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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>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization CARE NEW ENGLAND HEALTH SYSTEM		<b>D Employer identification number</b>  05-0490997
	% KATHY TOPOR Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number  (401) 921-7602
	45 WILLARD AVENUE		
	City or town, state or province, country, and ZIP or foreign postal code PROVIDENCE, RI 02905		<b>G</b> Gross receipts \$ 129,471,726
<b>F</b> Name and address of principal officer DENNIS D KEEFE 45 WILLARD AVENUE - 3RD FLOOR PROVIDENCE, RI 02905		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀(insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ WWW.CARENEWENGLAND.ORG			

<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation 1996	<b>M</b> State of legal domicile RI
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Part I

Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities THE ORGANIZATION IS DEVOTED TO CONTINUALLY IMPROVING THE HEALTH AND WELL-BEING OF THE PEOPLE AND COMMUNITIES THEY SERVE		
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	26	
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	19	
<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	<b>5</b>	864	
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	0	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	0	0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	115,041,583	128,938,720
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-49,397	-1,505,360
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	147,152	147,152
	115,139,338	127,580,512	
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .	417,296	336,000
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	69,754,544	75,311,005
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	46,729,470	56,423,935
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	116,901,310	132,070,940
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	-1,761,972	-4,490,428
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	194,084,417	187,503,057
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	210,283,610	213,662,359
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	-16,199,193	-26,159,302

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		2016-08-11 Date		
	JOSEPH IANNONI CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Scott J Mariani	Preparer's signature Scott J Mariani	Date	Check <input type="checkbox"/> if self-employed	PTIN P00642486
	Firm's name ▶ WithumSmithBrown PC			Firm's EIN ▶	
	Firm's address ▶ 465 South St Ste 200  Mornstown, NJ 079606497			Phone no (973) 898-9494	
May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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

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

**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

















4a (Code ) (Expenses \$ 122,344,074 including grants of \$ 336,000 ) (Revenue \$ 128,779,908 )

CARE NEW ENGLAND HEALTH SYSTEM IS THE HOLDING COMPANY OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH CONSISTS OF BUTLER HOSPITAL, KENT COUNTY MEMORIAL HOSPITAL, WOMEN AND INFANTS HOSPITAL OF RHODE ISLAND, THE MEMORIAL HOSPITAL, WOMEN AND INFANTS CORPORATION, KENT COUNTY VISITING NURSE ASSOCIATION D/B/A VNA OF CARE NEW ENGLAND, AND THEIR SUBSIDIARIES AND AFFILIATES CARE NEW ENGLAND HEALTH SYSTEM PROVIDES MANAGEMENT SERVICES WHICH INCLUDES STRATEGIC PLANNING, INVESTMENT MANAGMENT, CAPITAL FINANCING FOR THE GROUP, LEGAL, PURCHASING, INFORMATION TECHNOLOGY, REVENUE CYCLE, SFP, ACCOUNTING, COMPLIANCE/INTERNAL AUDIT, CONTRACTING, RISK MANAGEMENT, MARKETING, PBO, WELLNESS, PRINTING AND CREDENTIALLING PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

[illegible]

<b>4e</b>	<b>Total program service expenses</b>	<b>122,727,809</b>
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d 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	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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	No
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	No
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	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, 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	Yes	
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	Yes	
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.	297	
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.	864	
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	No
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	
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	
e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
		8	
9a. Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a. Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a. Gross income from members or shareholders.		11a	
b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
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	
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		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	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	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
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
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did the organization have a written document retention and destruction policy? . . . . .	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes
b	Other officers or key employees of the organization . . . . .	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	Yes
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	No

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <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 ▶KATHY TOPOR C/O CNE ACCTING DEPT 345 BLACKSTONE PROVIDENCE, RI 02906 (401) 921-7602

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

(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			

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	7,691,993	7,374,486	1,112,755

**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 ►118

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

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SHPS INC-EBENX, 9200 SHELBYVILLE ROAD LOUISVILLE, KY 40222	INFO TECHNOLOGY	1,129,815
APPLIED MANAGEMENT SYSTEMS, 25 BURLINGTON MALL BURLINGTON, MA 01803	CONSULTING	521,886
INFOR US INC, NW 7418 PO BOX 1450 MINNEAPOLIS, MN 55485	INFO TECHNOLOGY	511,103
TATUM, 100 SUMMER STREET BOSTON, MA 02110	INFO TECHNOLOGY	462,055
OPTUM INSIGHT CARETRACKER, 13625 TECHNOLOGY DRIVE EDEN PRARIE, MN 55344	INFO TECHNOLOGY	402,522

**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 ▶97

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					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .	0				
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code 541900	158,762	158,762		
	b	MANAGEMENT REVENUE	561000	127,974,741	127,974,741		
	c	OTHER HEALTHCARE RELATED REVENUE	900099	805,217	805,217		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .	128,938,720				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	118,839			118,839
4		Income from investment of tax-exempt bond proceeds . . . . .	0				
5		Royalties . . . . .	0				
6a		Gross rents	(i) Real 147,152	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)	147,152	0		
		d	Net rental income or (loss) . . . . .	147,152			147,152
7a		Gross amount from sales of assets other than inventory	(i) Securities 267,015	(ii) Other			
		b	Less cost or other basis and sales expenses		1,891,214		
		c	Gain or (loss)	267,015	-1,891,214		
		d	Net gain or (loss) . . . . .	-1,624,199			-1,624,199
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
b		Less direct expenses . . . . . b					
c		Net income or (loss) from fundraising events . . . . .	0				
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a				
b		Less direct expenses . . . . . b					
c		Net income or (loss) from gaming activities . . . . .	0				
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
b		Less cost of goods sold . . . . . b					
c		Net income or (loss) from sales of inventory . . . . .	0				
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .	0					
12	Total revenue. See Instructions . . . . .	127,580,512	128,938,720			-1,358,208	

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.	336,000	336,000		
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.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	5,716,106	5,716,106		
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.	49,566,156	49,566,156		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,346,881	3,346,881		
9	Other employee benefits.	12,373,859	12,373,859		
10	Payroll taxes.	4,308,003	4,308,003		
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	1,757,864		1,757,864	
c	Accounting.	576,515		576,515	
d	Lobbying.	111,230		111,230	
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	6,703,402	6,703,402		
12	Advertising and promotion.	3,117,799		3,117,799	
13	Office expenses.	2,707,620	487,372	2,220,248	
14	Information technology.	12,126,456	12,126,456		
15	Royalties.	0			
16	Occupancy.	2,831,942	2,831,942		
17	Travel.	318,151	318,151		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	1,447	1,447		
20	Interest.	1,559,475		1,559,475	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	3,227,297	3,227,297		
23	Insurance.	308,078	308,078		
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	PURCHASED SERVICES	13,071,907	13,071,907	0	0
b	CONTRACTED SERVICES	3,017,496	3,017,496	0	0
c	DUES AND SUBSCRIPTIONS	1,163,584	1,163,584	0	0
d	OTHER EXPENSES	3,823,672	3,823,672	0	0
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	132,070,940	122,727,809	9,343,131	0
26	Joint costs. 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 . . . . .		275	1	275	
	2	Savings and temporary cash investments . . . . .		-28,819,493	2	-15,150,661	
	3	Pledges and grants receivable, net . . . . .		0	3	0	
	4	Accounts receivable, net . . . . .		54,396	4	76,282	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		0	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 . . . . .		0	6	0	
	7	Notes and loans receivable, net . . . . .		0	7	0	
	8	Inventories for sale or use . . . . .		0	8	0	
	9	Prepaid expenses and deferred charges . . . . .		2,809,895	9	1,576,183	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	41,049,980			
	b	Less accumulated depreciation . . . . .	10b	9,427,890	25,633,243	10c	31,622,090
	11	Investments—publicly traded securities . . . . .		0	11	0	
	12	Investments—other securities See Part IV, line 11 . . . . .		0	12	0	
	13	Investments—program-related See Part IV, line 11 . . . . .		58,901,658	13	45,848,431	
	14	Intangible assets . . . . .		1,718,190	14	1,629,181	
	15	Other assets See Part IV, line 11 . . . . .		133,786,253	15	121,901,276	
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .		194,084,417	16	187,503,057		
Liabilities	17	Accounts payable and accrued expenses . . . . .		22,315,342	17	30,194,538	
	18	Grants payable . . . . .		0	18	0	
	19	Deferred revenue . . . . .		0	19	0	
	20	Tax-exempt bond liabilities . . . . .		151,722,868	20	148,858,319	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		0	21	0	
	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 . . . . .		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		7,247,387	23	6,546,456	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .		0	24	0	
	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 . . . . .		28,998,013	25	28,063,046	
	26	Total liabilities. Add lines 17 through 25 . . . . .		210,283,610	26	213,662,359	
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 . . . . .		-16,199,193	27	-26,159,302	
	28	Temporarily restricted net assets . . . . .		0	28	0	
	29	Permanently restricted net assets . . . . .		0	29	0	
	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 . . . . .		-16,199,193	33	-26,159,302	
	34	Total liabilities and net assets/fund balances . . . . .		194,084,417	34	187,503,057	

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	127,580,512
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	132,070,940
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	-4,490,428
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	-16,199,193
5	Net unrealized gains (losses) on investments . . . . .	5	112,632
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	-5,582,313
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-26,159,302

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

Software Version:

EIN: 05-0490997

Name: CARE NEW ENGLAND HEALTH SYSTEM

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

(A) Name and Title	(B) Average hours per week (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) GEORGE W SHUSTER ..... CHAIRMAN - DIRECTOR	1 0 ..... 0 0	X		X				0	2,000	0
(1) CHARLES R REPPUCCI ESQ ..... VICE CHAIRMAN - DIRECTOR	1 0 ..... 0 0	X		X				0	0	0
(2) CYNTHIA B PATTERSON ..... SECRETARY - DIRECTOR	1 0 ..... 0 0	X		X				0	0	0
(3) DOUGLAS JACOBS ..... TREASURER - DIRECTOR	1 0 ..... 0 0	X		X				0	0	0
(4) DENISE M ARCAND MD ..... DIRECTOR	55 0 ..... 0 0	X						0	152,054	28,364
(5) JAMES BOTVIN ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
(6) HERBERT BRENNAN MD ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
(7) MARIO BUENO ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
(8) DAVID A CARCIERI MD ..... DIRECTOR	25 0 ..... 0 0	X						0	60,375	13,689
(9) ALLEN H CICCHITELLI ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
(10) SHARON CONRAD-WELLS ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
(11) ESTHER EMARD ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
(12) ROBERT G FLANDERSJRESQ ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
(13) GARY E FURTADO ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
(14) JOHN R GALVIN ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
(15) MICHELLE GANGE MD ..... DIRECTOR	10 0 ..... 0 0	X						0	28,605	0
(16) KENT W GLADDING ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
(17) WILLIAM M KAPOS ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
(18) DENNIS D KEEFE ..... DIRECTOR - PRESIDENT/CEO/CNE	55 0 ..... 0 0	X		X				1,350,293	0	132,831
(19) DIANE LIPSCOMBE PHD ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
(20) SUSANNA MAGEE MD ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
(21) JOSEPH J MCGAIR ESQ ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
(22) PATRICK J MURRAY JR ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
(23) ROBERT G PADULA ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
(24) GHULAM MUSTAFA SURTI MD ..... DIRECTOR - UNIT CHIEF BH	55 0 ..... 0 0	X						0	499,675	38,306

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) MARIBETH WILLIAMSON ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
(1) ALYSSA V BOSS ESQ ..... ASST SEC/SVP & GENERAL COUNSEL	55 0 ..... 0 0			X				417,682	0	39,453
(2) F JOSEPH IANNONI ..... ASST TREAS /SVP/CFO/CNE	55 0 ..... 0 0			X				153,195	0	8,830
(3) MARK R MARCANTANO ..... PRESIDENT/COO/WH	55 0 ..... 0 0			X				0	858,061	37,040
(4) MICHAEL DACEY MD ..... PRESIDENT/COO/KCMH	55 0 ..... 0 0			X				0	543,602	32,402
(5) EDWARD M SCHOTTLAND ..... PRESIDENT/COO/MHRI	55 0 ..... 0 0			X				478,685	0	32,317
(6) LAWRENCE H PRICE MD ..... ACTING PRES/COO/BH	55 0 ..... 0 0			X				0	542,045	29,036
(7) SANDRA L COLETTA ..... CHIEF OPERATING OFFICER	55 0 ..... 0 0			X				0	892,772	24,948
(8) KATHLEEN TOPOR ..... CHIEF FINANCIAL OFFICER VNA	55 0 ..... 0 0			X				181,211	0	25,042
(9) JAMES FANALE MDEFF 22015 ..... CHIEF CLINICAL OFFICER INTEGRA	55 0 ..... 0 0			X				0	0	0
(10) CONSTANCE A HOWES JD FACHE ..... EXECUTIVE VP WOMEN'S HEALTH	55 0 ..... 0 0			X				0	1,077,988	28,948
(11) PATRICIA R RECUPERO JD MD ..... SR VP EDUCATION & TRAINING	55 0 ..... 0 0			X				0	2,717,309	49,922
(12) DOMENIC F DELMONICO ..... SR VP CONTRACTING	55 0 ..... 0 0			X				419,506	0	45,269
(13) GAIL COSTA ..... SR VP PLANNING	55 0 ..... 0 0			X				398,434	0	42,313
(14) MARILYN WALSH ..... SR VP HUMAN RESOURCES	55 0 ..... 0 0			X				325,243	0	40,916
(15) HELEN M REED ..... VP REVENUE CYCLE	55 0 ..... 0 0			X				353,987	0	44,842
(16) MAYBELLE A KERNAN ..... VP PR MARKETING	55 0 ..... 0 0			X				318,477	0	47,389
(17) PATRICIA A DEVANEY ..... VP HUMAN RESOURCES	55 0 ..... 0 0			X				254,773	0	33,155
(18) STEPHEN M SILVA ..... VP LOG & SUPPLY (EFF 7/10/14)	55 0 ..... 0 0			X				208,004	0	16,692
(19) SUSAN C MARTIN ..... VP STRATEGIC FINANCIAL PLN	55 0 ..... 0 0			X				202,670	0	32,557
(20) SUMALATHA R GADDAM MD ..... CMO (EFF 8/12/14)	55 0 ..... 0 0			X				111,586	0	756
(21) PAUL A BEAUDOIN ..... SENIOR VP/CFO/KH	55 0 ..... 0 0					X		466,688	0	39,214
(22) KAREN A DAVIE ..... SR VP - PHILANTHROPY & GOV	55 0 ..... 0 0					X		334,041	0	44,022
(23) BONNIE L BAKER CPA FHFMA ..... SENIOR VP/CFO/BH	55 0 ..... 0 0					X		324,791	0	50,601
(24) RICHARD J RENEHAN ..... EXECUTIVE DIR CNE PHYS ORG	55 0 ..... 0 0					X		280,340	0	21,605

**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			
(51) PAUL MCKENNEY ..... VP HUMAN RESOURCES	55 0 ..... 0 0					X		260,676	0	44,497
(1) JOHN M SUTHERLAND III ..... FORMER OFFICER	0 0 ..... 0 0						X	654,480	0	52,064
(2) JAMES M BURKE ..... FORMER OFFICER	55 0 ..... 0 0						X	197,231	0	35,735



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 CARE NEW ENGLAND HEALTH SYSTEM	Employer identification number 05-0490997
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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 . . . . . 5
- 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		
See Additional Data Table						
Total 5						

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 Yes	
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	No
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	No
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	No
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 Yes	
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	No
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	No
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	No
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	No
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	No
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	No
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	No
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	No
b A family member of a person described in (a) above?	11b	No
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	No

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?		No
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).	Yes	
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.		No

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 checked="" 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>		Yes	No
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	Yes	
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	Yes	

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 A, PART IV, SECTION A, QUESTION 5A	AS OF JANUARY 1, 2015, THE PROVIDENCE CENTER, INC (EIN 05-0316969) ("TPC"), A NOT-FOR-PROFIT CORPORATION LOCATED IN RHODE ISLAND, BECAME A SUBSIDIARY OF CARE NEW ENGLAND HEALTH SYSTEM CARE NEW ENGLAND HEALTH SYSTEM ("CNE") IS THE PARENT ENTITY CNE BECAME THE PARENT ORGANIZATION AND SOLE MEMEBER AS A RESULT OF THIS ACQUISITION ACCORDINGLY, TPC BECAME A SUPPORTED ORGANIZATION OF CNE CNE AND TPC AGREED THAT THE ACQUISITION WILL GREATLY IMPROVE THEIR ABILITY TO PROVIDE COMPREHENSIVE HEALTHCARE SERVICES
SCHEDULE A, PART IV, SECTION E, QUESTIONS 3A & 3B	CARE NEW ENGLAND HEALTH SYSTEM AND ITS SUPPORTED ORGANIZATIONS ARE AFFILIATES WITHIN CARE NEW ENGLAND HEALTH SYSTEM, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM CARE NEW ENGLAND HEALTH SYSTEM, THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM, COORDINATES THE ACTIVITIES AND OPERATIONS OF ALL AFFILIATES WITHIN THE SYSTEM THROUGH ITS BOARD OF DIRECTORS, COMMITTEES OF THE BOARD OF DIRECTORS AND CENTRALIZED SERVICES TO ENSURE THAT ALL AFFILIATE ENTITIES ARE ACTING IN FURTHERANCE OF THE TAX-EXEMPT CHARITABLE PURPOSES OF THE SYSTEM IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY



Additional Data

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

Form 990, Sch A, Part I, Line 11g - 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		
(A) WOMEN & INFANTS CORPORATION	050258937		Yes		0	0
(A) BUTLER HOSPITAL	050258812		Yes		0	0
(B) KENT COUNTY MEMORIAL HOSPITAL	050258896		Yes		0	0
(C) KENT COUNTY VISITING NURSE ASSOCIATION	050242659		Yes		0	0
(D) THE PROVIDENCE CENTER INC	050316969		Yes		0	0

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

***www.irs.gov/form990.***

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization CARE NEW ENGLAND HEALTH SYSTEM	Employer identification number  05-0490997
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

Part II-A

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

- A
- Check ☒ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		111,230	111,230												
c Total lobbying expenditures (add lines 1a and 1b)		111,230	111,230												
d Other exempt purpose expenditures		130,297,233	1,139,614,011												
e Total exempt purpose expenditures (add lines 1c and 1d)		130,408,463	1,139,725,241												
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	1,000,000												
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000	250,000												
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	230,625	149,119	107,312	111,230	598,286
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

Part II-B

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

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

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

[illegible]

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 CARE NEW ENGLAND HEALTH SYSTEM	Employer identification number  05-0490997
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

▶ \$ \_\_\_\_\_

**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 |        |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, 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 . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

- 2

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

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

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
- (i) unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii) related organizations . . . . .

3a(ii)

☐ Yes

☐ No
- b

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

3b

☐ Yes

☐ No
- 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 . . . . .		0		0
b Buildings . . . . .		1,156,124	114,635	1,041,489
c Leasehold improvements . . . . .		661,563	610,202	51,361
d Equipment . . . . .		27,324,858	8,703,053	18,621,805
e Other . . . . .		11,907,435		11,907,435
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				31,622,090





**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.

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

**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.

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

**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
SCHEDULE D, PART X	THE ORGANIZATION IS THE PARENT ENTITY OF CARE NEW ENGLAND HEALTH SYSTEM AND AFFILIATES, A TAX-EXEMPT, INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF CARE NEW ENGLAND HEALTH SYSTEM AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND SEPTEMBER 30, 2014, RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CERTAIN CONSOLIDATING SCHEDULES THE AUDITED FINANCIAL STATEMENTS DO NOT CONTAIN FOOTNOTE DISCLOSURE RELATED TO THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 THE ORGANIZATION COMPLETED AN ASSESSMENT OF THE ESTIMATED LIABILITY FOR UNCERTAIN TAX POSITIONS AT SEPTEMBER 30, 2015 AND CONCLUDED THAT THE ESTIMATED LIABILITY WAS NOT MATERIAL TO THE ORGANIZATION'S FINANCIAL STATEMENTS

[illegible]

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Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CARE NEW ENGLAND HEALTH SYSTEM

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).

DLN: 93493228025276

OMB No 1545-0047

2014

Open to Public  
Inspection

Employer identification number  
05-0490997

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
(1) CITY OF PROVIDENCE 25 DORRACE STREET PROVIDENCE, RI 02903	13-5613797	501(C)(3)	250,000				GENERAL SUPPORT
(2) AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVENUE DALLAS, TX 75231		501(C)(3)	32,500				GENERAL SUPPORT
(3) RHODE ISLAND MEDICAL SOCIETY 235 PROMENADE STREET PROVIDENCE, RI 02908	05-0250010	501(C)(3)	15,500				GENERAL SUPPORT
(4) NARRAGANSETT COUNCIL BOY SCOUTS OF AMERICA 175 BROAD STREET PROVIDENCE, RI 02903	05-0440470	501(C)(3)	10,000				GENERAL SUPPORT
(5) MCAULEY CORPORATION DBA Mcauley Ministries 622 ELMWOOD AVENUE PROVIDENCE, RI 02907		501(C)(3)	10,000				GENERAL SUPPORT
(6) March of Dimes FOUNDATIONS 1275 MAMARONECK AVE WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	8,000				GENERAL SUPPORT
(7) BUTLER HOSPITAL 345 BLACKSTONE BLVD PROVIDENCE, RI 02906	05-0258812	501(C)(3)	10,000				GENERAL SUPPORT

2

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

7

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

Schedule J  
(Form 990)

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  
CARE NEW ENGLAND HEALTH SYSTEM

Employer identification number  
05-0490997

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 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>1b</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>		
<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>		
<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><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></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>	Yes	
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>	Yes	
<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>		

**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 VII AND SCHEDULE J	IN ACCORDANCE WITH INTERNAL REVENUE SERVICE FORM 990 RULES, REGULATIONS AND INSTRUCTIONS, THE COMPENSATION REPORTED IN CORE FORM, PART VII AND SCHEDULE J, PART II OF THIS FORM 990 IS DERIVED FROM 2014 FORMS W-2 AND FORMS 1099 (IF APPLICABLE)
SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL INCLUDES PARTICIPATION IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") AS THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNT OUTLINED HEREIN WAS INCLUDED IN THE INDIVIDUAL'S 2014 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PATRICIA R. RECUPERO, J.D., M.D., \$2,292,502. THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN THE INDIVIDUAL'S 2014 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. MARK R. MARCANTANO, \$144,847 AND DENNIS D. KEEFE, \$362,908. THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUAL INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUAL MAY NEVER ACTUALLY RECEIVE THE UNVESTED BENEFIT AMOUNT. THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN EACH INDIVIDUAL'S 2014 FORM W-2, AS TAXABLE WAGES. DENNIS D. KEEFE, \$89,500.
SCHEDULE J, PART I, QUESTION 6A & 6B	THE EXECUTIVE COMPENSATION PACKAGE FOR VARIOUS INDIVIDUALS REPORTED ON THIS FORM 990 CONSISTS OF BOTH A FIXED SALARY AND ADDITIONAL AT-RISK COMPENSATION THAT IS BASED ON SEVERAL QUALITATIVE AND QUANTITATIVE COMPONENTS. THE AT-RISK COMPENSATION IS COMPRISED OF BOTH SHORT-TERM AND LONG-TERM FACTORS AS FOLLOWS: THE SHORT-TERM INCENTIVE PROGRAM PROVIDES AN OPPORTUNITY FOR PROGRAM PARTICIPANTS TO EARN AN INCENTIVE AWARD BASED ON THE ACHIEVEMENT OF CRITICAL STRETCH GOALS THAT RECOGNIZE PERFORMANCE ABOVE EXPECTATIONS. THESE GOALS ARE MEASURED FOR EACH FISCAL PERIOD IN THE FOLLOWING CRITICAL AREAS: QUALITY, FINANCIAL AND PATIENT SATISFACTION. THE LONG-TERM INCENTIVE PROGRAM PROVIDES AN OPPORTUNITY FOR PROGRAM PARTICIPANTS TO EARN AN INCENTIVE AWARD BASED ON THE ACCOMPLISHMENT OF CRITICAL MULTI-YEAR SYSTEM PERFORMANCE OBJECTIVES. AWARDS ARE EARNED BY MEASURING SYSTEM PERFORMANCE OVER THREE-YEAR OVERLAPPING PERFORMANCE PERIODS AND ARE MEASURED IN REFERENCE TO GOALS IN THE FOLLOWING CRITICAL AREAS: NET INCOME FROM OPERATIONS, MARKET SHARE, PATIENT SATISFACTION AND STRATEGIC OBJECTIVE.
SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J PART II RECEIVED A BONUS DURING CALENDAR YEAR 2014 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2014 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.
SCHEDULE J, PART II, COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUAL INCLUDES VESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") AS THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNT OUTLINED HEREIN WAS REPORTED IN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEAR'S FORMS 990. THIS AMOUNT WAS TREATED AS TAXABLE INCOME AND REPORTED IN THE INDIVIDUAL'S 2014 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PATRICIA R. RECUPERO, J.D., M.D., \$2,292,502. THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUALS INCLUDES VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) BECAUSE THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THESE AMOUNTS WERE TREATED AS TAXABLE INCOME AND REPORTED ON THE INDIVIDUAL'S 2014 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. MARK R. MARCANTANO, \$144,847 AND DENNIS D. KEEFE, \$362,908. THESE AMOUNTS WERE REPORTED ON PRIOR YEAR FORMS 990 AS AT-RISK NON-TAXABLE DEFERRED COMPENSATION IN SCHEDULE J, PART II, COLUMN C. J, PART II, COLUMN C.

Additional Data

Software ID:

Software Version:

EIN: 05-0490997

Name: CARE NEW ENGLAND HEALTH SYSTEM

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

(A) Name 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				
DENISE M ARCAND MD, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	133,762	0	18,292	14,036	14,328	180,418	0
DENNIS D KEEFE, DIRECTOR - PRESIDENT/CEO/CNE	(i)	868,274	67,125	414,894	110,300	22,531	1,483,124	362,908
	(ii)	0	0	0	0	0	0	0
GHULAM MUSTAFA SURTI MD, DIRECTOR - UNIT CHIEF BH	(i)	0	0	0	0	0	0	0
	(ii)	497,965	0	1,710	19,500	18,806	537,981	0
ALYSSA V BOSS ESQ, ASST SEC/SVP & GENERAL COUNSEL	(i)	309,554	85,503	22,625	17,396	22,057	457,135	0
	(ii)	0	0	0	0	0	0	0
F JOSEPH IANNONI, ASST TREAS /SVP/CFO/CNE	(i)	152,952	0	243	0	8,830	162,025	0
	(ii)	0	0	0	0	0	0	0
JOHN M SUTHERLAND III, FORMER OFFICER	(i)	469,493	146,833	38,154	28,600	23,464	706,544	0
	(ii)	0	0	0	0	0	0	0
MARK R MARCANTANO, PRESIDENT/COO/WIH	(i)	0	0	0	0	0	0	0
	(ii)	566,656	133,317	158,088	18,190	18,850	895,101	144,487
MICHAEL DACEY MD, PRESIDENT/COO/KCMH	(i)	0	0	0	0	0	0	0
	(ii)	416,614	99,923	27,065	19,500	12,902	576,004	0
EDWARD M SCHOTTLAND, PRESIDENT/COO/MHRI	(i)	368,610	78,750	31,325	13,000	19,317	511,002	0
	(ii)	0	0	0	0	0	0	0
LAWRENCE H PRICE MD, ACTING PRES/COO/BH	(i)	0	0	0	0	0	0	0
	(ii)	381,109	134,446	26,490	25,951	3,085	571,081	0
SANDRA L COLETTA, CHIEF OPERATING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	658,559	198,446	35,767	19,500	5,448	917,720	0
KATHLEEN TOPOR, CHIEF FINANCIAL OFFICER VNA	(i)	125,954	34,396	20,861	13,726	11,316	206,253	0
	(ii)	0	0	0	0	0	0	0
CONSTANCE A HOWES JD FACHE, EXECUTIVE VP WOMEN'S HEALTH	(i)	0	0	0	0	0	0	0
	(ii)	554,082	473,806	50,100	26,000	2,948	1,106,936	0
PATRICIA R RECUPERO JD MD, SR VP EDUCATION & TRAINING	(i)	0	0	0	0	0	0	0
	(ii)	365,210	35,677	2,316,422	28,600	21,322	2,767,231	2,292,502
DOMENIC F DELMONICO, SR VP CONTRACTING	(i)	260,032	131,806	27,668	23,400	21,869	464,775	0
	(ii)	0	0	0	0	0	0	0
GAIL COSTA, SR VP PLANNING	(i)	279,082	84,864	34,488	28,600	13,713	440,747	0
	(ii)	0	0	0	0	0	0	0
MARILYN WALSH, SR VP HUMAN RESOURCES	(i)	266,019	18,105	41,119	28,600	12,316	366,159	0
	(ii)	0	0	0	0	0	0	0
HELEN M REED, VP REVENUE CYCLE	(i)	257,466	89,454	7,067	26,000	18,842	398,829	0
	(ii)	0	0	0	0	0	0	0
MAYBELLE A KERNAN, VP PR MARKETING	(i)	218,028	73,831	26,618	28,600	18,789	365,866	0
	(ii)	0	0	0	0	0	0	0
PATRICIA A DEVANEY, VP HUMAN RESOURCES	(i)	181,304	69,312	4,157	23,139	10,016	287,928	0
	(ii)	0	0	0	0	0	0	0



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)(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				
JAMES M BURKE, FORMER OFFICER	(i)	183,209	10,793	3,229	14,310	21,425	232,966
	(ii)	0	0	0	0	0	0
STEPHEN M SILVA, VP LOG & SUPPLY (EFF 7/10/14)	(i)	206,278	0	1,726	0	16,692	224,696
	(ii)	0	0	0	0	0	0
SUSAN C MARTIN, VP STRATEGIC FINANCIAL PLN	(i)	188,077	11,318	3,275	15,514	17,043	235,227
	(ii)	0	0	0	0	0	0
PAUL A BEAUDOIN, SENIOR VP/CFO/KH	(i)	337,478	121,818	7,392	20,750	18,464	505,902
	(ii)	0	0	0	0	0	0
KAREN A DAVIE, SR VP - PHILANTHROPY & GOV	(i)	251,208	60,749	22,084	23,400	20,622	378,063
	(ii)	0	0	0	0	0	0
BONNIE L BAKER CPA FHFMA, SENIOR VP/CFO/BH	(i)	293,701	17,274	13,816	28,600	22,001	375,392
	(ii)	0	0	0	0	0	0
RICHARD J RENEHAN, EXECUTIVE DIR CNE PHYS ORG	(i)	245,181	14,089	21,070	19,500	2,105	301,945
	(ii)	0	0	0	0	0	0
PAUL MCKENNEY, VP HUMAN RESOURCES	(i)	239,044	0	21,632	23,400	21,097	305,173
	(ii)	0	0	0	0	0	0

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in 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

Name of the organization  
CARE NEW ENGLAND HEALTH SYSTEM

Employer identification number  
05-0490997

Part I

Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	RI HEALTH AND EDUCATIONAL BUILDING CORPORATON	52-1300173		12-31-2010	12,000,000	RENOVATION, EQUIP, CONSTRUCTION		X		X		X
B	RI HEALTH AND EDUCATIONAL BUILDING CORPORATION	52-1300173		08-12-2011	16,000,000	CONSTRUCTION, EQUIP, REFINANCING		X		X		X
C	RI HEALTH AND EDUCATIONAL BUILDING CORPORATION	52-1300173		12-31-2013	87,385,000	REFINANCING, EQUIPMENT		X		X		X
D	RI HEALTH AND EDUCATIONAL BUILDING CORPORATION	52-1300173		09-30-2014	42,810,000	REFINANCING, EQUIPMENT		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0		0	
2	Amount of bonds legally defeased	472,599		320,716		2,010,000		0	
3	Total proceeds of issue	12,000,000		16,000,000		87,385,000		42,810,000	
4	Gross proceeds in reserve funds	0		0		4,232,056		0	
5	Capitalized interest from proceeds	641,245		380,121		0		0	
6	Proceeds in refunding escrows	8,443,459		7,681,706		0		0	
7	Issuance costs from proceeds	106,000		91,697		644,528		305,205	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	2,809,296		7,846,476		19,700,423		12,371,287	
11	Other spent proceeds	0		0		0		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2013		2013		2014		2015	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X	X		X	
16	Has the final allocation of proceeds been made?		X		X		X	X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

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		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?							
					X		X	
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 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government							
	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5							
	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?							
	X		X		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		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?							
		X		X		X		X
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		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		X		X
2	If "No" to line 1, did the following apply?							
a	Rebate not due yet?							
		X		X		X		X
b	Exception to rebate?							
		X		X		X		X
c	No rebate due?							
		X		X		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?							
		X		X		X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?							
		X		X		X		X
b	Name of provider		0		0			
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		X		X
b	Name of provider	0		0		0		0	
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		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		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		X		X	

Part VI

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

Return Reference	Explanation
TAX-EXEMPT BOND ISSUES	CARE NEW ENGLAND HEALTH SYSTEM HAS ISSUED TAX-EXEMPT BONDS ON BEHALF OF ITSELF AND THE OBLIGATED GROUP THE OBLIGATED GROUP INCLUDES BUTLER HOSPITAL, KENT COUNTY MEMORIAL HOSPITAL, WOMEN & INFANTS CORPORATION, WOMEN & INFANTS HOSPITAL OF RHODE ISLAND AND THE MEMORIAL HOSPITAL IN ADDITION TO THE INFORMATION REPORTED IN SCHEDULE K, PARTS I - V, CARE NEW ENGLAND HEALTH SYSTEM FORMED A TAX-EXEMPT BOND COMMITTEE DURING THE YEAR ENDED SEPTEMBER 30, 2015 TO ENSURE THE ORGANIZATION WAS IN COMPLIANCE WITH ITS TAX-EXEMPT BOND OBLIGATIONS

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 CARE NEW ENGLAND HEALTH SYSTEM	Employer identification number 05-0490997
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Part I Excess Benefit Transactions (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	► \$		
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Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of 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) HINCKLEY ALLEN SNYDER LLP	PLEASE REFER TO PART V	378,874	PROFESSIONAL SERVICES		No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART IV	CHARLES R REPPUCCI, ESQ AND ROBERT G FLANDERS, JR , ESQ , DIRECTORS OF THIS ORGANIZATION ARE AN EXECUTIVE AND PARTNER IN THE LAW FIRM OF HINCKLEY, ALLEN & SNYDER, L L P , RESPECTIVELY THIS ORGANIZATION UTILIZED THE SERVICES OF THIS FIRM DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2015 TOTAL FEES PAID BY THE ORGANIZATION TO THIS FIRM TOTALED \$378,874 SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARMS-LENGTH NEGOTIATIONS

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or 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 CARE NEW ENGLAND HEALTH SYSTEM	Employer identification number  05-0490997
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Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>CARE NEW ENGLAND HEALTH SYSTEM ===== CARE NEW ENGLAND HEALTH SYSTEM ("CARE NEW ENGLAND") IS A NOT-FOR-PROFIT TAX-EXEMPT ORGANIZATION WITH ITS CENTRAL OFFICE IN PROVIDENCE, RHODE ISLAND. CARE NEW ENGLAND IS THE SOLE CORPORATE MEMBER OF VARIOUS HEALTHCARE RELATED ORGANIZATIONS, THE MAJORITY OF WHICH ARE TAX-EXEMPT ENTITIES. THE INTERNAL REVENUE SERVICE HAS RECOGNIZED CARE NEW ENGLAND HEALTH SYSTEM AS BEING A TAX-EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3). AS THE PARENT ORGANIZATION OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM BASED IN PROVIDENCE, RHODE ISLAND, CARE NEW ENGLAND AND ITS AFFILIATES STRIVE TO CONTINUALLY DEVELOP AND OPERATE A MULTI-HOSPITAL HEALTHCARE SYSTEM WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF MEDICALLY NECESSARY HEALTHCARE SERVICES TO THE RESIDENTS OF THE SOUTHEASTERN NEW ENGLAND COMMUNITY. CARE NEW ENGLAND ENSURES THAT ITS SYSTEM PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICE. CARE NEW ENGLAND PROVIDES TREATMENT AND SERVICES TO APPROXIMATELY 212,000 INPATIENTS, OUTPATIENTS AND SAME DAY SURGERY PATIENTS, 97,000 EMERGENCY DEPARTMENT PATIENTS, AND DELIVERS APPROXIMATELY 9,500 BABIES ANNUALLY. CARE NEW ENGLAND EMPLOYS APPROXIMATELY 8,300 EMPLOYEES AND HAS MORE THAN 500 VOLUNTEERS. HISTORY ===== CARE NEW ENGLAND HEALTH SYSTEM WAS FORMED IN FEBRUARY 1996 BY FOUNDING MEMBERS BUTLER HOSPITAL, KENT HOSPITAL AND WOMEN &amp; INFANTS HOSPITAL OF RHODE ISLAND. THESE THREE HOSPITALS ARE ALL INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS. IN JUNE 1999, KENT COUNTY VISITING NURSE ASSOCIATION BECAME A MEMBER OF THE CARE NEW ENGLAND FAMILY, AND LATER THAT YEAR ANNOUNCED ITS NAME CHANGE TO VNA OF CARE NEW ENGLAND. IN 2000, HEALTHTOUCH, INC., A PRIVATE DUTY NURSING SERVICE, JOINED THE DIVISION. IN SEPTEMBER 2013, MEMORIAL HOSPITAL OF RHODE ISLAND BECAME THE FOURTH HOSPITAL IN THE CARE NEW ENGLAND SYSTEM, ADDING ACADEMIC AND CLINICAL EXCELLENCE IN THE AREA OF FAMILY MEDICINE AND PRIMARY CARE IN ADDITION TO A FULL CONSTELLATION OF ACUTE CARE SERVICES. THE CARE NEW ENGLAND HEALTH SYSTEM WAS FOUNDED ON THE VISION THAT WE CAN BUILD A BETTER SYSTEM OF HEALTHCARE FOR THE PEOPLE AND COMMUNITIES OF SOUTHEASTERN NEW ENGLAND. THE SYSTEM OFFERS THE LATEST ADVANCES IN MEDICINE, SPECIALTY-TRAINED DOCTORS, AND RESPECTED SERVICES AND CARE. AN INTEGRATED HEALTH SYSTEM THAT OFFERS A CONTINUUM OF QUALITY CARE, CARE NEW ENGLAND IS MOVING HEALTHCARE FORWARD AND REINVENTING THE WAY HEALTHCARE IS DELIVERED. THIS APPROACH PUTS A BROAD SPECTRUM OF CARE - ADDRESSING PRIMARY CARE, MEDICAL CARE, SURGERY, WOMEN'S HEALTH, CARDIOLOGY AND BEHAVIORAL HEALTH AND AN ARRAY OF SPECIALTY AND SUBSPECIALTY PROGRAMS - ALL UNDER ONE UMBRELLA SO THEY ARE EASILY ACCESSIBLE TO PATIENTS AND FAMILIES. CARE NEW ENGLAND IS COMPRISED OF SIX MEMBERS: BUTLER HOSPITAL, RHODE ISLAND'S ONLY PRIVATE, NONPROFIT PSYCHIATRIC AND SUBSTANCE ABUSE HOSPITAL FOR ADULTS, ADOLESCENTS AND SENIORS; KENT HOSPITAL, THE SECOND LARGEST COMMUNITY HOSPITAL IN THE STATE, PROVIDING A FULL SPECTRUM OF PRIMARY AND SECONDARY ACUTE CARE SERVICES; WOMEN &amp; INFANTS HOSPITAL OF RHODE ISLAND, ONE OF THE NATION'S BEST OBSTETRICAL FACILITIES WITH ONE OF THE NATION'S LARGEST SINGLE-FAMILY ROOM NEONATAL INTENSIVE CARE UNITS, THE AREA'S ONLY TERTIARY LEVEL NEONATAL FACILITY, AND VARIOUS SPECIALTY SERVICES; MEMORIAL HOSPITAL, A COMMUNITY HOSPITAL BASED IN PAWTUCKET, RI, LENDING PRIMARY CARE EXPERTISE TO THE SYSTEM AND THE SYSTEM'S ONLY PATIENT CENTERED MEDICAL HOME MODEL OF CARE; THE VNA OF CARE NEW ENGLAND, WHICH PROVIDES A BROAD SPECTRUM OF HOME HEALTH, HOSPICE AND PRIVATE DUTY NURSING SERVICES FOR PATIENTS AND THEIR FAMILIES, AND THE CARE NEW ENGLAND WELLNESS CENTER, WHICH OFFERS AN ARRAY OF REHABILITATION, WELLNESS, FITNESS AND EDUCATIONAL PROGRAMS. THE SYSTEM INCLUDES A SOLID, DIVERSE COMBINATION OF PHYSICIAN SPECIALISTS AND GENERALISTS AND A STRONG COMMITMENT TO EDUCATION. BUTLER, MEMORIAL AND WOMEN &amp; INFANTS HOSPITALS ARE MAJOR TEACHING AFFILIATES OF THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY, WHILE KENT IS A TEACHING SITE FOR THE UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICINE. IN ADDITION, CARE NEW ENGLAND IS COMMITTED TO ADVANCE THE FIELD OF KNOWLEDGE IN MEDICINE THROUGH NATIONAL AND INTERNATIONALLY-FUNDED AND RECOGNIZED RESEARCH PROJECTS. CARE NEW ENGLAND PROVIDES MEDICALLY NECESSARY HEALTHCARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN THE ESTABLISHED RATES. BECAUSE CARE NEW ENGLAND DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, IT IS NOT REPORTED AS REVENUE. CHARITY CARE INCLUDES SERVICES TO UNINSURED PATIENTS WHO CARE NEW ENGLAND HAS DETERMI</p>



Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>NED QUALIFY FOR CHARITY CARE UNDER CARE NEW ENGLAND POLICIES SERVICES TO UNINSURED PATIENTS WHO ARE NOT ELIGIBLE FOR CHARITY CARE OR FOR WHOM CARE NEW ENGLAND WAS NOT ABLE TO DETERMINE THEIR ELIGIBILITY ARE NOT REPORTED AS CHARITY CARE, BUT REPORTED IN THE PROVISION FOR BAD DEBTS. ADDITIONALLY, CARE NEW ENGLAND SPONSORS CERTAIN OTHER PROGRAMS WHICH PROVIDE SUBSTANTIAL BENEFIT TO THE BROADER COMMUNITY. SUCH PROGRAMS INCLUDE SERVICES TO NEEDY POPULATIONS, INCLUDING COMMUNITY SERVICE PROGRAMS AND SERVICES FOR SCHOOL-AGED CHILDREN AND THE ELDERLY. CARE NEW ENGLAND ALSO ACTIVELY SPONSORS PROGRAMS ON HEALTH EDUCATION AND WELLNESS. CARE NEW ENGLAND MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE AND COMMUNITY SERVICE IT PROVIDES. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FORGONE BASED ON ESTABLISHED RATES FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY AND COMMUNITY SERVICE POLICIES. CARE NEW ENGLAND HOSPITALS AND MEDICAL CENTERS</p> <p>===== CARE NEW ENGLAND PROVIDES</p> <p>SUBSTANTIAL COMMUNITY BENEFIT. CARE NEW ENGLAND INCLUDES THE FOLLOWING INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT HOSPITALS: 1 BUTLER HOSPITAL ("BUTLER") 2 KENT HOSPITAL ("KENT") 3 MEMORIAL HOSPITAL OF RHODE ISLAND ("MEMORIAL") 4 WOMEN &amp; INFANTS HOSPITAL ("WOMEN &amp; INFANTS"). PURSUANT TO ITS CHARITABLE PURPOSES, EACH CARE NEW ENGLAND HOSPITAL PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. NO PATIENTS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICE BY ANY CARE NEW ENGLAND INSTITUTION. IN ADDITION, EACH HOSPITAL OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545: 1 PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, AND 4 CONTROL OF EACH RESTS WITH THE COMMON BOARD OF DIRECTORS OF CARE NEW ENGLAND. THE BOARD IS COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY. 5 SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES, AND ADVANCE MEDICAL CARE PROGRAMS AND ACTIVITIES. THE OPERATIONS OF EACH HOSPITAL, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF EACH HOSPITAL IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY. MISSION ===== CARE NEW ENGLAND IS DEVOTED TO CONTINUALLY IMPROVING THE HEALTH AND WELL-BEING OF THE PEOPLE AND COMMUNITIES WE SERVE. VISION ===== CARE NEW ENGLAND WILL BUILD A BETTER SYSTEM OF HEALTHCARE FOR OUR COMMUNITY. CARE NEW ENGLAND WILL - ATTAIN THE HIGHEST STANDARDS OF QUALITY - PROVIDE ACCESS TO ESSENTIAL HEALTH SERVICES REGARDLESS OF ABILITY TO PAY - DELIVER AN EXCEPTIONAL PATIENT EXPERIENCE - ADVANCE MEDICAL KNOWLEDGE THROUGH RESEARCH AND TEACHING - ADVOCATE FOR THOSE WE SERVE - ENHANCE WELLNESS AND PREVENTION - OPERATE IN A COST EFFECTIVE AND FINANCIALLY VIABLE MANNER. VALUES ===== CARE NEW ENGLAND PUTS THE PATIENTS AND THEIR FAMILIES AT THE CENTER OF ALL WE DO. IN OUR DAY-TO-DAY INTERACTIONS WITH PATIENTS AND EACH OTHER, OUR ACTIONS AND DECISIONS ARE GUIDED BY THE FOLLOWING CORE VALUES - ACCOUNTABILITY - CARING - TEAMWORK</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>BUTLER HOSPITAL ===== BUTLER IS A LICENSED 117-BED NOT-FOR-PROFIT PSYCHIATRIC TREATMENT, TEACHING AND RESEARCH HOSPITAL BUTLER WAS FOUNDED IN 1844 AND SERVES RHODE ISLAND AND SOUTHEASTERN NEW ENGLAND BUTLER - PROVIDES SPECIALIZED ASSESSMENTS AND INNOVATIVE TREATMENTS FOR ALL MAJOR PSYCHIATRIC ILLNESSES AND SUBSTANCE ABUSE - FOCUSES ON THE SPECIAL NEEDS OF SENIORS BY OFFERING A STATE-OF-THE-ART PSYCHIATRIC SENIOR TREATMENT CENTER SPECIALIZING IN ALZHEIMER'S AND OTHER MEMORY DISORDERS - OFFERS A PARTIAL HOSPITAL DAY PROGRAM THAT ENABLES PATIENTS TO RECEIVE PSYCHIATRIC AND SUBSTANCE ABUSE TREATMENT DURING THE DAY AND RETURN TO THE COMFORT OF THEIR OWN HOMES AT NIGHT - CONDUCTS CUTTING-EDGE RESEARCH HELPING TO UNLOCK THE SECRETS OF BRAIN-BASED DISEASES BUTLER SECURED APPROXIMATELY \$11 MILLION IN GRANT FUNDING IN FISCAL YEAR 2013, SUPPORTING RESEARCH IN SUCH AREAS AS MOOD DISORDERS, OBSESSIVE COMPULSIVE DISORDER, ANXIETY DISORDERS, MEMORY DISORDERS, ADDICTIONS, PARKINSON'S DISEASE, AND PSYCHOSOCIAL INTERVENTIONS FOR FAMILIES - WORKS TO INCREASE UNDERSTANDING OF MENTAL ILLNESS AND REDUCE STIGMA BY PROVIDING ONGOING KENT HOSPITAL ===== KENT IS A LICENSED 359-BED NOT-FOR-PROFIT ACUTE CARE HOSPITAL KENT WAS ESTABLISHED IN 1951 AND IS RHODE ISLAND'S SECOND LARGEST COMMUNITY HOSPITAL WITH THE SECOND BUSIEST EMERGENCY DEPARTMENT, KENT - OFFERS A FULL SPECTRUM OF IN- AND OUTPATIENT HEALTH SERVICES FOR ALL AGES - KENT'S EMERGENCY SERVICES DEPARTMENT SERVES SOME 70,000 ANNUAL VISITS THIS VOLUME RANKS KENT'S EMERGENCY DEPARTMENT AMONG THE TOP 10-PERCENT NATIONALLY - OFFERS ADVANCED TECHNOLOGY, INSTALLING SUCH ADVANCES AS HIGH-SPEED, MULTI-SLICE CT SCANNERS AND DIGITAL RADIOLOGY EQUIPMENT - OFFERS SUCH SPECIALTY SERVICES AS A MULTIDISCIPLINARY WOUND RECOVERY CENTER AND A CANCER PROGRAM ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS - COLLABORATES WITH WOMEN &amp; INFANTS HOSPITAL TO OPERATE THE STATE'S ONLY LEVEL II SPECIAL CARE NURSERY AND TO OFFER EXPERT BREAST CANCER DIAGNOSES AND TREATMENT AT THE BREAST HEALTH CENTER AT KENT - TRAINS PHYSICIANS THROUGH ITS EMERGENCY MEDICINE AND FAMILY PRACTICE RESIDENCY PROGRAMS AFFILIATED WITH THE UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICINE, ONE OF THE COUNTRY'S LEADING OSTEOPATHIC MEDICAL SCHOOLS - HELPS STROKE PATIENTS IN ITS STROKE CENTER, WHICH EARNED THE GOLD SEAL OF APPROVAL FROM THE JOINT COMMISSION FOR PRIMARY STROKE CENTERS - PURSUES EXCELLENCE THE WOMEN'S DIAGNOSTIC IMAGING CENTER HAS BEEN DESIGNATED AS A BREAST IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY - EMPLOYS INNOVATIVE APPROACHES TO RECRUITING AND RETAINING NURSES, INCLUDING A UNIQUE COLLABORATION WITH SALVE REGINA UNIVERSITY TO BRING BACCALAUREATE CLASSES ON-SITE FOR KENT NURSES MEMORIAL HOSPITAL OF RHODE ISLAND ===== MEMORIAL'S MAIN CAMPUS IS IN PAWTUCKET, RI, AND IT OPERATES PRIMARY CARE AND OTHER SERVICES IN OFF-SITE LOCATIONS IN PAWTUCKET AND CENTRAL FALLS, RI, AND PLAINVILLE, MASSACHUSETTS MEMORIAL ALSO HAS STATE-OF-THE-ART CANCER, ENDOSCOPY, REHABILITATION, AND CARDIOVASCULAR TREATMENT FACILITIES IN PAWTUCKET - AFFILIATED WITH THE WARREN ALPERT MEDICAL SCHOOL, MEMORIAL HAS GROWN INTO THE SECOND LARGEST TEACHING HOSPITAL IN THE STATE, WITH THE MAJORITY OF THE FULL-TIME MEDICAL STAFF AFFILIATED WITH THE MEDICAL SCHOOL, AND DOZENS OF RESIDENTS IN VARIOUS SPECIALTIES WORKING AT THE HOSPITAL - HOME TO ALPERT MEDICAL SCHOOL'S FAMILY MEDICINE AND INTERNAL MEDICINE RESIDENCY PROGRAMS, WHICH HAS SPEARHEADED MEMORIAL'S MEDICAL RESEARCH ENDEAVORS AND MORE THAN 50 RESEARCH PROJECTS SUPPORTED BY MORE THAN \$25 MILLION IN FEDERAL FUNDS - MEMORIAL IS ALSO ON THE FOREFRONT IN THE FIELD OF FAMILY MEDICINE, WHICH EMPHASIZES THE ROLE OF THE PRIMARY CARE PHYSICIAN AS ORCHESTRATOR OF CARE AND TREATMENT FOR THE ENTIRE FAMILY - OFFERS COMPREHENSIVE SERVICES IN ACUTE CARE AND EMERGENCY MEDICINE, CANCER CARE, CARDIOVASCULAR CENTER, DIAGNOSTIC IMAGING, FAMILY MEDICINE, GASTROENTEROLOGY, GERIATRIC SERVICES, INFECTIOUS DISEASES, INTERNAL MEDICINE, LABORATORY, NEURODEVELOPMENT CENTER, NEUROLOGY, OBSTETRICS AND GYNECOLOGY, PAIN MANAGEMENT, PEDIATRICS, PODIATRY, PULMONARY CENTER, SLEEP CENTER, STROKE CENTER, TRAVEL CLINIC, URGENT CARE CENTER - ACTIVE IN THE COMMUNITY, MEMORIAL IS A LEADING, INNOVATIVE HEALTHCARE RESOURCE WITH A TRADITION OF TREATING PATIENTS REGARDLESS OF THEIR ABILITY TO PAY AND IS COMMITTED TO PROVIDING MODERN FACILITIES THAT PROVIDE STATE-OF-THE-ART CARE FOR ALL - IN ADDITION TO CHARITY CARE, MEMORIAL HOSPITAL ALSO PROVIDES NUMEROUS SERVICES TO THE COMMUNITY AT NO CHARGE, INCLUDING - LANGUAGE INTERPRETATION - PHYSICIAN REFERRAL - COMMUNITY HEALTH SCREENINGS - HEALTH AND WELLNESS EDUCATION - SUPPORT GROUPS WOMEN &amp; INFANTS HOSPITAL ===== WOMEN &amp; INFANTS INCLUDES 167-ADULT BEDS, 80-NEONATAL INTENSIVE CARE UNIT BEDS AND 60-NEWBORN BASSINETS A NATIONAL CENTER OF EXCELLENCE IN WOMEN'S HEALTH, WHERE MOR</p>

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p> E THAN 73% OF RHODE ISLAND'S BABIES ARE DELIVERED EACH YEAR WOMEN &amp; INFANTS - IS THE PRE MIER HEALTH RESOURCE IN THE REGION FOR NEWBORNS AND WOMEN AND THE REGION'S ONLY PERINATAL CENTER - IS ONE OF THE LEADING SPECIALTY HOSPITALS IN THE NATION AND A U S NEWS BEST HOS PITAL IN GYNECOLOGY - OPENED THE NATION'S LARGEST SINGLE-FAMILY ROOM NEONATAL INTENSIVE C ARE UNIT IN 2009 THE UNIT TENDED TO APPROXIMATELY 1,200 BABIES LAST YEAR APPROXIMATELY 1 4% OF THOSE BABIES WERE BROUGHT TO WOMEN &amp; INFANTS FROM OTHER HOSPITALS - OFFERS THE SERV ICES OF A GENERAL AND GYNECOLOGICAL SURGICAL PROGRAM WITH MORE THAN 7,332 PROCEDURES PERFO RMED IN FISCAL YEAR 2015 - CULTIVATES AND EXPANDS COMPREHENSIVE PRIMARY AND SPECIALIZED C ARE SERVICES FOR WOMEN THROUGH THE WOMEN'S PRIMARY CARE CENTER TOGETHER WITH THE DIVISION OF AMBULATORY CARE'S URGENT CARE SERVICES, THE CENTER SEES APPROXIMATELY 30,000 WOMEN EAC H YEAR - FOCUSES ON THE NEEDS OF WOMEN AT EVERY STAGE OF LIFE WITH SUCH SPECIALIZED PROGR AMS AS THE CENTER FOR REPRODUCTION AND INFERTILITY, THE PROGRAM IN WOMEN'S ONCOLOGY AND IT S BREAST HEALTH CENTER, THE CENTER FOR WOMEN'S BEHAVIORAL HEALTH, AND THE CENTER FOR WOMEN 'S GASTROINTESTINAL DISORDERS - COMMANDS A REPUTATION AS ONE OF THE LARGEST AND MOST PRES TIGIOUS RESEARCH FACILITIES IN HIGH-RISK AND NORMAL OBSTETRICS, GYNECOLOGY AND NEWBORN PED IATRICS IN THE NATION AND SECURED APPROXIMATELY \$13 MILLION IN RESEARCH DOLLARS IN FISCAL YEAR 2013, SUPPORTING CUTTING-EDGE RESEARCH INTO SUCH AREAS AS PELVIC FLOOR DISORDERS, OVA RIAN CANCER BIOMARKERS, ADOLESCENT PREGNANCY, POSTPARTUM DEPRESSION, COLIC, AND PRENATAL E XPOSURE TO DRUGS AND ALCOHOL - PROVIDES UNIQUE SERVICES THROUGH "PROJECT LINK" FOR PREGNA NT WOMEN STRUGGLING WITH SUBSTANCE ABUSE - TAILORS CLINICAL SERVICES AND RESEARCH IN VARIOUS PSYCHOLOGICAL AND SOCIAL ASPECTS OF PEDIATRICS - FROM COLIC TO DRUG EXPOSURE - IN THE BROWN CENTER FOR THE STUDY OF CHILDREN AT RISK - WOMEN &amp; INFANTS SERVES AS THE LEAD PARTN ER WITH BROWN UNIVERSITY ON THE NATIONAL CHILDREN'S STUDY, A GROUNDBREAKING PROJECT </p>

Return Reference	Explanation
CORE FORM, PART III, QUESTION 2	AS OF JANURARY 1, 2015, THE PROVIDENCE CENTER, INC ("TPC"), AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION LOCATED IN RHODE ISLAND, BECAME A SUBSIDIARY OF CARE NEW ENGLAND HEALTH SY STEM ("CNE"), AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION AND THE PARENT ENTITY OF A RHODE ISLAND BASED TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SY STEM CNE BECAME THE PARENT ORGANIZATION AND SOLE MEMEBER OF TPC AS A RESULT OF THIS AQUISITION CNE AND TPC BELIEVE THAT THE ACQUISITION WILL GREATLY IMPROVE COMPERHENSIVE HEALTHCARE SERVICES

Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTION 2	CHARLES R REPPUCCI, ESQ AND ROBERT G FLANDERS, JR , ESQ - BUSINESS RELATIONSHIP

Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTION 4	AS OF JANURARY 1, 2015, THE PROVIDENCE CENTER, INC ("TPC"), AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION LOCATED IN RHODE ISLAND, BECAME A SUBSIDIARY OF CARE NEW ENGLAND HEALTH SYSTEM ("CNE"), AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION AND THE PARENT ENTITY OF A RHODE ISLAND BASED TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM CNE BECAME THE PARENT ORGANIZATION AND SOLE MEMEBER OF TPC AS A RESULT OF THIS AQUISITION CNE AND TPC BELIEVE THAT THE ACQUISITION WILL GREATLY IMPROVE COMPERHENSIVE HEALTHCARE SERVICES

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

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



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

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 16	THE ORGANIZATION DOES NOT CURRENTLY HAVE A WRITTEN JOINT VENTURE POLICY IN PLACE. BEFORE ENTERING INTO A JOINT VENTURE THE ORGANIZATION EVALUATES ITS PARTICIPATION IN A JOINT VENTURE ARRANGEMENT AND TAKES THE NECESSARY STEPS TO ENSURE THE ORGANIZATION DOES NOT JEOPARDIZE ITS TAX-EXEMPT STATUS

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

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION OR A RELATED ORGANIZATION. PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME OR PART-TIME EMPLOYEES OR INDEPENDENT CONTRACTORS OF THE ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF DIRECTORS.

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	JAMES M. BURKE, FORMER VICE PRESIDENT OF ACCOUNTING OF THE ORGANIZATION, IS STILL EMPLOYED WITHIN CARE NEW ENGLAND HEALTH SYSTEM AS THE VICE PRESIDENT OF FINANCE, MEDICAL/SURGICAL HOSPITAL OF KENT COUNTY MEMORIAL HOSPITAL, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. JAMES FANALE, M.D., CHIEF CLINICAL OFFICER, INTEGRA COMMUNITY CARE NETWORK, LLC

Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	<p>THIS ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF CARE NEW ENGLAND HEALTH SYSTEM AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS CERTAIN BOARD OF DIRECTOR MEMBERS, OFFICERS AND/OR DIRECTORS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF DIRECTORS OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990 THE HOURS REFLECTED ON PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE SYSTEM, NOT SOLELY THIS ORGANIZATION</p>

Return Reference	Explanation	
	CORE FORM, PART X, LINE 20	<p>IN 2010, the health system issued rihebc 2010 series fixed rate bonds of \$12,000,000 The bonds have mandatory sinking fund redemptions ranging from \$490,006 in 2016 to \$813,065 in 2030, with a final payment of \$417,695 in 2031 These bonds were issued direct purchase tax exempt bank qualified bonds The bonds bear a fixed interest rate of 3.65% through december, 2017 with 3 year optional tenders through december, 2030 The bonds bear interest on a per annum basis with semi-annual payments based on a 20 year amortization The proceeds from the bonds are being used by kent to finance (i) the renovation, equipping and furnishing of existing hospital space to house a ten (10) bed short stay unit (ii) the construction, equipping and furnishing of a 30,000 square foot ambulatory surgical center with a connection to kent's existing hospital building and (iii) cost of issuance Cne, butler, kent, wic and wih are jointly and severable liable for repayment The obligated group members are joint and severally liable for the repayment of the cne series 2010 bonds The outstanding balance on the bonds was \$10,001,655 on September 30, 2015 The bond proceeds received by kent county memorial hospital under the 2010 bond represents the amount allocated through the cne financing program and are classified as a "due to cne" on kent county memorial hospital's financial statements The outstanding balance due to cne by kent county memorial hospital as of september 30, 2015 is \$10,001,655 In 2011, the health system issued rihebc 2011 series fixed rate bonds of \$16,000,000 The bonds have mandatory sinking fund redemptions ranging from \$997,117 in 2016 to \$1,044,574 in 2031 These bonds were issued as unrated private placement tax exempt bonds The bonds bear a fixed interest rate of 2.99% through july 31, 2018 The bonds bear interest on a per annum basis with semi-annual payments based on a 20 year amortization The proceeds from the bonds are being used to finance (i) the construction, equipping and furnishing of a 32,000 square foot addition of butler's existing hospital facility, (ii) refinancing of the bank of rhode island mortgage held by wic, (iii) refinancing of certain capital leases, (iv) purchase of capital equipment, (v) capitalized interest and (vi) cost of issuance Cne, butler, kent, wic and wih are jointly and severable liable for repayment The obligated group members are joint and severally liable for the repayment of the cne series 2011 bonds The outstanding balance on the bond was \$13,829,138 on September 30, 2015 The bond proceeds received by the hospitals under the 2011 series bonds represent the amount allocated through the cne financing programs and are classified as a "due to cne" on the hospital's individual financial statements The outstanding balance due to cne by hospital as of September 30, 2015 is as follows series 2011 Butler \$ 9,766,829 Wih \$ 4,062,309 ----- Total \$13,829,138 In 2014, the health system issued rihebc 2013 series fixed rate bonds of \$87,385,000 The bonds have mandatory sinking fund redemptions ranging from \$2,915,000 in 2019 to \$8,230,000 in 2033 UNS PENT BOND PROCEEDS OF \$4,232,056 ARE INCLUDED IN TRUSTEE-HELF FUNDS IN THE CONSOLIDATED BALANCE SHEET AT SEPTEMBER 30, 2015 THE HEALTH SYSTEM IS REQUIRED TO COMPLY WITH CERTAIN DEBT COVENANTS UNDER THE BOND AGREEMENTS, INCLUDING MINIMUM DEBT SERVICE COVERAGE RATIO OF 1.20 TO 1 AND DAYS CASH ON HAND OF 45 THE HEALTH SYSTEM HAS BEEN, AND REMAINS, COMPLIANT WITH THESE TERMS THE PROCEEDS OF THE SERIES 2013 BONDS WERE USED TO (I) REFUND THE OUTSTANDING CNE 2008 SERIES A BONDS, AND (II) REFUND THE OUTSTANDING MEMORIAL 2003 SERIES BONDS AND ACCRUED INTEREST, AND (III) ESTABLISH A DEBT SERVICE RESERVE FUND, AND (IV) TERMINATE THE INTEREST RATE SWAP AGREEMENT WITH DEUTSCHE BANK, AND (V) FUND A PORTION OF ROUTINE CAPITAL EXPENDITURES/IMPROVEMENTS, AND (VI) PAY CERTAIN EXPENSES RELATED TO THE ISSUANCE OF THE 2013 SERIES BONDS The outstanding balance on the bond was \$82,217,526 on September 30, 2015 The bond proceeds received by the hospitals under the 2013 series bonds represent the amount allocated through the cne financing programs and are classified as a "due to cne" on the hospital's individual financial statements The outstanding balance due to cne by hospital as of September 30, 2015 is as follows series 2013 Butler \$ 5,630,992 Kent \$18,403,955 Wih \$25,425,045 MEMORIAL \$11,009,330 CNE \$21,738,210 VNA 9,994 ----- Total \$82,217,526 In 2014, the Health System issued RIHEBC 2014 Series A variable rate bonds of \$42,810,000 The bonds have mandatory sinking fund redemptions ranging from \$20,000 in 2029 to \$3,400,000 in 2041 The Health System is required to comply with certain debt covenants under the bond agreements, including a minimum debt service coverage ratio of 1.20 to 1 and days cash on hand of 45 The Health System has been, and remains, compliant with these terms THE PROCEEDS FROM THE CNE 2014 SERIES A B</p>

Return Reference	Explanation	
	CORE FORM, PART X, LINE 20	ONDS WERE USED TO (I) REFUND THE OUTSTANDING CNE 2008 SERIES B BONDS, AND (II) TERMINATE T HE INTEREST RATE SWAP AGREEMENT WITH MORGAN STANLEY , (III) FUND A PORTION OF ROUTINE CAPIT AL EXPENDITURES/IMPROVEMENTS, AND (IV) PAY CERTAIN EXPENSES RELATED TO THE ISSUANCE OF THE 2014 SERIES A BONDS The outstanding balance on the bond w as \$42,810,000 on September 30, 2015 The bond proceeds received by the hospitals under the 2014 series bonds represent t he amount allocated through the cne financing programs and are classified as a "due to cne " on the hospital's individual financial statements The outstanding balance due to cne by hospital as of September 30, 2015 is as follows series 2014 Butler \$ 13,069 WIH \$31,229, 143 MEMORIAL \$ 1,518,440 CNE \$10,049,348 ----- Total \$42,810,000 as part of the re financing, cne has (1) maintained the interest rate sw ap agreement that w as entered into i n 2004 w ith bank of america investments w hich effectively converts \$45,400,000 of the rihe bc cne 2008 series a variable rate bonds to a fixed rate of 3 02% for the period of februa ry 1, 2008 through august 1, 2011, (2) entered into an interest rate sw ap agreement w ith D eutsche bank group w hich effectively converts all of the rihebc cne 2008 series a variable rate bonds to a fixed rate of 4 216% for the period of august 1, 2011 through july 1, 203 2, and (3) entered into an interest rate sw ap agreement w ith morgan stanley capital servic es w hich effectively converts all of the rihebc cne 2008 series b variable rate bonds to a fixed rate of 3 857% for the period of February 1, 2008 through august 31, 2037



Return Reference	Explanation
CORE FORM, PART XI, LINE 9	OTHER CHANGES IN FUND BALANCE INCLUDE - NONOPERATING EXPENDITURES, (\$1,835,748), - PENSION AND POSTRETIREMENT ADJUSTMENT, (\$3,246,565), AND - NET TRANSFER TO THE PROVIDENCE CENTER, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, (\$500,000)

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	THE TAXPAYER IS THE TAX-EXEMPT PARENT ENTITY OF CARE NEW ENGLAND HEALTH SYSTEM AND AFFILIATES, A TAX-EXEMPT, INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ALL AFFILIATES FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND SEPTEMBER 30, 2014, RESPECTIVELY, AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM THE TAXPAYER'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE SYSTEM'S CONSOLIDATED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 3	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF THE CARE NEW ENGLAND HEALTH SYSTEM AND AFFILIATES ("SYSTEM") THE SYSTEM ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A SYSTEM WIDE CONSOLIDATED AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 AUDIT THIS ORGANIZATION WAS INCLUDED IN THE SYSTEM WIDE A-133 AUDIT

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  
CARE NEW ENGLAND HEALTH SYSTEM

Employer identification number  
05-0490997

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (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
(1) INTEGRA COMMUNITY CARE NETWORK LLC 45 WILLARD AVENUE PROVIDENCE, RI 02905 47-0967971	HEALTHCARE	RI	436,066	0	CNE

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled 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) TOLL GATE INDEMNITY LTD  23 LIME TREE BAY AVE PO BOX 1051 GRAND CAYMAN KY1-11 CJ 34-2028514	FINANCIAL VEHICLE	CJ	NA	C CORP					No
(2) W & I INDEMNITY LTD  23 LIME TREE BAY AVE PO BOX 1051 GRAND CAYMAN KY1-11 CJ 98-0159342	FINANCIAL VEHICLE	CJ	NA	C CORP					No
(3) BOULEVARD MEDICAL CONDO ASSOCIATION  111 BREWSTER STREET PAWTUCKET, RI 02860 05-0497862	REAL ESTATE	RI	NA	C CORP					No
(4) PRIMARY CARE CENTER OF NEW ENGLAND INC  111 BREWSTER STREET PAWTUCKET, RI 02860 05-0423957	HEALTHCARE SVCS	RI	NA	C CORP					No
(5) CONTINUUM BEHAVIORAL HEALTH INC  528 NORTH MAIN STREET PROVIDENCE, RI 02904 46-2853067	HEALTHCARE SVCS	RI	NA	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>	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<b>1c</b>		No
<b>d</b> Loans or loan guarantees to or for related organization(s)	<b>1d</b>	Yes	
<b>e</b> Loans or loan guarantees by related organization(s)	<b>1e</b>	Yes	
<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>		No
<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>		No
<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>		No
<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>	Yes	
<b>s</b> Other transfer of cash or property from related organization(s)	<b>1s</b>	Yes	

**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
See Additional Data Table			

**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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII

Supplemental Information

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

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



Additional Data

Software ID:

Software Version:

EIN: 05-0490997

Name: CARE NEW ENGLAND HEALTH SYSTEM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) BUTLER HOSPITAL  345 BLACKSTONE BLVD PROVIDENCE, RI 02906 05-0258812	HEALTHCARE	RI	501(C)(3)	HOSPITAL	CNE	Yes	
(1) WOMEN AND INFANTS CORPORATION  300 RICHMOND STREET PROVIDENCE, RI 02903 02-2885807	HEALTHCARE	RI	501(C)(3)	509(A)(3)	CNE	Yes	
(2) WOMEN & INFANTS HOSPITAL OF RHODE ISLAND  300 RICHMOND STREET PROVIDENCE, RI 02903 05-0258937	HEALTHCARE	RI	501(C)(3)	HOSPITAL	WIC		No
(3) WOMEN AND INFANTS DEVELOPMENT FOUNDATION  300 RICHMOND STREET PROVIDENCE, RI 02903 22-2885815	HEALTHCARE	RI	501(C)(3)	509(A)(3)	WIC		No
(4) WIH FACULTY PHYSICIANS INC  67 BRIGHAM STREET NEW BEDFORD, MA 02740 04-3579432	HEALTHCARE	MA	501(C)(3)	509(A)(2)	WIH		No
(5) KENT COUNTY MEMORIAL HOSPITAL  455 TOLL GATE ROAD WARWICK, RI 02886 05-0258896	HEALTHCARE	RI	501(C)(3)	HOSPITAL	CNE	Yes	
(6) KENT HOSPITAL FOUNDATION  455 TOLL GATE ROAD WARWICK, RI 02886 05-0514640	SUPPORT ORG	RI	501(C)(3)	509(A)(3)	KCMH		No
(7) KENT COUNTY VNA DBA VNA OF CNE  51 HEALTH LANE WARWICK, RI 02886 05-0242659	HEALTHCARE	RI	501(C)(3)	509(A)(1)	CNE	Yes	
(8) HEALTHTOUCH INC  51 HEALTH LANE WARWICK, RI 02886 05-0514949	HEALTHCARE	RI	501(C)(3)	509(A)(2)	KCVNA		No
(9) BUTLER HOSPITAL FOUNDATION  345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906 45-4530540	SUPPORT ORG	RI	501(C)(3)	509(A)(3)	BH		No
(10) SOUTHEASTERN HEALTHCARE SYSTEM INC  111 BREWSTER STREET PAWTUCKET, RI 02860 06-1476858	HEALTHCARE	RI	501(C)(3)	509(A)(3)	CNE	Yes	
(11) THE MEMORIAL HOSPITAL  111 BREWSTER STREET PAWTUCKET, RI 02860 05-0259004	HEALTHCARE	RI	501(C)(3)	HOSPITAL	SEHCS		No
(12) BLACKSTONE HEALTH INC  420 MAIN STREET PAWTUCKET, RI 02860 05-0457007	HEALTHCARE	RI	501(C)(3)	509(A)(1)	SEHCS		No
(13) SHS VENTURES INC  111 BREWSTER STREET PAWTUCKET, RI 02860 05-0510341	HEALTHCARE	RI	501(C)(3)	509(A)(2)	TMH		No
(14) VNA OF CARE NEW ENGLAND FOUNDATION  51 HEALTH LANE WARWICK, RI 02886 46-2293974	SUPPORT ORG	RI	501(C)(3)	509(A)(3)	KCVNA		No
(15) THE MEMORIAL HOSPITAL FOUNDATION  111 BREWSTER STREET PAWTUCKET, RI 02860 46-3246618	HEALTHCARE	RI	501(C)(3)	509(A)(3)	TMH		No
(16) GRANDVIEW REALTY CORPORATION  528 NORTH MAIN STREET PROVIDENCE, RI 02904 05-0384362	TITLE HLDG	RI	501(C)(3)	509(A)(2)	TPC		No
(17) GRANDVIEW SECOND CORPORATION  528 NORTH MAIN STREET PROVIDENCE, RI 02904 22-2812929	TITLE HLDG	RI	501(C)(3)	509(A)(2)	TPC		No
(18) NASHUA STREET CORPORATION  528 NORTH MAIN STREET PROVIDENCE, RI 02904 05-0509674	TITLE HLDG	RI	501(C)(3)	509(A)(2)	TPC		No
(19) TPC SOCIAL VENTURES INC  528 NORTH MAIN STREET PROVIDENCE, RI 02904 05-0441980	TRAINING	RI	501(C)(3)	509(A)(2)	TPC		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?	
						Yes	No
(21) WILSON STREET APARTMENTS  528 NORTH MAIN STREET PROVIDENCE, RI 02904 05-0520857	TITLE HLDG	RI	501(C)(3)	509(A)(2)	TPC		No
(1) THE PROVIDENCE CENTER INC  528 NORTH MAIN STREET PROVIDENCE, RI 02904 05-0316969	HEALTHCARE	RI	501(C)(3)	509(A)(2)	CNE	Yes	
(2) STANDARD REALTY INC  528 NORTH MAIN STREET PROVIDENCE, RI 02904 22-2479719	INACTIVE	RI	501(C)(3)	509(A)(2)	TPC		No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
KENT COUNTY MEMORIAL HOSPITAL	E	10,001,655	COST
BUTLER HOSPITAL	E	9,766,829	COST
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND	E	4,062,309	COST
BUTLER HOSPITAL	E	5,630,992	COST
KENT COUNTY MEMORIAL HOSPITAL	E	18,403,955	COST
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND	E	25,425,045	COST
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND	E	31,229,143	COST
BUTLER HOSPITAL	L	11,696,086	COST
KENT COUNTY MEMORIAL HOSPITAL	L	38,540,124	COST
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND	L	55,603,643	COST
KENT COUNTY VNA DBA VNA OF CNE	L	1,650,000	COST