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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017

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

C Name of organization
WOMEN & INFANTS HOSPITAL OF RI

% KATHY TOPOR
Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
101 DUDLEY STREET

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

D Employer identification number
05-0258937

E Telephone number
(401) 921-7602

G Gross receipts $ 476,580,517

F Name and address of principal officer
JAMES E FANALE MD
101 DUDLEY STREET
PROVIDENCE, RI 02905

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 ▶

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

J Website: ▶ WWW WOMENANDINFANTS ORG

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

L Year of formation 1884 **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 A TEACHING HOSPITAL COMMITTED TO CONTINUALLY IMPROVE THE HEALTH & WELL-BEING OF WOMEN & INFANTS & PROVIDE ESSENTIAL SERVICES REGARDLESS OF ABILITY TO PAY

2 Check this box ▶ ☐ 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	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	2,916
6	Total number of volunteers (estimate if necessary)	6	251
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	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	10,040,636	15,139,597
	9	Program service revenue (Part VIII, line 2g)	499,029,999	457,729,368
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,104,547	1,488,025
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,012,102	1,483,936
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	508,978,190	475,840,926
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	26,554	29,140
	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)	255,163,247	222,268,804
	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)	232,879,039	243,748,220
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	488,068,840	466,046,164
	19	Revenue less expenses Subtract line 18 from line 12	20,909,350	9,794,762

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	310,217,336	320,180,170
	21	Total liabilities (Part X, line 26)	89,879,060	74,481,346
	22	Net assets or fund balances Subtract line 21 from line 20	220,338,276	245,698,824

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

****** 2018-08-13
Signature of officer Date

JOSEPH IANNONI CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Scott J Mariani	Scott J Mariani			P00642486

Firm's name ▶ WithumSmithBrown PC | Firm's EIN ▶

Firm's address ▶ 200 Jefferson Park Suite 400
Whippany, NJ 079811070 | Phone no (973) 898-9494

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

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

WOMEN & INFANTS HOSPITAL OF RHODE ISLAND, A TEACHING HOSPITAL OF THE WARREN ALPERT SCHOOL OF MEDICINE AT BROWN UNIVERSITY, IS COMMITTED TO IMPROVING THE HEALTH AND WELL BEING OF WOMEN AND INFANTS AND TO PROVIDING ESSENTIAL SERVICES REGARDLESS OF ABILITY TO PAY 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 $ 419,444,464 including grants of $ 29,140) (Revenue $ 457,729,368)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 419,444,464

Part IV Checklist of Required Schedules

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
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 . .	**1a** 70			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b** 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 2,916			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 23		
	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** 18		
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**	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**		No
6	Did the organization have members or stockholders?	**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
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**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ MA

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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

	(D)	(E)	(F)
1b Sub-Total . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . . ▶			
d Total (add lines 1b and 1c) . . . . ▶	4,361,292	5,693,056	1,224,118

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 ▶ 407

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶ 0

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	285,493				
d Related organizations	1d	13,243,896				
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f	1,610,208				
g Noncash contributions included in lines 1a-1f $						
h **Total.** Add lines 1a-1f ▶			15,139,597			

Program Service Revenue	Business Code	(A)	(B)	(C)	(D)
2a NET PATIENT SERVICE REVENUE	541900	401,580,708	401,580,708		
b OTHER HEALTHCARE RELATED REVENUE	541900	56,148,660	56,148,660		
c					
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f ▶		457,729,368			

Other Revenue	(i)	(ii)	(A)	(B)	(C)	(D)
3 Investment income (including dividends, interest, and other similar amounts) ▶			679,095			679,095
4 Income from investment of tax-exempt bond proceeds ▶			0			
5 Royalties ▶			0			
	(i) Real	(ii) Personal				
6a Gross rents	560,628					
b Less rental expenses	504,575					
c Rental income or (loss)	56,053	0				
d Net rental income or (loss) ▶			56,053			56,053
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	731,863	77,067				
b Less cost or other basis and sales expenses						
c Gain or (loss)	731,863	77,067				
d Net gain or (loss) ▶			808,930			808,930
8a Gross income from fundraising events (not including $ 285,493 of contributions reported on line 1c) See Part IV, line 18	a	211,372				
b Less direct expenses	b	235,016				
c Net income or (loss) from fundraising events ▶			-23,644			-23,644
9a Gross income from gaming activities See Part IV, line 19	a	0				
b Less direct expenses	b	0				
c Net income or (loss) from gaming activities ▶			0			
10a Gross sales of inventory, less returns and allowances	a	0				
b Less cost of goods sold	b	0				
c Net income or (loss) from sales of inventory ▶			0			
Miscellaneous Revenue		Business Code				
11a CAFETERIA REVENUE		900099	1,219,654			1,219,654
b PHOTO REVENUE		452000	140,210			140,210
c GIFT SHOP REVENUE		812930	50,000			50,000
d All other revenue			41,663			41,663
e **Total.** Add lines 11a–11d ▶			1,451,527			
12 **Total revenue.** See Instructions ▶			475,840,926	457,729,368		2,971,961

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)** Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	29,140	29,140		
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, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,891,753	1,702,578	189,175	
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	160,715,692	144,644,123	16,071,569	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,976,499	2,678,849	297,650	
9 Other employee benefits	45,185,868	40,667,281	4,518,587	
10 Payroll taxes	11,498,992	10,349,093	1,149,899	
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,734,897	1,561,408	173,489	
12 Advertising and promotion	90,271	81,244	9,027	
13 Office expenses	3,714,262	3,342,836	371,426	
14 Information technology	26,591	23,932	2,659	
15 Royalties . .	0			
16 Occupancy	12,094,773	10,885,296	1,209,477	
17 Travel	241,658	217,492	24,166	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			
20 Interest	3,077,128	2,769,416	307,712	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	10,129,003	9,116,103	1,012,900	
23 Insurance . . .	14,611,421	13,150,279	1,461,142	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PURCHASED SERVICES	111,411,518	100,270,366	11,141,152	0
b MEDICAL SUPPLIES	48,313,187	43,481,868	4,831,319	0
c LICENSURE FEE	22,360,880	20,124,792	2,236,088	0
d RESEARCH EXPENSES	12,568,247	11,311,422	1,256,825	0
e All other expenses	3,374,384	3,036,946	337,438	
25 Total functional expenses. Add lines 1 through 24e	466,046,164	419,444,464	46,601,700	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 ▶ ☐ 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 IX . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash-non-interest-bearing		5,250	1	5,250
	2	Savings and temporary cash investments		58,061,477	2	97,244,416
	3	Pledges and grants receivable, net		148,303	3	206,673
	4	Accounts receivable, net		56,856,493	4	48,014,603
	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		32,836	7	0
	8	Inventories for sale or use		3,035,429	8	2,724,081
	9	Prepaid expenses and deferred charges		1,389,205	9	1,319,860
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 349,830,132			
	b	Less accumulated depreciation	10b 229,585,122	127,475,599	10c	120,245,010
	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		49,962,736	13	41,209,864
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		13,250,008	15	9,210,413
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		310,217,336	16	320,180,170
Liabilities	17	Accounts payable and accrued expenses		42,682,667	17	37,483,427
	18	Grants payable		0	18	0
	19	Deferred revenue		5,430,557	19	5,625,584
	20	Tax-exempt bond liabilities		0	20	0
	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		0	23	0
	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		41,765,836	25	31,372,335
	26	**Total liabilities.** Add lines 17 through 25		89,879,060	26	74,481,346
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		197,764,817	27	220,453,405
	28	Temporarily restricted net assets		11,491,383	28	13,512,757
	29	Permanently restricted net assets		11,082,076	29	11,732,662
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		220,338,276	33	245,698,824
	34	Total liabilities and net assets/fund balances		310,217,336	34	320,180,170

Part XI Reconcilliation 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	475,840,926
2	Total expenses (must equal Part IX, column (A), line 25)	2	466,046,164
3	Revenue less expenses Subtract line 2 from line 1	3	9,794,762
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	220,338,276
5	Net unrealized gains (losses) on investments	5	1,659,792
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	13,905,994
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	245,698,824

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 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 05-0258937
Name: WOMEN & INFANTS HOSPITAL OF RI

Form 990 (2016)

Form 990, Part III, Line 4a:

THE HOSPITAL IS THE REGIONAL CENTER FOR WOMEN AND INFANTS HEALTHCARE IN RHODE ISLAND AND ENVIRONS, PROVIDING CARE IN THE AREAS OF OBSTETRICS, NEONATAL INTENSIVE CARE, REPRODUCTIVE ENDOCRINOLOGY, MATERNAL FETAL MEDICINE AND GYNECOLOGY 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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
CHARLES R REPPUCCI ESQ CHAIRMAN - DIRECTOR	1 0 0 0	X		X				0	0	0
CYNTHIA B PATTERSON VICE CHAIR/SEC - DIRECTOR	1 0 0 0	X		X				0	0	0
DOUGLAS JACOBS TREASURER - DIRECTOR	1 0 0 0	X		X				0	0	0
JAMES BOTVIN DIRECTOR	1 0 0 0	X						0	0	0
JASON B BOUDJOUK MD DIRECTOR	1 0 0 0	X						0	703	0
LISA D BOYLE MD DIRECTOR	2 0 0 0	X						15,580	0	0
MARIO BUENO DIRECTOR	1 0 0 0	X						0	0	0
ALLEN H CICCHITELLI DIRECTOR	1 0 0 0	X						0	0	0
SHARON CONRAD-WELLS DIRECTOR	1 0 0 0	X						0	0	0
ESTHER EMARD 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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
ROBERT G FLANDERS JR ESQ DIRECTOR	1 0 0 0	X						0	0	0
GARY E FURTADO DIRECTOR	1 0 0 0	X						0	0	0
JOHN R GALVIN DIRECTOR	1 0 0 0	X						0	0	0
KENT W GLADDING DIRECTOR	1 0 0 0	X						0	0	0
EMILY COPE HARRISON MD 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				0	1,274,257	47,966
SUSAN M KELLY MD DIRECTOR	55 0 0 0	X						0	300,144	32,472
DIANE LIPSCOMBE PHD DIRECTOR	1 0 0 0	X						0	0	0
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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
PATRICK J MURRAY JR DIRECTOR	1 0 0 0	X						0	0	0
GEORGE W SHUSTER DIRECTOR	1 0 0 0	X						0	2,597	0
MARIBETH WILLIAMSON DIRECTOR	1 0 0 0	X						0	0	0
DENISE M ARCAND MD DIRECTOR (TERMED 2/27/17)	55 0 0 0	X						0	175,599	27,802
MICHELE GANGE MD DIRECTOR (TERMED 11/30/16)	5 0 0 0	X						22,460	34,000	0
LOUIS J MARINO MD DIRECTOR (TERMED)	55 0 0 0	X						0	286,982	47,651
ROBERT G PADULA DIRECTOR (TERMED 12/31/16)	1 0 0 0	X						0	0	0
ALYSSA V BOSS ESQ ASST SEC/EVP & GENERAL COUNSEL	55 0 0 0			X				0	410,306	79,299
F JOSEPH IANNONI ASST TREAS /EVP/CFO/CNE	55 0 0 0			X				0	547,548	215,783
MARK R MARCANTANO PRESIDENT/COO	55 0 0 0			X				540,033	0	97,368

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
RAYMOND O POWRIE MD SENIOR VICE PRESIDENT-QUALITY	55 0 0 0			X				558,886	0	39,556
ROBERT M INSOFT SR VP-QUALITY CLIN/CMO	55 0 0 0			X				323,139	0	35,469
MATTHEW J QUIN SR VP-PATIENT CARE SERVICES	55 0 0 0			X				220,201	0	39,061
CHRISTINA D JOHNK SR DR HUMAN RESOURCES	55 0 0 0			X				0	135,021	25,064
DAVID F DUNCAN VP - FACILITIES & SUPPORT SVCS	55 0 0 0			X				0	208,082	24,405
MICHAEL R CULLEN VP - FINANCE (TERMED 04/12/17)	55 0 0 0			X				0	185,165	18,681
MAUREEN G PHIPPS MD CHIEF OF OB/GYN	55 0 0 0					X		564,011	0	41,905
PAUL DISILVESTRO MD PHYSICIAN (TERMED 12/24/16)	55 0 0 0					X		491,997	0	42,210
WILLIAM D LAWRENCE MD PHYSICIAN (TERMED 12/24/16)	55 0 0 0					X		444,638	0	53,874
ROBERT D LEGARE MD MED ONCOL (TRANSFER 9/30/16)	55 0 0 0					X		330,402	105,357	44,522

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
GARY G WHARTON MD MED DIR SURG(TRANSFER 9/30/16)	55 0 0 0					X		338,920	95,018	22,692
CORNELIUS O GRANAI MD FORMER OFFICER	55 0 0 0						X	265,160	158,884	53,566
JOHN M SUTHERLAND III FORMER OFFICER	0 0 0 0						X	0	329,064	3,825
GAIL COSTA FORMER OFFICER	55 0 0 0						X	0	324,510	40,704
KAREN A DAVIE FORMER OFFICER	0 0 0 0						X	0	108,837	0
ANGELLEEN R PETERS-LEWIS FORMER OFFICER	55 0 0 0						X	78,000	192,504	32,539
MAYBELLE A KERNAN FORMER OFFICER	55 0 0 0						X	0	243,113	47,802
ROBERT W PACHECO FORMER OFFICER	0 0 0 0						X	0	222,446	14,701
PAUL F HEFFERNAN FORMER OFFICER	0 0 0 0						X	0	218,283	42,702
CONSTANCE A HOWES JD FACHE FORMER OFFICER	0 0 0 0						X	167,865	0	19,516

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
JOSEPH RODA FORMER OFFICER	0 0 0 0						X	0	134,636	32,983

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
WOMEN & INFANTS HOSPITAL OF RI

Employer identification number
05-0258937

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 ☐ 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)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 10 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		
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 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)** 2012	**(b)** 2013	**(c)** 2014	**(d)** 2015	**(e)** 2016	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)** 2012	**(b)** 2013	**(c)** 2014	**(d)** 2015	**(e)** 2016	**(f)** Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2015 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **331/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	**1**		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	**2**		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	**3a**		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination*	**3b**		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use*	**3c**		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	**4a**		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	**4b**		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	**4c**		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	**5a**		
b	**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?	**5b**		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	**5c**		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	**6**		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	**7**		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	**8**		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	**9a**		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	**9b**		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	**9c**		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	**10a**		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	**10b**		

Part IV **Supporting Organizations** (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***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*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	**2**		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***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*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***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*	**2b**		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	**3b**		

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

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

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

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226019128

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

2016

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	Employer identification number
WOMEN & INFANTS HOSPITAL OF RI	05-0258937

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 ▶ $ 0
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ 0
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ 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? ☐ Yes ☐ 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)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns		

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

		(a)	(b)
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a If zero or less, enter -0-		
i	Subtract line 1f from line 1c If zero or less, enter -0-		
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ **Yes**	☐ **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)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		
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)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1I	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, INCLUDING THIS ORGANIZATION THIS AMOUNT CAN BE REVIEWED ON THE FORM 990 FILED BY CARE NEW ENGLAND HEALTH SYSTEM

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226019128

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
2016
Open to Public Inspection

Name of the organization
WOMEN & INFANTS HOSPITAL OF RI

Employer identification number
05-0258937

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	15,547,805	8,337,523	9,119,930	8,907,591	8,426,166
b Contributions	91,397	6,627,046		0	106,415
c Net investment earnings, gains, and losses	2,213,725	1,383,088	-514,432	589,791	846,615
d Grants or scholarships					
e Other expenditures for facilities and programs	698,986	706,688	267,975	377,452	423,810
f Administrative expenses	99,535	93,164			47,795
g End of year balance	17,054,406	15,547,805	8,337,523	9,119,930	8,907,591

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 ▶ 100 000 %

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

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

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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	3,244,245		3,244,245
b Buildings	0	197,705,784	104,205,237	93,500,547
c Leasehold improvements	0	20,838,039	12,963,614	7,874,425
d Equipment		126,216,304	112,404,892	13,811,412
e Other	0	1,825,760	11,379	1,814,381
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				120,245,010

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) ENDOWMENT FUNDS	17,054,406	F
(2) BOARD DESIGNATED FUNDS	16,102,537	F
(3) SELF-INSURANCE FUNDS	7,692,537	F
(4) TRUSTEE-HELD FUNDS	0	F
(5) OTHER ASSETS - LT	360,384	F
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	41,209,864	

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO AFFILIATES	1,180,697
ESTIMATED 3RD PARTY PAYOR STLM	15,311,906
PENSION PAYABLE	8,854,931
OTHER LIABILITIES - LT	360,384
RESERVE FOR LOSSES	5,664,417
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	31,372,335

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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: 05-0258937
Name: WOMEN & INFANTS HOSPITAL OF RI

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, QUESTION 4	THE HOSPITAL'S ENDOWMENTS CONSIST OF NUMEROUS INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY O F PURPOSES THE PURPOSES INCLUDE GENERAL PURPOSE, HEALTHCARE SERVICES, INDIGENT CARE, HEAL TH EDUCATION AND FOR USE IN FURTHERING THE TAX-EXEMPT CHARITABLE PURPOSE OF THIS ORGANIZAT ION

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X	THE ORGANIZATION IS AN AFFILIATE WITHIN CARE NEW ENGLAND HEALTH SYSTEM AND AFFILIATES, A T AX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM'S PARENT ENTITY IS CARE NEW ENGLAND HEALTH SYSTEM AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM AU DITED THE CONSOLIDATED FINANCIAL STATEMENTS OF CARE NEW ENGLAND HEALTH SYSTEM AND ALL ENTI TIES WITHIN THE SYSTEM FOR THE YEARS ENDED SEPTEMBER 30, 2017 AND SEPTEMBER 30, 2016, RESP ECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CERTAIN CONSOLIDATING SCHEDULE S THE AUDITED FINANCIAL STATEMENTS DO NOT CONTAIN FOOTNOTE DISCLOSURE RELATED TO THE ORGA NIZATION'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, 2017 AND CONCLUDED THAT THE ESTIMATED LIABILITY WAS NOT MATERIAL TO THE ORGANIZATION'S FINANCI AL STATEMENTS

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
WOMEN & INFANTS HOSPITAL OF RI

Employer identification number
05-0258937

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean	1	1	Program Services	FINANCIAL VEHICLE	10,379,359
3a Sub-total	1	1			10,379,359
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	1	1			10,379,359

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

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

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

3 Enter total number of other organizations or entities . . . . ▶

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

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

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☑ Yes ☐ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☑ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☑ Yes ☐ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☑ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☑ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☑ No

Additional Data

Software ID:
Software Version:
EIN: 05-0258937
Name: WOMEN & INFANTS HOSPITAL OF RI

Part V **Supplemental Information**

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
WOMEN & INFANTS HOSPITAL OF RI

Employer identification number
05-0258937

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 **SIGNATURE EVENT** (event type)	(b) Event #2 **TICKLED PINK** (event type)	(c) Other events **0** (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	467,281	29,584	0	496,865
	2 Less Contributions	285,493	0	0	285,493
	3 Gross income (line 1 minus line 2)	181,788	29,584	0	211,372
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	57,158	29,047	0	86,205
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	124,630	24,181	0	148,811
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				235,016
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-23,644

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities ____________

a Is the organization licensed to conduct gaming activities in each of these states? ☐ **Yes** ☐ **No**

b If "No," explain ____________

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ **Yes** ☐ **No**

b If "Yes," explain ____________

11 Does the organization conduct gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶ 101 DUDLEY STREET
PROVIDENCE, RI 02905

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $____________

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
WOMEN & INFANTS HOSPITAL OF RI

Employer identification number
05-0258937

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,724,306	1,521,491	2,202,815	0 470 %
b Medicaid (from Worksheet 3, column a)			162,885,306	130,150,762	32,734,544	7 020 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			371,612	139,876	231,736	0 050 %
d Total Financial Assistance and Means-Tested Government Programs			166,981,224	131,812,129	35,169,095	7 540 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,033,612	455,860	577,752	0 120 %
f Health professions education (from Worksheet 5)			19,936,746	54,571	19,882,175	4 260 %
g Subsidized health services (from Worksheet 6)			36,882,066	26,793,425	10,088,641	2 160 %
h Research (from Worksheet 7)			14,294,130	10,736,985	3,557,145	0 760 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			198,145	0	198,145	0 040 %
j Total. Other Benefits			72,344,699	38,040,841	34,303,858	7 340 %
k Total. Add lines 7d and 7j			239,325,923	169,852,970	69,472,953	14 880 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	9,119,993		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	3,885,117		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	24,679,451
6	Enter Medicare allowable costs of care relating to payments on line 5	6	22,957,489
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	1,721,962

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group WOMEN & INFANTS HOSPITAL OF RI

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
	Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW CARENEWENGLAND ORG			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW CARENEWENGLAND ORG			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group WOMEN & INFANTS HOSPITAL OF RI

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
	a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 300 %			
	b ☐ Income level other than FPG (describe in Section C)			
	c ☑ Asset level			
	d ☐ Medical indigency			
	e ☑ Insurance status			
	f ☑ Underinsurance discount			
	g ☐ Residency			
	h ☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
	a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
	b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
	c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
	d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
	e ☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The FAP was widely available on a website (list url) WWW CARENEWENGLAND ORG			
	b ☑ The FAP application form was widely available on a website (list url) WWW CARENEWENGLAND ORG			
	c ☑ A plain language summary of the FAP was widely available on a website (list url) WWW CARENEWENGLAND ORG			
	d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
	f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
	h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
	i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
	j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group WOMEN & INFANTS HOSPITAL OF RI

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☑ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
	If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☑ Processed incomplete and complete FAP applications d ☑ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

			Yes	No
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
	If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

WOMEN & INFANTS HOSPITAL OF RI

Name of hospital facility or letter of facility reporting group

		Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☐ The hospital facility used a prospective Medicare or Medicaid method			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
If "Yes," explain in Section C			

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **40**

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	NOT APPLICABLE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	NOT APPLICABLE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	No costs relating to subsidized healthcare services are attributable to any physician clinics

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	WORKSHEET 2, "RATIO OF PATIENT CARE COST-TO-CHARGES" WAS USED TO COMPLETE THE COST-TO-CHARGE RATIO USED IN PART 1, LINE 7, utilizing datA from the financiaL STATEMENTS AND MEDICARE COST REPORT FOR FY 2017

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	Women & infants hospital of rhode island has direct involvement in numerous community building activities that promote and improve the health status and general betterment of the communities served by the hospital This is accomplished through service on state and regional advocacy committees and boards, volunteerism with local community-based non-profit advocacy groups, and participation in conferences and other educational activities to promote understanding of the root causes of health concerns This organization provides educational materials, conducts community health fairs and holds health education seminars and outreach sessions for its patients and for community providers Presentations are provided by physicians, nurses and other healthcare professionals

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 4	PROVISION FOR BAD DEBT WAS CALCULATED USING THE ORGANIZATION'S BAD DEBT EXPENSE FROM ITS AUDITED FINANCIAL STATEMENTS, NET OF ACCOUNTS WRITTEN OFF AT CHARGES THE ORGANIZATION AND ITS AFFILIATES PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS THE SYSTEM'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (PROVISION FOR BAD DEBT) METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED ACROSS ALL HOSPITAL AFFILIATES THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS OF THE ORGANIZATION Allowance for Doubtful Accounts Accounts receivable are reduced by an allowance for doubtful accounts In evaluating the collectability of accounts receivable, the Health System analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts For receivables associated with services provided to patients who have third-party coverage, the Health System analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely) For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Health System records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay a portion of their bill for which they are financially responsible The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts CHARITY CARE THE HEALTH SYSTEM PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER THEIR CHARITY CARE POLICIES WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES BECAUSE THE HEALTH SYSTEM DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS NET PATIENT REVENUE

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, QUESTION 8	The inpatient medicare allowable costs were determined from the submitted fy 2017 medicare cost report, worksheet d-1, line 49 Worksheet d-1, line 49 does not include direct gme c osts The outpatient allowable costs come from worksheet e, part b medicare underpayments and Bad debt is community benefit and associated costs are includable on the form 990, sc hedule h, part i the organization did not include medicare underpayments (shortfall) and bad debt in the calculation of their community benefit percentage however, The organizati on feels that medicare underpayments (shortfall) and bad debt are community benefit and as sociated costs are includable on the form 990, schedule h, part i As outlined more fully below, the organization believes that these services and related costs promote the health of the community as a whole and are rendered in conjunction with the organization's charit able tax-exempt purposes and mission in providing medically necessary healthcare services to all individual's in a non-discriminatory manner without regard to race, color, creed, s ex, national origin or ability to pay and consistent with the community benefit standard p romulgated by the irs The community benefit standard is the current standard for a hospit al for recognition as a tax-exempt and charitable organization under internal revenue code ("irc") 501(c)(3) The organization is recognized as a tax-exempt entity and charitable o rganization under 501(c)(3) of the irc Although there is no definition in the tax code fo r the term "charitable", a regulation promulgated by the department of the treasury provid es some guidance and states that "[t]he term charitable is used in 501(c)(3) in its genera lly accepted legal sense,provides examples of charitable purposes, including the relief of the poor or unprivileged, the promotion of social welfare, and the advancement of educati on, religion, and science Note it does not explicitly address the activities of hospitals In the absence of explicit statutory or regulatory requirements applying the term "chari table" to hospitals, it has been left to the irs to determine the criteria hospitals must meet to qualify as irc 501(c)(3) charitable organizations The original standard was known as the charity care standard This standard was replaced by the irs with the community be nefit standard which is the current standard Charity care standard In 1956, the irs issue d revenue ruling 56-185, which addressed the requirements hospitals needed to meet in orde r to qualify for irc 501(c)(3) status One of these requirements is known as the "charity care standard " under the standard, a hospital had to provide, to the extent of its financ ial ability, free or reduced-cost care to patients unable to pay for it A hospital that e xpected full payment did not, according to the ruling, provide charity care based on the f act that some patients ultimately failed to pay The ruling emphasized that a low level of charity care did not necessarily mean that a hospital had failed to meet the requirement since that level could reflect its financial ability to provide such care The ruling also noted that publicly supported community hospitals would normally qualify as charitable or ganizations because they serve the entire community, and a low level of charity care would not affect a hospital's exempt status if it was due to the surrounding community's lack o f charitable demands Community benefit standard In 1969, the irs issued revenue ruling 69 -545, which "remove[d]" from revenue ruling 56-185 "the requirements relating to caring fo r patients without charge or at rates below cost " under the standard developed in revenue ruling 69-545, which is known as the "community benefit standard," hospitals are judged o n whether they promote the health of a broad class of individuals in the community The ru ling involved a hospital that only admitted individuals who could pay for the services (by themselves, private insurance, or public programs such as medicare), but operated a full- time emergency room that was open to everyone The irs ruled that the hospital qualified a s a charitable organization because it promoted the health of people in its community The irs reasoned that because the promotion of health was a charitable purpose according to t he general law of charity, it fell within the "generally accepted legal sense" of the term "charitable," as required by treas Reg 1 501(c)(3)-1(d)(2) The irs ruling stated that the promotion of health, like the relief of poverty and the advancement of education and r eligion, is one of the purposes in the general law of charity that is deemed beneficial to the community as a whole even though the class of beneficiaries eligible to receive a dir ect benefit from its activities does not include all members of the community, such as ind igent members of the community, provided that the class is not so small that its relief is not of benefit to the community The irs conclude

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, QUESTION 8	d that the hospital was "promoting the health of a class of persons that is broad enough t o benefit the community" because its emergency room was open to all and it provided care t o everyone who could pay, whether directly or through third-party reimbursement Other cha racteristics of the hospital that the irs highlighted included the following its surplus funds were used to improve patient care, expand hospital facilities, and advance medical t raining, education, and research, it was controlled by a board of trustees that consisted of independent civic leaders, and hospital medical staff privileges were available to all qualified physicians The organization believes that medicare underpayments and bad debt a re community benefit and associated costs are includable on the form 990, schedule h, part i The american hospital association ("aha") feels that medicare underpayments (shortfall) and bad debt are community benefit and thus includable on the form 990, schedule h, part i This organization agrees with the aha position As outlined in the aha letter to the i rs dated august 21, 2007 with respect to the first published draft of the new form 990 and schedule h, the aha felt that the irs should incorporate the full value of the community benefit that hospitals provide by counting medicare underpayments (shortfall) as quantifia ble community benefit for the following reasons - providing care for the elderly and serv ing medicare patients is an essential part of the community benefit standard - medicare, like medicaid, does not pay the full cost of care Recently, medicare reimburses hospitals only 92 cents for every dollar they spend to take care of medicare patients The medicare payment advisory commission ("medpac") in its march 2007 report to congress cautioned tha t underpayment will get even worse, with margins reaching a 10-year low at negative 5 4 pe rcent - many medicare beneficiaries, like their medicaid counterparts, are poor More tha n 46 percent of medicare spending is for beneficiaries whose income is below 200 percent o f the federal poverty level Many of those medicare beneficiaries are also eligible for me dicaid -- so called eligibles " There is every compelling public policy reason to treat me dicare and medicaid underpayments similarly for purposes of a hospital's community benefit and include these costs on form 990, schedule h, part i Medicare underpayment must be sh ouldered by the hospital in order to continue treating the community's elderly and poor T hese underpayments represent a real cost of serving the community and should count as a qu antifiable community benefit Both the aha and this organization also feel that patient ba d debt is a community benefit and thus includable on the form 990, schedule h, part i Lik e medicare underpayment (shortfalls), there also are compelling reasons that patient bad d ebt should be counted as quantifiable community benefit as follows - a significant majori ty of bad debt is attributable to low-income patients, who, for many reasons, decline to c omplete the forms required to establish eligibility for hospitals' charity care or financi al assistance programs A 2006 congressional budget office ("cbo") report, nonprofit hospi tals and the provision of community benefits, cited two studies indicating that "the great majority of bad debt was attributable to patients with income below 200% of the federal p overty line " - the report also noted that a substantial portion of bad debt is pending ch arity care Unlike bad debt in other industries, hospital bad debt is complicated by the f act that hospitals follow their mission to the community and treat every patient that come s through their emergency department, regardless of ability to pay Patients who have outs tanding bills are not turned away, unlike other industries Bad debt is further complicate d by the auditing industry's standards on reporting charity care Many patients cannot or do not provide the necessary

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Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION C, QUESTION 9B	Women & infants hospital of rhode island does not pursue collection for those patients who qualify for 100% financial assistance, but our normal collection policy would apply for patients receiving partial financial assistance (discounted by reason of income/assets on the fpg between 200% and 300%) or facing extreme hardships

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 2	IN ADDITION TO THE INTERNAL REVENUE CODE 501(R) COMMUNITY HEALTH NEEDS ASSESSMENT INFORMATION OUTLINED IN FORM 990, SCHEDULE H, PART V, SECTION B, CARE NEW ENGLAND HEALTH SYSTEM CONDUCTS A REVIEW OF KEY MARKET FACTORS FOR WOMEN & INFANTS HOSPITAL OF RI ANNUALLY WHICH INCLUDES THE ORGANIZATION CONTINUALLY REVIEWS AND EVALUATES CURRENT AND PROPOSED PROGRAMS TO ENSURE THAT PROGRAMS OFFERING THE MOST BENEFIT WILL CONTINUE TO BE SUPPORTED BY THE HOSPITAL THE HOSPITAL ALIGNS ITS COMMUNITY PROGRAMS IN SUPPORT OF THE RHODE ISLAND DEPARTMENT OF HEALTH HEALTHY PEOPLE 2010 INITIATIVES OBJECTIVE 2 OVERWEIGHT AND OBESITY, OBJECTIVE 3 TOBACCO USE, OBJECTIVE 9 IMMUNIZATION AND OBJECTIVE 10 ACCESS TO HEALTHCARE THESE WILL BE UPDATED WITH NEW STATEWIDE GUIDELINES DUE OUT LATER THIS YEAR PLEASE REFER TO SCHEDULE O FOR A DETAILED COMMUNITY BENEFIT STATEMENT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 3	As a not for-profit entity, women & infants hospital of rhode island's first consideration in the admission and placement or treatment of any patient is the patient's medical needs Some patients hesitate to obtain necessary care because of their financial concerns A notice of financial aid appears on all statements sent to patients Also, it is prominently posted in the patient assessment department, admission areas, outpatient care areas and on the organization's website Also, the notice is available in the three most common languages used by the patient population in accordance with the applicable "standards for culturally and linguistically appropriate services in healthcare" (standards 4 and 7, based on title vi of the civil rights act of 1964) Uninsured and underinsured patients are counseled at the point of service or during the billing process about any federal, state or local programs that they may be eligible for, and assistance with applications is also provided

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 4	Women & Infants HOSPITAL OF RHODE ISLAND'S primary service area consists OF A SUBURBAN POPULATION IN PROVIDENCE, RHODE ISLAND WITH A TOTAL POPULATION OF 178,042 THE AVERAGE HOUSEHOLD INCOME IS $36,925 AND 26 3 PERCENT OF THE POPULATION HAS INCOME BELOW THE POVERTY LEVEL TWENTY FOUR HOSPITALS SERVE THE PRIMARY SERVICE AREA AND A SIGNIFICANT PERCENT OF HOSPITAL DISCHARGES ARE MEDICARE, MEDICAID AND UNINSURED PATIENTS AS OF THE 2010 AMERICAN COMMUNTIY SURVEY CONDUCTED BY THE U S CENSUS BUREAU, PROVIDENCE CONSISTED OF THE FOLLOWING GROUPS 37 6% OF THE POPULATION WERE CAUCASIAN, 38 1% OF THE POPULATION WERE HISPANICS AND LATINOS OF ANY RACE AND 13 1% WERE BLACK OR AFRICAN AMERICANS

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 5	The organization and the entire care new england health system promote the health of the community on a daily basis throughout the year The system coordinates and offers numerous community benefit programs, activities and support groups to the community Please refer to schedule o for a detailed community benefit statement

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE THE CARE NEW ENGLAND HEALTH SYS TEM NOT FOR-PROFIT CARE NEW ENGLAND HEALTH SYSTEM ENTITIES CARE NEW ENGLAND HEALTH SYSTE M CARE NEW ENGLAND HEALTH SYSTEM IS THE TAX-EXEMPT PARENT OF THE CARE NEW ENGLAND HEALTH S YSTEM ("CNE") THIS TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP O F AFFILIATED HEALTHCARE ORGANIZATIONS THIS ORGANIZATION IS THE SOLE MEMBER OR STOCKHOLDER OF EACH AFFILIATED ENTITY CNE IS AN INTEGRATED SYSTEM OF HEALTHCARE PROVIDERS THROUGHOUT THE STATE OF RHODE ISLAND CARE NEW ENGLAND HEALTH SYSTEM IS AN ORGANIZATION RECOGNIZED B Y THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) A ND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) AS THE PARENT ORGANIZATION, CARE NEW ENGLAND HEALTH SYSTEM STRIVES TO CONTINUALLY DEVELOP AND OPERATE A MULTI-HOSPITAL HEALTHCARE SYSTEM WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF HEALTHCARE SERVICES TO THE RESIDENTS OF RHODE ISL AND AND SURROUNDING COMMUNITIES CARE NEW ENGLAND HEALTH SYSTEM ENSURES THAT ITS SYSTEM PR OVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLO R, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY NO INDIVIDUALS ARE DENIED NECESSARY MEDI CAL CARE, TREATMENT OR SERVICES CNE'S ACTIVE HOSPITALS INCLUDE BUTLER HOSPITAL, WOMEN & I NFANTS HOSPITAL OF RHODE ISLAND, KENT COUNTY MEMORIAL HOSPITAL AND THE MEMORIAL HOSPITAL EACH OF THESE HOSPITALS OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 EACH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL IND IVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDI CAID PATIENTS, 2 EACH OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 EACH MAINTAINS AN OPEN MEDICAL STAFF, W ITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4 CONTROL OF EACH RESTS WITH THE CO MMON BOARD OF DIRECTORS OF CARE NEW ENGLAND HEALTH SYSTEM THE BOARD IS COMPRISED OF A MAJ ORITY OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, AND 5 SU RPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIE S AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES BUTLER HOSPITAL BUTLER HOSPITAL IS A 117-BED NON-PROFIT PRIVATE, NON-PROFIT PSYCHIATRIC AND SUBSTANCE ABUSE HOSPITAL FOR ADULTS , ADOLESCENTS, CHILDREN, AND SENIORS LOCATED IN PROVIDENCE, RHODE ISLAND BUTLER HOSPITAL IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EX EMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALL Y NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, BUTLER HOSPITAL OPERATES CONSISTENTLY WITH TH E CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 KENT COUNTY MEMORIAL HOSPITAL KENT COUNT Y MEMORIAL HOSPITAL IS A 359-BED NON-PROFIT ACUTE CARE HOSPITAL LOCATED IN WARWICK, RHODE ISLAND KENT COUNTY MEMORIAL HOSPITAL IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOS ES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS R EGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, KENT CO UNTY MEMORIAL HOSPITAL OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RUL ING 69-545 WOMEN & INFANTS HOSPITAL OF RHODE ISLAND WOMEN & INFANTS HOSPITAL OF RHODE ISL AND IS A 247-BED AND 60-BASSINET NON-PROFIT SPECIALTY HOSPITAL FOR WOMEN AND NEWBORNS LOCA TED IN PROVIDENCE, RHODE ISLAND WOMEN & INFANTS CORPORATION IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT T O ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVIC ES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, WOMEN & INFANTS CORPORATION OPERATES CONSISTENTLY WITH THE CRITERIA OUTLIN ED IN IRS REVENUE RULING 69-545 BUTLER HOSPITAL FOUNDATION BUTLER HOSPITAL FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTER NAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CO DE 509(A)(3) THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURP OSES, PROGRAMS AND SERVICES OF BUTLER HOSPITAL, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDI VIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORI GIN OR ABILITY TO PAY KENT COUNTY VISITING NURSE ASSOCIATION KENT COUNTY VISITING NURSE A SSOCIATION IS AN ORGANIZATION RECOGNIZED BY THE IN

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	TERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THE ORGANIZATION PROVI DES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY KENT HOSPITAL FOUNDATION KENT HOSPITAL FOUN DATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUAN T TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARI TABLE PURPOSES, PROGRAMS AND SERVICES OF KENT COUNTY MEMORIAL HOSPITAL, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHC ARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY WOMEN & INFANTS DEVELOPMENT FOUNDATION WOME N & INFANTS DEVELOPMENT FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE S ERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUN DATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) THROUGH FUNDRAISING ACTIVITIES THE ORG ANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF WOMEN & INFANTS HOSPI TAL OF RHODE ISLAND, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, TH AT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINA TORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY THE MEMORIAL HOSPITAL FOUNDATION THE MEMORIAL HOSPITAL FOUNDATION IS AN ORGANIZATION RECOGNIZE D BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) THROUGH FUN DRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVIC ES OF THE MEMORIAL HOSPITAL, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZA TION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DI SCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO P AY VNA OF CARE NEW ENGLAND FOUNDATION VNA OF CARE NEW ENGLAND FOUNDATION IS AN ORGANIZATI ON RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE C ODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS KENT COUNTY VISITING NURSE ASSOC IATION THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF KENT COUNTY VISITING NURSE ASSOCI ATION, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES ME DICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER RE GARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY WOMEN & INFANTS CO RPORATION WOMEN & INFANTS CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENU E SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE F OUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) THE ORGANIZATION IS THE PARENT ENTI TY OF WOMEN & INFANTS HOSPITAL OF RHODE ISLAND AND ITS AFFILIATES, WHICH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, N ATIONAL ORIGIN OR ABILITY TO PAY WIH FACULTY PHYSICIANS, INC WIH FACULTY PHYSICIANS, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVEN UE CODE 509(A)(2) THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO AL L INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY HE ALTHTOUCH, INC HEALTHTOUCH, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SE RVICE AS TAX-EXEMPT PURSUANT TO INTERNAL

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 7	NOT APPLICABLE THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN RHODE ISLAND NO COMMUNITY BENEFIT REPORT IS FILED WITH THE STATE OF RHODE ISLAND

Additional Data

Software ID:
Software Version:
EIN: 05-0258937
Name: WOMEN & INFANTS HOSPITAL OF RI

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	WOMEN & INFANTS HOSPITAL OF RI 101 DUDLEY STREET PROVIDENCE, RI 02905 WWW WOMENANDINFANTS ORG HOS00126	X	X		X		X	X			1

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

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

Form and Line Reference	Explanation
SCH H, PART V, SEC B, Q'S 3J,7D,13B,13H,15E,16J,18E,19E,20E,21C,21D,23&24	NOT APPLICABLE
SCHEDULE H, PART V, SECTION B, QUESTION 5	The COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) included wide participation of public health experts and representatives of medically underserved, low income, and minority populations The RI Department of Health (DOH) and Health Equity Zone (HEZ) partners were included throughout the process to collect insights and proved access to underserved populations Partner Forums which included more than 40 participants were held in Providence and Pawtucket Input from these forums was used to develop priorities for the plan

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTIONS 6A & 6B	Care New England Health System (CNE) participated in a statewide Community Health Needs Assessment, led by the Hospital Association of Rhode Island (HARI), and its member hospitals (Our Lady of Fatima Hospital, Roger Williams Medical Center, Landmark Medical Center, South County Hospital and The Westerly Hospital) HARI CHNA partners jointly conducted a prioritization to identify key statewide community health needs Care New England Health System's hospitals Butler Hospital, Kent Hospital, Memorial Hospital of Rhode Island, and Women & Infants Hospital identified system priorities and developed a system-wide Implementation Plan which aligned with the prioritized statewide health issues Each hospital also CONDUCTED its own Needs Assessment
SCHEDULE H, PART V, SECTION B, QUESTION 7A	The organization is an affiliate within Care New England Health System, a tax-exempt integrated healthcare delivery system ("system") Due to character limitationS, the website listed in Part V, Section B, Question 7A, is the home page for the system The CHNA can be accessed at the following page included in the systems Website http //www carenewengland org/about/upload/women-Infants-hospital-final-20 16 pdf

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 8	THE FACILITY, WITH LIMITED RESOURCES, PRIORITIZED HEALTH NEEDS THAT WERE IDENTIFIED AND DEVELOPED AN IMPLEMENTATION PLAN TO ADDRESS THESE PRIORITY HEALTH NEED AREAS THE SYSTEM AND FACILITY STRATEGIC PLAN MAPS TO IMPROVED COMMUNITY HEALTH AND THE CHNA IMPLEMENTATION PLAN THE CHNA IMPLEMENTATION PLAN INCLUDES RESOURCES, ACTION AND GOALS (MEASURABLE)
SCHEDULE H, PART V, SECTION B, QUESTION 10A	The organization is an affiliate within Care New England Health System, a tax-exempt integrated healthcare delivery system ("system") Due to character limitationS, the website listed in Part V, Section B, Question 10A, is the home page for the system The IMPLEMENTATION STRATEGY can be accessed at the following page included in the systems Website http //www carenewengland org/about/upload/women-Infants-hospital-final-20 16 pdf

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 11	The HARI CHNA Steering Committee correlated quantitative and qualitative data from the 2016 CHNA and compared with findings from the 2013 CHNA and RI DOH Community Health Improvement Plan to define statewide health priorities In line with the 2013 CHNA and the RI DOH, the following community health issues were identified as priorities across the state - Behavioral Health, - Chronic Disease Diabetes & Heart Disease, AND - Maternal & Child Health Care New England adopted the following priorities and assigned executive sponsors for each of the statewide goals Behavioral Health - Prevent opioid use addiction and opioid addiction in conjunction with other substances, AND - Decrease morbidity and mortality from opioid use and opioid use with other substances Chronic Disease Diabetes - Reduce the number of new cases of diabetes, AND - Decrease morbidity and mortality from type 2 diabetes and diabetes-related conditions Maternal and Child Health - Increase health pregnancies and improve birth outcomes for at-risk mothers and babies, AND - Reduce the disparity in prenatal care, preterm births, low birthweight, and infant mortality among at-risk black/African American families
SCHEDULE H, PART V, SECTION B, QUESTION 16	THE ORGANIZATION IS AN AFFILIATE WITHIN CARE NEW ENGLAND HEALTH SYSTEM, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTIONS 16A, 16B AND 16C, IS THE HOME PAGE FOR THE SYSTEM THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY CAN BE ACCESSED AT THE FOLLOWING URL WHICH IS INCLUDED IN THE SYSTEM'S WEBSITE HTTP //WWW CARENEWENGLAND ORG/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE CFM

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

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

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?____________________________

Name and address	Type of Facility (describe)
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 134 THURBERS AVENUE PROVIDENCE, RI 02905	HOSPITAL DEPARTMENTS (AUDIOLOGY, PROJECT LINK, ETC)
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 1 BLACKSTONE PLACE PROVIDENCE, RI 02903	MEDICAL
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND KENT HOSPITAL 455 TOLL GATE ROAD WARWICK, RI 02886	HOSPITAL LABORATORY
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 70 ELM STREET PROVIDENCE, RI 02905	HOSPITAL LABORATORY
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 90 PLAIN STREET PROVIDENCE, RI 02903	PHYSICIAN PRACTICE
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 11 WELLS STREET WESTERLY, RI 02891	PHYSICIAN PRACTICE
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 70 ELM STREET PROVIDENCE, RI 02905	HOSPITAL LABORATORY
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 70 ELM STREET PROVIDENCE, RI 02905	HOSPITAL LABORATORY
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 695 EDDY STREET PROVIDENCE, RI 02903	MEDICAL, UROGYNECOLOGY & LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND ONE RANDALL SQUARE PROVIDENCE, RI 02904	PHYSICIAN PRACTICE
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 373 367 NEW BOSTON ROAD FALL RIVER, MA 02724	MEDICAL/PHYSICIAN OFFICES
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 1050 MAIN STREET UNIT A B EAST GREENWICH, RI 02818	MEDICAL OFFICE BUILDING & HEALTH EDUCATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 407 EAST AVENUE PAWTUCKET, RI 02860	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 235 PLAIN STREET PROVIDENCE, RI 02905	PHYSICIAN PRACTICE
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 2168 DIAMOND HILL ROAD WOONSOCKET, RI 02895	MEDICAL OFFICE BUILDING & HEALTH EDUCATION

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

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

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?________________

Name and address	Type of Facility (describe)
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 18 IMPERIAL PLACE SUITE 2G PROVIDENCE, RI 02903	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 70 ELM STREET PROVIDENCE, RI 02905	HOSPITAL LABORATORY
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 235 PLAIN STREET PROVIDENCE, RI 02905	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 79 PLAIN STREET PROVIDENCE, RI 02903	MEDICAL
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 11 WELLS STREET WESTERLY, RI 02891	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 49 SOUTH COUNTY COMMONS WAY WAKEFIELD, RI 02879	MEDICAL OFFICE BUILDING & HEALTH EDUCATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 70 ELM STREET PROVIDENCE, RI 02905	HOSPITAL LABORATORY
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 1407 SOUTH COUNTY TRAIL EAST GREENWICH, RI 02818	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 725 RESERVOIR AVENUE CRANSTON, RI 02920	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 120 DUDLEY STREET PROVIDENCE, RI 02905	MEDICAL OFFICE BUILDING & HEALTH EDUCATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 38 AMARAL STREET EAST PROVIDENCE, RI 02915	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 2358 SOUTH COUNTY TRAIL 2 EAST GREENWICH, RI 02818	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 1637 MINERAL SPRING AVENUE NORTH PROVIDENCE, RI 02904	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 215 TOLL GATE ROAD WARWICK, RI 02886	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 725 RESERVOIR AVENUE CRANSTON, RI 02920	MEDICAL/PHYSICIAN OFFICES

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

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

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? ____________

Name and address	Type of Facility (describe)
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 2220 GAR HIGHWAY SWANSEA, MA 02777	MEDICAL OFFICE BUILDING
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND ONE RANDALL SQUARE PROVIDENCE, RI 02904	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 2 DUDLEY STREET PROVIDENCE, RI 02905	MEDICAL OFFICE BUILDING
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 333 VALLEY ROAD MIDDLETON, RI 02842	ALTERNATIVE CARE OFFICE
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 200 TOLL GATE ROAD SUITE 101 WARWICK, RI 02886	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 70 ELM STREET PROVIDENCE, RI 02905	HOSPITAL LABORATORY
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 70 ELM STREET PROVIDENCE, RI 02905	HOSPITAL LABORATORY
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 6 WHIPPLE STREET N ATTLEBORO, MA 02760	MEDICAL OFFICE BUILDING
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 119 SACHEM STREET NORWICH, CT 06360	LAB DRAWING STATION
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 2213 MENDON ROAD WOONSOCKET, RI 02895	LAB DRAWING STATION

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
WOMEN & INFANTS HOSPITAL OF RI

Employer identification number
05-0258937

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) march of dimes 1275 mamaroneck ave white plains, NY 10605	13-1846366	501(C)(3)	10,000				PROGRAM SUPPORT

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

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

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493226019128

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
WOMEN & INFANTS HOSPITAL OF RI

Employer identification number
05-0258937

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
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 ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
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?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 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?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
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?	**6b**	Yes	
	If "Yes," on line 6a or 6b, describe in Part III			
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 accured 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
See Additional Data	

Additional Data

Software ID:
Software Version:
EIN: 05-0258937
Name: WOMEN & INFANTS HOSPITAL OF RI

Part III, Supplemental 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 2016 FORMS W-2 AND FORMS 1099 (IF APPLICABLE)

Part III, Supplemental Information

Return Reference	Explanation
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 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES JOHN M SUTHERLAND, III, $168,565, AND ROBERT W PACHECO $181,747

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THE AMOUNT OUTLINED HEREIN WAS INCLUDED IN HIS 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES DENNIS D KEEFE, $92,633 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 THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2016 FORM W-2, AS TAXABLE WAGES ALYSSA V BOSS, ESQ , $37,351, F JOSEPH IANNONI, $179,001, AND MARK R MARCANTANO, $57,751

Part III, Supplemental Information

Return Reference	Explanation
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

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2016 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2016 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

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1 DENNIS D KEEFE DIRECTOR - PRESIDENT/CEO/CNE	(i)	0	0	0	0	0	0	0
	(ii)	898,135	200,000	176,122	23,850	24,116	1,322,223	0
1 SUSAN M KELLY MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	280,522	0	19,622	21,200	11,272	332,616	0
2 DENISE M ARCAND MD DIRECTOR (TERMED 2/27/17)	(i)	0	0	0	0	0	0	0
	(ii)	148,893	8,094	18,612	10,758	17,044	203,401	0
3 LOUIS J MARINO MD DIRECTOR (TERMED)	(i)	0	0	0	0	0	0	0
	(ii)	286,352	0	630	23,850	23,801	334,633	0
4 ALYSSA V BOSS ESQ ASST SEC/EVP & GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	342,778	33,027	34,501	55,356	23,943	489,605	0
5 F JOSEPH IANNONI ASST TREAS /EVP/CFO/CNE	(i)	0	0	0	0	0	0	0
	(ii)	504,710	0	42,838	192,251	23,532	763,331	0
6 MARK R MARCANTANO PRESIDENT/COO	(i)	502,819	0	37,214	76,191	21,177	637,401	0
	(ii)	0	0	0	0	0	0	0
7 RAYMOND O POWRIE MD SENIOR VICE PRESIDENT-QUALITY	(i)	457,812	63,370	37,704	19,984	19,572	598,442	0
	(ii)	0	0	0	0	0	0	0
8 ROBERT M INSOFT SR VP-QUALITY CLIN/CMO	(i)	315,375	0	7,764	12,100	23,369	358,608	0
	(ii)	0	0	0	0	0	0	0
9 MATTHEW J QUIN SR VP-PATIENT CARE SERVICES	(i)	207,254	2,500	10,447	11,462	27,599	259,262	0
	(ii)	0	0	0	0	0	0	0
10 CHRISTINA D JOHNK SR DR HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	134,762	0	259	4,541	20,523	160,085	0
11 DAVID F DUNCAN VP - FACILITIES & SUPPORT SVCS	(i)	0	0	0	0	0	0	0
	(ii)	202,898	0	5,184	6,336	18,069	232,487	0
12 MICHAEL R CULLEN VP - FINANCE (TERMED 04/12/17)	(i)	0	0	0	0	0	0	0
	(ii)	156,596	25,000	3,569	0	18,681	203,846	0
13 MAUREEN G PHIPPS MD CHIEF OF OB/GYN	(i)	544,332	0	19,679	23,850	18,055	605,916	0
	(ii)	0	0	0	0	0	0	0
14 PAUL DISILVESTRO MD PHYSICIAN (TERMED 12/24/16)	(i)	479,326	9,180	3,491	21,200	21,010	534,207	0
	(ii)	0	0	0	0	0	0	0
15 WILLIAM D LAWRENCE MD PHYSICIAN (TERMED 12/24/16)	(i)	418,205	0	26,433	29,150	24,724	498,512	0
	(ii)	0	0	0	0	0	0	0
16 ROBERT D LEGARE MD MED ONCOL (TRANSFER 9/30/16)	(i)	320,192	0	10,210	23,850	19,345	373,597	0
	(ii)	102,662	0	2,695	0	1,327	106,684	0
17 GARY G WHARTON MD MED DIR SURG(TRANSFER 9/30/16)	(i)	315,720	8,333	14,867	19,875	2,674	361,469	0
	(ii)	86,127	5,000	3,891	0	143	95,161	0
18 CORNELIUS O GRANAI MD FORMER OFFICER	(i)	253,124	0	12,036	29,150	18,252	312,562	0
	(ii)	156,721	0	2,163	0	6,164	165,048	0
19 JOHN M SUTHERLAND III FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	329,064	0	3,825	332,889	0

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

(A) Name and Title		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable 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
21 GAIL COSTA FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	278,244	0	46,266	29,150	11,554	365,214	0
1 KAREN A DAVIE FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	108,837	0	0	108,837	0
2 ANGELLEEN R PETERS-LEWIS FORMER OFFICER	(i)	71,230	0	6,770	0	2,167	80,167	0
	(ii)	189,740	0	2,764	10,600	19,772	222,876	0
3 MAYBELLE A KERNAN FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	234,027	0	9,086	26,502	21,300	290,915	0
4 ROBERT W PACHECO FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	14,801	0	207,645	0	14,701	237,147	0
5 PAUL F HEFFERNAN FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	196,420	0	21,863	20,448	22,254	260,985	0
6 CONSTANCE A HOWES JD FACHE FORMER OFFICER	(i)	131,970	0	35,895	17,166	2,350	187,381	0
	(ii)	0	0	0	0	0	0	0
7 JOSEPH RODA FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	129,771	0	4,865	12,500	20,483	167,619	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
WOMEN & INFANTS HOSPITAL OF RI

Employer identification number
05-0258937

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . ▶ $

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

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) JAMES A O'BRIEN	FAMILY MEMBER OF TRUSTEE	316,903	W&IHRI EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	**Explanation**

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.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
WOMEN & INFANTS HOSPITAL OF RI

Employer identification number
05-0258937

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, QUESTION 3	DURING THE ORGANIZATION'S FISCAL YEAR ENDED SEPTEMBER 30, 2017, CERTAIN EMPLOYED PHYSICIANS OF THIS ORGANIZATION WERE TRANSFERRED TO AFFINITY PHYSICIANS, LLC, WHOSE SOLE MEMBER IS 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 III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	WOMEN & INFANTS HOSPITAL OF RHODE ISLAND ("WOMEN & INFANTS") IS A NOT FOR-PROFIT LICENSED COMPREHENSIVE NEWBORN CHILDREN AND WOMEN HOSPITAL WOMEN & INFANTS IS RECOGNIZED BY THE IR S AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS C HARITABLE PURPOSES, WOMEN & INFANTS PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO AL L INDIVIDUALS REGARDLESS OF AGE, SEX, RACE, COLOR, RELIGION, NATIONAL ORIGIN, ETHNICITY, C ULTURE, LANGUAGE, DISABILITY, MARITAL STATUS, EDUCATION, SEXUAL ORIENTATION, GENDER IDENTI TY OR EXPRESSION, INCOME, OR ABILITY TO PAY BILL MOREOVER, WOMEN & INFANTS OPERATES CONSI STENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 WOMEN & INFA NTS PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABIL ITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 WOMEN & I NFANTS OPERATES A SPECIALTY EMERGENCY DEPARTMENT FOR WOMEN WITH ACUTE OBSTETRIC OR GYNECOL OGIC ISSUES WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 WOMEN & INF ANTS MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIAN S, 4 CONTROL OF WOMEN & INFANTS RESTS WITH THE BOARD OF DIRECTORS OF CARE NEW ENGLAND HEA LTH SYSTEM AND IS COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF TH E COMMUNITY, AND 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 WOMEN & INFANTS, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONT AINED HEREIN, CLEARLY DEMONSTRATE THAT THE HOSPITAL PROVIDES SUBSTANTIAL COMMUNITY BENEFIT AND THAT THE USE AND CONTROL OF WOMEN & INFANTS 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 PR IVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY *In acc ordance with Rhode Island Department of Healths ("RIDOH") regulatory processes and measure s, Care New Englands ("CNE") Memorial Hospital of Rhode Island ("MHRI") filed a reverse ce rtificate of need application with RIDOH to close MHRIs Emergency Department and cease pri mary care services Following the approval from RIDOH regarding the Emergency Department i n December of 2017, CNE recognizes the significant impact this decision has, and will cont inue to have, on residents and hospital employees CNE remains committed to ensuring acces s to community-based, outpatient care that meets the future health care needs in the Black stone Valley HISTORY ======= WOMEN & INFANTS IS AN AFFILIATE WITHIN THE CARE NEW ENGLAND HEALTH SYSTEM ("CARE NEW ENGLAND") CARE NEW ENGLAND IS THE TAX-EXEMPT PARENT OF THE HEALT H SYSTEM THIS TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFF ILIATED HEALTHCARE ORGANIZATIONS WOMEN & INFANTS IS A NOT FOR-PROFIT LICENSED COMPREHENSI VE NEWBORN CHILDREN AND WOMEN

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	HOSPITAL WITH 167 ADULT BEDS (45 MEDICAL/SURGICAL AND 122 OBSTETRICS), 80 NEONATAL INTENSI VE CARE UNIT BEDS AND 60 NEWBORN BASSINETS CARE NEW ENGLAND HEALTH SYSTEM WAS FORMED IN F EBRUARY 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 SE CTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS IN JUNE 1999, KENT COUNTY VISITING NURSE ASSOCIA TION BECAME A MEMBER OF THE CARE NEW ENGLAND FAMILY, AND LATER THAT YEAR ANNOUNCED ITS NAM E CHANGE TO VNA OF CARE NEW ENGLAND IN 2000, HEALTHTOUCH, INC , A PRIVATE DUTY NURSING SE RVICE, JOINED THE DIVISION AS OF SEPTEMBER 3, 2013, SOUTHEASTERN HEALTHCARE SYSTEM, INC ("SHS"), AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION LOCATED IN RHO DE ISLAND AND SOUTHEASTERN MASSACHUSETTS, BECAME A SUBSIDIARY OF CARE NEW ENGLAND HEALTH S YSTEM ("CNE"), AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION AND THE PARENT ENTITY OF A RHODE ISLAND BASED TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM CN E BECAME THE PARENT ORGANIZATION AND SOLE MEMBER OF SHS AS A RESULT OF THIS ACQUISITION C NE AND SHS BELIEVE THAT THE ACQUISITION WILL GREATLY IMPROVE COMPREHENSIVE HEALTHCARE SERV ICES THE CARE NEW ENGLAND HEALTH SYSTEM WAS FOUNDED ON THE VISION THAT WE CAN BUILD A BET TER SYSTEM OF HEALTHCARE FOR THE PEOPLE AND COMMUNITIES OF SOUTHEASTERN NEW ENGLAND THE S YSTEM OFFERS THE LATEST ADVANCES IN MEDICINE, SPECIALTY-TRAINED DOCTORS, AND RESPECTED SER VICES AND CARE AN INTEGRATED HEALTH SYSTEM THAT OFFERS A CONTINUUM OF QUALITY CARE, CARE NEW ENGLAND IS MOVING HEALTHCARE FORWARD AND REINVENTING THE WAY HEALTHCARE IS DELIVERED THIS APPROACH PUTS A BROAD SPECTRUM OF CARE - ADDRESSING PRIMARY CARE, MEDICAL CARE, SURGE RY, WOMEN'S HEALTH, CARDIOLOGY AND BEHAVIORAL HEALTH AND AN ARRAY OF SPECIALTY AND SUBSPEC IALTY PROGRAMS - ALL UNDER ONE UMBRELLA SO THEY ARE EASILY ACCESSIBLE TO PATIENTS AND FAMI LIES CARE NEW ENGLAND IS COMPRISED OF SIX MEMBERS BUTLER HOSPITAL, RHODE ISLAND'S ONLY P RIVATE, NONPROFIT PSYCHIATRIC AND SUBSTANCE ABUSE HOSPITAL FOR ADULTS, ADOLESCENTS, CHILDR EN AND SENIORS, KENT COUNTY MEMORIAL HOSPITAL, THE LARGEST COMMUNITY HOSPITAL IN THE STATE , PROVIDING A FULL SPECTRUM OF PRIMARY AND SECONDARY ACUTE CARE SERVICES, MEMORIAL HOSPITA L, A COMMUNITY HOSPITAL BASED IN PAWTUCKET, RI, LENDING PRIMARY CARE EXPERTISE TO THE SYST EM AND THE SYSTEM'S ONLY PATIENT CENTERED MEDICAL HOME MODEL OF CARE, WOMEN & INFANTS HOSP ITAL OF RHODE ISLAND, ONE OF THE NATION'S BUSIEST OBSTETRICAL FACILITIES WITH ONE OF THE N ATION'S LARGEST SINGLE-FAMILY ROOM NEONATAL INTENSIVE CARE UNITS, THE AREA'S ONLY TERTIARY LEVEL NEONATAL FACILITY, AND VARIOUS SPECIALTY SERVICES, THE VNA OF CARE NEW ENGLAND, WHI CH PROVIDES A BROAD SPECTRUM OF HOME HEALTH, HOSPICE AND PRIVATE DUTY NURSING SERVICES FOR NEW MOTHERS, THE ELDERLY AND THE TERMINALLY ILL, AND THE PROVIDENCE CENTER, PROVIDING OUT PATIENT MENTAL HEALTH AND SUBS

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	TANCE USE SERVICES IN PATIENTS' HOMES, SCHOOLS AND NEIGHBORHOODS THE SYSTEM INCLUDES A SO LID, DIVERSE COMBINATION OF PHYSICIAN SPECIALISTS AND GENERALISTS AND A STRONG COMMITMENT TO EDUCATION BUTLER AND WOMEN & INFANTS HOSPITALS ARE MAJOR TEACHING AFFILIATES OF THE WA RREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY, WHILE KENT IS A TEACHING SITE FOR THE UNIV ERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICINE IN ADDITION, CARE NEW ENGLAND IS CO MMITTED TO ADVANCE THE FIELD OF KNOWLEDGE IN MEDICINE THROUGH NATIONAL AND INTERNATIONALLY -FUNDED AND RECOGNIZED RESEARCH PROJECTS CARE NEW ENGLAND PROVIDES MEDICALLY NECESSARY HE ALTHCARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARG E OR AT AMOUNTS LESS THAN THE ESTABLISHED RATES BECAUSE CARE NEW ENGLAND DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVE NUE CHARITY CARE INCLUDES SERVICES TO UNINSURED PATIENTS WHO CARE NEW ENGLAND HAS DETERMI NED QUALIFY FOR CHARITY CARE UNDER CARE NEW ENGLAND POLICIES SERVICES TO UNINSURED PATIEN TS WHO ARE NOT ELIGIBLE FOR CHARITY CARE OR FOR WHOM CARE NEW ENGLAND WAS NOT ABLE TO DETE RMINE THEIR ELIGIBILITY ARE NOT REPORTED AS CHARITY CARE BUT REPORTED IN THE PROVISION FOR BAD DEBTS ADDITIONALLY, CARE NEW ENGLAND SPONSORS CERTAIN OTHER PROGRAMS WHICH PROVIDE S UBSTANTIAL BENEFIT TO THE BROADER COMMUNITY SUCH PROGRAMS INCLUDE SERVICES TO NEEDY POPUL ATIONS, INCLUDING COMMUNITY SERVICE PROGRAMS AND SERVICES FOR SCHOOL-AGED CHILDREN AND THE ELDERLY CARE NEW ENGLAND ALSO ACTIVELY SPONSORS PROGRAMS ON HEALTH EDUCATION AND WELLNES S CARE NEW ENGLAND MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE AN D 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 MISSION ======= WOMEN & INFANTS, A MAJOR TEACHING AFFILIATE OF THE WARRE N ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY, IS COMMITTED TO IMPROVING THE HEALTH AND WELL -BEING OF WOMEN AND INFANTS AND TO PROVIDING ESSENTIAL SERVICES REGARDLESS OF ABILITY TO P AY VISION ====== WOMEN & INFANTS WILL BE THE RECOGNIZED LEADER IN HEALTHCARE FOR WOMEN AN D INFANTS VALUES ====== AS A MEMBER OF THE CARE NEW ENGLAND HEALTH SYSTEM, WE PUT OUR PAT IENTS AND THEIR FAMILIES AT THE CENTER OF ALL WE DO IN OUR DAY-TO-DAY INTERACTIONS WITH P ATIENTS, FAMILIES, AND EACH OTHER, OUR ACTIONS AND DECISIONS ARE GUIDED BY THE FOLLOWING C ORE VALUES - ACCOUNTABILITY, - CARING, AND - TEAMWORK

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	AWARDS & RECOGNITIONS ==================== WOMEN & INFANTS HAS RECEIVED THE FOLLOWING AW ARDS AND RECOGNITIONS - 2015 - NAMED A DESIGNATED BABY-FRIENDLY USA HOSPITAL - 2015, 2016 , 2017 - RECEIVED WOMEN'S CHOICE AWARD, BEST BREAST CENTERS - 2015, 2016, 2017 - RECEIVED WOMEN'S CHOICE AWARD, AMERICA'S BEST HOSPITALS FOR OBSTETRICS - 2015, 2016, 2017 - RECEIVE D WOMEN'S CHOICE AWARD, AMERICA'S BEST HOSPITALS FOR CANCER CARE - 2015 - NAMED AMONG TOP 5 OBSTETRICS AND GYNECOLOGY RESIDENCY PROGRAMS IN THE NORTHEAST BY DOXIMITY - 2014 - NAMED AMONG THE TOP 10 OBSTETRICS AND GYNECOLOGY RESIDENCY PROGRAMS IN THE COUNTY BY DOXIMITY - 2014 - NAMED A U S NEWS BEST CHILDREN'S HOSPITALS IN NEONATOLOGY - 2014 - NAMES A TOP HO SPITAL BY THE LEAPFROG GROUP - 2013 - NAMED HIGH-PERFORMING IN CANCER IN U S NEWS BEST HO SPITALS - 2013 - NAMED HIGH-PERFORMING IN GYNECOLOGY IN U S NEWS BEST HOSPITALS - 2012 - NAMED HIGH-PERFORMING IN CANCER IN U S NEWS BEST HOSPITALS - 2012 - NAMED HIGH-PERFORMING IN GYNECOLOGY IN U S NEWS BEST HOSPITALS - 2011 - RANKED NUMBER ONE IN THE PROVIDENCE ME TRO AREA IN U S NEWS BEST HOSPITALS METRO AREA RANKINGS HOSPITALS METRO AREA RANKINGS - 2 011 - RANKED A BEST HOSPITAL IN GYNECOLOGY IN U S NEWS BEST HOSPITALS METRO AREA RANKINGS - 2011 - RANKED A BEST HOSPITAL IN CANCER IN U S NEWS BEST HOSPITALS METRO AREA RANKINGS - 2011 - NAMED A U S NEWS BEST CHILDREN'S HOSPITALS IN NEONATOLOGY - 2010 - NAMED A U S NEWS BEST HOSPITAL IN GYNECOLOGY - 2002 - NAMED ONE OF THE TOP TEN PLACES IN THE U S TO DELIVER A BABY BY FIT PREGNANCY MAGAZINE - 2001 - NAMED ONE OF THE BEST HOSPITALS IN GYNEC OLOGY IN THE AMERICA'S BEST HOSPITALS IN U S NEWS & WORLD REPORT - 2000 - NAMED ONE OF TH E BEST HOSPITALS IN GYNECOLOGY IN THE AMERICA'S BEST HOSPITALS IN U S NEWS & WORLD REPORT CENTERS OF EXCELLENCE ==================== WOMEN & INFANTS HAS THE FOLLOWING CENTERS OF EXCELLENCE - A CENTER OF EXCELLENCE IN MINIMALLY INVASIVE GYNECOLOGY (COEMIG) BY THE SURG ICAL REVIEW CORPORATION, AN AFFILIATE OF THE AMERICAN ASSOCIATION OF GYNECOLOGIC LAPAROSCO PISTS (AAGL) - A BREAST IMAGING CENTER OF EXCELLENCE, AMERICAN COLLEGE OF RADIOGRAPHY - A CENTER OF BIOMEDICAL RESEARCH EXCELLENCE, NATIONAL INSTITUTES OF HEALTH - A NEONATAL RESOU RCE SERVICES CENTER OF EXCELLENCE - A MEMBER OF THE NATIONAL CANCER INSTITUTE'S GYNECOLOGI C ONCOLOGY GROUP - A BROWN UNIVERSITY/WOMEN & INFANTS NATIONAL CENTER OF EXCELLENCE IN WOM EN'S HEALTH BY THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES WOMEN & INFANTS IS AN ACCO MPLISHED TEACHING HOSPITAL == WE ARE - THE MAJOR AFFILIATED TEACHING HOSPITAL FOR ACTIVITIES UNIQUE TO WOMEN AND NEWBORNS AT THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY AN EDUCATIONAL LEADER, WOMEN & INFANTS OFFERS NATIONALLY ACCREDITED FELLOWSHIPS IN GYNECOLOGIC ONCOLOGY, MATERNAL-FETAL MEDICINE, UROGYNECOLOGY AND RECONSTRUCTIVE PELVIC SURGERY, NEONATAL-PERINATAL MEDICINE, PEDIATRICS AND PERINATAL PATHOLOGY, GYNEC

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	OLOGIC PATHOLOGY AND CYTOPATHOLOGY, BREAST DISEASE, AND REPRODUCTIVE ENDOCRINOLOGY AND INF ERTILITY SERVICES PROVIDED WOMEN & INFANTS OFFERS A FULL RANGE OF OBSTETRICS AND GYNECOL OGY SPECIALTY SERVICES FOR WOMEN OF ALL AGES, AND HAS ONE OF THE NATION'S LARGEST SINGLE-F AMILY ROOM NEONATAL INTENSIVE CARE UNITS FOR BABIES BORN PREMATURELY OR SICK WOMEN & INFA NTS' SERVICES INCLUDE BEHAVIORAL HEALTH, BREAST HEALTH, CANCER CARE, CARDIOLOGY, CHILD AND FAMILY DEVELOPMENT, DIAGNOSTIC IMAGING, EMERGENCY CARE, FERTILITY, GASTROENTEROLOGY, HIGH -RISK OBSTETRICS, IMAGING, INFECTIOUS DISEASE, LABORATORY SERVICES, OBSTETRIC AND CONSULTA TIVE MEDICINE, OBSTETRICS, PEDIATRICS, PELVIC FLOOR DISORDERS PHYSICAL THERAPY, PRIMARY CA RE, REPRODUCTIVE ENDOCRINOLOGY, SURGICAL SERVICES, AND UROGYNECOLOGY AS A MAJOR TEACHING AND RESEARCH FACILITY AFFILIATED WITH THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY , WOMEN & INFANTS CONDUCTS CUTTING-EDGE RESEARCH ON A WIDE VARIETY OF HEALTHCARE CONCERNS, INCLUDING PRE-TERM DELIVERY, GYNECOLOGIC CANCERS, INFERTILITY, NEONATOLOGY, POSTPARTUM DE PRESSION, AND UTERINE PROLAPSE IT IS ONE OF THE LARGEST AND MOST PRESTIGIOUS RESEARCH FAC ILITIES IN HIGH RISK AND NORMAL OBSTETRICS, GYNECOLOGY AND NEWBORN PEDIATRICS IN THE NATIO N OTHER EDUCATIONAL AFFILIATIONS AND PROGRAMS IN ADDITION TO ITS AFFILIATION WITH THE WAR REN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY, WOMEN & INFANTS ALSO HAS FORMAL AND INFORMA L EDUCATIONAL AFFILIATIONS WITH BOSTON COLLEGE, BRISTOL COMMUNITY COLLEGE, COMMUNITY COLLE GE OF RHODE ISLAND, DREXEL UNIVERSITY, FRONTIER SCHOOL OF MIDWIFERY AND FAMILY NURSING, GE ORGETOWN UNIVERSITY, KAPLAN UNIVERSITY, NEW ENGLAND INSTITUTE OF TECHNOLOGY, NORTHEASTERN UNIVERSITY, PHILADELPHIA UNIVERSITY, PROVIDENCE COLLEGE, REGIS COLLEGE, RHODE ISLAND COLLE GE SCHOOL OF NURSING AND GRADUATE SCHOOL OF SOCIAL WORK, SALVE REGINA UNIVERSITY, SIMMONS COLLEGE NURSING PROGRAM, STONYBROOK UNIVERSITY SCHOOL OF NURSING, UNIVERSITY OF CONNECTICU T SCHOOL OF NURSING, UNIVERSITY OF MASSACHUSETTS DARTMOUTH, UNIVERSITY OF RHODE ISLAND, AN D YALE UNIVERSITY SCHOOL OF NURSING YALE UNIVERSITY SCHOOL OF NURSING

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CORE FORM, PART V, QUESTION 1A & CORE FORM, PART VII, SECTION B	THE ORGANIZATION IS AN AFFILIATE WITHIN CARE NEW ENGLAND HEALTH SYSTEM AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE ORGANIZATION'S FORM 990 REFLECTS NO TOP FIVE INDEPENDENT CONTRACTORS FOR SERVICES AND REPORTS THAT 70 FORMS 1099 WERE FILED WITH THE INTERNAL REVENUE SERVICE ("IRS") CARE NEW ENGLAND HEALTH SYSTEM, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PAYS A MAJORITY OF THE OUTSTANDING ACCOUNTS PAYABLE INVOICES ON BEHALF OF THIS ORGANIZATION IN CONJUNCTION WITH THIS SERVICE, CARE NEW ENGLAND HEALTH SYSTEM ALSO PREPARES AND ISSUES FORMS 1099 TO THESE VENDORS RECEIVING PAYMENTS WHERE APPLICABLE AND FILES THESE FORMS 1099 WITH THE IRS CARE NEW ENGLAND HEALTH SYSTEM ALLOCATES THESE PAYMENTS TO THE ORGANIZATION VIA AN INTERCOMPANY ACCOUNT SEPERATE FROM THESE TRANSACTIONS, THIS ORGANIZATION ISSUED 70 FORM 1099 FOR CALENDAR YEAR 2016

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

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CORE FORM, PART VI, SECTION A, QUESTION 3	THE ORGANIZATION ENGAGES SODEXO HEALTH CARE ("SODEXO") TO BE AN AGENT OF THE ORGANIZATION AND DELEGATES CONTROL TO SODEXO IN THE MANAGEMENT OF DAILY OPERATIONS OF ITS FOOD & NUTRITION DEPARTMENT THE SODEXO MANAGEMENT EMPLOYEE FUNCTIONS AND IS RECOGNIZED AS A DEPARTMENT MANAGER WHO PERFORMS IN ACCORDANCE WITH THE ORGANIZATION'S DEPARTMENT MANAGEMENT PRACTICES AND IN ACCORDANCE WITH ITS WRITTEN POLICIES AND PROCEDURES THE POSITION REPORTS TO AN OFFICER/KEY EMPLOYEE OF THE ORGANIZATION

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CORE FORM, PART VI, SECTION A, QUESTIONS 6 & 7	WOMEN & INFANTS CORPORATION ("WIC") IS THE SOLE MEMBER OF THIS ORGANIZATION CARE NEW ENGLAND HEALTH SYSTEM ("CNE") IS THE SOLE MEMBER OF WIC CNE HAS THE ULTIMATE AUTHORITY TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF DIRECTORS AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS

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CORE FORM, PART VI, SECTION B, QUESTION 11B	THE ORGANIZATION IS AN AFFILIATE WITHIN CARE NEW ENGLAND HEALTH SYSTEM AND AFFILIATES ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM CARE NEW ENGLAND HEALTH SYSTEM IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF ITS GOVERNING BODY (ITS BOARD OF DIRECTORS) PRIOR TO THE FILING WITH THE INTERNAL REVENUE SERVICE ("IRS") IN ADDITION THE CARE NEW ENGLAND HEALTH SYSTEM FINANCE COMMITTEE ALSO PERFORMED A REVIEW OF THE FEDERAL FORM 990 PRIOR TO PROVIDING IT 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

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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

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CORE FORM, PART VI, SECTION B, QUESTION 15	THE BOARD OF DIRECTORS OF CARE NEW ENGLAND HEALTH SYSTEM ("CNE") HAS A COMMITTEE OF DIRECT ORS KNOWN AS THE CNE COMPENSATION COMMITTEE ("THE COMMITTEE") THE COMMITTEE IS RESPONSIBL E FOR DISCHARGING THE BOARD'S RESPONSIBILITIES REGARDING THE TOTAL COMPENSATION PROGRAM FO R EXECUTIVES AND KEY PHYSICIANS IN CONJUNCTION WITH WOMEN & INFANTS HOSPITAL OF RI PRESIDE NT AND CHIEF OPERATING OFFICER THE COMMITTEE AT ALL TIMES CONDUCTS ITSELF FREE FROM EXECU TIVE MANAGEMENT IN ITS DECISION MAKING PROCESS EXCEPT WITH RESPECT TO DECISIONS RELATING T O THE PRESIDENT AND CHIEF OPERATING OFFICER WHICH ARE MADE IN CONJUNCTION WITH THE CARE NE W ENGLAND HEALTH SYSTEM CHIEF EXECUTIVE OFFICER THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THIS ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMB ERS OF WOMEN & INFANTS HOSPITAL OF RI SENIOR MANAGEMENT TEAM, INCLUDING, BUT NOT LIMITED T O, WOMEN & INFANTS HOSPITAL OF RI PRESIDENT/CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OF FICER THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUM PTION 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 COMPOSE D ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COM PENSATION ARRANGEMENT, 2 THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA A S TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3 THE AUTHORIZED BODY "ADEQUAT ELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATIO N THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS, EACH OF WHOM ARE INDEP ENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST 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 EXEC UTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES THIS STUDY USED COMPARABLE G EOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILARLY SIZED HEALTHC ARE SYSTEMS AND HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE THE COMMITT EE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENS ATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABL ENESS APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING, BUT NOT LIMITED TO, THE P RESIDENT/CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER THE COMPENSATION AND BENEFIT S OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE CNE COMPENSATION COMMITTEE IN AD

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CORE FORM, PART VI, SECTION B, QUESTION 15	DITION, THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY WOMEN & INFANTS HOSPITAL OF RI PRESIDENT/CHIEF OPERATING OFFI CER WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTOR S DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORG ANIZATION OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, IN DIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFOR MANCE FEEDBACK MEETINGS

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Return Reference	Explanation
CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION HAS BEEN ALLOCATED A PORTION OF TAX-EXEMPT BONDS (THROUGH ITS TAX-EXEMPT PARENT CARE NEW ENGLAND HEALTH SYSTEM) TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT THE ORGANIZATION HAS REFLECTED THIS AMOUNT AS A DUE TO AFFILIATE LIABILITY ON ITS BALANCE SHEET IN CONJUNCTION WITH THE ISSUANCE OF THESE TAX-EXEMPT BONDS, THE SYSTEM'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 AND 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	Cornelius O Granai, M D , former vice president of the organization, is still employed within Care New England Health System as a Director of Kent County Memorial Hospital, a related Internal Revenue Code Section 501(c)(3) tax-exempt organization Gail Costa, former senior vice president planning of the organization, is still employed within Care New England Health System as Senior Vice President Strategy and System Development/Chief Strategy Officer of Care New England Health System, a related Internal Revenue Code Section 501(c)(3) tax-exempt organization Angelleen R Peters-Lewis, former senior vice president, patient care services, was employed within Care New England Health System as System Chief Nursing Officer of Care New England Health System, a related Internal Revenue Code Section 501(c)(3) tax-exempt organization till her termination date of 9/12/2017 Maybelle A Kernan, former Vice President Marketing and Public Relations, is still employed with Care New England Health System as Senior Vice President Marketing Communications of Care New England Health System, a related Internal Revenue Code Section 501(c)(3) tax-exempt organization

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	THE FOLLOWING EMPLOYEES OF THE ORGANIZATION WERE TRANSFERRED TO AFFINITY PHYSICIANS, LLC, WHOSE SOLE MEMBER IS KENT COUNTY MEMORIAL HOSPITAL, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, ON SEPTEMBER 30, 2016 - ROBERT D LEGARE, M D , AND - GARY G WHARTON, M D

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	THE ORGANIZATION IS AN AFFILIATE WITHIN CARE NEW ENGLAND HEALTH SYSTEM AND AFFILIATES ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY 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 CORE FORM, PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE SYSTEM, NOT SOLELY THIS ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART X, LINE 25	THE ORGANIZATION IS AN AFFILIATE WITHIN 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, THE TAX-EXEMPT PARENT OF THE 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XI, LINE 9	OTHER CHANGES IN FUND BALANCE INCLUDE - PENSION AND POST RETIREMENT ADJUSTMENT, $5,574,929, - NET ASSETS RELEASED FROM RESTRICTIONS AND USED FOR PROPERTY AND EQUIPMENT PURCHASES, $321,562, - NET ASSETS RELEASED FROM TEMPORARY RESTRICTION, ($1,761,421), - DISTRIBUTION EXPENSES RELEASED FROM PERMANENTLY RESTRICTED, ($303,478), - NON-OPERATING INCOME LIMITED USE, PERMANENTLY RESTRICTED, $74,402, AND - NET EQUITY TRANSFER FROM W&I INDEMNITY, A RELATED ORGANIZATION, $10,000,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	THIS ORGANIZATION IS AN AFFILIATE WITHIN CARE NEW ENGLAND HEALTH SYSTEM AND AFFILIATES, A TAX-EXEMPT, INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM'S TAX-EXEMPT PARENT ENTITY IS CARE NEW ENGLAND HEALTH SYSTEM AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF CARE NEW ENGLAND HEALTH SYSTEM AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED SEPTEMBER 30, 2017 AND SEPTEMBER 30, 2016, RESPECTIVELY, AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY AN UNMODIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM CARE NEW ENGLAND HEALTH SYSTEM'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 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)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
WOMEN & INFANTS HOSPITAL OF RI

Employer identification number
05-0258937

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) W & I ANCILLARY SERVICES LLC 300 RICHMOND STREET PROVIDENCE, RI 02903 20-0222992	HEALTHCARE	RI		0	WIHRI
(2) W & I HEALTH CARE ALLIANCE LLC 2330 RICHMOND STREET PROVIDENCE, RI 02903 45-2676488	HEALTHCARE	RI	64,863	-4,436,474	WIHRI

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.

See Additional Data Table

(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

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

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

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	(i) 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 AVE PO BOX 1051 GRAND CAYMAN KY1-11 CJ 98-0159342	FINANCIAL VEHICLE	CJ	WIH	C CORP	22,254,623	109,567,619	100 000 %	Yes	
(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.

			Yes	No
	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 orgranization 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	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d	Yes	
e	Loans or loan guarantees by related organization(s)	1e	Yes	
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	1o	Yes	
p	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s	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
(1)WIH FACULTY PHYSICIANS INC	D, O	1,117,771	COST
(2)CARE NEW ENGLAND HEALTH SYSTEM	M	62,084,904	COST
(3)CARE NEW ENGLAND HEALTH SYSTEM	E	480,380	COST

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
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 AND THE MEMORIAL HOSPITAL, WHICH ARE ALL RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT HOSPITALS CARE NEW ENGLAND HEALTH SYSTEM ROUTINELY PAYS EXPENSES FOR ALL 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: 05-0258937
Name: WOMEN & INFANTS HOSPITAL OF RI

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) 45 WILLARD AVENUE PROVIDENCE, RI 02905 05-0490997	HEALTHCARE	RI	501(C)(3)	509(A)(3)	NA		No
(1) 345 BLACKSTONE BLVD PROVIDENCE, RI 02906 05-0258812	HEALTHCARE	RI	501(C)(3)	HOSPITAL	CNE		No
(2) 300 RICHMOND STREET PROVIDENCE, RI 02903 02-2885807	HEALTHCARE	RI	501(C)(3)	509(A)(3)	CNE		No
(3) 300 RICHMOND STREET PROVIDENCE, RI 02903 22-2885815	HEALTHCARE	RI	501(C)(3)	509(A)(3)	WIC		No
(4) 67 BRIGHAM STREET NEW BEDFORD, MA 02740 04-3579432	HEALTHCARE	MA	501(C)(3)	509(A)(2)	WIH	Yes	
(5) 455 TOLL GATE ROAD WARWICK, RI 02886 05-0258896	HEALTHCARE	RI	501(C)(3)	HOSPITAL	CNE		No
(6) 455 TOLL GATE ROAD WARWICK, RI 02886 05-0514640	SUPPORT ORG	RI	501(C)(3)	509(A)(3)	KCMH		No
(7) 51 HEALTH LANE WARWICK, RI 02886 05-0242659	HEALTHCARE	RI	501(C)(3)	509(A)(1)	CNE		No
(8) 51 HEALTH LANE WARWICK, RI 02886 05-0514949	HEALTHCARE	RI	501(C)(3)	509(A)(2)	KCVNA		No
(9) 345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906 45-4530540	SUPPORT ORG	RI	501(C)(3)	509(A)(3)	BH		No
(10) 111 BREWSTER STREET PAWTUCKET, RI 02860 06-1476858	HEALTHCARE	RI	501(C)(3)	509(A)(3)	CNE		No
(11) 111 BREWSTER STREET PAWTUCKET, RI 02860 05-0259004	HEALTHCARE	RI	501(C)(3)	HOSPITAL	SEHCS		No
(12) 420 MAIN STREET PAWTUCKET, RI 02860 05-0457007	HEALTHCARE	RI	501(C)(3)	509(A)(1)	SEHCS		No
(13) 111 BREWSTER STREET PAWTUCKET, RI 02860 05-0510341	HEALTHCARE	RI	501(C)(3)	509(A)(2)	TMH		No
(14) 51 HEALTH LANE WARWICK, RI 02886 46-2293974	SUPPORT ORG	RI	501(C)(3)	509(A)(3)	KCVNA		No
(15) 111 BREWSTER STREET PAWTUCKET, RI 02860 46-3246618	HEALTHCARE	RI	501(C)(3)	509(A)(3)	TMH		No
(16) 528 NORTH MAIN STREET PROVIDENCE, RI 02904 05-0384362	TITLE HLDG	RI	501(C)(3)	509(A)(2)	TPC		No
(17) 528 NORTH MAIN STREET PROVIDENCE, RI 02904 22-2812929	TITLE HLDG	RI	501(C)(3)	509(A)(2)	TPC		No
(18) 528 NORTH MAIN STREET PROVIDENCE, RI 02904 05-0509674	TITLE HLDG	RI	501(C)(3)	509(A)(2)	TPC		No
(19) 528 NORTH MAIN STREET PROVIDENCE, RI 02904 05-0441980	TRAINING	RI	501(C)(3)	509(A)(2)	TPC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(21) 528 NORTH MAIN STREET PROVIDENCE, RI 02904 05-0520857	TITLE HLDG	RI	501(C)(3)	509(A)(2)	TPC		No
(1) 528 NORTH MAIN STREET PROVIDENCE, RI 02904 05-0316969	HEALTHCARE	RI	501(C)(3)	509(A)(2)	CNE		No
(2) 528 NORTH MAIN STREET PROVIDENCE, RI 02904 22-2479719	INACTIVE	RI	501(C)(3)	509(A)(2)	TPC		No