	\$ 469
Net realized and unrealized gains (losses) on investments	<u>1,429</u>	<u>(982)</u>
	<u>\$ 1,550</u>	<u>\$ (513)</u>

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(5) Investments (continued)

Liquidity

Investments as of September 30, 2012 and 2011 are summarized below based on when they may be redeemed or sold

	<u>2012</u>	<u>2011</u>
Investment redemption or sale period		
Daily	\$ 66,688	\$ 64,476
Monthly	24,873	17,887
Quarterly	11,940	10,642
One-to-five years	155	232
Locked-up until liquidation	1,995	1,992
Total	<u>\$ 105,651</u>	<u>\$ 95,229</u>

Locked-up until liquidation includes the trustee-held debt service reserve fund under the 2009A bond indenture agreement (note 10)

Commitments

Venture capital, private equity, and certain energy and real estate investments are made through limited partnerships. Under the terms of these agreements, the Hospital is obligated to remit additional funding periodically as capital or liquidity calls are exercised by the manager. These partnerships have a limited existence, generally ten years, and such agreements may provide for annual extensions for the purpose of disposing portfolio positions and returning capital to investors. However, depending on market conditions, the inability to execute the fund's strategy, and other factors, a manager may extend the terms of a fund beyond its originally anticipated existence or may wind the fund down prematurely. The Hospital cannot anticipate such changes because they are based on unforeseen events, but should they occur they may result in less liquidity or return from the investment than originally anticipated. As a result, the timing and amount of future capital or liquidity calls expected to be exercised in any particular future year is uncertain. The aggregate amount of unfunded commitments associated with the above noted investment categories as of September 30, 2012 was \$1.157

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(5) Investments (continued)

Investments with Unrealized Losses

Information regarding investments with unrealized losses at September 30, 2012 and 2011 is presented below, segregated between those that have been in a continuous unrealized loss position for less than twelve months and those that have been in a continuous unrealized loss position for twelve or more months

	Less than 12 months		12 months or longer		Total	
	Fair value	Unrealized losses	Fair value	Unrealized losses	Fair value	Unrealized losses
September 30, 2012						
Unrestricted board-designated and temporarily restricted funds						
Collective investment funds	\$ —	\$ —	\$ 3,523	\$ 31	\$ 3,523	\$ 31
Total temporarily impaired securities	\$ —	\$ —	\$ 3,523	\$ 31	\$ 3,523	\$ 31
September 30, 2011						
Unrestricted board-designated and temporarily restricted funds						
Collective investment funds	\$ 8,106	\$ 305	\$ 3,141	\$ 194	\$ 11,247	\$ 499
Total temporarily impaired securities	\$ 8,106	\$ 305	\$ 3,141	\$ 194	\$ 11,247	\$ 499

The Hospital reviewed the above investments with unrealized losses and determined that no impairment was considered to be other than temporary. In the evaluation of whether an impairment is other than temporary, the Hospital considers the reasons for the impairment, its ability and intent to hold the investment until the market price recovers, the severity and duration of the impairment, current market conditions, and expected future performance.

Endowments

The Hospital's endowment consists of individual funds established for a variety of purposes, including both donor-restricted endowment funds and funds designated by the Hospital to function as endowments. Investments associated with endowment funds, including funds designated by the Hospital to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

Endowments (continued)

Endowment funds consist of the following at September 30, 2012

	Unrestricted board- designated	Temporarily restricted	Total
Donor-restricted endowment funds	\$ —	\$ 16.952	\$ 16.952
Internally board-designated endowment funds	94.215	—	94.215
Total endowment funds	\$ <u>94.215</u>	\$ <u>16.952</u>	\$ <u>111.167</u>

Endowment funds consist of the following at September 30, 2011

	Unrestricted board- designated	Temporarily restricted	Total
Donor-restricted endowment funds	\$ —	\$ 12.839	\$ 12.839
Internally board-designated endowment funds	84.857	—	84.857
Total endowment funds	\$ <u>84.857</u>	\$ <u>12.839</u>	\$ <u>97.696</u>

Changes in endowment funds for the year ended September 30, 2012 are as follows

	Unrestricted board- designated	Temporarily restricted	Total
Endowment funds, October 1, 2011	\$ 84.857	\$ 12.839	\$ 97.696
Interest and dividend income	2.974	121	3.095
Net realized and unrealized gains	5.887	1.429	7.316
Cash gifts, grants, and bequests	—	28.178	28.178
Transfers from The Miriam Hospital Foundation	—	6.991	6.991
Net assets released from restrictions	—	(32.606)	(32.606)
Deposits	497	—	497
Endowment funds, September 30, 2012	\$ <u>94.215</u>	\$ <u>16.952</u>	\$ <u>111.167</u>

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

Endowments (continued)

Changes in endowment funds for the year ended September 30, 2011 are as follows

	Unrestricted board- designated	Temporarily restricted	Total
Endowment funds, October 1, 2010	\$ 83,169	\$ 13,662	\$ 96,831
Interest and dividend income	2,652	469	3,121
Net realized and unrealized losses	(1,460)	(982)	(2,442)
Cash gifts, grants, and bequests	—	23,803	23,803
Transfers from The Miriam Hospital Foundation	—	1,653	1,653
Net assets released from restrictions	—	(25,766)	(25,766)
Deposits	496	—	496
Endowment funds, September 30, 2011	<u>\$ 84,857</u>	<u>\$ 12,839</u>	<u>\$ 97,696</u>

(a) Return Objectives and Risk Parameters

Lifespan has adopted investment policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets, including both donor-restricted funds and unrestricted board-designated funds. Under this policy, as approved by Lifespan, the endowment assets are invested in a manner that is intended to produce results that exceed the total benchmark return while assuming a moderate level of investment risk. The Hospital expects its endowment funds, over a full market cycle, to provide an average annual real rate of return of approximately 5% plus inflation annually. Actual returns in any given year or period of years may vary from this amount.

(b) Strategies Employed for Achieving Objectives

To satisfy its long-term rate of return objectives, Lifespan relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). Lifespan targets a diversified asset allocation that places emphasis on investments in public equity, marketable alternatives, real assets and fixed income to achieve its long-term return objectives within prudent risk constraints.

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(6) Property and Equipment

Property and equipment, by major category, is as follows at September 30

	2012	2011
Land and improvements	\$ 4,288	\$ 4,288
Buildings and improvements	197,681	183,532
Equipment	121,927	114,544
	<u>323,896</u>	<u>302,364</u>
Less accumulated depreciation and amortization	169,223	158,306
	<u>154,673</u>	<u>144,058</u>
Construction in progress	4,187	10,837
Property and equipment, net	<u><u>\$ 158,860</u></u>	<u><u>\$ 154,895</u></u>

Depreciation and amortization expense for the years ended September 30, 2012 and 2011 amounted to \$11,134 and \$10,340, respectively

The estimated cost of completion of construction in progress approximated \$8,000 at September 30, 2012, comprised mainly of various building renovation projects. In addition, the Hospital has several building renovation projects pending contractual commitments with an estimated cost of completion of approximately \$8,000.

(7) Pension and Other Postretirement Benefits

Voluntary Early Retirement Program (VERP)

On November 23, 2010, Lifespan announced a voluntary early retirement program, which was designed to provide salary and benefits continuation for eligible employees who wished to retire. The Hospital's estimated costs of this program in 2011 amounted to \$3,579 and were included in compensation and benefits in the statement of operations and changes in net assets. In 2012, compensation and benefits were reduced by \$566 as these estimated costs were adjusted to account for updated information regarding employees who subsequently withdrew their VERP election. The liability related to the VERP is approximately \$1,021 and \$2,317 as of September 30, 2012 and 2011, respectively, and is included in accrued employee benefits and compensation in the statements of financial position.

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(7) Pension and Other Postretirement Benefits (continued)

Pension Benefits

Lifespan Corp sponsors the Lifespan Corporation Retirement Plan (the Plan), which was established effective January 1, 1996 when the Rhode Island Hospital Retirement Plan merged into The Miriam Hospital Retirement Plan (the TMH Plan). Upon completion of the merger, the new plan was renamed and is governed by provisions of the Lifespan Corporation Retirement Plan. Each employee who was a participant in the TMH Plan and was an eligible employee on January 1, 1996 continues to be a participant on and after January 1, 1996, subject to the provisions of the Plan. Employees are included in the Plan on the first of the month which is the later of their first anniversary of employment or the attainment of age 18.

The Plan is intended to constitute a plan described in Section 414(k) of the Internal Revenue Code, under which benefits are derived from employer contributions based on the separate account balances of participants in addition to the defined benefits provided under the Plan, which are based on an employee's years of credited service and annual compensation. Lifespan's funding policy is to contribute amounts to the Plan sufficient to meet minimum funding requirements set forth in the Employee Retirement Income Security Act of 1974 (ERISA) and the Internal Revenue Code as amended, plus such additional amounts as may be determined to be appropriate by Lifespan. Lifespan may also make certain discretionary matching contributions to participant account balances included in Plan assets based on salary deferral elections of participants. Matching contributions of \$6,201 and \$8,235 were made in 2012 and 2011, respectively.

Substantially all employees of Lifespan Corporation who meet the above requirements are eligible to participate in the Plan.

The provisions of FASB ASC Topic 715, *Compensation-Retirement Benefits: Employers' Accounting for Defined Benefit Pension and Other Postretirement Plans* (ASC 715), require an employer to recognize in its statement of financial position an asset for a benefit plan's overfunded status or a liability for a plan's underfunded status, and to recognize changes in that funded status in the year in which the changes occur through changes in unrestricted net assets. The funded-status amount is measured as the difference between the fair value of plan assets and the projected benefit obligation including all actuarial gains and losses and prior service cost. Based on September 30, 2012 and 2011 funded-status amounts for the Hospital's portion of the Plan, the Hospital recorded decreases in unrestricted net assets of \$8,678 and \$2,718 in 2012 and 2011, respectively.

The estimated amounts that will be amortized from unrestricted net assets into net periodic pension cost in 2013 are as follows:

Net actuarial loss	\$	1,603
Prior service cost		27
	\$	<u>1,630</u>

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(7) Pension and Other Postretirement Benefits (continued)

The following tables set forth the Plan's projected benefit obligation and the fair value of plan assets

	<u>2012</u>	<u>2011</u>
Change in projected benefit obligation		
Projected benefit obligation at beginning of year	\$ 537.664	\$ 528.319
Service cost	24.220	26.395
Interest cost	26.972	28.785
Plan amendments	—	(7.092)
Actuarial loss (gain)	94.953	(3.656)
Benefits paid	(42.798)	(33.849)
Administrative expenses	(2.272)	(1.238)
Projected benefit obligation at end of year	\$ <u>638.739</u>	\$ <u>537.664</u>

The accumulated benefit obligation at the end of 2012 and 2011 was \$561.362 and \$473.368, respectively

	<u>2012</u>	<u>2011</u>
Change in plan assets		
Fair value of plan assets at beginning of year	\$ 353.625	\$ 338.026
Actual return on plan assets	46.162	2.643
Employer contributions	39.619	48.043
Benefits paid	(42.798)	(33.849)
Administrative expenses	(2.272)	(1.238)
Fair value of plan assets at end of year	\$ <u>394.336</u>	\$ <u>353.625</u>

The funded status of the Plan and amounts recognized in Lifespan's consolidated statements of financial position at September 30, pursuant to ASC Topic 715 (as opposed to ERISA), are as follows

	<u>2012</u>	<u>2011</u>
Funded status, end of year		
Fair value of plan assets	\$ 394.336	\$ 353.625
Projected benefit obligation	638.739	537.664
	\$ <u>(244.403)</u>	\$ <u>(184.039)</u>

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Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(7) Pension and Other Postretirement Benefits (continued)

Amounts recognized in the Hospital's statements of financial position at September 30, 2012 and 2011 are as follows

	<u>2012</u>	<u>2011</u>
Accrued pension liability	\$ <u>33,697</u>	\$ <u>25,617</u>
	<u>2012</u>	<u>2011</u>
Amounts not yet reflected in net periodic pension cost and included in unrestricted net assets		
Prior service benefit	\$ 5,006	\$ 5,547
Accumulated net actuarial loss	<u>(212,947)</u>	<u>(148,488)</u>
Amounts not yet recognized as a component of net periodic pension cost	(207,941)	(142,941)
Accumulated net periodic pension cost in excess of employer contributions	<u>(36,462)</u>	<u>(41,098)</u>
Net amount recognized	\$ <u>(244,403)</u>	\$ <u>(184,039)</u>
	<u>2012</u>	<u>2011</u>
Sources of change in unrestricted net assets		
Net loss arising during the year	\$ (9,680)	\$ (3,337)
New prior service cost	—	(71)
Amortizations		
Net actuarial loss	975	669
Prior service cost	<u>27</u>	<u>21</u>
Total unrestricted net asset loss recognized during the year	\$ <u>(8,678)</u>	\$ <u>(2,718)</u>

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(7) Pension and Other Postretirement Benefits (continued)

Net Periodic Pension Cost

Components of net periodic pension cost are as follows for the years ended September 30

	<u>2012</u>	<u>2011</u>
Service cost	\$ 24,220	\$ 26,395
Interest cost	26,972	28,785
Expected return on plan assets	(26,585)	(26,791)
Amortization of net actuarial loss	10,918	8,549
Amortization of prior service (benefit) cost	(541)	288
Net periodic pension cost for Lifespan	\$ <u>34,984</u>	\$ <u>37,226</u>
Net periodic pension cost for the Hospital	\$ <u>5,610</u>	\$ <u>6,041</u>

In 2012 and 2011, Lifespan modified its discretionary matching contribution to participant account balances, reducing the Hospital's net periodic pension cost by \$964 and \$517, respectively

The following weighted average assumptions were used by the Plan's actuary to determine net periodic pension cost and benefit obligations

	<u>2012</u>	<u>2011</u>
Discount rate for benefit obligations	3.66%	4.70%
Discount rate for net periodic pension cost	4.70	5.25
Rate of compensation increase	4.50	4.50
Expected long-term rate of return on Plan assets	7.75	7.75

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Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(7) Pension and Other Postretirement Benefits (continued)

The asset allocation for the Plan at September 30, 2012 and 2011, and the target allocation for 2013, by asset category, are as follows

Asset category	Target allocation 2013	Percentage of plan assets September 30	
		2012	2011
U S equities	15 - 35%	13.5%	11.6%
Marketable alternatives	0 - 25%	13.6	13.7
International equities	10 - 35%	14.6	13.2
Venture capital	0 - 10%	1.1	1.4
Commodities	0 - 20%	7.5	7.8
Real estate	0 - 15%	2.3	2.3
Fixed income	10 - 50%	42.1	43.2
Cash and cash equivalents	0 - 10%	5.3	6.8
Total		100.0%	100.0%

The above table does not include \$93,409 and \$77,173 of Plan assets at September 30, 2012 and September 30, 2011, respectively, attributable to the separate savings account balances of participants which are managed in various mutual funds by Fidelity Investments (Fidelity)

The overall financial objective of the Plan is to meet present and future obligations to beneficiaries, while minimizing long-term contributions to the Plan (by earning an adequate, risk adjusted return on Plan assets), with moderate volatility in year-to-year contribution levels

The primary investment objective of the Plan is to attain the expected long-term rate of return on Plan assets in support of the above objective. The Plan's specific investment objective is to attain an average annual real total return (net of investment management fees) of at least 4.75% over the long term (rolling five-year periods). Real total return is the sum of capital appreciation (or loss) and current income (dividends and interest) adjusted for inflation as measured by the Consumer Price Index.

Lifespan employs a rigorous process to annually determine the expected long-term rate of return on Plan assets which is only changed based on significant shifts in economic and financial market conditions. These estimates are primarily driven by actual historical asset-class returns along with our long-term outlook for a globally diversified portfolio. Asset allocations are regularly updated based on evaluations of future market returns for each asset class.

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(7) Pension and Other Postretirement Benefits (continued)

Fair Value

The following table summarizes the Plan's investments by major category within the ASC 820-10 fair value hierarchy as of September 30, 2012 and 2011, as well as related strategy and liquidity/notice requirements

	2012				Redemption or liquidation	Days' notice
	Level 1	Level 2	Level 3	Total		
U S equities						
Large cap value	\$ 14.860	\$ —	\$ —	\$ 14.860	Daily	One
Mid-cap value	11.798	—	—	11.798	Daily	One
Large cap growth	13.150	—	—	13.150	Daily	One
Marketable alternatives						
Multiple strategies	—	32.635	—	32.635	Quarterly-Annually	Sixty-Nine-Five
Absolute return strategies	—	8.563	—	8.563	Monthly	Five
International equities						
Developed markets	—	29.720	—	29.720	Monthly	Five - Seven
Emerging markets	—	14.231	—	14.231	Monthly	Ten
Venture capital	—	—	7.889	7.889	Illiquid	N A
Commodities						
Energy	—	7.452	—	7.452	Daily	One
Various	—	12.207	—	12.207	Daily - Illiquid	One - N A
Real estate	4.199	—	—	4.199	Daily	One
Fixed income						
U S Treasuries	8.887	—	—	8.887	Daily	One - Five
U S Treasury inflation-protected	—	13.624	—	13.624	Daily	Two
U S Government and agency	—	13.304	—	13.304	Daily	One
Domestic bonds	18.959	43.103	—	62.062	Daily	One
Global bonds	—	28.772	—	28.772	Daily	One - Five
Cash and cash equivalents	17.574	—	—	17.574	Daily	One
Fidelity mutual funds	93.409	—	—	93.409	Daily	One
Total	\$ 182.836	\$ 203.611	\$ 7.889	\$ 394.336		

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(7) Pension and Other Postretirement Benefits (continued)

	2011				Redemption or liquidation	Days' notice
	Level 1	Level 2	Level 3	Total		
U S equities						
Large cap value	\$ 11.734	\$ —	\$ —	\$ 11.734	Daily	One
Mid-cap value	7.906	—	—	7.906	Daily	One
Large cap growth	11.602	—	—	11.602	Daily	One
Marketable alternatives						
Multiple strategies	—	21.921	7.785	29.706	Quarterly - Illiquid	Sixty - Ninety-five
Absolute return strategies	—	8.398	—	8.398	Monthly	Five
International equities						
Developed markets	—	25.395	—	25.395	Daily - Monthly	Three - Seven
Emerging markets	—	11.293	—	11.293	Monthly	Ten
Venture capital	—	—	10.004	10.004	Illiquid	N A
Commodities						
Energy	—	5.882	—	5.882	Daily	One
Various	—	11.628	—	11.628	Daily	One
Real estate	3.254	—	—	3.254	Daily	One
Fixed income						
U S Treasuries	7.526	—	—	7.526	Daily	One
U S Treasury inflation-protected	—	—	—	—	Daily	Two
U S Government and agency	—	13.218	—	13.218	Daily	One
Domestic bonds	16.054	10.053	—	26.107	Daily - Monthly	One - Five
Global bonds	—	44.182	—	44.182	Monthly	Forty-five
Cash and cash equivalents	20.348	28.269	—	48.617	Daily	One
Fidelity mutual funds	77.173	—	—	77.173	Daily	One
Total	\$ 155.597	\$ 180.239	\$ 17.789	\$ 353.625		

There were no transfers between Level 1 and Level 2 fair value measurements during the years ended September 30, 2012 and 2011

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 investments for the years ended September 30, 2012 and 2011

	Venture capital	Marketable alternatives	2012 Total
Fair value at October 1, 2011	\$ 10.004	\$ 7.785	\$ 17.789
Unrealized (losses) gains, net	(1.488)	979	(509)
Transfers out	—	(8.764)	(8.764)
Purchases	350	—	350
Sales	(2.793)	—	(2.793)
Realized gains, net	1.816	—	1.816
Fair value at September 30, 2012	\$ 7.889	\$ —	\$ 7.889

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(7) Pension and Other Postretirement Benefits (continued)

	Venture capital	Marketable alternatives	2011 Total
Fair value at October 1, 2010	\$ 11,480	\$ 4,062	\$ 15,542
Transfers in	—	11,037	11,037
Transfers out	—	(7,008)	(7,008)
Purchases	315	—	315
Sales	(2,823)	—	(2,823)
Realized gains, net	1,356	—	1,356
Unrealized losses, net	(324)	(306)	(630)
Fair value at September 30, 2011	<u>\$ 10,004</u>	<u>\$ 7,785</u>	<u>\$ 17,789</u>

Expected Cash Flows

Information about the expected cash flows for the Plan is as follows

Employer contributions	
2013 (expected for Lifespan)	\$ 30,619
2013 (expected for the Hospital)	4,936
Expected benefit payments	
2013	\$ 29,577
2014	24,978
2015	24,720
2016	26,899
2017	31,693
2018 through 2022	182,250

Management evaluates its Plan assumptions annually and the expected employer contributions in 2013 could increase

Other Postretirement Benefits

In addition to providing pension benefits, the Hospital provides certain health care benefits to retired employees. As of December 31, 2004, health care postretirement benefits were eliminated for all active employees of the Hospital who had not attained age 55 and completed five years of consecutive service. The Hospital's postretirement plan is not expected to be materially affected by health care reform legislation.

The Hospital recognizes in its statements of financial position an asset for a benefit plan's overfunded status or a liability for a plan's underfunded status, and recognizes changes in that funded status in the year in which the changes occur through changes in unrestricted net assets. The funded-status amount is

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(7) Pension and Other Postretirement Benefits (continued)

measured as the difference between the fair value of plan assets and the benefit obligation including all actuarial gains and losses and prior service cost. Based on September 30, 2012 and 2011 funded-status amounts for the Hospital's postretirement benefit plan, the Hospital recorded decreases in unrestricted net assets of \$150 and \$216 in 2012 and 2011, respectively.

The estimated amounts that will be amortized from unrestricted net assets into net periodic postretirement benefit income in 2013 are as follows:

Net actuarial gain	\$ (1)
Prior service benefit	(204)
	<u>\$ (205)</u>

Benefit Obligations

	<u>2012</u>	<u>2011</u>
Change in accumulated postretirement benefit obligation		
Accumulated postretirement benefit obligation at beginning of year	\$ 281	\$ 308
Interest cost	10	7
Benefits paid	(106)	(24)
Actuarial gain	(52)	(10)
	<u>133</u>	<u>281</u>
Accumulated postretirement benefit obligation at end of year	\$ <u>133</u>	\$ <u>281</u>

Funded Status

The Hospital has never funded its other postretirement benefit obligations. The funded status of the postretirement benefit plan, reconciled to the amount reported in the statements of financial position, follows:

	<u>2012</u>	<u>2011</u>
Benefit obligations	\$ 133	\$ 281
Funded status	<u>\$ (133)</u>	<u>\$ (281)</u>
Accrued postretirement benefit cost recognized in the statements of financial position	<u>\$ 133</u>	<u>\$ 281</u>

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(7) Pension and Other Postretirement Benefits (continued)

Amounts recognized in the statements of financial position at September 30, 2012 and 2011 consist of

	<u>2012</u>	<u>2011</u>
Accrued postretirement benefit cost		
Current (included in accrued employee benefits and compensation)	\$ 70	\$ 136
Noncurrent (included in other liabilities)	<u>63</u>	<u>145</u>
Total accrued postretirement benefit cost	\$ <u>133</u>	\$ <u>281</u>
	<u>2012</u>	<u>2011</u>
Amounts not yet reflected in net periodic postretirement benefit income and included in unrestricted net assets		
Prior service benefit	\$ 364	\$ 568
Accumulated net actuarial gain (loss)	<u>18</u>	<u>(36)</u>
Amounts not yet recognized as a component of net periodic postretirement benefit income	382	532
Accumulated net periodic postretirement benefit cost	<u>(515)</u>	<u>(813)</u>
Net amount recognized	\$ <u>(133)</u>	\$ <u>(281)</u>
	<u>2012</u>	<u>2011</u>
Sources of change in unrestricted net assets		
Net gain arising during the year	\$ 52	\$ 31
Amortizations		
Net actuarial loss (gain)	2	(43)
Prior service benefit	<u>(204)</u>	<u>(204)</u>
Total unrestricted net asset loss recognized during the year	\$ <u>(150)</u>	\$ <u>(216)</u>

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(7) Pension and Other Postretirement Benefits (continued)

Net Periodic Postretirement Benefit Income

Components of net periodic postretirement benefit income are as follows for the years ended September 30

	<u>2012</u>	<u>2011</u>
Interest cost	\$ 10	\$ 7
Amortization of net actuarial loss (gain)	2	(43)
Amortization of prior service benefit	<u>(204)</u>	<u>(204)</u>
Net periodic postretirement benefit income	<u>\$ (192)</u>	<u>\$ (240)</u>

The following weighted average assumptions were used by the plan's actuary to determine net periodic postretirement benefit income and benefit obligations

	<u>2012</u>	<u>2011</u>
Discount rate for benefit obligations	3.66%	4.70%
Discount rate for net periodic postretirement benefit income	4.70	4.98

Assumed Health Care Cost Trend Rates at September 30:

	<u>2012</u>	<u>2011</u>
Health care cost trend rate assumed for next year	7.89%	8.13%
Rate to which the cost trend rate is assumed to decline (the ultimate trend rate)	4.50%	4.50%
Year that the rate reaches the ultimate trend rate	2030	2030

Assumed health care cost trend rates have a significant effect on the amounts reported. A one-percentage-point change in assumed health care cost trend rates would have the following effects as of September 30, 2012:

	<u>One-Percentage- Point Increase</u>	<u>One-Percentage- Point Decrease</u>
Effect on accumulated postretirement benefit obligation	\$ 8	\$ (8)

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(7) Pension and Other Postretirement Benefits (continued)

Expected Cash Flows

Information about the expected cash flows for the postretirement benefit plan follows

Expected benefit payments	
2013	\$ 70
2014	57

(8) Patient Service Revenue and Related Reimbursement

The Hospital recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). The following is an approximate percentage breakdown of gross patient service revenue by payor type for the years ended September 30:

	2012	2011
Medicare and Senior Care	50%	49%
Blue Cross	21	21
Medicaid and Rite Care	8	8
Managed care	11	12
Commercial, self-pay, and other	10	10
	100%	100%

The Hospital grants credit to patients, most of whom are local residents. The Hospital generally does not require collateral or other security in extending credit to patients; however, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits payable under their health insurance programs, plans or policies (e.g., Medicare, Medicaid, Blue Cross, managed care, and commercial insurance policies). On the basis of historical experience, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Hospital records a significant provision for bad debts related to uninsured patients in the period the services are provided.

Medicare cost reports filed annually with The Centers for Medicare and Medicaid Services (CMS) are subject to audit prior to final settlement. The 2012 Medicare cost report has not been filed and, therefore, is not settled. CMS had placed a temporary moratorium on final settlement of Medicare cost reports from 2007 forward, hence the Medicare cost reports for 2007 through 2011 are neither audited nor final settled. The State of Rhode Island Medicaid Program no longer requires annual cost reports and year-end retrospective settlements; however, Medicaid cost reports for 2004 through 2010 have not been final settled.

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(8) Patient Service Revenue and Related Reimbursement (continued)

Regulations in effect require annual settlements based upon cost reports filed by the Hospital. These settlements are estimated and recorded in the accompanying financial statements. Changes in these estimates are reflected in the financial statements in the year in which they occur. Net patient service revenue in the accompanying statements of operations and changes in net assets was increased by \$4,481 and \$3,500 in 2012 and 2011, respectively, to reflect changes in the estimated settlements for certain prior years.

Revenues from Medicare and Medicaid programs accounted for approximately 50% and 8%, respectively, of the Hospital's gross patient service revenue for the year ended September 30, 2012. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The Hospital believes that it is in compliance with all applicable laws and regulations. Compliance with laws and regulations can be subject to future government review and interpretation as well as significant regulatory action. Failure to comply with such laws and regulations can result in fines, penalties, and exclusion from Medicare and Medicaid programs.

(9) Income Tax Status

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and is exempt from Federal income taxes pursuant to Section 501(a) of the Code.

The Hospital recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. Recognized income tax provisions are measured at the largest amount of benefit that is greater than fifty percent likely to be realized upon settlement. Changes in measurement are reflected in the period in which the change in judgment occurs. The Hospital did not recognize the effect of any income tax positions in either 2012 or 2011.

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(10) Long-Term Debt

Long-term debt consists of the following at September 30

	<u>2012</u>	<u>2011</u>
Hospital Financing Revenue fixed rate serial and term bonds due May 15, 2013 through 2032 in annual amounts ranging from \$9.255 to \$15.020 at rates ranging from 4% to 5% (2006A Series – Lifespan Obligated Group)	\$ 34,155	\$ 35,613
Hospital Financing Revenue fixed rate serial and term bonds due May 15, 2027 through 2039 in annual amounts ranging from \$1.870 to \$7.900 at rates ranging from 6 1/8% to 7% (2009A Series – Lifespan Obligated Group)	19,547	19,547
Hospital Financing Revenue fixed rate serial and term bonds due May 15, 2013 through 2026 in annual amounts ranging from \$730 to \$14,705 at rates ranging from 5 1/8% to 5 3/4% (1996 Series – Lifespan Obligated Group)	9,208	9,328
Hospital Financing Revenue fixed rate serial and term bonds due August 15, 2012 at 6 3/8% (2002 Series – Lifespan Obligated Group)	—	399
Unamortized premium – 2006A Series	1,013	1,139
Unamortized premium – 2009A Series	30	32
Unamortized discount – 1996 and 2002 Series	—	(2)
	<u>63,953</u>	<u>66,056</u>
Less current portion	<u>1,997</u>	<u>1,977</u>
Long-term debt, excluding current portion	<u>\$ 61,956</u>	<u>\$ 64,079</u>

The estimated fair value of the Hospital's long-term debt at September 30, 2012 and 2011 approximates \$68,000 and \$69,000, respectively, and is estimated using discounted cash flow analyses, based on the Hospital's current incremental borrowing rates for similar types of borrowing arrangements

On July 8, 2008, the Board of Directors of Lifespan Corporation, acting as the sole corporate member of Emma Pendleton Bradley Hospital (EPBH), adopted a resolution authorizing EPBH to become a member of the Lifespan Obligated Group. The EPBH Board of Trustees, as well as the Boards of the Hospital and RIH, also authorized related resolutions

On March 30, 2009, Rhode Island Health and Educational Building Corporation (RIHEBC) issued, on behalf of the Lifespan Obligated Group, which consists of the Hospital, RIH, EPBH, Rhode Island Hospital Foundation (RIHF) and The Miriam Hospital Foundation (TMHF), \$114,985 of tax-exempt bonds (the 2009A Bonds) for the purposes of financing the acquisition, construction, renovation, expansion and

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(10) Long-Term Debt (continued)

equipping of certain hospital and related health care facilities owned and operated by the Hospital, RIH and EPBH (the Obligated Group Hospitals), including the expansion, construction, renovation, equipping and furnishing of a two-story addition to EPBH's existing building and the renovation of vacated space in the existing building

The above outstanding 2009 Hospital Financing Revenue Bonds (Lifespan Obligated Group – the Hospital, RIH, EPBH, RIHF and TMHF) are secured by a pledge of the gross receipts of the Obligated Group Hospitals and by mortgage liens on the Hospital's and RIH's real property and all buildings, structures and improvements thereon. The Obligated Group Hospitals, RIHF and TMHF are jointly and severally liable for repayment of the 2009A Bonds, recorded directly by the Obligated Group Hospitals as follows:

The Hospital	\$	19,547
RIH		72,441
EPBH		22,997
Total	\$	<u>114,985</u>

Payment of the principal amount of and interest on \$64,825 of the 2009A Bonds when due is guaranteed by a financial guaranty insurance policy issued by Assured Guaranty Corp.

On February 14, 2006, RIHEBC issued, on behalf of the Lifespan Obligated Group, which consisted of the Hospital and RIH, \$192,135 of tax-exempt bonds (the 2006A Bonds) for the purpose of refunding \$123,405 and \$65,315 of the Lifespan Obligated Group's 1996 Bonds and 2002 Bonds, respectively. The advance refundings were allocated as follows:

		<u>1996 Bonds</u>	<u>2002 Bonds</u>
The Hospital	\$	21,596	\$ 16,329
RIH		101,809	48,986
Total	\$	<u>123,405</u>	<u>\$ 65,315</u>

On September 12, 2006, the Board of Directors of Lifespan Corporation, acting as the sole corporate member of each of The Miriam Hospital Foundation and Rhode Island Hospital Foundation (the Foundations), adopted resolutions authorizing the Foundations to become members of the Lifespan Obligated Group. The Boards of Trustees of each of the Foundations, as well as the then existing members of the Lifespan Obligated Group, the Hospital and RIH, previously authorized related resolutions. The effective date for such change was October 1, 2006.

The above outstanding 2006 Hospital Financing Revenue Bonds (Lifespan Obligated Group – the Hospital, RIH, EPBH and the Foundations) are secured by a pledge of the gross receipts of the Hospital and RIH and by mortgage liens on the Hospital's and RIH's real property and all buildings, structures and improvements

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(10) Long-Term Debt (continued)

thereon The Obligated Group Hospitals and the Foundations are jointly and severally liable for repayment of the 2006A Bonds, \$34,155 and \$134,930 of which has been recorded directly by the Hospital and RIH, respectively. Payment of the principal and interest on the 2006A Bonds when due is guaranteed by a financial guaranty insurance policy issued by Assured Guaranty Corp.

On December 1, 1996, RIHEBC issued, on behalf of the Lifespan Obligated Group, \$214,585 of tax-exempt bonds (the 1996 Bonds) to finance portions of Lifespan's, the Hospital's and RIH's 1996, 1997, 1998, and 1999 expenditures for routine capital equipment and facility renovation/replacement, and to advance refund \$8,455 of the Hospital's 1989 Series A bonds, \$1,900 of the Hospital's 1992 Series A bonds, and \$10,065 of the Hospital's 1992 Series B bonds.

The above outstanding 1996 Hospital Financing Revenue Bonds (Lifespan Obligated Group – the Hospital, RIH, EPBH and the Foundations) are secured by a pledge of the gross receipts of the Hospital and RIH. The Obligated Group Hospitals and the Foundations are jointly and severally liable for repayment of the 1996 Bonds, \$9,208 and \$43,407 of which has been recorded directly by the Hospital and RIH, respectively. Payment of the principal and interest on the 1996 Bonds when due is guaranteed by a financial guaranty insurance policy issued by National Public Finance Guarantee Corp.

Under the terms of the 2009A, 2006A and 1996 Bonds, the Obligated Group Hospitals are required to satisfy certain measures of financial performance as long as the bonds are outstanding. At September 30, 2012, management believes the Obligated Group Hospitals were in compliance with all covenants of the bonds.

The Hospital's aggregate maturities of long-term debt for the five fiscal years ending in September 2017 are as follows: 2013, \$1,997, 2014, \$2,099, 2015, \$2,204, 2016, \$2,313, and 2017, \$2,424.

Agreements underlying the various Hospital Financing Revenue Bonds require that the Obligated Group Hospitals maintain certain trustee-held funds, included with assets limited as to use in the statements of financial position, as follows:

Project Fund – The Obligated Group Hospitals are required to apply monies in the Project Fund to pay the costs of debt issuance, facility renovation/replacement, and routine capital equipment.

Bond Fund – The Obligated Group Hospitals are required to make periodic deposits to the trustee sufficient to provide sinking funds for the payment of principal and interest to bondholders when due.

Debt Service Reserve Funds – The Obligated Group Hospitals are required to apply monies in the Debt Service Reserve Funds to remedy deficiencies in the Bond Fund, if any.

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(10) Long-Term Debt (continued)

The Hospital's trustee-held funds at September 30 are summarized as follows

	2012	2011
Project Fund – 2009A Series	\$ 6,711	\$ 8,309
Bond Fund – 2009A Series	155	155
Debt Service Reserve Fund – 2009A Series	1,956	1,956
Debt Service Reserve Fund – 2002 Series	—	77
Total	<u>\$ 8,822</u>	<u>\$ 10,497</u>

(11) Temporarily and Permanently Restricted Net Assets

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

	2012	2011
Research	\$ 10,783	\$ 10,028
General health care service activities	7,239	4,179
Interest in net assets of The Miriam Hospital Foundation	7,750	5,368
Total	<u>\$ 25,772</u>	<u>\$ 19,575</u>

Permanently restricted net assets at September 30 consist of

	2012	2011
Interest in net assets of The Miriam Hospital Foundation	<u>\$ 12,957</u>	<u>\$ 12,625</u>

Permanently restricted gifts totaling \$56 and \$1,046 were received from the Frederick Henry Prince Trust in the years ended September 30, 2012 and 2011, respectively. The income on this endowment is restricted to support the Hospital's emergency department.

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(12) Leases

The Hospital leases building space and equipment under various noncancelable operating lease agreements. Future minimum lease payments, by year and in the aggregate, under noncancelable operating leases with terms of one year or more consist of the following at September 30, 2012:

	<u>Amount</u>
Year ending September 30	
2013	\$ 5,688
2014	3,031
2015	1,697
2016	1,167
2017	995
Thereafter	<u>1,281</u>
Total minimum lease payments	<u>\$ 13,859</u>

Rental expense, including rentals under leases with terms of less than one year, for the years ended September 30, 2012 and 2011 was \$6,826 and \$5,952, respectively.

(13) Concentrations of Credit Risk

Financial instruments which potentially subject the Hospital to concentrations of credit risk consist primarily of accounts receivable and certain investments. The risk associated with temporary cash investments is mitigated by the fact that the investments are placed with what management believes are high credit quality financial institutions. Investments, which include government and agency obligations, stocks, and corporate bonds, are not concentrated in any corporation, industry, or geographical area.

The Hospital receives a significant portion of its payments for services rendered from a limited number of government and commercial third-party payors, including Medicare, Blue Cross, Medicaid, and various managed care entities. The Hospital has not historically incurred any significant concentrated credit losses in the normal course of business.

(14) Malpractice and Other Litigation

Professional Liability/Medical Malpractice and General Liability

Professional liability/medical malpractice coverage for the Hospital is supplied on a claims-made basis by Rhode Island Sound Enterprises Insurance Co. Ltd. (RISE), Lifespan's affiliated captive insurance company, which underwrites the medical malpractice risk of the Hospital. The adequacy of the coverage provided and the funding levels are reviewed annually by independent actuaries and consultants. The professional liability/medical malpractice insurance provided by RISE has liability limits of \$4,000 per claim with no annual aggregate. RISE provides a second layer of coverage which has limits of an additional \$2,000 per claim with a \$2,000 annual aggregate. In addition, commercial umbrella excess insurance has been obtained by Lifespan to increase the professional liability limits to \$32,000 per claim.

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(14) Malpractice and Other Litigation (continued)

The Hospital has been named as a defendant in a number of pending actions seeking damages for alleged medical malpractice liability. In the opinion of management, any liability and legal defense costs resulting from these actions will be within the limits of the Hospital's malpractice insurance coverage provided by RISE and/or commercial excess carriers.

General liability coverage is provided to the Hospital by RISE amounting to \$4,000 per claim and \$4,000 in the annual aggregate. Commercial excess liability insurance has been obtained by Lifespan which provides aggregate general liability coverage of \$80,000.

Workers' Compensation

The Hospital has incurred a number of workers' compensation claims and, in the opinion of management, the liability of the Hospital will be within the limits of the assets of Lifespan's workers' compensation self-insurance trust fund.

Other Litigation

Effective September 30, 2011, Lifespan and Tufts Medical Center, Inc. (NEMC) agreed upon the satisfaction in full of a court judgment against Lifespan which had resulted in a net award to NEMC of \$9,208. The Hospital's share of this settlement, amounting to \$2,316, was reflected as a non-operating loss in 2011 and was paid to NEMC on October 3, 2011. The Hospital recorded an additional \$736 non-operating loss in 2011 resulting from the write-off of the Hospital's share of Lifespan's notes receivable from NEMC, which had originated upon the exit of NEMC from the Lifespan system in 2002.

The Hospital is also involved in a number of miscellaneous suits and general liability suits arising in the course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Hospital's future financial position or results from operations.

(15) Related-Party Transactions

The Hospital rents space and purchases laundry and linen services from RIH. Included in the Hospital's operating expenses in the statements of operations and changes in net assets are the following costs resulting from transactions with RIH for the years ended September 30:

	<u>2012</u>	<u>2011</u>
Rental expense	\$ 1,046	\$ 804
Laundry and linen	1,262	1,259
Total	<u>\$ 2,308</u>	<u>\$ 2,063</u>

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(15) Related-Party Transactions (continued)

The Hospital was charged a management fee by Lifespan of \$30,199 and \$28,465 in 2012 and 2011, respectively. Lifespan provides information services, human resources, financial, and various other support services to the Hospital.

Included in other receivables and other accrued expenses in the statements of financial position are the following amounts due from (to) certain related entities at September 30:

	<u>2012</u>	<u>2011</u>
Other receivables		
Lifespan Physician Group, Inc.	\$ 1,099	\$ —
RIH	664	—
Lifespan	632	—
EPBH	21	27
Total	<u>\$ 2,416</u>	<u>\$ 27</u>
Other accrued expenses		
Lifespan	\$ —	\$ (2,682)
RIH	—	(1,229)
Newport Hospital	(106)	(43)
Total	<u>\$ (106)</u>	<u>\$ (3,954)</u>

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(15) Related-Party Transactions (continued)

During the years ended September 30, 2012 and 2011, the Hospital received temporarily restricted net asset transfers from The Miriam Hospital Foundation (the Foundation) amounting to \$6,991 and \$1,653, respectively. In addition, the Hospital received grants from the Foundation amounting to \$550 and \$590 in 2012 and 2011, respectively, in support of the Hospital's research activities. Such grants are included in other revenue.

The Foundation, whose sole corporate member is Lifespan Corporation, was established to engage in philanthropic activities to support the mission and purposes of Lifespan and the Hospital. Funds are distributed to the Hospital upon collection for use in conformity with purpose restrictions stipulated by donors, or as determined by the Boards of Trustees of the Hospital and the Foundation. A summary of the Foundation's assets, liabilities, net assets, excess (deficiency) of revenues over expenses, and changes in net assets follows. The Hospital's interest in the net assets of the Foundation is reported as a noncurrent asset in the statements of financial position.

	2012	2011
Assets, principally assets limited as to use	\$ 54,256	\$ 50,344
Liabilities	\$ 871	\$ 962
Unrestricted net assets	32,678	31,389
Temporarily restricted net assets	7,750	5,368
Permanently restricted net assets	12,957	12,625
Total liabilities and net assets	\$ 54,256	\$ 50,344
Total unrestricted revenues, gains and other support	\$ 1,934	\$ 1,018
Total expenses	1,330	1,947
Excess (deficiency) of revenues over expenses	604	(929)
Other increases in unrestricted net assets	685	76
Unrestricted net assets, beginning of year	31,389	32,242
Unrestricted net assets, end of year	\$ 32,678	\$ 31,389
Increase (decrease) in temporarily restricted net assets	\$ 2,382	\$ (1,225)
Temporarily restricted net assets, beginning of year	5,368	6,593
Temporarily restricted net assets, end of year	\$ 7,750	\$ 5,368
Increase in permanently restricted net assets	\$ 332	\$ 1,235
Permanently restricted net assets, beginning of year	12,625	11,390
Permanently restricted net assets, end of year	\$ 12,957	\$ 12,625

THE MIRIAM HOSPITAL

Notes to Financial Statements

September 30, 2012 and 2011

(In thousands)

(16) License Fees

In 2012 and 2011, the State of Rhode Island has assessed a license fee to all Rhode Island hospitals, based on each hospital's 2010 and 2009 net patient service revenue, respectively, as defined. The Hospital's license fee expense was \$17,701 in 2012 and \$17,154 in 2011.

(17) Functional Expenses

The Hospital provides general health care services to residents within its geographic location. Expenses related to providing these services are as follows for the years ended September 30:

	<u>2012</u>	<u>2011</u>
Health care services	\$ 311,266	\$ 303,215
Research	29,882	26,585
General and administrative		
Depreciation and amortization	11,134	10,340
Interest	3,484	3,578
Other	36,856	35,388
Total general and administrative	<u>51,474</u>	<u>49,306</u>
	<u>\$ 392,622</u>	<u>\$ 379,106</u>

(18) Subsequent Event

The board of directors of Lifespan Corporation and the boards of trustees of the Hospital, RIH, Newport Health Care Corporation (NHCC), Newport Hospital, and EPBH approved a restructuring of their governance, effective October 23, 2012. The restructuring is intended to increase governance effectiveness, streamline governance operation, and provide a single strategic perspective for the Lifespan system hospitals. Pursuant to the restructuring, the composition of the boards of trustees of each of the hospitals and of NHCC is defined as those persons serving from time to time as the board of directors of Lifespan Corporation. As a result, the boards of each entity are comprised of the same individuals. The board of each entity retains its responsibilities and authorities notwithstanding the revision in its composition. The composition of the boards of trustees of the respective hospital foundations are not impacted by this restructuring, however, the chairs of the four hospital foundations serve ex officio as directors of Lifespan Corporation, and by extension, as trustees of each of the hospitals.