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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 private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014, and ending 09-30-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final 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 province, country, and ZIP or foreign postal code

Providence, RI 02906

F Name and address of principal officer

Arthur J Sampson

164 Summit Avenue

Providence, RI 02906

D Employer identification number

05-0258905

E Telephone number

(401) 793-2500

G Gross receipts \$ 602,249,744

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><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>As a founding hospital in the Lifespan health system, The Miriam Hospital (TMH) is committed to its mission Delivering health with care</div></div>																							
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																							
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>20</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>14</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>3,112</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>875</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>949,400</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>-8,825</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	20	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	3,112	6	Total number of volunteers (estimate if necessary)	6	875	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	949,400	7b	Net unrelated business taxable income from Form 990-T, line 34	7b
3	Number of voting members of the governing body (Part VI, line 1a)	3	20																					
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14																					
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	3,112																					
6	Total number of volunteers (estimate if necessary)	6	875																					
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	949,400																					
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-8,825																					
Revenue	<div><div>8</div><div>Contributions and grants (Part VIII, line 1h)</div></div>	Prior Year	Current Year																					
	<div><div>9</div><div>Program service revenue (Part VIII, line 2g)</div></div>	5,076,514	4,048,209																					
	<div><div>10</div><div>Investment income (Part VIII, column (A), lines 3, 4, and 7d )</div></div>	414,432,130	422,526,695																					
	<div><div>11</div><div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div></div>	4,292,379	5,441,333																					
	<div><div>12</div><div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div></div>	18,767,827	19,149,113																					
		442,568,850	451,165,350																					
Expenses	<div><div>13</div><div>Grants and similar amounts paid (Part IX, column (A), lines 1–3 )</div></div>	530,229	402,830																					
	<div><div>14</div><div>Benefits paid to or for members (Part IX, column (A), line 4)</div></div>		0																					
	<div><div>15</div><div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div></div>	196,043,206	201,374,277																					
	<div><div>16a</div><div>Professional fundraising fees (Part IX, column (A), line 11e)</div></div>		0																					
	<div><div>b</div><div>Total fundraising expenses (Part IX, column (D), line 25) 0</div></div>																							
	<div><div>17</div><div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</div></div>	225,138,492	232,179,584																					
	<div><div>18</div><div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div></div>	421,711,927	433,956,691																					
	<div><div>19</div><div>Revenue less expenses Subtract line 18 from line 12</div></div>	20,856,923	17,208,659																					
Net Assets or Fund Balances		Beginning of Current Year	End of Year																					
	<div><div>20</div><div>Total assets (Part X, line 16)</div></div>	458,786,794	459,129,062																					
	<div><div>21</div><div>Total liabilities (Part X, line 26)</div></div>	147,475,461	145,006,301																					
	<div><div>22</div><div>Net assets or fund balances Subtract line 21 from line 20</div></div>	311,311,333	314,122,761																					

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 Treasurer

2016-08-12

Date

Preparer's signature

Tara D'Agostino

Date

Check ☐ if self-employed

PTIN P01245482

Firm's name KPMG LLP

Firm's EIN

Phone no (617) 988-1000

Paid Preparer Use Only

Print/Type preparer's name

Tara D'Agostino

Firm's address 2 Financial Center 60 South Street

Boston, MA 02111

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 (2014)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒

1

Briefly describe the organization's mission

As a founding hospital in the Lifespan health system, TMH is committed to its mission Delivering health with care

2

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

☐ Yes ☒ No

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 ☒ 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 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 \$ 329,507,759 including grants of \$ 402,830 ) (Revenue \$ 415,911,576 )

Patient Care TMH offers expertise in cardiology, oncology, orthopedics, men's health, and minimally invasive surgery and is home to the State's first Joint Commission- certified Stroke Center and robotic surgery program 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) The Hospital is nationally known for its HIV/AIDS and behavioral and preventive medicine research, including weight control, physical activity, and smoking cessation (Continued on Schedule O)

4b

(Code ) (Expenses \$ 26,048,210 including grants of \$ ) (Revenue \$ 22,154,210 )

Research Since 1969, the level of research has increased from seven projects totaling \$127,000 involving nine investigators to 381 projects totaling \$26 0 million involving 71 investigators and 124 employees 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 Federal support accounts for approximately 92% of all externally funded research at the Hospital TMH provided \$3 9 million in support of research activities in fiscal year 2015 (Continued on Schedule O)

4c

(Code ) (Expenses \$ 20,577,190 including grants of \$ ) (Revenue \$ 3,136,613 )

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 TMH exceeded the reimbursement received from third-party payors by \$17 4 million in fiscal year 2015 (Continued on Schedule O)

4d

Other program services (Describe in Schedule O )





















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

4e

Total program service expenses

376,133,159

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	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 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b 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 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
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, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	259	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	3,112	
b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		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" to line 3b, provide an explanation in Schedule O.		3b	Yes
4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b. If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c. If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7. Organizations that may receive deductible contributions under section 170(c).			
a. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b. If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	No
9a. Did the sponsoring organization make any taxable distributions under section 4966?		9a	No
b. Did the sponsoring 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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	No
b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c. Enter the amount of reserves on hand.		13c	
14a. Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line 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 . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	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	Yes
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
7b	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		
8a	a The governing body? . . . . .	8a	Yes
8b	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
10b	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	
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 this Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes
15b	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
16b	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	

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 <input type="checkbox"/> Other (explain in Schedule O)
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 during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶Mary A Wakefield 593 Eddy Street Providence, RI 02903 (401) 444-7093

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			



Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	3,229,802	5,303,167	740,142

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 232

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <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 593 Eddy Street Providence, RI 02903	Medical Services	7,486,755
University Surgical Associates 2 Dudley Street Providence, RI 02905	Medical Services	4,102,787
Brown University 75 Waterman Street Providence, RI 02912	Medical Services	2,275,957
Sodexo Inc 25 Royal Little Drive Providence, RI 02904	Dietary/Cafe Service	1,807,724
Ringo LLC 445 Broadhollow Road Melville, NY 11747	Staffing	1,505,486
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 29		

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . . 1a				
	b	Membership dues . . . . . 1b				
	c	Fundraising events . . . . . 1c				
	d	Related organizations . . . . . 1d	4,024,716			
	e	Government grants (contributions) 1e	9,500			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	13,993			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f . . . . .	4,048,209			
Program Service Revenue	2a	Direct Rev from Research				
		Business Code				
		900099	23,191,628	23,191,628		
	b	Laboratory	911,909		911,909	
	c	Patient Service Rev	900099	397,726,536	397,726,536	
	d	Temp Restricted (SPFs)	900099	696,622	696,622	
	e					
	f	All other program service revenue				
g	Total. Add lines 2a-2f . . . . .	422,526,695				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	4,001,045			4,001,045
	4	Income from investment of tax-exempt bond proceeds . . . . .	817			817
	5	Royalties . . . . .	0			
	6a	Gross rents				
		(i) Real				
		1,394,592				
	b	Less rental expenses	958,674			
	c	Rental income or (loss)	435,918			
	d	Net rental income or (loss) . . . . .	435,918			435,918
	7a	Gross amount from sales of assets other than inventory				
		(i) Securities				
		151,565,191				
	b	Less cost or other basis and sales expenses	150,125,720			
	c	Gain or (loss)	1,439,471			
	d	Net gain or (loss) . . . . .	1,439,471			1,439,471
	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	Cafeteria Revenue	722210	1,408,799	1,408,799		
b	Indirect Rev from Grants	900099	4,377,859	4,377,859		
c	Joint Program Revenue	900099	10,964,944	10,964,944		
d	All other revenue . . . . .		1,961,593	1,924,102	37,491	
e	Total. Add lines 11a-11d . . . . .		18,713,195			
12	Total revenue. See Instructions . . . . .		451,165,350	440,290,490	949,400	5,877,251

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).

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21.	396,830	396,830		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	6,000	6,000		
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	717,922	717,922		
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.	158,087,655	155,037,675	3,049,980	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	6,161,700	6,042,895	118,805	
9	Other employee benefits.	24,922,222	24,490,034	432,188	
10	Payroll taxes.	11,484,778	11,264,129	220,649	
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	0			
c	Accounting.	0			
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	703,491		703,491	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	22,375,968	21,902,555	473,413	
12	Advertising and promotion.	153,405	153,405		
13	Office expenses.	76,797,067	76,277,559	519,508	
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	11,146,092	10,162,654	983,438	
17	Travel.	622,454	616,584	5,870	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	407,389	398,068	9,321	
20	Interest.	3,337,224		3,337,224	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	14,567,082		14,567,082	
23	Insurance.	4,028,356	4,028,356		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	Purch Svs & Equip Cont	49,559,048	16,671,395	32,887,653	
b	Licence Fee	21,066,574	21,066,574		
c	Provision for bad debts	15,363,104	15,363,104		
d	Indirect Research & Other	12,052,330	11,537,420	514,910	
e	All other expenses	0			
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	433,956,691	376,133,159	57,823,532	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	0
	2	Savings and temporary cash investments		25,236,988	2	35,570,265
	3	Pledges and grants receivable, net		1,204,369	3	1,300,558
	4	Accounts receivable, net		42,060,762	4	32,923,819
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net		179,793	7	179,793
	8	Inventories for sale or use		5,266,246	8	5,359,064
	9	Prepaid expenses and deferred charges		3,773,383	9	2,282,434
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a392,524,859			
	b	Less accumulated depreciation	10b198,474,872	187,511,608	10c	194,049,987
	11	Investments—publicly traded securities		80,560,340	11	78,517,999
	12	Investments—other securities See Part IV, line 11		42,070,601	12	42,759,987
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11		70,922,704	15	66,185,156
	16	Total assets. Add lines 1 through 15 (must equal line 34)		458,786,794	16	459,129,062
Liabilities	17	Accounts payable and accrued expenses		33,601,703	17	34,250,923
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		59,619,383	20	57,307,280
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		10,110,312	23	8,494,126
	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		44,144,063	25	44,953,972
	26	Total liabilities. Add lines 17 through 25		147,475,461	26	145,006,301
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		263,666,420	27	267,553,367
	28	Temporarily restricted net assets		28,076,417	28	26,870,590
	29	Permanently restricted net assets		19,568,496	29	19,698,804
	Organizations that do not follow SFAS 117 (ASC 958), 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		311,311,333	33	314,122,761
	34	Total liabilities and net assets/fund balances		458,786,794	34	459,129,062

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . .

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	451,165,350
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	433,956,691
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	17,208,659
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	311,311,333
5	Net unrealized gains (losses) on investments . . . . .	5	-7,217,722
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	-7,179,509
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	314,122,761

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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 separate basis	Yes	
2c	If "Yes," to line 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	
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	
3b	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: 14000265

Software Version: 2014v6.0

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) Thomas Anders MD ..... Trustee	0 00 ..... 0 70	X						0	0	0
(1) Lawrence Aubin ..... Chair	0 50 ..... 6 50	X		X				0	0	0
(2) Timothy J Babineau MD ..... Trustee	3 00 ..... 37 00	X						0	2,097,376	308,492
(3) Emanuel Barrows ..... Trustee	0 00 ..... 6 00	X						0	0	0
(4) Roger N Begin ..... Trustee	0 00 ..... 1 00	X						0	0	0
(5) David A Brown ..... Trustee	0 00 ..... 0 00	X						0	0	0
(6) Peter Capodilupo ..... Trustee	0 00 ..... 8 00	X						0	0	0
(7) Ellen Collis ..... Trustee	0 00 ..... 1 00	X						0	0	0
(8) Michael G Ehrlich MD ..... Trustee	0 50 ..... 3 00	X						0	6,439	0
(9) Jonathan D Fain ..... Trustee	0 00 ..... 1 00	X						0	0	0
(10) Edward D Feldstein ..... Trustee	2 00 ..... 3 00	X						0	0	0
(11) David Gorelick MD ..... Trustee	0 50 ..... 2 50	X						0	0	0
(12) Michael L Hanna ..... Trustee	0 75 ..... 3 45	X						0	0	0
(13) Pamela Harrop MD ..... Trustee	2 00 ..... 13 00	X						0	0	0
(14) Marie J Langlois ..... Trustee	1 00 ..... 2 00	X						0	0	0
(15) Jerrold Lavine ..... Trustee	0 00 ..... 0 00	X						0	0	0
(16) Alan H Litwin ..... Vice Chair	1 00 ..... 9 00	X		X				0	0	0
(17) Steven Pare ..... Trustee	0 00 ..... 2 50	X						0	0	0
(18) Lloyd Robertson ..... Trustee	0 00 ..... 5 00	X						0	0	0
(19) Lawrence Sadwin ..... Trustee	0 00 ..... 5 50	X						0	0	0
(20) Fred J Schiffman MD ..... Trustee	0 00 ..... 0 00	X						0	0	0
(21) Shivan Subramaniam ..... Trustee	0 00 ..... 0 00	X						0	0	0
(22) Jane Williams MD ..... Trustee	0 00 ..... 0 00	X						0	0	0
(23) Brian J Zink MD ..... Trustee	0 30 ..... 1 30	X						0	1,000	0
(24) Kenneth E Arnold ..... Secretary	6 00 ..... 34 00			X				0	732,566	30,234

**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(26) Arthur J Sampson ..... President	30 00 ..... 10 00			X				0	798,579	32,314
(1) Mary A Wakefield ..... Treasurer	5 00 ..... 35 00			X				0	1,667,207	124,092
(2) Robert W Corwin MD ..... Chief Medical Officer	40 00 ..... 0 00				X			436,130	0	25,704
(3) Maria P Duchame ..... Chief Nursing Officer	40 00 ..... 0 00				X			325,042	0	71,828
(4) Jinnette D Abbott MD ..... Physician	40 00 ..... 0 00					X		477,465	0	37,784
(5) Douglas M Burt MD ..... Physician	40 00 ..... 0 00					X		466,686	0	37,106
(6) Samuel C Dudley MD ..... Physician	40 00 ..... 0 00					X		540,430	0	18,326
(7) Paul C Gordon MD ..... Physician	40 00 ..... 0 00					X		508,138	0	19,752
(8) Barry L Sharaf MD ..... Physician	40 00 ..... 0 00					X		475,911	0	34,510

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations . . . . . \_\_\_\_\_

g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						



Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
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 section 501(c)(3) organization, check this box and stop here . . . . .						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. 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—2013. If the organization did not check a 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . .			
b From 2010. . . . .			
c From 2011. . . . .			
d From 2012. . . . .			
e From 2013. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . .			
b From 2011. . . . .			
c From 2012. . . . .			
d From 2013. . . . .			
e From 2014. . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization The Miriam Hospital	Employer identification number  05-0258905
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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 value of contributions to (during year)	
3	Aggregate value of 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 can 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 education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 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, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue 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 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2014



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

- 3

Using the organization's acquisition, 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 XIII
- 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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	124,326,086	117,435,496	111,167,306	97,696,217	96,830,355
b Contributions . . . . .	27,341,321	30,903,911	33,540,223	35,666,188	25,953,487
c Net investment earnings, gains, and losses	-2,425,603	5,559,275	6,309,324	10,411,008	678,572
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	26,388,135	29,572,596	33,581,357	32,606,107	25,766,197
f Administrative expenses . . . . .					
g End of year balance . . . . .	122,853,669	124,326,086	117,435,496	111,167,306	97,696,217

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

84 400 %
- b

Permanent endowment
- c

Temporarily restricted endowment

15 600 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 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)	Yes
- b

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

3b	Yes	
----	-----	--
- 4

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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 . . . . .		5,406,764		5,406,764
b Buildings . . . . .		228,561,546	94,779,469	133,782,077
c Leasehold improvements . . . . .				
d Equipment . . . . .		154,417,052	103,695,403	50,721,649
e Other . . . . .		4,139,497		4,139,497
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				194,049,987



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	421,676,561
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	
a	Net unrealized gains (losses) on investments . . . . .	2a	-7,217,722
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	-7,179,509
e	Add lines 2a through 2d . . . . .	2e	-14,397,231
3	Subtract line 2e from line 1 . . . . .	3	436,073,792
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	703,491
b	Other (Describe in Part XIII ) . . . . .	4b	14,388,067
c	Add lines 4a and 4b . . . . .	4c	15,091,558
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	451,165,350

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	418,865,133
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	418,865,133
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	703,491
b	Other (Describe in Part XIII ) . . . . .	4b	14,388,067
c	Add lines 4a and 4b . . . . .	4c	15,091,558
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	433,956,691

Part XIII

Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Part V, Line 4 Intended uses of the endowment fund	The Miriam Hospital's (TMH) unrestricted endowment consists of designated assets set aside by TMH'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 TMH are used to support: (1) the Women's Medicine Collaborative, a comprehensive, multidisciplinary center dedicated to meeting the health care needs of women, (2) the advancement of patient care, research, and education related to cardiology, (3) upgrade of the patient call system technology, (4) purchase of an upgraded surgical robot, (5) the Department of Psychiatry operations, education, and research, (6) operational needs of all emergency medicine programs, (7) clinical care, research, and education to develop treatment for pelvic floor disorders, (8) cardiology labs and programs, (9) The Center for Prisoner Health and Human Rights, a program which seeks to improve the health and human rights of criminal justice populations through education, research, and advocacy, (10) the Surgery Department's educational and investigational functions, (11) the treatment and prevention of cancer, including the Cancer Patient Navigator Program, which assists cancer patients through the entire course of their care, and (12) TMH's capital equipment and operating needs in providing services to patients.
Part X FIN48 Footnote	TMH, 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. TMH recognizes the effect of income tax positions only if those positions are more likely than not to be sustained. Changes in measurement are reflected in the period in which the change in judgment occurs. TMH did not recognize the effect of any income tax positions during the fiscal year ended September 30, 2015.
Part XI, Line 4b Other revenue amounts included on 990 but not included in F/S	Debt-financed rental expenses \$-16363 Non debt-financed rental expenses \$-958674 Provision for bad debts \$15363104
Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Debt-financed rental expenses \$-16363 Non debt-financed rental expenses \$-958674 Provision for bad debts \$15363104

[illegible]

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990.  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
The Miriam Hospital

Employer identification number  
05-0258905

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) Sub-Saharan Africa	0	0	Program Services	Research	517,558
( 2 ) East Asia and the Pacific	0	0	Program Services	Research	21,904
( 3 ) Europe	0	0	Program Services	Research	4,453
( 4 ) Middle East and North Africa	0	0	Grant Recipient in Region	Philanthropy	6,000
( 5 )					
3a Sub-total					549,915
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					549,915

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1 )			Middle East	Philanthropy	6,000	Check			FMV
( 2 )									
( 3 )									
( 4 )									

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 . . . . .

1

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.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ 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, Information 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; do not file with Form 990)*

☒ Yes

☐ No



**Part V**

**Supplemental Information**  
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US	<p>When a foreign institution is the subrecipient of an award received by a Lifespan affiliate, the following procedures are followed. A subrecipient agreement is prepared and executed between the foreign institution and the Lifespan affiliate. The agreement describes the funding source, terms and conditions of the award, statement of work, payment method, and audit. The foreign institution prepares an invoice to the Lifespan affiliate for expenses incurred under the agreement. Once received, the invoice is approved by both the principal investigator at the Lifespan affiliate and the responsible research administrator in the Office of Research Administration. Check requests and wire transfer forms are prepared by the principal investigator, approved by the research administrator and forwarded to the Finance Department, where payment is processed to the foreign institution. Additionally, when the award is a federal award, a questionnaire is completed by the appropriate subrecipient, officially supplying information about the foreign institution's financial system and method of accounting for the award. A request is also made for the institution's audited financial statements. When a foreign individual is not associated with an institution, a Professional Services Agreement (PSA) is executed and the individual sends an invoice to the Lifespan affiliate principal investigator associated with the project or sponsored agreement that states the number of hours, dates of services, work performed, reimbursement for expenses, and compensation amount. The same approval process and payment is used as described above.</p>

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.  
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
The Minam Hospital

Employer identification number  
05-0258905

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	1a	Yes	
b	If "Yes," was it a written policy? . . . . .	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <div><input type="checkbox"/> Applied uniformly to all hospital facilities</div> <div><input type="checkbox"/> Applied uniformly to most hospital facilities</div> <div><input type="checkbox"/> Generally tailored to individual hospital facilities</div>			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <div><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %</div>	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care . . . . . <div><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %</div>	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	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 financial assistance 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	
b	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

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .			8,162,527	1,865,495	6,297,032	1 500 %
b Medicaid (from Worksheet 3, column a) . . . . .			59,343,998	49,369,715	9,974,283	2 380 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			67,506,525	51,235,210	16,271,315	3 880 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			347,963	39,727	308,236	0 070 %
f Health professions education (from Worksheet 5) . . . . .			20,577,190	3,136,613	17,440,577	4 170 %
g Subsidized health services (from Worksheet 6) . . . . .			16,187,868	4,534,536	11,653,332	2 780 %
h Research (from Worksheet 7) . . . . .			26,048,210	22,154,210	3,894,000	0 930 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			185,860		185,860	0 050 %
j <b>Total</b> Other Benefits . . . . .			63,347,091	29,865,086	33,482,005	8 000 %
k <b>Total</b> . Add lines 7d and 7j . . . . .			130,853,616	81,100,296	49,753,320	11 880 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support						
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

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1Yes

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

23,823,877

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3307,166

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

597,576,476

6Enter Medicare allowable costs of care relating to payments on line 5.

692,705,688

7Subtract line 6 from line 5. This is the surplus (or shortfall).

74,870,788

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.

☐ Cost accounting system

☐ Cost to charge ratio

☒ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9aYes

No

bIf "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.

9bYes

No

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—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				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?

1  
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

The Miriam Hospital

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" 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 checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" 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 Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C . . . . .	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>http //www.miriamhospital.org</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	10	Yes
a If "Yes" (list url) <u>Please refer to Schedule O supplemental info for full URL</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

The Miriam Hospital

		Yes	No
<b>Financial Assistance Policy (FAP)</b>			
<b>13</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0000</u> % and FPG family income limit for eligibility for discounted care of <u>300 0000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	<b>15</b>	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . .	<b>16</b>	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
<b>a</b>	<input type="checkbox"/> The FAP was widely available on a website (list url) _____		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>See Schedule O</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>See Schedule O</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<b>17</b>	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 all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input checked="" type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input checked="" type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

The Miriam Hospital

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19	Yes	
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input checked="" type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input checked="" type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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	21	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 Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	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 its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input checked="" 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 Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual 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 Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C	24		No

Part V

Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	



**Part V**

**Facility Information** *(continued)*

**Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? **17**

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

Form and Line Reference	Explanation
Part I, Line 3c - Charity Care Eligibility Criteria (FPG Is Not Used)	<p>The Miriam Hospital (TMH) uses a dual system for determining financial aid eligibility federal poverty guidelines and an asset test The financial screening process at TMH 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, Rite Care, or CFS, or if the patient has a long-term disability, 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 a discount equal to the discount received by Medicare beneficiaries on TMH charges Under Section 501(r)(5), the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care are the amounts generally billed to individuals who have Medicare insurance covering such care In no case was there a situation where an uninsured patient paid more than amounts reimbursed from Medicare 5 Eligibility for CFS above the 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 three times the poverty level in effect at the time of application Full charity care applicants with assets worth more than \$9,400 for an individual (or \$14,100 for a family) may not qualify for care without charge, but will 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 same charity care discount as provided by the Medicare program 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 discounted charges if the balance is under \$5,000 and 50% to 100% of estimated discounted charges if the estimated bill equals or 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 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 the 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>

Form and Line Reference	Explanation
Part I, Line 7 - Explanation of Costing Methodology	<p>TMH's costing methodology used to calculate the amounts reported in Part I, Line 7 is as follows 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 charges Patient costs reported in the cost accounting system are calculated based on Medicare principles of reimbursement by reducing total operating expenses (as calculated by Form 990 requirements) 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 b) Medicaid- Medicaid expense is determined at cost as calculated by TMH'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 e) Community health improvement services and community benefit operations- Community benefit operations expense is recorded as direct expenses incurred as reported by TMH's Community Health Services Department Revenue received for these services is reported as direct offsetting revenue f) Health professions education- Health professions education expenses represent direct costs related to amounts associated with resident and intern programs utilized at TMH 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 in TMH's Medicare cost report g) Subsidized health services- Subsidized health services' community benefit expense is determined by TMH's cost accounting system These subsidized health services are recorded at cost in TMH'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 the 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 h) Research- TMH conducts extensive medical research focused on the prevention and treatment of HIV/AIDS, obesity, cancer, diabetes, cardiac disease, neurological problems, orthopedic advancements, 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 TMH's cost accounting system Revenue received for these services is reported as direct offsetting revenue i) Cash and in-kind contributions for community benefit- Expenses for cash and in-kind contributions for community benefit are made by the Hospital, including an allocation of contributions made by Lifespan Corporation on TMH's behalf</p>

Form and Line Reference	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 \$ 15,363,104

Form and Line Reference	Explanation
Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense	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 TMH'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.

Form and Line Reference	Explanation
Part III, Line 3 - Methodology of Estimated Amount & Rationale for Including in Community Benefit	Accounts pending transfer to bad debt are reviewed by the TMH's patient advocate staff to determine qualification for financial assistance under TMH'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.

Form and Line Reference	Explanation
Part III, Line 8 - Explanation Of Shortfall As Community Benefit	There is not a Medicare shortfall for fiscal year 2015. If there was, it would not be treated as 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.

Form and Line Reference	Explanation
<p>Part III, Line 9b - Provisions On Collection Practices For Qualified Patients</p>	<p>For patients who've been identified as qualifying for financial assistance, TMH does not bill for the excess of charges over agreed upon reimbursement amounts from third-party payors. Rather, such differences are recorded as a reduction of revenue through contractual adjustments. Collection efforts are focused on co-payments, deductibles and amounts denied by insurers. After all collection attempts are exhausted, any remaining balances, including any co-payments and deductibles, are written off as a bad debt. TMH classifies its bad debts as uncompensated care. This does not apply to Medicaid, however, as there are no associated co-payments or deductibles for this payor. TMH does not require collateral or other security in extending credit to patients, however, it routinely obtains assignment of patients' benefits payable under their health insurance programs, plans or policies. Uninsured patients are offered Community Free Service and/or payment plan options. Lifespan's Patient Financial Services Department (PFS) has the responsibility for communicating and administering collection policies and procedures to all patient accounts. PFS engages the services of various pre-collect agencies as necessary. The following are highlights of the overall collection effort:</p> <ul style="list-style-type: none"> <li>* If a patient presents for admission who is not insured, staff assists the family with a Medicaid application.</li> <li>* If the patient is ineligible for Medicaid, a financial screening is performed to determine status of qualification for Community Free Service.</li> <li>* If the patient does not qualify for Community Free Service, PFS or the pre-collect agency attempts at least four contacts with the responsible party within the first 120 days.</li> <li>* If the third-party carrier denies in writing any responsibility for payment, arrangements regarding an extended payment plan are discussed with the patient.</li> <li>* At 120 days, if there is no payment activity or no hold placed on the account, the account is transferred to the appropriate collection agency.</li> </ul>



Form and Line Reference	Explanation
Part VI - Needs Assessment	<p>Lifespan's Office of Strategic Planning and Analysis performs population-based studies for TMH 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, TMH 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.</p>

Form and Line Reference	Explanation
Part VI - Patient Education of Eligibility for Assistance	<p>TMH has multilingual signage in its 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 TMH. Assistance eligibility is also summarized on TMH's website, <a href="http://miriamhospital.org">http://miriamhospital.org</a>. As part of TMH's inpatient intake process, TMH provides a summary of the financial assistance policy, along with all assistance applications, and the Patient Financial Services contact number to all self-pay patients. The same process is also used for patients seen during the outpatient discharge process. Attempts are made to contact patients prior to their visit to screen for financial assistance and to inform them what documents are required for their financial assistance determination or to set up an appointment to see a "Patient Financial Advocate" (PFA) prior to service. PFA's discuss with patients the various government programs that might be available to them for financial assistance. PFA's also offer assistance with the financial application process and/or understanding the qualification factors for Medicaid, the Affordable Care Act, Medicare, Social Security Disability, Supplemental Nutrition Assistance Program (SNAP), and Rhode Island Temporary Disability Insurance and Unemployment. This is done for both inpatient and outpatient services.</p>

Form and Line Reference	Explanation
Part VI - Community Information	<p>TMH, 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. TMH 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. TMH is also a member of the formally named Voluntary Hospitals of America, Inc., which has partnered with UHC Alliance NewCo, Inc. to become Vizient, Inc. Vizient, Inc. is the largest member-owned health care company in the United States. 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 The Warren Alpert Medical School of Brown University (Brown). TMH 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, TMH has developed formal and informal educational affiliations with a number of accredited New England colleges and universities. TMH does not receive any compensation from the various schools for providing a clinical setting for the student nurse training. 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.</p>

Form and Line Reference	Explanation
Part VI - Community Building Activities	TMH substantially subsidizes various health services including various clinics and certain other specialty services 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

Form and Line Reference	Explanation
Part VI - Explanation Of How Organization Furthers Its Exempt Purpose	TMH is governed by a Board of Trustees, which is composed of leaders of the local community elected by Lifespan Corporation. TMH's purpose is to at all times be operated exclusively as a tax-exempt charitable hospital and, as such, shall dispense medical and surgical aid and care to the sick and disabled of any race, creed, or color in keeping with Jewish ethical aspirations, shall act in a fashion designed to further, improve, and advance the science or art of health care delivery, patient care, and the knowledge, practice, and teaching of medicine and nursing, and assist in the advancement of medical research and investigation and in the improvement of medical teaching facilities and methods. TMH works collaboratively with physicians, its employees, other health care organizations, and the community to create a measurably healthier community through the provision of high quality, cost-effective, customer-focused health care services in an environment that promotes patient safety. TMH monitors the healthcare needs of its service area to ensure alignment of its resources with its mission. TMH measures the results of the programs and services it provides based on the value added to the community as well as the financial health of each program and its impact on TMH. TMH is organized and operated for the benefit of the community it serves.

Form and Line Reference	Explanation
Part VI - Affiliated Health Care System Roles and Promotion	<p>Lifespan's mission is delivering health with care. Lifespan is an academically based healthcare system at the forefront of medical care, continually engaging in research that will lead to medical breakthroughs. Lifespan affiliates provide comprehensive inpatient and outpatient medical, surgical, and psychiatric services for adults and children. Lifespan and its affiliates employ approximately 14,000 people. The Lifespan system has approximately 2,400 physicians on the medical staffs of its affiliated hospitals, operates 1,155 licensed beds in four hospital complexes, and in 2015 generated approximately \$1.9 billion in total operating revenue. By each of these measures, Lifespan is Rhode Island's largest health system, serving a population of over 1.5 million. Three of its hospital members, Rhode Island Hospital (RIH), TMH, and Emma Pendleton Bradley Hospital (EPBH), are teaching affiliates of The Warren Alpert Medical School of Brown University, with 69 percent of the residents and fellows in this program based at RIH, TMH, and EPBH. Lifespan is a Rhode Island 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, 2015, Lifespan Corporation employed approximately 940 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, payor contracting, 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 Role Lifespan 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.</p>

Form and Line Reference	Explanation
Part VI - States Where Community Benefit Report Filed	RI





Additional Data

Software ID: 14000265  
Software Version: 2014v6.0  
EIN: 05-0258905  
Name: The Miriam Hospital

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Part V, Line 5 - Account Input from Persons Who Represent the Community	
Part V, Line 6a - List Other Hospital Facilities that Jointly Conducted Needs Assessment	Rhode Island HospitalEmma Pendleton Bradley HospitalNewport Hospital
Part V, Line 7d - Description of Making Needs Assessment Widely Available	A copy of the Community Health Needs Assessment report issued for TMH as of September 30, 2013 can be obtained by visiting <a href="http://www.lifespan.org/Lifespan-Community-Health-Needs-Assessment-Reports.aspx">http://www.lifespan.org/Lifespan-Community-Health-Needs-Assessment-Reports.aspx</a> or <a href="http://www.miriamhospital.org">http://www.miriamhospital.org</a>
Part V, Line 16i - Other Means Hospital Facility Publicized the Policy	An abbreviated version of TMH's financial assistance policy is posted in various admitting and outpatient areas of TMH. 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.
Part V, Line 18d - Other Collection Actions Against a Patient	Once an account balance or a portion thereof is classified as self-pay, it is placed with TMH'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 write-off. 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.
Part V, Line 19d - Other Actions Took Before Any Collection Actions	TMH 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 18d above.

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

Section D. Other Health Care 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 health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
Cardiovascular Institute 950 Warren Avenue East Providence, RI 02914	Outpatient Cardiac Clinic
TMH Diagnostic Imaging Center 195 Collyer Street Suite 101 Providence, RI 02904	Outpatient Cardiac Clinic
Womens Medicine Collaborative 146 West River Street Providence, RI 02904	Outpatient Cardiac Clinic
Cardiovascular Institute 208 Collyer Street Suites 100 102 Providence, RI 02904	Outpatient Cardiac Clinic
TMH Immunology Research Center 14 Third Street 11 Fourth Street Providence, RI 02906	Outpatient Cardiac Clinic
Cardiovascular Institute 1454 South County Trail Suite 2000 East Greenwich, RI 02818	Outpatient Cardiac Clinic
TMH Weight Control & Diabetes Research 196 Richmond Street Providence, RI 02903	Outpatient Cardiac Clinic
TMH Behavioral Medicine Research 1 Hoppin Street Providence, RI 02903	Outpatient Cardiac Clinic
TMH Cardiac RehabPulmonary Rehab 208 Collyer Street Providence, RI 02904	Outpatient Cardiac Clinic
TMH Laboratory 1 Hoppin Street Providence, RI 02903	Outpatient Cardiac Clinic
TMH Outpatient Rehabilitation 195 Collyer Street Providence, RI 02904	Outpatient Cardiac Clinic
TMH Laboratory 1 Commerce Street Lincoln, RI 02865	Outpatient Cardiac Clinic
TMH Immunology Center 1125 North Main Street Providence, RI 02904	Outpatient Cardiac Clinic
TMH Laboratory 400 Bald Hill Road Warwick, RI 02886	Outpatient Cardiac Clinic
RISE TB Clinic 14 Third Street Providence, RI 02906	Outpatient Cardiac Clinic

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

**Section D. Other Health Care 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 health care facilities did the organization operate during the tax year?

\_\_\_\_\_

Name and address	Type of Facility (describe)
TMH Behavioral Medicine Clinic 146 West River Street Providence, RI 02904	Outpatient Cardiac Clinic
TMH Pre-admission Testing Center 208 Collyer Street Third Floor Providence, RI 02904	Outpatient Cardiac Clinic

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
The Miriam Hospital

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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
See Additional Data Table							

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 Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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. In 2012, Lifespan, on behalf of Rhode Island Hospital and The Miriam Hospital, reached an agreement with the City of Providence, Rhode Island to make voluntary payments to help stabilize the city's financial health. Lifespan has always maintained a strong commitment to Providence through its many community-based programs, as well as through the charity care it provides. As an organization, Lifespan understands that Providence's fiscal health is vital to the economic health of the entire State of Rhode Island. The agreement is a groundbreaking partnership that demonstrates Lifespan's commitment to help ensure a strong and vital Providence.

Additional Data

Software ID: 14000265  
Software Version: 2014v6.0  
EIN: 05-0258905  
Name: The Miriam Hospital

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Billy Taylor House185 - 187 Camp Street Providence, RI 02906	46-1249425	501(c)(3)	6,000	0			General Support
Brown University164 Angell Street Providence, RI 02912	05-0258809	501(c)(3)	155,870	0			General Support
City of Providence25 Dorrance Street Providence, RI 02903	05-6000329	Government Org	108,000	0			Payment in lieu of taxes

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Festival Ballet Providence 825 Hope Street Providence,RI 02906	05-0377245	501(c)(3)	7,910	0			General Support
Groundwork Providence8 Third Street Providence,RI 02906	05-0397766	501(c)(3)	12,500	0			General Support
Mt Hope Learning Center140 Cypress Street Providence,RI 02906	05-0502405	501(c)(3)	12,000	0			General Support

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Mt Hope Neighborhood Assoc 199 Camp Street Providence,RI 02906	22-2599257	501(c)(3)	10,650	0			General Support
Rhode Island Medical Society 235 Promenade Street Providence,RI 02908	05-0250010	501(c)(3)	7,500	0			Health Program Support
Thundermist Health Center 191 Social Street Woonsocket, RI 02895	05-0355097	501(c)(3)	49,500	0			Health Program Support



Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
The Miram Hospital

Employer identification number  
05-0258905

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div><div><div><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><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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 of the expenses described above? If "No," complete Part III to explain.</div></div>	Yes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><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></div></div>		
<div><div>4</div><div>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:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>		No
<div><div>6</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>		No
<div><div>7</div><div>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.</div></div>	Yes	
<div><div>8</div><div>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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>		No

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

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

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

(A) Name and Title		(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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

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

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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). Also, TMH purchases professional liability prior acts coverage for certain newly-hired physicians. Premiums were paid to insurance carriers by the insureds on an after tax basis. The income associated with the premiums is grossed-up to cover the total cost of the benefit as provided in their employment contracts and is included in Medicare wages, more specifically on Schedule J, Part II, Column B (iii).
Part I, Line 7   Non-Fixed payments not listed above	The Lifespan Annual Incentive Compensation Plan provides a financial award opportunity for designated members of management, based on quantified objectives that are approved in advance by the Compensation Committee of the Lifespan Corporation Board of Directors. A specified level of financial and non-financial performance must be met before any award is earned. The objectives vary from year to year and generally include various aspects of financial measures in addition to non-financial performance measures. For certain participants in the Annual Incentive Compensation Plan, the award opportunity is divided into two pools. The first pool represents 70% of any earned incentive award, based on the achievement of the team performance objectives. The remaining 30% pool is distributed on an individual basis to participants at the discretion of the CEO, in each case subject to approval by the Compensation Committee of the Lifespan Corporation Board of Directors. Additionally, certain physicians and executives participate in incentive compensation plans arranged through individual contractual agreements which stipulate non-fixed payments based on meeting criteria comprised of various quality and productivity markers.
Part III, Additional Information	Included in the Schedule J, Part II, Line (B)(iii) calendar year 2014 compensation for Timothy J. Babineau, MD, President & Chief Executive Officer, was a retention payment of \$250,000 (earned during the transition to a new Lifespan CEO) made by Lifespan Corporation to Dr. Babineau in his capacity as President & CEO of the Lifespan health system. Included in the Schedule J, Part II, Line (B)(iii) calendar year 2014 compensation for Mary A. Wakefield, Executive Vice President & Chief Financial Officer, was a one-time retention payment in the amount of \$700,000 (earned during the transition to a new Lifespan CEO) made by Lifespan Corporation to Ms. Wakefield in her capacity as EVP & CFO of the Lifespan health system.

Additional Data

Software ID: 14000265  
Software Version: 2014v6.0  
EIN: 05-0258905  
Name: The Miriam Hospital

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Arthur J Sampson, President	(i) (ii)	433,050	132,000	233,529	15,600	16,714	830,893	171,029
Barry L Sharaf MD, Physician	(i) (ii)	366,917	95,468	13,526	14,950	19,560	510,421	
Douglas M Burtt MD, Physician	(i) (ii)	350,408	103,485	12,793	14,950	22,156	503,792	
Jinnette D Abbott MD, Physician	(i) (ii)	366,424	100,382	10,659	14,950	22,834	515,249	
Kenneth E Arnold, Secretary	(i) (ii)	479,128	155,561	97,877	13,000	17,234	762,800	
Maria P Ducharme, Chief Nursing Officer	(i) (ii)	213,620	62,500	48,922	48,621	23,207	396,870	33,569
Mary A Wakefield, Treasurer	(i) (ii)	645,835	221,000	800,372	107,538	16,554	1,791,299	526,051
Paul C Gordon MD, Physician	(i) (ii)	366,263	130,479	11,396	14,950	4,802	527,890	
Robert W Corwin MD, Chief Medical Officer	(i) (ii)	293,198	75,000	67,932	6,500	19,204	461,834	
Samuel C Dudley MD, Physician	(i) (ii)	489,756	49,000	1,674	14,950	3,376	558,756	
Timothy J Babineau MD, Trustee	(i) (ii)	1,037,312	616,410	443,654	285,101	23,391	2,405,868	123,313

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 Part VI.  
▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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 RIHEBC Series 2006A	52-1300173	762243SS3	02-14-2006	40,725,126	Refund 1996 & 2002 Bonds		X		X	X	
B RIHEBC Series 2009A	52-1300173	762243K36	03-30-2009	19,582,506	Construction & Renovations		X		X	X	

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	10,552,480							
2	Amount of bonds legally defeased	37,924,625							
3	Total proceeds of issue	40,725,126		19,582,506					
4	Gross proceeds in reserve funds			1,954,745					
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	348,652		300,287					
8	Credit enhancement from proceeds	968,829		339,121					
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			12,380,113					
11	Other spent proceeds	39,407,645		4,608,240					
12	Other unspent proceeds								
13	Year of substantial completion	2006							
		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 of bond-financed property?		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	0 310 %		0 500 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 760 %							
6	Total of lines 4 and 5	1 070 %		0 500 %					
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X		X				
c	No rebate due?	X		X					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has 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?		X		X				

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Part VI	Schedule K, Part I, Lines A & B, 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 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 TMH Campuses, (ii) equipping, furnishing, and improving facilities and other depreciable assets used in health care operations on the TMH 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 Schedule K, Part IV, Line 2c For the 2006 Lifespan Obligated Group bond issuance, a rebate computation was performed on May 31, 2014 which reflected no rebate due For the 2009 Lifespan Obligated Group bond issuance, a rebate computation was performed on May 31, 2014 which reflected no rebate due Schedule K, Part V TMH 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, TMH consults with bond counsel and other legal counsel and advisors, as needed, to ensure that all applicable post-issuance requirements are met TMH has not identified any non-compliance with the requirements of its tax-exempt bonds

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2014**  
Open to Public Inspection

Name of the organization The Miram Hospital	Employer identification number 05-0258905
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<b>Part I Excess Benefit Transactions</b> (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2	Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No

Total	▶ \$			
-------	------	--	--	--

<b>Part III Grants or Assistance Benefiting Interested Persons.</b> 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 assistance	(d) Type of assistance	(e) Purpose 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) Marilyn J Weigner	Employee	424,312	Employee Comp		No
(2) Roberts Carroll Feldste	Partner	100,124	Legal Services		No
(3) Citizens Asset Finance	Off/Trustee	1,777,338	Debt Financing		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
Schedule L, Part V Supplemental Information	* The spouse of Pamela Harrop, MD, Trustee, is employed as a physician at The Miriam Hospital (TMH) In fiscal year 2015, TMH paid Marilyn J Weigner \$424,312 for her services * 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 2015, Lifespan Risk Services paid Roberts, Carroll, Feldstein and Peirce \$100,124 for services related to TMH matters *Lawrence Aubin, Chair, and Shivan Subramaniam, Trustee, are Directors of Citizens Bank (Citizens) In 2013, Rhode Island Hospital (RIH), TMH, and Emma Pendleton Bradley Hospital (EPBH) entered into a master lease and loan and security agreement (the 2013 Financing) with Citizens Asset Finance, an affiliate of Citizens RIH, TMH, and EPBH are jointly and severally liable for repayment of the 2013 Financing TMH made debt service and interest payments (1 66%) of \$1,777,338 in fiscal year 2015

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 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

Name of the organization The Minam Hospital	Employer identification number  05-0258905
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Return Reference	Explanation
Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Kenneth E Arnold, Secretary, Timothy J Babineau, MD, Trustee, and Mary A Wakefield, Treasurer, are officers of related for-profit corporations Mr Arnold and Ms Wakefield are officers of Lifespan Management Services Organization, Inc (MSO) and Lifespan Risk Services, Inc Dr Babineau and Ms Wakefield are officers of VNA Technicare, Inc (VNA) Lawrence Aubin, Chairman, and Shivan Subramaniam, Trustee, are Directors of Citizens Bank Jonathan Fain, Trustee, is the CEO of Teknor Apex Co Bertram Lederer, Trustee, is a Director of Teknor Apex Co

Return Reference	Explanation
Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	Changes made to the organization's bylaws during the fiscal year ended September 30, 2015 include (1) the Chairs of each of Rhode Island Hospital Foundation, The Miriam Hospital Foundation, Newport Hospital Foundation, Bradley Hospital Foundation, and Gateway Foundation are no longer considered ex-officio voting directors of Lifespan Corporation, and(2) the number of elected directors of the Board has been changed to a minimum of fourteen, from nine, and a maximum of thirty-one, from twenty-six

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

Return Reference	Explanation
Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	<p>Effective October 23, 2012, the Board of Directors of Lifespan and the Boards of Trustees of Rhode Island Hospital, TMH, New port Health Care Corporation, New port Hospital, and Emma Pendleton Bradley Hospital approved a restructuring of their governance. The restructuring has increased governance effectiveness and has streamlined governance operation, as well as provided a single strategic perspective for the Lifespan system hospitals. Pursuant to the restructuring, the bylaws of each of the affiliates were amended such that the composition of the boards of trustees of each of the hospitals and New port Health Care Corporation is defined as those persons serving from time to time as the directors of Lifespan. 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 Board of Directors of Lifespan consists of not less than fourteen nor more than thirty-one directors, including the President and CEO of Lifespan, who serves ex-officio with vote. Additionally, the bylaws of TMH confer certain reserved powers upon 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 TMH trustees and to approve the election of and to remove certain officers.</p>

Return Reference	Explanation
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	As noted above, the TMH Board is comprised of the same individuals who serve on the Lifespan Board. 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.

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	<p>The preparation and filing of the Form 990 and supporting schedules is the responsibility of the Executive Vice President &amp; Chief Financial Officer (EVP/CFO) and Lifespan's Finance Department, with review by Lifespan's tax advisors, KPMG LLP (KPMG). 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, the Director of Finance, and the Vice President of Finance - Corporate Services. The Form 990 is forwarded to KPMG for further review. KPMG provides the Tax Compliance Manager 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 EVP/CFO for final management review. Prior to filing the return with the Internal Revenue Service, a copy of the entire form, along with a video presentation detailing form highlights, are posted to the TMH's Board of Trustees website portal in advance of its next Board meeting, at which all questions and concerns of the members of the Board are addressed by the EVP/CFO 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 the same password protected website portal. The EVP/CFO is authorized to file the Form 990.</p>

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Lifespan and the Lifespan Obligated Group, which consists of TMH, RIH and Affiliates, 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 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 EVP/CFO, either in person or by mail



Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Change in funded status of pension and other postretirement = -\$3385800

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Decrease in Net Assets of TMHF = -\$3793709

Return Reference	Explanation
	<p>In 2015, TMH was named the top hospital in Rhode Island and southeastern Massachusetts for the fourth consecutive year, according to U S News &amp; World Report Environmental Partner ship Award TMH has received the "Partner Recognition Award" from Practice Greenhealth, a health care membership community that promotes efficiency and environmental stewardship while improving patient safety and care 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 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 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 headache, pain, cancer, heart disease (including those with implanted cardiac devices), pulmonary disease, and diabetes The Weight Management Program provides comprehensive, medically supervised treatment for mild, moderate, 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 RIH were named Blue Distinction Centers for Complex and Rare Cancers by Blue Cross and Blue Shield of Rhode Island TMH and RIH 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 RIH 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 in patients Collectively, gastrointestinal cancers are among the most common fo</p>

Return Reference	Explanation	
		rm 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 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

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 opportunities 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, physical therapy, patient visitors, recovery room support, art therapy, and central transporters. Volunteers also transport students and serve as guides, escorts, and interpreter aides.

Return Reference	Explanation	
	Form 990, Part III, 4a	<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 2015, TMH discharged 16,690 inpatients, logged more than 62,000 visits in its Emergency Department, and performed more than 11,500 inpatient and outpatient surgical procedures. Services provided in 2015 represent 67,350 inpatient days and more than 86,000 clinic visits. TMH is staffed by more than 1,100 affiliated physicians, approximately 60 full-time house staff (medical school graduates), and a nursing staff of more than 700. In total, TMH employs more than 2,700 people. TMH is a major teaching affiliate 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 three times the poverty level. In addition, a substantial discount consistent with Medicare program reimbursement is offered to all other uninsured patients. TMH determines the costs 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 TMH to provide charity care amounted to \$6,297,032 in fiscal 2015. Charges forgone, based on established rates, amounted to \$17,770,911. TMH substantially subsidized various health services including the following programs: psychiatry, tuberculosis, and certain other specialty services at a net cost of \$11,653,332 in fiscal year 2015. 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 net cost of these services amounted to \$308,236 in fiscal year 2015. 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. The Leonard and Adele R. Decof Family Comprehensive Cancer Center at TMH. This Comprehensive Cancer Center brings together world-renowned physicians and a team of specialists from Rhode Island Hospital (RIH), TMH, and Newport Hospital (NH), forming a multidisciplinary team whose level of knowledge and experience are unparalleled in the State of Rhode Island. TMH, as a part of the Comprehensive Cancer Center, provides state-of-the-art care for patients with cancer. Award-Winning Care. TMH has received many awards and distinctions, including (1) the Quality Oncology Practice Initiative certification, demonstrating commitment to excellence and ongoing quality improvement practice, (2) Commission on Cancer three-year accreditation with commendation, and (3) Blue Distinction Center for Complex and Rare Cancers by Blue Cross and Blue Shield of Rhode Island. In 2015, The Miriam Hospital and Newport Hospital, both affiliates of Lifespan Corporation, tied for first place in U.S. News &amp; World Report's best regional hospitals ranking. They were the only two hospitals in Rhode Island to make the list. Also in 2015, The Miriam Hospital received the highest nursing credential for the fifth time from the American Nurses Credentialing Center's (ANCC) Magnet Recognition Program. TMH is one of only four hospitals nationwide to achieve Magnet designation five times. The unanimous ANCC decision to redesignate TMH was based on its continued adherence to rigorous national standards of nursing practice, as well as meeting specific goals for nurse certification and nurse satisfaction and engagement. The Magnet Recognition Program serves as the gold standard for nursing excellence and provides consumers with the ultimate benchmark for measuring quality of care. During 2015, TMH was one of two local hospitals recognized by Becker's Hospital Review (BHR) as having among the lowest heart attack mortality rates in the nation. According to BHR, a health care industry website, 53 hospitals</p>

Return Reference	Explanation	
	Form 990, Part III, 4a	<p>spitals or health systems made the list, which based its findings on clinical data from the Centers for Medicare and Medicaid Services. All of the hospitals have a 30-day mortality rate from heart attack of 11.7% or less, below the national average of 14.2%, according to Becker's. TMH's rate is 11.4%. TMH was awarded a special designation for bariatric surgery in 2015, conferred by Blue Cross Blue Shield of Rhode Island. TMH is among the first hospitals in the nation to receive the designation. The Center for Bariatric Surgery has been a Center of Excellence in Bariatric Surgery since 2011 and was reaccredited in 2014 by the American College of Surgeons Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program. The Total Joint Center. The Total Joint Center at The Miriam Hospital (the Center) 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. TMH is a Blue Cross Blue Shield Blue Distinguished 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. In 2014, the Center earned The Joint Commission's Gold Seal of Approval for its knee and total hip replacement programs. The certification recognizes the Center's compliance with national standards for health care quality and safety in a disease-specific care set by The Joint Commission. It also acknowledges the Center's dedication to continuous compliance with The Joint Commission's state-of-the-art standards. Medical and surgical services at the 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 the 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 surgical techniques are used to perform surgery. These techniques have dramatically improved the quality of the post-operative and recovery experience for the patient. In certain cases, 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. Stroke Care. In 2014, The Miriam Hospital received the Get With The Guidelines-Stroke Gold-Plus Quality Achievement Award for using American Heart Association/American Stroke Association quality improvement measures when treating stroke patients. The distinction acknowledges TMH's commitment to quality care. TMH treats more than 600 stroke patients each year and has received the Gold or Gold Plus designation for stroke care every year since 2008. The Get With The Guidelines-Stroke quality program embodies adoption of the latest research-based treatment guidelines intended to speed recovery and reduce death and disability among stroke patients. To receive the award, TMH met specific quality achievement measures for the rapid diagnosis and treatment of stroke patients. These measures include achieving and sustaining 85 percent or higher adherence to specific evidence-based guidelines over 24 consecutive months and aggressively using</p>

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 which are supported by the National Cancer Institute, CALGB, and NSABP TMH is a participating hospital in the Brown University-sponsored Cancer Oncology Group (BrUCOG) AIDS - As part of the Lifespan/Tufts/Brown Center for AIDS Research (CFAR), division researchers engage in clinical, basic, and translational research designed to improve the prevention and treatment of HIV/AIDS, with a major focus on women, racial and ethnic minorities, and individuals with substance abuse problems The Lifespan/Tufts/Brown CFAR is a joint research effort among Brown University and Tufts University and their affiliated hospitals and centers It is one of 20 centers located at academic medical centers throughout the United States that are part of the national CFAR program of the National Institutes of Health The program emphasizes the importance of interdisciplinary collaboration, especially between basic and clinical investigators, and also encourages training and mentoring of young investigators as well as an inclusion of women and minorities 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 Philippines, 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 The Centers for Behavioral and Preventive Medicine aims to improve health through behavioral change and the integration of behavioral and biomedical science using clinical, community, and laboratory-based research The Centers' research bridges biomedical, sociobehavioral, and population/public health scientific disciplines Faculty members are committed to both basic research on discovering the mechanisms underlying behavioral factors in health and illness (e g , examining the stress response among children and adolescents, neuroimaging of AIDS, and other medical conditions), as well as to applied research on the translation of these discoveries for clinical and community health improvement Programs range from those that focus on primary prevention (e g , promoting tobacco cessation, preventing weight gain, increasing physical activity, and HIV/AIDS prevention) to improving the effectiveness of treatment and enhancing quality of life in populations such as cancer survivors and patients enrolled in cardiac rehabilitation programs</p>



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. TMH provides stipends to residents and physician fellows while in training. TMH is also a participating clinical training site for residents from other programs in anesthesiology, pediatric dentistry, family medicine, infectious disease, obstetrics/gynecology (OB/Gyn) and OB/Gyn subspecialties, otolaryngology, podiatry, psychiatry, geriatric psychiatry, orthopedics, rheumatology, and radiation oncology. 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, TMH 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 Josephs Health Services School of Nursing, the University of Massachusetts campuses at Dartmouth, Boston, Amherst, and Worcester, the University of Connecticut, New England Technical Institute, Northeastern University, Walden University, Georgetown University School of Nursing and Health Studies, 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. 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. TMH 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>

Return Reference	Explanation
Form 990, Part VI, Section A, Line 1b	<p>*Lawrence A. Aubin, Chair, is the owner of Lawrence Investments, LLC, with which Lifespan entered into a ten-year operating lease of certain health care facilities in July 2015. During fiscal year 2015, Lifespan paid rent to Lawrence Investments, LLC under the terms of this lease. Also, Lifespan entered into a credit agreement with Citizens Bank in April 2015 for a line of credit facility to finance working capital requirements. During fiscal year 2015, Rhode Island Hospital (RIH) and Emma Pendleton Bradley Hospital (EPBH) paid Citizens interest payments on the outstanding facility balance. *Shivan Subramaniam, Trustee, is the Chairman of FM Global and served as CEO of FM Global through December 31, 2014. Lifespan purchases property insurance coverage from Factory Mutual Insurance Company, a member of FM Global. Additionally, Mr. Subramaniam and Lawrence A. Aubin, Chair, are Directors of Citizens Bank. Also, Lifespan entered into a credit agreement with Citizens Bank in April 2015 for a line of credit facility to finance working capital requirements. During fiscal year 2015, RIH and EPBH paid Citizens interest payments on the outstanding facility balance. *Brian J. Zink, MD, Trustee, received taxable tuition reimbursement from RIH.</p>

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 TMH, 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. 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>

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 COMPENSATIONLifespan'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 both with law and with 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"> <li>* Approving eligibility for participation in the executive compensation program</li> <li>* Approving changes in compensation for existing executive participants</li> <li>* Approving guidelines, such as salary ranges and contract terms, on appropriate levels of compensation for other key employees</li> <li>* Approving new, and modifying or terminating existing, executive compensation plans including, but not limited to, annual incentive and executive benefit plans</li> <li>* Approving performance objectives associated with Lifespan's annual incentive plan, 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</li> <li>* 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</li> <li>* 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</li> <li>* 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.</li> </ul> <p>PROCESS FOR DETERMINING COMPENSATION</p> <p>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> <p>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.</p> <p>New Participants in Executive Compensation Program. With respect to compensation offers for individuals expected to participate in the executive compensation program, certain members of the Lifespan CEO's Council work 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.</p>

Return Reference	Explanation
Form 990, Schedule H, Part V, Line 10a	The URL to view TMH's most recently adopted implementation strategy is below <a href="http://www.miriamhospital.org/uploadedFiles/TMH/Content/About_Us/MiriamCHNA_2013.pdf">http //w w w miriamhospital org/uploadedFiles/TMH/Content/About_Us/MiriamCHNA_2013 pdf</a> Please refer to page 46 of the CHNA to view details of the implementation strategy

Return Reference	Explanation
Form 990, Schedule H, Part V, Line 16b	The URL to view and download TMH's Financial Assistance Policy application form is below <a href="http://www.lifespan.org/uploadedFiles/Lifespan/Content/Patient_Financial_Services/Lifespan-FAF-ENG.pdf">http://www.lifespan.org/uploadedFiles/Lifespan/Content/Patient_Financial_Services/Lifespan-FAF-ENG.pdf</a>

Return Reference	Explanation
Form 990, Schedule H, Part V, Line 16c	The URL to view TMH's plain language summary of the Financial Assistance Policy is below <a href="http://www.lifespan.org/lifespan-customer-service.html">http //www lifespan org/lifespan-customer-service html</a>

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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 (if applicable) 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 entity?	
						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) Dispropportionate 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Lifespan MSO Inc  167 Point Street Providence, RI 02903 05-0508717	Mgmnt Services	RI	Lifespan Corp	C Corp					No
(2) Lifespan Risk Services Inc  167 Point Street Providence, RI 02903 05-0459767	Risk Mgmnt	RI	Lifespan Corp	C Corp					No
(3) VNA Technicare Inc  622 George Washington Highway Lincoln, RI 02865 05-0472710	DME Sales	RI	LDS Inc	C Corp					No
(4) Gateway Professional Group Inc  249 Roosevelt Avenue Pawtucket, RI 02860 05-0498391	Psychotherapy	RI	Gateway Healthcare	C Corp					No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

<b>1</b> 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?		Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity	<b>1a</b>		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1b</b>		No
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<b>1c</b>	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s)	<b>1d</b>		No
<b>e</b> Loans or loan guarantees by related organization(s)	<b>1e</b>		No
<b>f</b> Dividends from related organization(s)	<b>1f</b>		No
<b>g</b> Sale of assets to related organization(s)	<b>1g</b>		No
<b>h</b> Purchase of assets from related organization(s)	<b>1h</b>		No
<b>i</b> Exchange of assets with related organization(s)	<b>1i</b>		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	<b>1j</b>	Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	<b>1k</b>	Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	<b>1l</b>	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	<b>1m</b>	Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1n</b>	Yes	
<b>o</b> Sharing of paid employees with related organization(s)	<b>1o</b>	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses	<b>1p</b>	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1q</b>	Yes	
<b>r</b> Other transfer of cash or property to related organization(s)	<b>1r</b>		No
<b>s</b> Other transfer of cash or property from related organization(s)	<b>1s</b>		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  
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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID: 14000265

Software Version: 2014v6.0

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
						YesNo
(1) Alternative Living Concepts  249 Roosevelt Avenue Pawtucket, RI 02860 05-0442015	Housing for Elderly and Mentally Ill	RI	501(c)(3)	9	Gateway Healthcare Inc	No
(1) Bayberry Courts Inc  249 Roosevelt Avenue Pawtucket, RI 02860 20-4590384	Housing for Elderly and Mentally Ill	RI	501(c)(3)	9	Gateway Healthcare Inc	No
(2) Bradley Hospital Foundation  167 Point Street Providence, RI 02903 05-0500688	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation	No
(3) Capital City Community Centers Inc  249 Roosevelt Avenue Pawtucket, RI 02860 05-0259090	Daycare Services	RI	501(c)(3)	7	Gateway Healthcare Inc	No
(4) Emma Pendleton Bradley Hospital  1011 Veterans Memorial Parkway East Providence, RI 02915 05-0258806	Pediatric Psych Health Care Services	RI	501(c)(3)	3	Lifespan Corporation	No
(5) Families Reaching Into Each New Day Inc  249 Roosevelt Avenue Pawtucket, RI 02860 05-0504841	Bereavement Services for Children	RI	501(c)(3)	7	Gateway Healthcare Inc	No
(6) Gateway Foundation  249 Roosevelt Avenue Pawtucket, RI 02860 46-4002163	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation	No
(7) Gateway Healthcare Inc  249 Roosevelt Avenue Pawtucket, RI 02860 05-0309043	Subs Abuse & Psych Health Care Svcs	RI	501(c)(3)	9	Lifespan Corporation	No
(8) Hospital Properties Inc  167 Point Street Providence, RI 02903 22-2869743	Property Management	RI	501(c)(4)	N/A	Lifespan Corporation	No
(9) Human Services Realty Inc  249 Roosevelt Avenue Pawtucket, RI 02860 05-0398161	Housing for Elderly and Mentally Ill	RI	501(c)(2)	N/A	Gateway Healthcare Inc	No
(10) JM Apartments Inc  249 Roosevelt Avenue Pawtucket, RI 02860 05-0435537	Housing for Elderly and Mentally Ill	RI	501(c)(3)	9	Gateway Healthcare Inc	No
(11) Lifespan Corporation  167 Point Street Providence, RI 02903 22-2861978	Holding Company/Mgmnt Services	RI	501(c)(3)	11	NA	No
(12) Lifespan Diversified Services Inc  167 Point Street Providence, RI 02903 05-0258935	Holding Company/Mgmnt Services	RI	501(c)(3)	11	Lifespan Corporation	No
(13) Lifespan Foundation  167 Point Street Providence, RI 02903 05-0493219	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation	No
(14) Lifespan of Massachusetts Inc  c/o Archstone Law 245 Winter St Waltham, MA 02451 04-3408517	Holding Company	RI	501(c)(3)	11	Lifespan Corporation	No
(15) Lifespan Physician Group Inc  167 Point Street Providence, RI 02903 05-0389801	Health Care Services	RI	501(c)(3)	9	Lifespan Corporation	No
(16) Lifespan School Solutions Inc  167 Point Street Providence, RI 02903 46-4910847	Educational Services	RI	501(c)(3)	2	Emma Pendleton Bradley Hospital	No
(17) LJR Corporation  249 Roosevelt Avenue Pawtucket, RI 02860 03-0508346	Housing for Elderly and Mentally Ill	RI	501(c)(3)	9	Gateway Healthcare Inc	No
(18) Mill River Community Housing Corporation  249 Roosevelt Avenue Pawtucket, RI 02860 05-0427152	Housing for Elderly and Mentally Ill	RI	501(c)(3)	9	Gateway Healthcare Inc	No
(19) Newport Health Care Corporation  11 Friendship Street Newport, RI 02840 22-2535537	Holding Company/Mgmnt Services	RI	501(c)(3)	7	Lifespan Corporation	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? <div>YesNo</div>
(21) 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
(1) Newport Hospital  11 Friendship Street Newport, RI 02840 05-0258914	Health Care Services	RI	501(c)(3)	3	Lifespan Corporation	No
(2) Newport Hospital Foundation Inc  11 Friendship Street Newport, RI 02840 22-2535533	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation	No
(3) NHCC Medical Associates Inc  11 Friendship Street Newport, RI 02840 05-0472268	Health Care Services	RI	501(c)(3)	9	Lifespan Corporation	No
(4) Obed Apartments Inc  249 Roosevelt Avenue Pawtucket, RI 02860 05-0422771	Housing for Elderly and Mentally Ill	RI	501(c)(3)	9	Gateway Healthcare Inc	No
(5) Pathways Inc  249 Roosevelt Avenue Pawtucket, RI 02860 05-0393004	Housing for Elderly and Mentally Ill	RI	501(c)(3)	9	Gateway Healthcare Inc	No
(6) Rhode Island Hospital  593 Eddy Street Providence, RI 02903 05-0258954	Health Care Services	RI	501(c)(3)	3	Lifespan Corporation	No
(7) Rhode Island Hospital Foundation  167 Point Street Providence, RI 02903 05-0468736	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation	No
(8) RIH Ventures  593 Eddy Street Providence, RI 02903 05-0448686	Parking Facilities/Phlebotomy Services	RI	501(c)(3)	9	Lifespan Corporation	No
(9) Shore Courts Inc  249 Roosevelt Avenue Pawtucket, RI 02860 05-0504003	Housing for Elderly and Mentally Ill	RI	501(c)(3)	9	Gateway Healthcare Inc	No
(10) The Autism Project  1516 Atwood Avenue Johnston, RI 02919 05-0512037	Services for Children with Autism	RI	501(c)(3)	9	Gateway Healthcare Inc	No
(11) The Miriam Hospital Foundation  167 Point Street Providence, RI 02903 05-0377502	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation	No
(12) The Miriam Hospital Womens Assoc  164 Summit Avenue Providence, RI 02906 05-0268165	Patient Support	RI	501(c)(3)	11	NA	No
(13) TLR Realty  249 Roosevelt Avenue Pawtucket, RI 02860 04-3742771	Housing for Elderly and Mentally Ill	RI	501(c)(3)	9	Gateway Healthcare Inc	No
(14) Wentworth Corporation  249 Roosevelt Avenue Pawtucket, RI 02860 05-0488520	Housing for Elderly and Mentally Ill	RI	501(c)(3)	9	Gateway Healthcare Inc	No
(15) Westerly Courts Inc  249 Roosevelt Avenue Pawtucket, RI 02860 61-1439766	Housing for Elderly and Mentally Ill	RI	501(c)(3)	9	Gateway Healthcare Inc	No
(16) JRR Housing  249 Roosevelt Avenue Pawtucket, RI 02860 26-3121266	Housing for Elderly and Mentally Ill	RI	501(c)(3)	9	Gateway Healthcare Inc	No
(17) RI Sound Enterprises Insurance Co Ltd  65 Front Street Hamilton HM 12 BD	Offshore Insurance Captive	BD	N/A	N/A	Lifespan Corporation	No