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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/foi/m990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015, and ending 09-30-2016

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
CARE NEW ENGLAND HEALTH SYSTEM

% KATHY TOPOR
Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
45 WILLARD AVENUE

City or town, state or province, country, and ZIP or foreign postal code
PROVIDENCE, RI 02905

F Name and address of principal officer
DENNIS D KEEFE
45 WILLARD AVENUE - 3RD FLOOR
PROVIDENCE,RI 02905

D Employer identification number

05-0490997

E Telephone number

(401) 921-7602

G Gross receipts \$ 138,578,674

I Tax-exempt status
☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CARENEWENGLAND.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

L Year of formation 1996

M State of legal domicile RI

Part I Summary			
Activities & Governance	1 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		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	883
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	128,938,720	138,250,185
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,505,360	299,716
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	147,152	-238,708
		127,580,512	138,311,193
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	336,000	361,989
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	75,311,005	79,257,567
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	56,423,935	111,241,773
Net Assets or Fund Balances	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	132,070,940	190,861,329
	19 Revenue less expenses Subtract line 18 from line 12	-4,490,428	-52,550,136
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	187,503,057	155,542,117
	21 Total liabilities (Part X, line 26)	213,662,359	242,248,093
	22 Net assets or fund balances Subtract line 21 from line 20	-26,159,302	-86,705,976

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

2017-08-09

Date

JOSEPH IANNONI CFO

Type or print name and title

Paid Preparer Use Only

Prnt/Type preparer's name
Scott J Manani

Firm's name ▶ WithumSmithBrown PC

Firm's address ▶ 200 Jefferson Park Suite 400
Whippany, NJ 079811070

Preparer's signature
Scott J Manani

Date

Check ☐ if self-employed

PTIN
P00642486

Firm's EIN ▶

Phone no (973) 898-9494

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2015)

Part III

Statement of Program Service Accomplishments

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

☒

1

Briefly describe the organization's mission

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

2

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

☒Yes

☐No

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

3

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

☐Yes

☒No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code) (Expenses \$ 166,232,896 including grants of \$ 361,989) (Revenue \$ 135,390,217)

See Additional Data

4b

(Code) (Expenses \$ 5,182,144 including grants of \$ 0) (Revenue \$ 2,688,061)

See Additional Data

4c

(Code) (Expenses \$ 396,354 including grants of \$ 0) (Revenue \$ 171,907)

See Additional Data

4d

















Other program services (Describe in Schedule O)

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

4e

Total program service expenses ▶ 171,811,394

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)? <i>If "Yes," complete Schedule A</i> 	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> 	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? <i>If "Yes," complete Schedule C, Part III</i> 		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? <i>If "Yes," complete Schedule D, Part I</i> 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		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? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		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? <i>If "Yes," complete Schedule D, Part VI</i> 	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? <i>If "Yes," complete Schedule D, Part VII</i> 		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? <i>If "Yes," complete Schedule D, Part VIII</i> 	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? <i>If "Yes," complete Schedule D, Part IX</i> 	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	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)? <i>If "Yes," complete Schedule D, Part X</i> 		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.			
	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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.		
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)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
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.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	1a	24	
	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	1b	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		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 171 SERVICE AVENUE BLDG 2 WARWICK, RI 02886 (401) 921-7602	

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

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

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

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

[illegible]

[illegible]

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 ► 114

Section B. Independent Contractors

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 ► 117

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	171,907	171,907			
	b	MANAGEMENT REVENUE	561000	134,323,922	134,323,922			
	c	OTHER HEALTHCARE RELATED REVENUE	900099	3,754,356	3,754,356			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		138,250,185				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		186,409			186,409
4		Income from investment of tax-exempt bond proceeds . .		0				
5		Royalties		0				
6a		Gross rents	(i) Real 28,723	(ii) Personal				
		b	Less rental expenses	267,431				
		c	Rental income or (loss)	-238,708	0			
		d	Net rental income or (loss)		-238,708			-238,708
7a		Gross amount from sales of assets other than inventory	(i) Securities 113,357	(ii) Other				
		b	Less cost or other basis and sales expenses		50			
		c	Gain or (loss)	113,357	-50			
		d	Net gain or (loss)		113,307			113,307
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		138,311,193	138,250,185			61,008	

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	361,989	361,989		
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	7,931,237	7,138,113	793,124	
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	53,583,600	48,225,241	5,358,359	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,304,556	2,974,100	330,456	
9	Other employee benefits	10,198,316	9,178,484	1,019,832	
10	Payroll taxes	4,239,858	3,815,872	423,986	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	3,565,976	3,209,378	356,598	
c	Accounting	822,090	739,881	82,209	
d	Lobbying	72,078	64,870	7,208	
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)	5,697,302	5,127,571	569,731	
12	Advertising and promotion	2,507,459	2,256,713	250,746	
13	Office expenses	2,977,268	2,679,541	297,727	
14	Information technology	12,398,023	11,158,221	1,239,802	
15	Royalties	0			
16	Occupancy	2,643,828	2,379,445	264,383	
17	Travel	233,059	209,753	23,306	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,108	997	111	
20	Interest	1,308,669	1,177,802	130,867	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	6,692,763	6,023,487	669,276	
23	Insurance	205,641	185,077	20,564	
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	RESTRUCTURING COSTS	26,812,663	24,131,397	2,681,266	0
b	LOSS ON DEBT REFINANCE	20,084,181	18,075,763	2,008,418	0
c	PURCHASED SERVICES	17,171,578	15,454,420	1,717,158	0
d	CONTRACTED SERVICES	2,835,131	2,551,618	283,513	0
e	All other expenses	5,212,956	4,691,661	521,295	
25	Total functional expenses. Add lines 1 through 24e	190,861,329	171,811,394	19,049,935	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	-71,771	
	2	Savings and temporary cash investments		-15,150,661	2	78,562,123	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		76,282	4	11,761	
	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		1,576,183	9	2,861,221	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	45,288,225			
	b	Less: accumulated depreciation	10b	16,037,656	31,622,090	10c	29,250,569
	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		45,848,431	13	33,943,818	
	14	Intangible assets		1,629,181	14	2,785,746	
	15	Other assets. See Part IV, line 11		121,901,276	15	8,198,650	
16	Total assets. Add lines 1 through 15 (must equal line 34)		187,503,057	16	155,542,117		
Liabilities	17	Accounts payable and accrued expenses		30,194,538	17	31,405,847	
	18	Grants payable		0	18	0	
	19	Deferred revenue		0	19	300,000	
	20	Tax-exempt bond liabilities		148,858,319	20	172,319,300	
	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		6,546,456	23	4,412,387	
	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		28,063,046	25	33,810,559	
	26	Total liabilities. Add lines 17 through 25		213,662,359	26	242,248,093	
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		-26,159,302	27	-86,705,976	
	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		-26,159,302	33	-86,705,976	
	34	Total liabilities and net assets/fund balances		187,503,057	34	155,542,117	

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	138,311,193
2	Total expenses (must equal Part IX, column (A), line 25)	2	190,861,329
3	Revenue less expenses Subtract line 2 from line 1	3	-52,550,136
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	-26,159,302
5	Net unrealized gains (losses) on investments	5	247,849
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	-8,244,387
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-86,705,976

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 III, Line 4a

4a (Code) (Expenses \$ 166,232,896 including grants of \$ 361,989) (Revenue \$ 135,390,217)

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

Form 990, Part III, Line 4b

4b (Code) (Expenses \$ 5,182,144 including grants of \$ 0) (Revenue \$ 2,688,061)

EXPENSES INCURRED IN OPERATING INTEGRA COMMUNITY CARE NETWORK, LLC, AN ACCOUNTABLE CARE ORGANIZATION WHOSE SOLE CORPORATE MEMBER IS
CARE NEW ENGLAND HEALTH SYSTEM

Form 990, Part III, Line 4c

4c (Code) (Expenses \$ 396,354 including grants of \$ 0) (Revenue \$ 171,907)

CARE NEW ENGLAND WELLNESS CENTER PROGRAMS AND CLINICAL SERVICES ARE BASED ON A MODEL OF MEDICAL INTEGRATION WITH A TEAM APPROACH, INCORPORATING NUTRICIAN COUNSELING, FITNESS, HEALTH EDUCATION AND STRESS MANAGEMENT AS A COMPLIMENT TO CONVENTIONAL MEDICAL TREATMENT, INTEGRATIVE THERAPIES ARE OFFERED PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

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			
CHARLES R REPUCCI ESQ CHAIRMAN - DIRECTOR	10 00	X		X				0	0	0
CYNTHIA B PATTERSON VICE CHAIR/SEC - DIRECTOR	10 00	X		X				0	0	0
DOUGLAS JACOBS TREASURER - DIRECTOR	10 00	X		X				0	0	0
DENISE M ARCAND MD DIRECTOR	550 00	X						1,200	162,836	26,594
JAMES BOTVIN DIRECTOR	10 00	X						0	0	0
MARIO BUENO DIRECTOR	10 00	X						0	0	0
ALLEN H CICCHITELLI DIRECTOR	10 00	X						0	0	0
SHARON CONRAD-WELLS DIRECTOR	10 00	X						0	0	0
ESTHER EMARD DIRECTOR	10 00	X						0	0	0
ROBERT G FLANDERS JR ESQ DIRECTOR	10 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
GARY E FURTADO DIRECTOR	1 0 0 0	X						0	0	0
JOHN R GALVIN DIRECTOR	1 0 0 0	X						0	0	0
MICHELLE GANGE MD DIRECTOR	1 0 0 0	X						4,250	0	0
KENT W GLADDING DIRECTOR	1 0 0 0	X						0	0	0
WILLIAM M KAPOS DIRECTOR	1 0 0 0	X						0	0	0
DENNIS D KEEFE DIRECTOR - PRESIDENT/CEO/CNE	55 0 0 0	X		X				1,036,066	0	46,415
DIANE LIPSCOMBE PHD DIRECTOR	1 0 0 0	X						0	0	0
SUSANNA MAGEE MD DIRECTOR	55 0 0 0	X						0	197,840	20,616
LOUIS J MARINO MD DIRECTOR	55 0 0 0	X						0	295,837	47,775
JOSEPH J MCGAIR ESQ DIRECTOR	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
PATRICK J MURRAY JR DIRECTOR	1 0 0 0	X						0	0	0
ROBERT G PADULA DIRECTOR	1 0 0 0	X						0	0	0
GEORGE W SHUSTER DIRECTOR	1 0 0 0	X						2,236	0	0
MARIBETH WILLIAMSON DIRECTOR	1 0 0 0	X						0	0	0
ALYSSA V BOSS ESQ ASST SEC/SVP & GENERAL COUNSEL	55 0 0 0			X				374,167	0	71,978
F JOSEPH IANNONI ASST TREAS /SVP/CFO/CNE	55 0 0 0			X				480,583	0	83,987
MARK R MARCANTANO PRESIDENT/COO/WIH	55 0 0 0			X				0	673,215	97,328
MICHAEL J DACEY MD PRESIDENT/COO/KCMH	55 0 0 0			X				0	520,974	84,476
EDWARD M SCHOTTLAND PRES/COO/MHRI(TERM 10/31/15)	55 0 0 0			X				575,460	0	32,239
LAWRENCE H PRICE MD PRESIDENT/COO/BH	55 0 0 0			X				0	466,003	54,481

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			
SANDRA L COLETTA CHIEF OPERATING OFFICER	55 0 0 0			X				750,131	0	87,853
JAMES E FANALE MD CHIEF CLINICAL OFFICER INTEGRA	55 0 0 0			X				324,443	0	56,410
KATHLEEN TOPOR CHIEF FINANCIAL OFFICER VNA	55 0 0 0			X				159,480	0	25,878
JOHN A TORELLO CHIEF TECH OFFICER(EFF 9/2/15)	55 0 0 0			X				141,714	0	27,465
CONSTANCE A HOWES JD FACHE EXECUTIVE VP WOMEN'S HEALTH	55 0 0 0			X				0	621,538	33,128
DOMENIC F DELMONICO SR VP CONTRACTING	55 0 0 0			X				353,487	0	79,500
GAIL COSTA SR VP STRATEGY & SYSTEM DEV	55 0 0 0			X				313,103	0	44,280
MARILYN WALSH SR VP HUMAN RESOURCES	55 0 0 0			X				311,948	0	42,978
SUMALATHA R GADDAM MD SR VP CIO	55 0 0 0			X				303,893	0	36,051
PATRICIA R RECUPERO JD MD SR VP EDUCATION & TRAINING	55 0 0 0			X				249,051	0	50,687

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			
MAYBELLE A KERNAN SR VP MARKETING COMMUNICATIONS	55 0 0 0			X				246,049	0	46,713
HELEN M REED VP REVENUE CYCLE	55 0 0 0			X				316,372	0	47,319
STEPHEN M SILVA VP LOGISTIC & SUPPLY CHAIN	55 0 0 0			X				236,109	0	32,591
PATRICIA A DEVANEY VP HUMAN RESOURCES	55 0 0 0			X				215,095	0	33,745
SUSAN C MARTIN VP CHIEF ACCOUNTING OFFICER	55 0 0 0			X				207,100	0	36,356
ERNEST D FUSARO VP REVENUE CYCLE	55 0 0 0			X				198,039	0	22,110
GAIL E ROBBINS VP STRATEGIC FINANCIAL PLAN	55 0 0 0			X				195,196	0	31,510
PAUL A BEAUDOIN SR VP/CFO/KH (TERM 11/2/15)	55 0 0 0					X		472,199	0	40,198
PAUL F MCKENNEY SYS DIR MED STF (TERM 4/10/15)	55 0 0 0					X		338,395	0	16,398
KAREN A DAVIE SR VP-PHILAN&GOV (TERM 8/3/15)	55 0 0 0					X		333,898	0	42,030

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			
RICHARD J RENEHAN ED CNE PHYS ORG (TERM 3/16)	55 0 0 0					X		230,325	0	19,024
PAUL F HEFFERNAN VP HUMAN RESOURCES	55 0 0 0					X		226,039	0	38,541
JOHN M SUTHERLAND III FORMER OFFICER	0 0 0 0						X	583,359	0	6,800
JAMES M BURKE FORMER OFFICER	55 0 0 0						X	184,825	0	38,243

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
CARE NEW ENGLAND HEALTH SYSTEM

Employer identification number
05-0490997

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 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 (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						
Total5						

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2014 Schedule A , Part II, line 14	15
16a	33 1/3% support test—2015.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—2014.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—2015.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—2014.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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
b 33 1/3% support tests—2014. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		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))? <i>If "Yes," provide detail in Part VI.</i>		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? <i>If "Yes," provide detail in Part VI.</i>		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? <i>If "Yes," provide detail in Part VI.</i>		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)? <i>If "Yes," answer b below.</i>		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
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?		No
b A family member of a person described in (a) above?		No
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		No

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>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? <i>If "No," describe in Part VI 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.</i></div>		
<div>2</div> <div>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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>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?</div>		No
<div>2</div> <div>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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>	Yes	
<div>3</div> <div>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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i></div>		No

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div><div><input type="checkbox"/></div><div>The organization satisfied the Activities Test. Complete line 2 below.</div></div><div><div><input checked="" type="checkbox"/></div><div>The organization is the parent of each of its supported organizations. Complete line 3 below.</div></div><div><div><input type="checkbox"/></div><div>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>	Yes	No
<div>a</div> <div>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? <i>If "Yes," then in Part VI identify those supported organizations and explain 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.</i></div>		
<div>b</div> <div>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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>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? <i>Provide details in Part VI.</i></div>	Yes	
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div>	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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). <input type="checkbox"/>		

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
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 EN GLAND HEALTH SYSTEM, THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM, COORDINATES THE ACTIVITIE S AND OPERATIONS OF ALL AFFILIATES WITHIN THE SYSTEM THROUGH ITS BOARD OF DIRECTORS, COMMI TTEES OF THE BOARD OF DIRECTORS AND CENTRALIZED SERVICES TO ENSURE THAT ALL AFFILIATE ENTI TIES ARE ACTING IN FURTHERANCE OF THE TAX-EXEMPT CHARITABLE PURPOSES OF THE SYSTEM IN PROV IDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY M ANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY

Schedule A (Form 990 or 990-EZ) 2015

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)	Amount of other support (see (vi) 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
KENT COUNTY VISITING NURSE (C) 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

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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
--	--

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 Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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)	72,078	72,078												
c	Total lobbying expenditures (add lines 1a and 1b)	72,078	72,078												
d	Other exempt purpose expenditures	191,056,682	1,222,931,572												
e	Total exempt purpose expenditures (add lines 1c and 1d)	191,128,760	1,223,003,650												
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000												
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><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></tbody></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?														

☐ **Y e s** ☒ **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)2012	(b)2013	(c)2014	(d)2015	(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	149,119	107,312	111,230	72,078	439,739
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 on 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).

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

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
SCHEDULE C, PART II-A, LINE 1B	CARE NEW ENGLAND HEALTH SYSTEM, THE TAX-EXEMPT PARENT OF CARE NEW ENGLAND HEALTH SYSTEM AND AFFILIATES, PAYS DUES TO VARIOUS MEMBERSHIP ORGANIZATIONS ON BEHALF OF THE TAX-EXEMPT HOSPITALS WITHIN THE SYSTEM

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CARE NEW ENGLAND HEALTH SYSTEM

Employer identification number
05-0490997

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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?

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?

☐ Yes ☐ No

☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

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

Held at the End of the Year

2a

2b

2c

2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?

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

☐ Yes ☐ No

☐ Yes ☐ No

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on 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

1b 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 on 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 on 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" on 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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, 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 on 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

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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)	Accumulated (c)depreciation	(d)Book value
1a Land				
b Buildings		1,367,758	196,958	1,170,800
c Leasehold improvements		1,088,274	683,216	405,058
d Equipment		41,005,631	15,157,482	25,848,149
e Other		1,826,562		1,826,562
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				29,250,569

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

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
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental 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 CERTIFIED PUBLIC ACCOUNTING ("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, 2016 AND SEPTEMBER 30, 2015, RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CERTAIN CONSOLIDATING SCHEDULES THE AUDITED FINANCIAL STATEMENTS DO NOT CONTAIN FOOTNOTE 4 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, 2016 AND CONCLUDED THAT THE ESTIMATED LIABILITY WAS NOT MATERIAL TO THE ORGANIZATION'S FINANCIAL STATEMENTS

2015

Open to Public Inspection

05-0490997

☒ Yes ☐ No

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CITY OF PROVIDENCE 25 DORRACE STREET PROVIDENCE,RI 02903		501(C)(3)	250,000				GENERAL SUPPORT
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVENUE DALLAS,TX 75231	13-5613797	501(C)(3)	15,000				GENERAL SUPPORT
RHODE ISLAND MEDICAL SOCIETY 235 PROMENDADE STREET PROVIDENCE,RI 02908	05-0250010	501(C)(3)	15,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
RHODE ISLAND QUALITY INSTITUTE 50 HOLDEN STREET PROVIDENCE, RI 02908	75-3059336	501(C)(3)	24,792				GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on 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.

OMB No 1545-0047

2015

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
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 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><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	Yes
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	Yes
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
8 Were any amounts reported on 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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported on 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 on 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 2015 FORMS W-2 AND FORMS 1099 (IF APPLICABLE)
SCHEDULE J, PART I, QUESTION 4A	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A SEVERANCE PAYMENT WHICH AMOUNTS WERE INCLUDED ON EACH INDIVIDUAL'S 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. EDWARD M. SCHOTTLAND, \$60,578, PAUL A. BEAUDOIN, \$46,752, PAUL F. MCKENNEY, \$183,614 AND JOHN M. SUTHERLAND, III, \$478,860.
SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES VESTED BENEFITS IN A 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 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. DENNIS D. KEEFE, \$92,633, EDWARD M. SCHOTTLAND, \$46,457, LAWRENCE H. PRICE, M.D., \$42,501 AND SANDRA L. COLETTA, \$79,843. THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS 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 INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THE UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2015 FORM W-2, AS TAXABLE WAGES. ALYSSA V. BOSS, ESQ., \$34,634, F. JOSEPH IANNONI, \$47,501, MARK R. MARCANTANO, \$57,751, MICHAEL J. DACEY, M.D., \$50,001, SANDRA L. COLETTA, \$62,500, JAMES E. FANALE, M.D., \$36,200 AND DOMENIC F. DELMONICO, \$30,524.
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 2015 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2015 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 AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) BECAUSE THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THIS AMOUNT WAS TREATED AS TAXABLE INCOME AND REPORTED ON THE INDIVIDUAL'S 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. DENNIS D. KEEFE, \$89,500. THIS AMOUNT WAS REPORTED ON PRIOR YEAR FORMS 990 AS AT-RISK NON-TAXABLE DEFERRED COMPENSATION IN SCHEDULE 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DENISE M ARCAND MD DIRECTOR	(i)	0	0	1,200	0	0	1,200	0
	(ii)	144,044	0	18,792	9,972	-	-	0
						16,622	189,430	
1DENNIS D KEEFE DIRECTOR - PRESIDENT/CEO/CNE	(i)	895,572	0	140,494	21,200	25,215	1,082,481	89,500
	(ii)	0	0	0	0	-	-	0
						0	0	
2SUSANNA MAGEE MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	174,840	23,000	0	0	-	-	0
						20,616	218,456	
3LOUIS J MARINO MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	295,006	0	831	23,850	-	-	0
						23,925	343,612	
4ALYSSA V BOSS ESQ ASST SEC/SVP & GENERAL COUNSEL	(i)	321,342	29,721	23,104	52,634	19,344	446,145	0
	(ii)	0	0	0	0	-	-	0
						0	0	
5F JOSEPH IANNONI ASST TREAS /SVP/CFO/CNE	(i)	446,331	0	34,252	60,751	23,236	564,570	0
	(ii)	0	0	0	0	-	-	0
						0	0	
6MARK R MARCANTANO PRESIDENT/COO/WIH	(i)	0	0	0	0	0	0	0
	(ii)	611,451	50,000	11,764	76,301	-	-	0
						21,027	770,543	
7MICHAEL J DACEY MD PRESIDENT/COO/KCMH	(i)	0	0	0	0	0	0	0
	(ii)	476,897	17,142	26,935	69,876	-	-	0
						14,600	605,450	
8EDWARD M SCHOTTLAND PRES/COO/MHRI(TERM 10/31/15)	(i)	367,942	0	207,518	13,250	18,989	607,699	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9LAWRENCE H PRICE MD PRESIDENT/COO/BH	(i)	0	0	0	0	0	0	0
	(ii)	396,512	0	69,491	29,001	-	-	0
						25,480	520,484	
10SANDRA L COLETTA CHIEF OPERATING OFFICER	(i)	606,403	31,700	112,028	82,375	5,478	837,984	0
	(ii)	0	0	0	0	-	-	0
						0	0	
11JAMES E FANALE MD CHIEF CLINICAL OFFICER INTEGRA	(i)	316,198	0	8,245	36,200	20,210	380,853	0
	(ii)	0	0	0	0	-	-	0
						0	0	
12KATHLEEN TOPOR CHIEF FINANCIAL OFFICER VNA	(i)	129,423	8,655	21,402	12,117	13,761	185,358	0
	(ii)	0	0	0	0	-	-	0
						0	0	
13JOHN A TORELLO CHIEF TECH OFFICER(EFF 9/2/15)	(i)	140,803	0	911	10,785	16,680	169,179	0
	(ii)	0	0	0	0	-	-	0
						0	0	
14CONSTANCE A HOWES JD FACHE EXECUTIVE VP WOMEN'S HEALTH	(i)	0	0	0	0	0	0	0
	(ii)	575,589	0	45,949	29,150	-	-	0
						3,978	654,666	
15DOMENIC F DELMONICO SR VP CONTRACTING	(i)	272,982	52,212	28,293	54,374	25,126	432,987	0
	(ii)	0	0	0	0	-	-	0
						0	0	
16GAIL COSTA SR VP STRATEGY & SYSTEM DEV	(i)	278,252	101	34,750	29,150	15,130	357,383	0
	(ii)	0	0	0	0	-	-	0
						0	0	
17MARILYN WALSH SR VP HUMAN RESOURCES	(i)	274,550	101	37,297	29,150	13,828	354,926	0
	(ii)	0	0	0	0	-	-	0
						0	0	
18SUMALATHA R GADDAM MD SR VP CIO	(i)	283,867	0	20,026	13,250	22,801	339,944	0
	(ii)	0	0	0	0	-	-	0
						0	0	
19PATRICIA R RECUPERO JD MD SR VP EDUCATION & TRAINING	(i)	230,649	0	18,402	28,582	22,105	299,738	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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21MAYBELLE A KERNAN SR VP MARKETING COMMUNICATIONS	(i)	216,974	0	29,075	26,695	20,018	292,762	0
	(ii)	0	0	0	0	- 0	- 0	0
1HELEN M REED VP REVENUE CYCLE	(i)	261,439	47,826	7,107	26,500	20,819	363,691	0
	(ii)	0	0	0	0	- 0	- 0	0
2STEPHEN M SILVA VP LOGISTIC & SUPPLY CHAIN	(i)	202,232	13,140	20,737	12,015	20,576	268,700	0
	(ii)	0	0	0	0	- 0	- 0	0
3PATRICIA A DEVANEY VP HUMAN RESOURCES	(i)	184,003	28,959	2,133	19,671	14,074	248,840	0
	(ii)	0	0	0	0	- 0	- 0	0
4SUSAN C MARTIN VP CHIEF ACCOUNTING OFFICER	(i)	205,223	0	1,877	15,862	20,494	243,456	0
	(ii)	0	0	0	0	- 0	- 0	0
5ERNEST D FUSARO VP REVENUE CYCLE	(i)	178,613	0	19,426	10,000	12,110	220,149	0
	(ii)	0	0	0	0	- 0	- 0	0
6GAIL E ROBBINS VP STRATEGIC FINANCIAL PLAN	(i)	192,722	0	2,474	10,000	21,510	226,706	0
	(ii)	0	0	0	0	- 0	- 0	0
7PAUL A BEAUDOIN SR VP/CFO/KH (TERM 11/2/15)	(i)	295,298	56,586	120,315	21,050	19,148	512,397	0
	(ii)	0	0	0	0	- 0	- 0	0
8PAUL F MCKENNEY SYS DIR MED STF(TERM 4/10/15)	(i)	81,261	16,576	240,558	13,590	2,808	354,793	0
	(ii)	0	0	0	0	- 0	- 0	0
9KAREN A DAVIE SR VP-PHILAN&GOV(TERM 8/3/15)	(i)	249,448	14,441	70,009	23,850	18,180	375,928	0
	(ii)	0	0	0	0	- 0	- 0	0
10RICHARD J RENEHAN ED CNE PHYS ORG (TERM 3/16)	(i)	216,550	0	13,775	16,907	2,117	249,349	0
	(ii)	0	0	0	0	- 0	- 0	0
11PAUL F HEFFERNAN VP HUMAN RESOURCES	(i)	200,513	0	25,526	17,983	20,558	264,580	0
	(ii)	0	0	0	0	- 0	- 0	0
12JOHN M SUTHERLAND III FORMER OFFICER	(i)	0	0	583,359	0	6,800	590,159	0
	(ii)	0	0	0	0	- 0	- 0	0
13JAMES M BURKE FORMER OFFICER	(i)	183,319	0	1,506	14,529	23,714	223,068	0
	(ii)	0	0	0	0	- 0	- 0	0

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As Filed Data -

DLN: 93493226017587

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

CARE NEW ENGLAND HEALTH SYSTEM

► 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.

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		09-28-2016	138,265,000	REFUND/BOND ISSUANCE COSTS		X		X		X
B RI HEALTH AND EDUCATIONAL BUILDING CORPORATION	52-1300173		06-28-2016	14,156,000	REFUND/BOND ISSUANCE COSTS	X			X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired	0		14,156,000							
2	Amount of bonds legally defeased	0		0							
3	Total proceeds of issue	138,265,000		14,156,000							
4	Gross proceeds in reserve funds	151,273,969		0							
5	Capitalized interest from proceeds	0		0							
6	Proceeds in refunding escrows	0		0							
7	Issuance costs from proceeds	0		0							
8	Credit enhancement from proceeds	1,361,910		0							
9	Working capital expenditures from proceeds	0		0							
10	Capital expenditures from proceeds	0		0							
11	Other spent proceeds	0		0							
12	Other unspent proceeds	0		0							
13	Year of substantial completion	2016		2016							
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue?	X		X							
15	Were the bonds issued as part of an advance refunding issue?		X		X						
16	Has the final allocation of proceeds been made?	X		X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test? . . .	X		X					
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.		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					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?		X		X				
c	No rebate due?								
	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					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	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				
b	Name of provider	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				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X					

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X					

Part VI

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

Return Reference	Explanation
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

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
See Additional Data Table					

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 IS A DIRECTOR OF THIS ORGANIZATION AND AN EXECUTIVE IN THE LAW FIRM OF HINCKLEY, ALLEN & SNYDER, L L P THIS ORGANIZATION UTILIZED THE SERVICES OF THIS FIRM DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2016 TOTAL FEES PAID BY THE ORGANIZATION TO THIS FIRM TOTALED \$742,047 SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARMS-LENGTH NEGOTIATIONS DENISE M ARCAND, M D IS A DIRECTOR OF THE ORGANIZATION THE ORGANIZATION MADE PAYMENTS TO AN ENTITY IN WHICH SHE HAS AN OWNERSHIP INTEREST, ARCAND FAMILY MEDICINE DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2016 PRACTICE SUPPORT AGREEMENT REIMBURSEMENTS MADE TO ARCAND FAMILY MEDICINE WERE \$519,319 COSTS WERE REIMBURSED BASED UPON FAIR MARKET VALUE ANALYSIS AND PURSUANT TO ARM'S LENGTH NEGOTIATIONS THE SPOUSE OF CONSTANCE A HOWES, J D , FACHE IS A PARTNER IN THE LAW FIRM OF ROBERTS, CARROLL, FELDSTEIN & PEIRCE THIS ORGANIZATION UTILIZED THE SERVICES OF THIS FIRM DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2016 TOTAL FEES PAID BY THE ORGANIZATION TO THIS FIRM TOTALED \$527,297 SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARMS-LENGTH NEGOTIATIONS KAREN A DAVIE, THE SENIOR VICE PRESIDENT PHILANTHROPY AND GOVERNMENT OF THIS ORGANIZATION TERMED 8/3/2015 THE ORGANIZATION MADE PAYMENTS TO AN ENTITY IN WHICH SHE HAS AN OWNERSHIP INTEREST, KAREN A DAVIE & ASSOCIATES, L L C DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2016 TOTAL FEES PAID BY THE ORGANIZATION TO THIS COMPANY TOTALED \$222,525 SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARMS-LENGTH NEGOTIATIONS ROBERT G FLANDERS, JR , ESQ IS A DIRECTOR OF THIS ORGANIZATION AND A PARTNER IN THE LAW FIRM OF WHELAN, CORRENTE, FLANDERS, KINDER AND SIKET, L L P THIS ORGANIZATION UTILIZED THE SERVICES OF THIS FIRM DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2016 TOTAL FEES PAID BY THE ORGANIZATION TO THIS FIRM TOTALED \$379,965 SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARMS-LENGTH NEGOTIATIONS MICHELLE GANGE, M D IS A DIRECTOR OF THE ORGANIZATION THE ORGANIZATION MADE PAYMENTS TO AN ENTITY IN WHICH SHE HAS AN OWNERSHIP INTEREST, SOUTHERN NEW ENGLAND HEALTHCARE FOR WOMEN, LLC DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2016 TOTAL FEES PAID BY THE ORGANIZATION TO THIS COMPANY TOTALED APPROXIMATELY \$166,000 SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARMS-LENGTH NEGOTIATIONS

Additional Data

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

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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	742,047	PROFESSIONAL SERVICES		No
(1) ARCAND FAMILY MEDICINE	PLEASE REFER TO PART V	519,319	PRACTICE SUPPORT AGREEMENT		No
ROBERTS CARROLL FELDSTEIN (2) PIERCE	PLEASE REFER TO PART V	527,297	PROFESSIONAL SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(4) KAREN A DAVIE ASSOCIATES LLC	PLEASE REFER TO PART V	222,525	PROFESSIONAL SERVICES		No
WHELAN CORRENTE FLANDERS (1) KINDER LLP	PLEASE REFER TO PART V	379,965	PROFESSIONAL SERVICES		No
SOUTHERN NE HEALTHCARE FOR (2) WOMEN	PLEASE REFER TO PART V	166,000	PRACTICE SUPPORT AGREEMENT		No

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.**2015****Open to Public
Inspection**Name of the organization
CARE NEW ENGLAND HEALTH SYSTEM**Employer identification number**

05-0490997

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>Care New England Health System ===== Care New England Health System ("CNE") is a not-for-profit, tax-exempt organization with its central office in Providence, RI. CNE is the sole corporate member of various health care related organizations, the majority of which are tax-exempt entities. The Internal Revenue Service has recognized CNE as a tax-exempt organization under Internal Revenue Code ("IRC") section 501(c)(3). As the parent organization of a tax-exempt health care delivery system based in Providence, RI, CNE and its affiliates strive to continually develop and operate a multi-hospital health care system which provides substantial community benefit through the provision of a comprehensive spectrum of medically necessary health care services to the residents of the southeastern New England community. CNE ensures that its system provides medically necessary health care services to all individuals in a non-discriminatory manner regardless of race, color, national origin, sex, sexual orientation, gender identity and/or expression, age, physical or mental ability, language, religion, pregnancy, citizenship, marital or parental status, veterans status, ability to pay or other non-medically relevant factor or any other characteristic protected by federal or state law including the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1973 and Section 1557 of the Affordable Care Act. No individuals are denied necessary medical care, treatment or service. History ===== Care New England Health System ("CNE") was formed in February 1996 by founding members Butler Hospital, Kent County Memorial Hospital and Women & 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 CNE 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, THE Memorial Hospital became the fourth hospital in the CNE 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. CNE was founded on the vision that we can build a better system of health care 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, CNE is moving health care forward and reinventing the way health care is delivered. This approach puts a broad spectrum of care - addressing primary care, medical care, surgery, women's health, cardiology, behavioral health, and an array of specialty and subspecialty programs - all under one umbrella so they are easily accessible to patients and families. CN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>E is currently comprised of six members Butler Hospital, Rhode Island's only private, non -profit psychiatric and substance abuse hospital for adults, adolescents and seniors, Kent COUNTY MEMORIAL Hospital, the second largest community hospital in the state, providing a full spectrum of primary and secondary acute care services, Women & Infants Hospital of R hode Island, one of the nation's largest 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, THE 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, the Care New England Wellness Center, which offers an array of rehabilitation, wellness, fitness and educational programs, and The Providence Center, providing outpatient mental health and substance use services in patients homes, schools and neighborhoods The system includes a solid, diverse combination of physician specialists and generalists, and a strong commitment to education Butler HOSPITAL, THE Memorial HOSPITAL and Women & Infants hospital OF RHODE ISLAND are major teaching affiliates of The Warren Alpert Medical School of Brown University, while Kent COUNTY MEMORIAL HOSPITAL is a teaching site for the University of New England College of Osteopathic Medicine In addition, CNE is committed to advancing the field of knowledge in medicine through national and internationally-funded and recognized research projects CNE provides medically necessary health care to patients who meet certain criteria under its charity care policy without charge or at amounts less than the established rates Because CNE 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 CNE has determined qualify for charity care under the systems policies Services to uninsured patients who are not eligible for charity care or for whom CNE was not able to determine their eligibility are not reported as charity care, but reported in the provision for bad debts CNE also sponsors other programs that 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 CNE also actively sponsors programs on health education and wellness CNE 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 =====</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>===== Care New England includes the following internal revenue code section 501(c)(3) tax-exempt hospitals 1 Butler Hospital 2 Kent Hospital 3 Memorial Hospital of Rhode Island 4 Women & infants Hospital Pursuant to its charitable purposes, each CNE hospital provides medically necessary health care 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 CNE institution In addition, each hospital operates consistently with the following criteria outlined in IRS Revenue Ruling 69-545 1 Provides medically necessary health care 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, 4 Control of each rests with the common board of directors of CNE 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, Vision and Values</p> <p>===== Our Mission To be your partner in health Our Vision To create a community of healthier people Our Values Care New Englands organizational values emphasize individual contributions and a team approach that foster - Accountability - Caring - Teamwork</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>Butler Hospital ("BH") ===== BH is a licensed 143-bed, not-for-profit psy chiatric treatment, teaching and research hospital BH was founded in 1844 and serves Rhod e Island and southeastern New England BH - Provides specialized assessments and innovati ve treatments for all major psychiatric illnesses and substance abuse - Focuses on the sp ecial 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 pr ogram that enables patients to receive psychiatric and substance abuse treatment during th e day and return to the comfort of their ow n homes at night - Conducts cutting-edge resea rch helping to unlock the secrets of brain-based diseases Butler secured more than \$11 m illion in grant funding in fiscal year 2015, supporting research in such areas as mood diso rders, obsessive compulsive disorder, anxiety disorders, memory disorders, addictions, Par kinson's Disease, and psychosocial interventions for families - Works to increase underst anding of mental illness and reduce stigma by providing ongoing</p> <p>Kent County Memorial Hosp ital ("KCMH") ===== KCMH is a licensed 359-bed, not-for-pr ofit, acute care hospital KCMH was established in 1951 and is Rhode Island's second large st community hospital w ith the second busiest emergency department KCMH - Offers a full spectrum of inpatient and outpatient health services for all ages - KCMH's Emergency Depa rtment serves some 70,000 annual visits This volume ranks KCMH's Emergency Department amo ng the top 10-percent nationally - Offers advanced technology, installing such advances a s high-speed, multi-slice CT scanners and digital radiology equipment - Offers such speci alty services as a multidisciplinary wound recovery center and a cancer program accredited by the American College of Surgeons - Collaborates with Women & Infants Hospital of Rhod e Island to operate the state's only level II special care nursery and to offer expert bre ast cancer diagnosis and treatment at the Breast Health Center at KCMH - Trains physician s through its emergency medicine, internal medicine and family practice residency programs affiliated w ith the University of New England College of Osteopathic Medicine, one of the country's leading osteopathic medical schools, in addition to fellow ships in undersea and hyperbaric medicine, as w ell as gastroenterology - Helps stroke patients in its Stroke C enter, wh ich 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 i nnovative approaches to recruiting and retaining nurses, including a unique collaboration with Salve Regina University to bring baccalaureate classes on-site for Kent nurses The Memorial Hospital ("TMH") =====</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>===== TMH is a 294-bed community hospital with its main campus is in Pawtucket, RI. It operates primary care and other services in off-site locations in Pawtucket and Central Falls, RI, and Plainville, MA. TMH also has state-of-the-art cancer, endoscopy, rehabilitation, and cardiovascular treatment facilities in Pawtucket. TMH - is affiliated with The Warren Alpert Medical School of Brown University. TMH 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 - is home to the Warren Alpert Medical School's family medicine and internal medicine residency programs, which has spearheaded TMH's medical research endeavors with supported by more than \$18 million in federal funds - 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 care, 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 - Provides numerous services to the community at no charge, including - language interpretation - physician referral - community health screenings - health and wellness education - support groups Women & Infants Hospital of Rhode Island ("W&IHR")</p> <p>===== W&IHR includes 167 adult beds, 80 neonatal intensive care unit beds and 60 newborn bassinets. W&IHR is the ninth largest stand-alone obstetrical service in the country and the largest in New England with approximately 8,500 deliveries per year. A Designated Baby-Friendly USA hospital, U.S. News & World Report 2014-15 Best Children's Hospital in Neonatology and a 2014 Leapfrog Top Hospital. W&IHR is one of the nation's leading specialty hospitals for women and newborns. W&IHR - is the premier health resource in the region for newborns and women and the region's only perinatal center - Opened in 2009 what was at the time the nation's largest single-family room neonatal intensive care unit. The unit provides care for approximately 1,200 babies each year, approximately 15% of whom are brought to W&IHR from other hospitals in Rhode Island, Massachusetts and Connecticut - Offers the services of a general and gynecological surgical program with more than 7,300 procedures performed in fiscal year 2015 - Focuses on the needs of women at every stage of life with such specialized programs as the Fertility Center, the Menopause Program, the Program in Women's Oncology and its Breast Health Center, the Center for Women's B</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ehavioral Health, and the Center for Women's Gastrointestinal Health - Along with Brown, offers fellow ship programs in gynecologic oncology, maternal-fetal medicine, urogynecology and reconstructive pelvic surgery, neonatal-perinatal medicine, pediatric and perinatal p athology, gynecologic pathology and cytopathology, and reproductive endocrinology and infe rtility - Commands a reputation as one of the largest and most prestigious research facil ities in high-risk and normal obstetrics, gynecology and new born pediatrics in the nation and secured more than \$10 million in research dollars in fiscal year 2015, supporting cutt ing-edge research into such areas as high risk and normal obstetrics, urogynecology and pe lvic floor disorders, reproductive endocrinology, general obstetrics and gynecology, ovar ian cancer, uterine cancer, breast cancer, autism spectrum disorders, and perinatal biology

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, QUESTION 2	INTEGRA COMMUNITY CARE NETWORK, L L C , AN ACCOUNTABLE CARE ORGANIZATION, WAS LEGALLY ESTABLISHED CARE NEW ENGLAND HEALTH SYSTEM IS THE SOLE CORPORATE MEMBER INTEGRA COMMUNITY CARE NETWORK, L L C WAS CERTIFIED TO PARTICIPATE IN THE MEDICARE SHARED SAVINGS PROGRAM

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART V, QUESTION 1A & CORE FORM, PART VII, SECTION B	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 THIS ORGANIZATION PAYS ALL OUTSTANDING ACCOUNTS PAYABLE INVOICES ON BEHALF OF MOST OTHER AFFILIATES WITHIN THE SYSTEM IN CONJUNCTION WITH THIS SERVICE, THIS ORGANIZATION ALSO PREPARES AND ISSUES FORMS 1099 TO THESE VENDORS RECEIVING PAYMENTS WHERE APPLICABLE AND FILES THESE FORM 1099 WITH THE INTERNAL REVENUE SERVICE THIS ORGANIZATION ALLOCATED THESE PAYMENTS TO THE APPROPRIATE AFFILIATES WITHIN THE SYSTEM VIA AN INTERCOMPANY ACCOUNT

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 certified public accounting ("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 ("internal working group") 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 FOR THEIR REVIEW. THE ORGANIZATION'S INTERNAL WORKING GROUP 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 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. THEREAFTER, 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>

990 Schedule O, Supplemental Information

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 COMPOSED 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 DU</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	URING 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 I NCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 CORE FORM, 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>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART X, LINE 20	<p>The 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 has a number of outstanding long-term obligated group debt liabilities, including the following bond issuances - Rhode Island Health and Educational Building Corporation Bonds Series 2016A, and - Rhode Island Health and Educational Building Corporation Bonds Series 2016B The bonds outlined above and various other long-term borrowings are allocated by care new England health system, to the following System member hospitals and certain other affiliates The balance sheet of these respective member hospitals and certain other affiliates reflects a obligated group liability Accordingly, this Care New England Health System obligated group liability is reflected on the balance sheet of the following subsidiary organizations - Butler Hospital, EIN 05-0258812 - Kent County Memorial Hospital, EIN 05-0258896 - SHS Ventures, Inc , EIN 05-0510341 - The Memorial Hospital, EIN 05-0259004 - The Providence Center, Inc , EIN 05-0316969 - VNA of Care New England, EIN 05-0242659 - Women and Infants Corporation, EIN 02-2885807 - Women & Infants Hospital of Rhode Island, EIN 05-0258937 Schedule K was prepared on a consolidated basis and is included in the Form 990 of care new England health system, EIN 05-0490997</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XI, LINE 9	OTHER CHANGES IN FUND BALANCE INCLUDE - NONOPERATING EXPENDITURES, (\$2,024,438), - PENSION AND POSTRETIREMENT ADJUSTMENT, (\$850,371), AND - NET TRANSFER TO THE PROVIDENCE CENTER, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, (\$5,369,578)

990 Schedule O, Supplemental Information

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, 2016 AND SEPTEMBER 30, 2015, 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

990 Schedule O, Supplemental Information

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

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CARE NEW ENGLAND HEALTH SYSTEM

► 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.

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	2,688,061	43,268	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

Yes

No

Yes

Yes

No

No

No

No

No

Yes

Yes

No

Yes

Yes

No

Yes

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			

Schedule R (Form 990) 2015

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

[illegible]

Part VII **Supplemental Information**

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
BUTLER HOSPITAL 345 BLACKSTONE BLVD PROVIDENCE, RI 02906 05-0258812	HEALTHCARE	RI	501(C)(3)	HOSPITAL	CNE	Yes	
WOMEN AND INFANTS CORPORATION 300 RICHMOND STREET PROVIDENCE, RI 02903 02-2885807	HEALTHCARE	RI	501(C)(3)	509(A)(3)	CNE	Yes	
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 300 RICHMOND STREET PROVIDENCE, RI 02903 05-0258937	HEALTHCARE	RI	501(C)(3)	HOSPITAL	WIC		No
WOMEN AND INFANTS DEVELOPMENT FOUNDATION 300 RICHMOND STREET PROVIDENCE, RI 02903 22-2885815	HEALTHCARE	RI	501(C)(3)	509(A)(3)	WIC		No
WIH FACULTY PHYSICIANS INC 67 BRIGHAM STREET NEW BEDFORD, MA 02740 04-3579432	HEALTHCARE	MA	501(C)(3)	509(A)(2)	WIH		No
KENT COUNTY MEMORIAL HOSPITAL 455 TOLL GATE ROAD WARWICK, RI 02886 05-0258896	HEALTHCARE	RI	501(C)(3)	HOSPITAL	CNE	Yes	
KENT HOSPITAL FOUNDATION 455 TOLL GATE ROAD WARWICK, RI 02886 05-0514640	SUPPORT ORG	RI	501(C)(3)	509(A)(3)	KCMH		No
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	
HEALTHTOUCH INC 51 HEALTH LANE WARWICK, RI 02886 05-0514949	HEALTHCARE	RI	501(C)(3)	509(A)(2)	KCVNA		No
BUTLER HOSPITAL FOUNDATION 345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906 45-4530540	SUPPORT ORG	RI	501(C)(3)	509(A)(3)	BH		No
SOUTHEASTERN HEALTHCARE SYSTEM INC 111 BREWSTER STREET PAWTUCKET, RI 02860 06-1476858	HEALTHCARE	RI	501(C)(3)	509(A)(3)	CNE	Yes	
THE MEMORIAL HOSPITAL 111 BREWSTER STREET PAWTUCKET, RI 02860 05-0259004	HEALTHCARE	RI	501(C)(3)	HOSPITAL	SEHCS		No
BLACKSTONE HEALTH INC 420 MAIN STREET PAWTUCKET, RI 02860 05-0457007	HEALTHCARE	RI	501(C)(3)	509(A)(1)	SEHCS		No
SHS VENTURES INC 111 BREWSTER STREET PAWTUCKET, RI 02860 05-0510341	HEALTHCARE	RI	501(C)(3)	509(A)(2)	TMH		No
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
THE MEMORIAL HOSPITAL FOUNDATION 111 BREWSTER STREET PAWTUCKET, RI 02860 46-3246618	HEALTHCARE	RI	501(C)(3)	509(A)(3)	TMH		No
GRANDVIEW REALTY CORPORATION 528 NORTH MAIN STREET PROVIDENCE, RI 02904 05-0384362	TITLE HLDG	RI	501(C)(3)	509(A)(2)	TPC		No
GRANDVIEW SECOND CORPORATION 528 NORTH MAIN STREET PROVIDENCE, RI 02904 22-2812929	TITLE HLDG	RI	501(C)(3)	509(A)(2)	TPC		No
NASHUA STREET CORPORATION 528 NORTH MAIN STREET PROVIDENCE, RI 02904 05-0509674	TITLE HLDG	RI	501(C)(3)	509(A)(2)	TPC		No
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
WILSON STREET APARTMENTS 528 NORTH MAIN STREET PROVIDENCE, RI 02904 05-0520857	TITLE HLDG	RI	501(C)(3)	509(A)(2)	TPC		No
THE PROVIDENCE CENTER INC 528 NORTH MAIN STREET PROVIDENCE, RI 02904 05-0316969	HEALTHCARE	RI	501(C)(3)	509(A)(2)	CNE	Yes	
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
(1) KENT COUNTY MEMORIAL HOSPITAL	D	765,193	COST
(1) WOMEN & INFANTS HOSPITAL OF RHODE ISLAND	E	483,727	COST
(2) BUTLER HOSPITAL	L	12,278,663	COST
(3) KENT COUNTY MEMORIAL HOSPITAL	L	43,286,213	COST
(4) WOMEN & INFANTS HOSPITAL OF RHODE ISLAND	L	57,229,182	COST
(5) KENT COUNTY VNA DBA VNA OF CNE	L	1,648,277	COST
(6) THE PROVIDENCE CENTER INC	L	200,000	COST