



**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 131,244,276 including grants of \$ 364,885 ) (Revenue \$ 135,945,783 )  
See Additional Data

**4b** (Code ) (Expenses \$ 10,909,872 including grants of \$ 0 ) (Revenue \$ 8,702,470 )  
See Additional Data

**4c** (Code ) (Expenses \$ 365,927 including grants of \$ 0 ) (Revenue \$ 143,032 )  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 142,520,075

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b>	No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</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	<b>11b</b>	No
<b>c</b> 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	<b>11c</b> Yes	
<b>d</b> 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	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> 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	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b>	No
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>	Yes	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		No
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		No
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	Yes	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	Yes	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	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
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b> 1,063		
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> 899		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>		
<b>4a</b> 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)? . . . . .	<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> 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? . . . . .	<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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? . . . . .	<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>		
<b>b</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 . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?	Yes	
<b>3</b>	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?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	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?	Yes	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	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.		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official.	Yes	
<b>15b</b>	Other officers or key employees of the organization.	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		No

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: \_\_\_\_\_

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ 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

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

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

- List 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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								9,924,142	3,433,275	1,686,575

**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 ▶ 116

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
BRIGHAM WOMENS PHYSICIAN ORGANIZA, 75 FRANCIS STREET BOSTON, MA 021156106	MEDICAL	7,952,612
REHABCARE GROUP INC, PO BOX 502096 ST LOUIS, MO 631502096	MEDICAL	7,307,198
HURON CONSULTING GROUP LLC, 3005 MOMENTUM PLACE CHICAGO, IL 606895330	CONSULTING	5,411,826
NARRAGANSETT BAY, 164 SUMMIT AVENUE PROVIDENCE, RI 02906	MEDICAL	1,492,065
APG SECURITY RI LLC, 171 SERVICE AVENUE WARWICK, RI 02886	SECURITY	1,120,480

**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 ▶ 87



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	236,466			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	13,189			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		13,189			
	<b>h Total.</b> Add lines 1a-1f . . . . .		249,655			
<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> NET PATIENT SERVICE REVENUE		541900	143,032	143,032	
	<b>b</b> MANAGEMENT REVENUE		561000	135,258,256	135,258,256	
	<b>c</b> OTHER HEALTHCARE RELATED REVENUE		900099	9,389,997	9,389,997	
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . .		144,791,285			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		123,413			123,413
	<b>4</b> Income from investment of tax-exempt bond proceeds		0			
	<b>5</b> Royalties . . . . .		0			
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
		29,977				
	<b>b</b> Less rental expenses	312,342				
	<b>c</b> Rental income or (loss)	-282,365 0				
	<b>d</b> Net rental income or (loss) . . . . .		-282,365			-282,365
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		519,232 0				
	<b>b</b> Less cost or other basis and sales expenses	0 13,556				
	<b>c</b> Gain or (loss)	519,232 -13,556				
	<b>d</b> Net gain or (loss) . . . . .		505,676			505,676
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	0			
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	0			
	<b>c</b> Net income or (loss) from fundraising events . . . . .		0			
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	0			
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	0			
<b>c</b> Net income or (loss) from gaming activities . . . . .		0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0				
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	0				
<b>c</b> Net income or (loss) from sales of inventory . . . . .		0				
Miscellaneous Revenue		Business Code				
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		0				
<b>12 Total revenue.</b> See Instructions . . . . .			145,387,664	144,791,285		346,724

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	364,885	364,885		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	8,551,065	7,695,959	855,106	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	53,239,327	47,915,394	5,323,933	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,805,293	2,524,764	280,529	
<b>9</b> Other employee benefits.	9,401,527	8,461,374	940,153	
<b>10</b> Payroll taxes.	4,204,046	3,783,641	420,405	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	0			
<b>b</b> Legal.	1,796,469	1,616,822	179,647	
<b>c</b> Accounting.	678,220	610,398	67,822	
<b>d</b> Lobbying.	69,075	62,167	6,908	
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	7,540,625	6,786,563	754,062	
<b>12</b> Advertising and promotion.	778,534	700,681	77,853	
<b>13</b> Office expenses.	3,169,956	2,852,960	316,996	
<b>14</b> Information technology.	16,063,906	14,457,515	1,606,391	
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	2,554,852	2,299,367	255,485	
<b>17</b> Travel.	235,401	211,861	23,540	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	290,612	261,551	29,061	
<b>20</b> Interest.	1,083,292	974,963	108,329	
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	6,969,735	6,272,762	696,973	
<b>23</b> Insurance.	371,498	334,348	37,150	
<b>24</b> 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):				
<b>a</b> PURCHASED SERVICES	19,097,146	17,187,431	1,909,715	0
<b>b</b> RESTRUCTURING COSTS	9,232,741	8,309,467	923,274	0
<b>c</b> CONTRACTED SERVICES	2,621,176	2,359,058	262,118	0
<b>d</b> DUES & SUBSCRIPTIONS	2,003,800	1,803,420	200,380	0
<b>e</b> All other expenses	5,191,916	4,672,724	519,192	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	158,315,097	142,520,075	15,795,022	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☒

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		-71,771	<b>1</b>	-7,922,910
	<b>2</b>	Savings and temporary cash investments . . . . .		78,562,123	<b>2</b>	75,486,847
	<b>3</b>	Pledges and grants receivable, net . . . . .		0	<b>3</b>	0
	<b>4</b>	Accounts receivable, net . . . . .		11,761	<b>4</b>	126,166
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	<b>5</b>	0
	<b>6</b>	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	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		0	<b>7</b>	0
	<b>8</b>	Inventories for sale or use . . . . .		0	<b>8</b>	0
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		2,861,221	<b>9</b>	4,027,483
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>	49,281,282		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	22,864,595		
				29,250,569	<b>10c</b>	26,416,687
	<b>11</b>	Investments—publicly traded securities . . . . .		0	<b>11</b>	0
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		0	<b>12</b>	0
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		33,943,818	<b>13</b>	21,389,301
	<b>14</b>	Intangible assets . . . . .		2,785,746	<b>14</b>	0
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		8,198,650	<b>15</b>	11,295,875	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		155,542,117	<b>16</b>	130,819,449	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		31,405,847	<b>17</b>	29,355,944
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .		300,000	<b>19</b>	200,001
	<b>20</b>	Tax-exempt bond liabilities . . . . .		172,319,300	<b>20</b>	169,122,834
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	<b>21</b>	0
	<b>22</b>	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	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		4,412,387	<b>23</b>	2,963,225
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<b>25</b>	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.		33,810,559	<b>25</b>	28,213,682
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		242,248,093	<b>26</b>	229,855,686
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets		-86,705,976	<b>27</b>	-99,036,237
	<b>28</b>	Temporarily restricted net assets . . . . .		0	<b>28</b>	0
	<b>29</b>	Permanently restricted net assets		0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances . . . . .</b>		-86,705,976	<b>33</b>	-99,036,237	
<b>34</b>	<b>Total liabilities and net assets/fund balances . . . . .</b>		155,542,117	<b>34</b>	130,819,449	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	145,387,664
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	158,315,097
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-12,927,433
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-86,705,976
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	16,032
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	581,140
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	-99,036,237

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

# Additional Data

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

Form 990 (2016)

**Form 990, Part III, Line 4a:**

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

**Form 990, Part III, Line 4b:**

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

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**Form 990, Part III, Line 4c:**

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES R 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						703	0	0
LISA D BOYLE MD ..... DIRECTOR	2 0 ..... 0 0	X						0	15,580	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)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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				1,274,257	0	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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICK J MURRAY JR ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
GEORGE W SHUSTER ..... DIRECTOR	1 0 ..... 0 0	X						2,597	0	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						34,000	22,460	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				410,306	0	79,299
F JOSEPH IANNONI ..... ASST TREAS /EVP/CFO/CNE	55 0 ..... 0 0			X				547,548	0	215,783
MICHAEL J DACEY MD ..... PRESIDENT/COO/KCMH	55 0 ..... 0 0			X				0	558,567	82,035

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors												
(A) Name and Title		(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
			Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
MARK R MARCANTANO ..... PRESIDENT/COO/WIH		55 0 ..... 0 0			X				0	540,033	97,368	
LAWRENCE H PRICE MD ..... PRESIDENT/COO/BH (TERM 7/1/17)		55 0 ..... 0 0			X				0	480,920	53,624	
MARY MARRAN ..... PRESIDENT & COO BH(EFF 7/1/17)		55 0 ..... 0 0			X				0	185,617	27,347	
SANDRA L COLETTA ..... EVP/COO (TERM 2/3/17)		55 0 ..... 0 0			X				718,498	0	87,837	
RAYMOND O POWRIE MD ..... CHIEF MEDICAL QUALITY OFFICER		55 0 ..... 0 0			X				0	558,886	39,556	
JAMES E FANALE MD ..... CHIEF CLINICAL OFFICER INTEGRA		55 0 ..... 0 0			X				409,856	0	74,184	
ANGELLEEN R PETERS-LEWIS ..... SYSTEM CNO (TERM 9/12/17)		55 0 ..... 0 0			X				192,504	78,000	32,539	
KATHLEEN TOPOR ..... CHIEF FINANCIAL OFFICER VNA		55 0 ..... 0 0			X				171,381	0	24,579	
JOHN A TORELLO ..... CHIEF TECHNOLOGY OFFICER		55 0 ..... 0 0			X				156,127	0	29,449	
SUMALATHA R GADDAM MD ..... SR VP CIO		55 0 ..... 0 0			X				341,290	0	32,958	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors			
	(C)	(D)	(E)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GAIL COSTA ..... SR VP STRAT & DEV(TERM 6/9/17)	55 0 ..... 0 0			X				324,510	0	40,704
MARILYN WALSH ..... SR VP HR (TERM 6/9/17)	55 0 ..... 0 0			X				323,678	0	39,550
MAYBELLE A KERNAN ..... SR VP MARKETING(TERM 12/31/16)	55 0 ..... 0 0			X				243,113	0	47,802
PATRICIA R RECUPERO JD MD ..... SR VP EDU/TRAIN (TERM 6/30/17)	55 0 ..... 0 0			X				239,538	0	51,229
PAUL F HEFFERNAN ..... SR HR DIRECTOR (TERM 3/1/17)	55 0 ..... 0 0			X				218,283	0	42,702
HELEN M REED ..... VP REVENUE CYCLE(TERM 10/1/16)	55 0 ..... 0 0			X				331,536	0	46,936
STEPHEN M SILVA ..... VP LOGISTIC & SUPPLY CHAIN	55 0 ..... 0 0			X				225,591	0	32,204
SUSAN C MARTIN ..... VP CHIEF ACCOUNTING OFFICER	55 0 ..... 0 0			X				216,541	0	38,392
PATRICIA A DEVANEY ..... VP HUMAN RESOURCES	55 0 ..... 0 0			X				215,354	0	29,485
FRANCES FALSEY ..... VPCLIN SHARE SVC(TERM 3/2/17)	55 0 ..... 0 0			X				148,315	62,622	25,044

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GAIL E ROBBINS ..... VP STRATEGIC FINANCIAL PLAN	55 0 ..... 0 0			X				190,388	0	33,792
ERNEST D FUSARO ..... VP REVENUE CYCLE	55 0 ..... 0 0			X				176,985	0	17,362
TIMOTHY BIGELOW ..... VP TALENT ACQ (TERM 4/7/17)	55 0 ..... 0 0			X				153,425	0	20,472
DEAN R CARLSON ..... VP LEADERSHIP/ORG DEVELOPMENT	55 0 ..... 0 0			X				148,459	0	33,503
JOHN S MINICHELLO ..... EXEC DIR,INTEGRA(EFF 11/28/16)	55 0 ..... 0 0			X				14,002	0	1,727
DAVID A LONARDO ..... DIR FIN PLAN (TERM 3/29/16)	55 0 ..... 0 0					X		263,370	0	16,699
JONATHAN I GATES ..... CHIEF MEDICAL INFO OFFICER	55 0 ..... 0 0					X		257,283	0	19,552
RICHARD J RENEHAN ..... VP PHYSICIAN ORG(TERM 3/29/16)	55 0 ..... 0 0					X		234,176	0	431
ROBERT W PACHECO ..... VP FINANCE (TERM 1/15/16)	55 0 ..... 0 0					X		222,446	0	14,701
DAVID F DUNCAN ..... VP FACILITIES & SUPPORT SVCS	55 0 ..... 0 0					X		208,082	0	24,405

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOMENIC F DELMONICO ..... FORMER OFFICER	0 0 .....						X	529,443	0	25,507
JOHN M SUTHERLAND III ..... FORMER OFFICER	0 0 .....						X	329,064	0	3,825
EDWARD M SCHOTTLAND ..... FORMER OFFICER	0 0 .....						X	247,538	0	0
JAMES M BURKE ..... FORMER OFFICER	55 0 .....						X	203,955	0	28,586
CONSTANCE A HOWES JD FACHE ..... FORMER OFFICER	0 0 .....						X	0	167,865	19,516

<b>SCHEDULE A</b> (Form 990 or 990-EZ)	<b>Public Charity Status and Public Support</b> 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 <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .	OMB No 1545-0047 <b>2016</b> <b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service Name of the organization CARE NEW ENGLAND HEALTH SYSTEM		Employer identification number 05-0490997

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.  
The organization is not a private foundation because it is (For lines 1 through 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 5
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 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		
See Additional Data Table						
Total	5				0	0

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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						
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 <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
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 <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
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 ▶ <input type="checkbox"/>						



**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

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

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		No
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		No
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
<b>11a</b>		No
<b>11b</b>		No
<b>11c</b>		No

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		No
<b>2</b>	Yes	
<b>3</b>		No

**Section E. Type III Functionally-Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	Yes	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	Yes	
<b>2a</b>		
<b>2b</b>		
<b>3a</b>	Yes	
<b>3b</b>	Yes	

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

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

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

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

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION E, QUESTIONS 3A & 3B	CARE NEW ENGLAND HEALTH SYSTEM AND ITS SUPPORTED ORGANIZATIONS ARE AFFILIATES WITHIN CARE NEW ENGLAND HEALTH SYSTEM, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM CARE NEW ENGLAND HEALTH SYSTEM, THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM, COORDINATES THE ACTIVITIES AND OPERATIONS OF ALL AFFILIATES WITHIN THE SYSTEM THROUGH ITS BOARD OF DIRECTORS, COMMITTEES OF THE BOARD OF DIRECTORS AND CENTRALIZED SERVICES TO ENSURE THAT ALL AFFILIATE ENTITIES ARE ACTING IN FURTHERANCE OF THE TAX-EXEMPT CHARITABLE PURPOSES OF THE SYSTEM IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY

**Additional Data**

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

**Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).**

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) WOMEN & INFANTS CORPORATION	050258937	3	Yes		0	0
(A) WOMEN & INFANTS CORPORATION	050258937	3	Yes		0	0
(A) BUTLER HOSPITAL	050258812	3	Yes		0	0
(A) BUTLER HOSPITAL	050258812	3	Yes		0	0
(B) KENT COUNTY MEMORIAL HOSPITAL	050258896	3	Yes		0	0
(B) KENT COUNTY MEMORIAL HOSPITAL	050258896	3	Yes		0	0
(C) KENT COUNTY VISITING NURSE ASSOCIATION	050242659	7	Yes		0	0
(C) KENT COUNTY VISITING NURSE ASSOCIATION	050242659	7	Yes		0	0
(D) THE PROVIDENCE CENTER INC	050316969	9	Yes		0	0
(D) THE PROVIDENCE CENTER INC	050316969	9	Yes		0	0

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://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 CARE NEW ENGLAND HEALTH SYSTEM	Employer identification number 05-0490997
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).****A** Check ☒ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		69,075	69,075												
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		69,075	69,075												
<b>d</b> Other exempt purpose expenditures		158,246,022	1,179,696,771												
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		158,315,097	1,179,765,846												
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	1,000,000												
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000	250,000												
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-															
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	107,312	111,230	72,078	69,075	359,695
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	3,454	753,454
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,130,181
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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			
<b>a</b>	Volunteers?			
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b>	Media advertisements?			
<b>d</b>	Mailings to members, legislators, or the public?			
<b>e</b>	Publications, or published or broadcast statements?			
<b>f</b>	Grants to other organizations for lobbying purposes?			
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b>	Other activities?			
<b>j</b>	Total Add lines 1c through 1i			
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

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

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493226016188	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization CARE NEW ENGLAND HEALTH SYSTEM				Employer identification number 05-0490997	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> 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)?				<input type="checkbox"/> Yes <input type="checkbox"/> 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	► \$			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

**Part III**

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

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

**a** ☐ Public exhibition

**b** ☐ Scholarly research

**c** ☐ Preservation for future generations

**d** ☐ Loan or exchange programs

**e** ☐ Other

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

**Part IV**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

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

**a** Board designated or quasi-endowment ▶

**b** Permanent endowment ▶

**c** Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

**(i)** unrelated organizations . . . . .

**(ii)** related organizations . . . . .

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings		5,075,899	3,667,640	1,408,259
<b>c</b> Leasehold improvements		1,094,574	743,168	351,406
<b>d</b> Equipment . . . . .		39,850,059	18,453,787	21,396,272
<b>e</b> Other . . . . .		3,260,750		3,260,750
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				26,416,687

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) JP MORGAN SHORT TERM BOND	0	F
(2) WORKERS COMP TRUST FUND	3,354,985	F
(3) OTHER ASSETS - LT	1,401,673	F
(4) INVESTMENT IN JOINT VENTURE	3,926,095	F
(5) CORPORATE BONDS	12,706,548	F
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	21,389,301	

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) OTHER ASSETS	0
(2) DUE FROM AFFILIATES	3,370,842
(3) OTHER RECEIVABLES	7,925,033
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	11,295,875

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	0
SELF INSURANCE RESERVES	20,109,952
POST RETIREMENT LIABILITY	4,351,359
CURRENT PENSION LIABILITY	2,536,311
OTHER LIABILITIES	1,216,060
DUE TO THIRD-PARTY PAYORS	0
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	28,213,682

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 ☐

Schedule D (Form 990) 2016

**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.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 05-0490997

**Name:** CARE NEW ENGLAND HEALTH SYSTEM

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X	THE ORGANIZATION IS THE PARENT ENTITY OF CARE NEW ENGLAND HEALTH SYSTEM AND AFFILIATES, A TAX-EXEMPT, INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF CARE NEW ENGLAND HEALTH SYSTEM AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED SEPTEMBER 30, 2017 AND SEPTEMBER 30, 2016, RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CERTAIN CONSOLIDATING SCHEDULES THE AUDITED FINANCIAL STATEMENTS DO NOT CONTAIN FOOTNOTE DISCLOSURE RELATED TO THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 THE ORGANIZATION COMPLETED AN ASSESSMENT OF THE ESTIMATED LIABILITY FOR UNCERTAIN TAX POSITIONS AT SEPTEMBER 30, 2017 AND CONCLUDED THAT THE ESTIMATED LIABILITY WAS NOT MATERIAL TO THE ORGANIZATION'S FINANCIAL STATEMENTS



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](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
CARE NEW ENGLAND HEALTH SYSTEM

Employer identification number  
05-0490997

Part I

General Information on Grants and Assistance

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 5

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF PROVIDENCE 25 DORRACE STREET PROVIDENCE, RI 02903		501(C)(3)	295,000				GENERAL SUPPORT
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	15,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RHODE ISLAND MEDICAL SOCIETY 235 PROMENDADE STREET PROVIDENCE, RI 02908	05-0250010	501(C)(3)	15,000				GENERAL SUPPORT
MARCH OF DIMES 1275 MAMARONECK AVE WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER PROVIDENCE CHAMBER OF COMMERCE 30 EXCHANGE STREET PROVIDENCE PROVIDENCE, RI 02914	05-0203250	501(C)(3)	5,400				GENERAL SUPPORT

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
CARE NEW ENGLAND HEALTH SYSTEM

Employer identification number  
05-0490997

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div>	1b	
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div>	2	
<div>3</div> <div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div> <div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>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:</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	Yes
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	Yes
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
<div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		
<div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>		
<div>5</div> <div>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:</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div>	5b	No
<div>If "Yes," on line 5a or 5b, describe in Part III.</div>		
<div>6</div> <div>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:</div>		
<div>a</div> <div>The organization?</div>	6a	Yes
<div>b</div> <div>Any related organization?</div>	6b	Yes
<div>If "Yes," on line 6a or 6b, describe in Part III.</div>		
<div>7</div> <div>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.</div>	7	Yes
<div>8</div> <div>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div>	8	No
<div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	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:** 05-0490997  
**Name:** CARE NEW ENGLAND HEALTH SYSTEM

**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 EDWARD M SCHOTTLAND, \$240,581, JOHN M SUTHERLAND, III, \$168,565, RICHARD J RENEHAN, \$160,402, ROBERT W PACHECO, \$181,747, DAVID A LONARDO, \$144,582, HELEN M REED, \$56,786, AND DOMENIC F DELMONICO \$212,002

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 A INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN THE INDIVIDUAL'S 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES DENNIS D KEEFE, \$92,633, LAWRENCE H PRICE, M D , \$42,501, AND DOMEMIC F DELMONICO, \$128,180 THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THE UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2016 FORM W-2, AS TAXABLE WAGES ALYSSA V BOSS, ESQ \$37,351, F JOSEPH IANNONI, \$179,001, MARK R MARCANTANO, \$57,751, MICHAEL J DACEY, M D , \$50,001, SANDRA L COLETTA, \$62,500, AND JAMES E FANALE, M D , \$40,500

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

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART II, COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUAL INCLUDES VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) BECAUSE THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THIS AMOUNT WAS TREATED AS TAXABLE INCOME AND REPORTED ON THE INDIVIDUAL'S 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES DOMENIC F DELMONICO, \$118,970 THIS AMOUNT WAS REPORTED ON PRIOR YEAR FORMS 990 AS AT-RISK NON-TAXABLE DEFERRED COMPENSATION IN SCHEDULE J, PART II, COLUMN C

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DENNIS D KEEFE DIRECTOR - PRESIDENT/CEO/CNE	(i)898,135	200,000	176,122	23,850	24,116	1,322,223	0
	(ii)0	0	0	0	-0	-0	0
1SUSAN M KELLY MD DIRECTOR	(i)0	0	0	0	0	0	0
	(ii)280,522	0	19,622	21,200	-	-	0
2DENISE 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	-	-	0
3LOUIS J MARINO MD DIRECTOR (TERMED)	(i)0	0	0	0	0	0	0
	(ii)286,352	0	630	23,850	-	-	0
4ALYSSA V BOSS ESQ ASST SEC/EVP & GENERAL COUNSEL	(i)342,778	33,027	34,501	55,356	23,943	489,605	0
	(ii)0	0	0	0	-0	-0	0
5F JOSEPH IANNONI ASST TREAS /EVP/CFO/CNE	(i)504,710	0	42,838	192,251	23,532	763,331	0
	(ii)0	0	0	0	-0	-0	0
6MICHAEL J DACEY MD PRESIDENT/COO/KCMH	(i)0	0	0	0	0	0	0
	(ii)498,397	32,018	28,152	71,201	-	-	0
7MARK R MARCANTANO PRESIDENT/COO/WIH	(i)0	0	0	0	0	0	0
	(ii)502,819	0	37,214	76,191	-	-	0
8LAWRENCE H PRICE MD PRESIDENT/COO/BH (TERM 7/1/17)	(i)0	0	0	0	0	0	0
	(ii)395,858	-	85,062	29,001	-	-	0
9MARY MARRAN PRESIDENT & COO BH(EFF 7/1/17)	(i)0	0	0	0	0	0	0
	(ii)176,717	0	8,900	18,854	-	-	0
10SANDRA L COLETTA EVP/COO (TERM 2/3/17)	(i)605,152	62,280	51,066	82,375	5,462	806,335	0
	(ii)0	0	0	0	-0	-0	0
11RAYMOND O POWRIE MD CHIEF MEDICAL QUALITY OFFICER	(i)0	0	0	0	0	0	0
	(ii)457,812	63,370	37,704	19,984	-	-	0
12JAMES E FANALE MD CHIEF CLINICAL OFFICER INTEGRA	(i)391,367	0	18,489	53,750	20,434	484,040	0
	(ii)0	0	0	0	-0	-0	0
13ANGELLEEN R PETERS-LEWIS SYSTEM CNO (TERM 9/12/17)	(i)189,740	0	2,764	10,600	19,772	222,876	0
	(ii)71,230	0	6,770	0	-	-	0
14KATHLEEN TOPOR CHIEF FINANCIAL OFFICER VNA	(i)127,452	16,301	27,628	13,236	11,343	195,960	0
	(ii)0	0	0	0	-0	-0	0
15JOHN A TORELLO CHIEF TECHNOLOGY OFFICER	(i)149,627	0	6,500	12,000	17,449	185,576	0
	(ii)0	0	0	0	-0	-0	0
16SUMALATHA R GADDAM MD SR VP CIO	(i)314,908	0	26,382	13,250	19,708	374,248	0
	(ii)0	0	0	0	-0	-0	0
17GAIL COSTA SR VP STRAT & DEV(TERM 6/9/17)	(i)278,244	0	46,266	29,150	11,554	365,214	0
	(ii)0	0	0	0	-0	-0	0
18MARILYN WALSH SR VP HR (TERM 6/9/17)	(i)274,877	0	48,801	29,150	10,400	363,228	0
	(ii)0	0	0	0	-0	-0	0
19MAYBELLE A KERNAN SR VP MARKETING(TERM 12/31/16)	(i)234,027	0	9,086	26,502	21,300	290,915	0
	(ii)0	0	0	0	-0	-0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PATRICIA R RECUPERO JD 21MD SR VP EDU/TRAIN (TERM 6/30/17)	(i)	221,256	0	18,282	27,747	23,482	290,767	0
	(ii)	0	0	0	0	- 0	- 0	0
1PAUL F HEFFERNAN SR HR DIRECTOR (TERM 3/1/17)	(i)	196,420	0	21,863	20,448	22,254	260,985	0
	(ii)	0	0	0	0	- 0	- 0	0
2HELEN M REED VP REVENUE CYCLE(TERM 10/1/16)	(i)	204,047	45,553	81,936	26,500	20,436	378,472	0
	(ii)	0	0	0	0	- 0	- 0	0
3STEPHEN M SILVA VP LOGISTIC & SUPPLY CHAIN	(i)	200,788	0	24,803	11,523	20,681	257,795	0
	(ii)	0	0	0	0	- 0	- 0	0
4SUSAN C MARTIN VP CHIEF ACCOUNTING OFFICER	(i)	204,893	0	11,648	17,732	20,660	254,933	0
	(ii)	0	0	0	0	- 0	- 0	0
5PATRICIA A DEVANEY VP HUMAN RESOURCES	(i)	183,204	27,345	4,805	19,855	9,630	244,839	0
	(ii)	0	0	0	0	- 0	- 0	0
6FRANCES FALSEY VPCLIN SHARE SVC(TERM 3/2/17)	(i)	134,693	0	13,622	16,952	7,041	172,308	0
	(ii)	57,555	0	5,067	0	- 1,051	- 63,673	0
7GAIL E ROBBINS VP STRATEGIC FINANCIAL PLAN	(i)	189,065	0	1,323	10,000	23,792	224,180	0
	(ii)	0	0	0	0	- 0	- 0	0
8ERNEST D FUSARO VP REVENUE CYCLE	(i)	158,769	0	18,216	9,000	8,362	194,347	0
	(ii)	0	0	0	0	- 0	- 0	0
9TIMOTHY BIGELOW VP TALENT ACQ (TERM 4/7/17)	(i)	147,330	0	6,095	16,798	3,674	173,897	0
	(ii)	0	0	0	0	- 0	- 0	0
10DEAN R CARLSON VP LEADERSHIP/ORG DEVELOPMENT	(i)	143,709	0	4,750	10,376	23,127	181,962	0
	(ii)	0	0	0	0	- 0	- 0	0
11DAVID A LONARDO DIR FIN PLAN (TERM 3/29/16)	(i)	49,699	0	213,671	0	16,699	280,069	0
	(ii)	0	0	0	0	- 0	- 0	0
12JONATHAN I GATES CHIEF MEDICAL INFO OFFICER	(i)	245,710	0	11,573	17,851	1,701	276,835	0
	(ii)	0	0	0	0	- 0	- 0	0
13RICHARD J RENEHAN VP PHYSICIAN ORG(TERM 3/29/16)	(i)	58,009	0	176,167	0	431	234,607	0
	(ii)	0	0	0	0	- 0	- 0	0
14ROBERT W PACHECO VP FINANCE (TERM 1/15/16)	(i)	14,801	0	207,645	0	14,701	237,147	0
	(ii)	0	0	0	0	- 0	- 0	0
15DAVID F DUNCAN VP FACILITIES & SUPPORT SVCS	(i)	202,898	0	5,184	6,336	18,069	232,487	0
	(ii)	0	0	0	0	- 0	- 0	0
16DOMENIC F DELMONICO FORMER OFFICER	(i)	60,793	49,877	418,773	0	25,507	554,950	118,970
	(ii)	0	0	0	0	- 0	- 0	0
17JOHN M SUTHERLAND III FORMER OFFICER	(i)	0	0	329,064	0	3,825	332,889	0
	(ii)	0	0	0	0	- 0	- 0	0
18EDWARD M SCHOTTLAND FORMER OFFICER	(i)	0	0	247,538	0	0	247,538	0
	(ii)	0	0	0	0	- 0	- 0	0
19JAMES M BURKE FORMER OFFICER	(i)	193,876	0	10,079	15,212	13,374	232,541	0
	(ii)	0	0	0	0	- 0	- 0	0



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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41 CONSTANCE A HOWES JD FACHE FORMER OFFICER	(i)	0	0	0	0	0	0
	(ii)	131,970	0	35,895	17,166	-	0
					2,350	187,381	

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CARE NEW ENGLAND HEALTH SYSTEM

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number  
05-0490997

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A RI HEALTH AND EDUCATIONAL BUILDING CORPORATON	52-1300173		09-28-2016	138,265,000	REFUND/BOND ISSUANCE COSTS	X			X		X
B RI HEALTH AND EDUCATIONAL BUILDING CORPORATION	52-1300173		06-28-2016	21,610,000	REFUND/BOND ISSUANCE COSTS		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	136,955,543		18,361,249					
2	Amount of bonds legally defeased . . . . .	11,916,000		0					
3	Total proceeds of issue . . . . .	138,265,000		21,610,000					
4	Gross proceeds in reserve funds . . . . .	151,273,969		21,045,331					
5	Capitalized interest from proceeds . . . . .	0		0					
6	Proceeds in refunding escrows . . . . .	0		0					
7	Issuance costs from proceeds . . . . .	2,402,426		365,391					
8	Credit enhancement from proceeds . . . . .	0		0					
9	Working capital expenditures from proceeds . . . . .	0		0					
10	Capital expenditures from proceeds . . . . .	0		0					
11	Other spent proceeds . . . . .	0		2,318,691					
12	Other unspent proceeds . . . . .	0		0					
13	Year of substantial completion . . . . .	2016		2016					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .	X		X					
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X				
16	Has the final allocation of proceeds been made? . . . . .	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

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

**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X					
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .	0 %		0 %					
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . .	X		X					
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X				
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X					

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X				
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .	X							
<b>b</b> Exception to rebate? . . . . .				X				
<b>c</b> No rebate due? . . . . .								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X		X					
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
<b>b</b> Name of provider . . . . .	0		0					
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b> Name of provider . . . . .	0		0					
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X					

**Part V Procedures To Undertake Corrective Action**

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

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

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

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

CARE NEW ENGLAND HEALTH SYSTEM

Employer identification number

05-0490997

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
See Additional Data Table					

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART IV	<p>CHARLES R. REPPUCCI, ESQ. IS A DIRECTOR OF THIS ORGANIZATION AND AN EXECUTIVE IN THE LAW FIRM OF HINCKLEY, ALLEN &amp; SNYDER, L L P. THIS ORGANIZATION UTILIZED THE SERVICES OF THIS FIRM DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2017. TOTAL FEES PAID BY THE ORGANIZATION TO THIS FIRM TOTALLED \$659,173. SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARMS-LENGTH NEGOTIATIONS. DENISE M. ARCAND, M D. SERVED AS A DIRECTOR OF THE ORGANIZATION FROM 10/1/2016 THROUGH 2/27/2017. THE ORGANIZATION MADE PAYMENTS TO AN ENTITY IN WHICH SHE HAS AN OWNERSHIP INTEREST, ARCAND FAMILY MEDICINE DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2017. PRACTICE SUPPORT AGREEMENT REIMBURSEMENTS MADE TO ARCAND FAMILY MEDICINE WERE \$521,726. COSTS WERE REIMBURSED BASED UPON FAIR MARKET VALUE ANALYSIS AND PURSUANT TO ARMS-LENGTH NEGOTIATIONS. THE SPOUSE OF CONSTANCE A. HOWES, J D., FACHE IS A PARTNER IN THE LAW FIRM OF ROBERTS, CARROLL, FELDSTEIN &amp; PEIRCE. THIS ORGANIZATION UTILIZED THE SERVICES OF THIS FIRM DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2017. TOTAL FEES PAID BY THE ORGANIZATION TO THIS FIRM TOTALLED \$316,792. SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARMS-LENGTH NEGOTIATIONS. KAREN A. DAVIE, FORMER SENIOR VICE PRESIDENT PHILANTHROPY AND GOVERNMENT OF THIS ORGANIZATION. THE ORGANIZATION MADE PAYMENTS TO AN ENTITY IN WHICH SHE HAS AN OWNERSHIP INTEREST, KAREN A. DAVIE &amp; ASSOCIATES, L L C. DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2017. TOTAL FEES PAID BY THE ORGANIZATION TO THIS COMPANY TOTALLED \$172,484. SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARMS-LENGTH NEGOTIATIONS. LISA D. BOYLE, M D. IS A DIRECTOR OF THE ORGANIZATION AND MICHELLE GANGE, M D. SERVED AS A DIRECTOR OF THE ORGANIZATION FROM 7/1/2016 THROUGH 11/30/2016. THE ORGANIZATION MADE PAYMENTS TO AN ENTITY IN WHICH BOTH INDIVIDUALS HAVE AN OWNERSHIP INTEREST, SOUTHERN NEW ENGLAND HEALTHCARE FOR WOMEN, LLC DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2017. TOTAL FEES PAID BY THE ORGANIZATION TO THIS COMPANY TOTALLED APPROXIMATELY \$3,500,000. SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARMS-LENGTH NEGOTIATIONS.</p>

Additional Data

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
HINCKLEY ALLEN SNYDER LLP	PLEASE REFER TO PART V	659,173	PROFESSIONAL SERVICES		No
ARCAND FAMILY MEDICINE	PLEASE REFER TO PART V	521,726	PRACTICE SUPPORT AGREEMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ROBERTS CARROLL FELDSTEIN PIERCE	PLEASE REFER TO PART V	316,792	PROFESSIONAL SERVICES		No
KAREN A DAVIE ASSOCIATES LLC	PLEASE REFER TO PART V	172,484	PROFESSIONAL SERVICES		No



Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SOUTHERN NE HEALTHCARE FOR WOMEN	PLEASE REFER TO PART V	3,500,000	PRACTICE SUPPORT AGREEMENT		No

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493226016188
<b>SCHEDULE O</b> (Form 990 or 990-EZ)	<b>Supplemental Information to Form 990 or 990-EZ</b> 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 <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .		OMB No 1545-0047
			<b>2016</b>
Department of the Treasury <del>Internal Revenue Service</del>			<b>Open to Public Inspection</b>
Name of the organization CARE NEW ENGLAND HEALTH SYSTEM	Employer identification number  05-0490997		

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>CARE NEW ENGLAND HEALTH SYSTEM ===== CARE NEW ENGLAND HEALTH SYSTEM ("CNE") IS A NOT-FOR-PROFIT, TAX-EXEMPT ORGANIZATION WITH ITS CENTRAL OFFICE IN PROVIDENCE, RI. CNE IS THE SOLE CORPORATE MEMBER OF VARIOUS HEALTHCARE RELATED ORGANIZATIONS, THE MAJORITY OF WHICH ARE TAX-EXEMPT ENTITIES. THE INTERNAL REVENUE SERVICE HAS RECOGNIZED CNE AS A TAX-EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3). AS THE PARENT ORGANIZATION OF A TAX-EXEMPT HEALTHCARE DELIVERY SYSTEM BASED IN PROVIDENCE, RI, CNE AND ITS AFFILIATES STRIVE TO CONTINUALLY DEVELOP AND OPERATE A MULTI-HOSPITAL HEALTHCARE SYSTEM WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF MEDICALLY NECESSARY HEALTHCARE SERVICES TO THE RESIDENTS OF THE SOUTHEASTERN NEW ENGLAND COMMUNITY. CNE ENSURES THAT ITS SYSTEM PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, GENDER IDENTITY AND/OR EXPRESSION, AGE, PHYSICAL OR MENTAL ABILITY, LANGUAGE, RELIGION, PREGNANCY, CITIZENSHIP, MARITAL OR PARENTAL STATUS, VETERAN'S STATUS, ABILITY TO PAY OR OTHER NON-MEDICALLY RELEVANT FACTOR OR ANY OTHER CHARACTERISTIC PROTECTED BY FEDERAL OR STATE LAW INCLUDING THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, THE AGE DISCRIMINATION ACT OF 1973 AND SECTION 1557 OF THE AFFORDABLE CARE ACT. NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICE. *In accordance with Rhode Island Department of Health's ("RIDOH") regulatory processes and measures, Care New England's ("CNE") Memorial Hospital of Rhode Island ("MHR") filed a reverse certificate of need application with RIDOH to close MHR's Emergency Department and cease primary care services. Following the approval from RIDOH regarding the Emergency Department in December of 2017, CNE recognizes the significant impact this decision has, and will continue to have, on residents and hospital employees. CNE remains committed to ensuring access to community-based, outpatient care that meets the future health care needs in the Blackstone Valley. HISTORY ===== CARE NEW ENGLAND HEALTH SYSTEM ("CNE") WAS FORMED IN FEBRUARY 1996 BY FOUNDING MEMBERS BUTLER HOSPITAL, KENT COUNTY MEMORIAL HOSPITAL AND WOMEN &amp; INFANTS HOSPITAL OF RHODE ISLAND. THESE THREE HOSPITALS ARE ALL INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS. IN JUNE 1999, KENT COUNTY VISITING NURSE ASSOCIATION BECAME A MEMBER OF THE CNE FAMILY, AND LATER THAT YEAR ANNOUNCED ITS NAME CHANGE TO VNA OF CARE NEW ENGLAND. IN 2000, HEALTHTOUCH, INC., A PRIVATE DUTY NURSING SERVICE, JOINED THE DIVISION. IN SEPTEMBER 2013, THE MEMORIAL HOSPITAL BECAME THE FOURTH HOSPITAL IN THE CNE SYSTEM, ADDING ACADEMIC AND CLINICAL EXCELLENCE IN THE AREA OF FAMILY MEDICINE AND PRIMARY CARE IN ADDITION TO A FULL CONSTELLATION OF ACUTE CARE SERVICES. CNE WAS FOUNDED ON THE VISION THAT</p>

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>AT WE CAN BUILD A BETTER SYSTEM OF HEALTHCARE FOR THE PEOPLE AND COMMUNITIES OF SOUTHEASTE RN NEW ENGLAND THE SYSTEM OFFERS THE LATEST ADVANCES IN MEDICINE, SPECIALTY- TRAINED DOCTO RS, AND RESPECTED SERVICES AND CARE AN INTEGRATED HEALTH SYSTEM THAT OFFERS A CONTINUUM O F QUALITY CARE, CNE IS MOVING HEALTHCARE FORWARD AND REINVENTING THE WAY HEALTHCARE IS DEL IVERED THIS APPROACH PUTS A BROAD SPECTRUM OF CARE - ADDRESSING PRIMARY CARE, MEDICAL CAR E, SURGERY, WOMEN'S HEALTH, CARDIOLOGY, BEHAVIORAL HEALTH, AND AN ARRAY OF SPECIALTY AND S UBSPECIALTY PROGRAMS - ALL UNDER ONE UMBRELLA SO THEY ARE EASILY ACCESSIBLE TO PATIENTS AN D FAMILIES CNE IS CURRENTLY COMPRISED OF SIX MEMBERS BUTLER HOSPITAL, RHODE ISLAND'S ONL Y PRIVATE, NON-PROFIT PSYCHIATRIC AND SUBSTANCE ABUSE HOSPITAL FOR ADULTS, ADOLESCENTS AND SENIORS, KENT COUNTY MEMORIAL HOSPITAL, THE SECOND LARGEST COMMUNITY HOSPITAL IN THE STAT E, PROVIDING A FULL SPECTRUM OF PRIMARY AND SECONDARY ACUTE CARE SERVICES, WOMEN &amp; INFANTS HOSPITAL OF RHODE ISLAND, ONE OF THE NATION'S LARGEST OBSTETRICAL FACILITIES WITH ONE OF THE NATION'S LARGEST SINGLE-FAMILY ROOM NEONATAL INTENSIVE CARE UNITS, THE AREA'S ONLY TER TIARY LEVEL NEONATAL FACILITY, AND VARIOUS SPECIALTY SERVICES, THE MEMORIAL HOSPITAL, A CO MMUNITY HOSPITAL BASED IN PAWTUCKET, RI, LENDING PRIMARY CARE EXPERTISE TO THE SYSTEM AND THE SYSTEM'S ONLY PATIENT-CENTERED MEDICAL HOME MODEL OF CARE, THE VNA OF CARE NEW ENGLAND , WHICH PROVIDES A BROAD SPECTRUM OF HOME HEALTH, HOSPICE AND PRIVATE DUTY NURSING SERVICE S FOR PATIENTS AND THEIR FAMILIES, AND THE PROVIDENCE CENTER, PROVIDING OUTPATIENT MENTAL HEALTH AND SUBSTANCE USE SERVICES IN PATIENTS' HOMES, SCHOOLS AND NEIGHBORHOODS THE SYSTE M INCLUDES A SOLID, DIVERSE COMBINATION OF PHYSICIAN SPECIALISTS AND GENERALISTS, AND A ST RONG COMMITMENT TO EDUCATION BUTLER HOSPITAL, THE MEMORIAL HOSPITAL AND WOMEN &amp; INFANTS H OSPITAL OF RHODE ISLAND ARE MAJOR TEACHING AFFILIATES OF THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY, WHILE KENT COUNTY MEMORIAL HOSPITAL IS A TEACHING SITE FOR THE UNIVER SITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICINE IN ADDITION, CNE IS COMMITTED TO ADVA NCING THE FIELD OF KNOWLEDGE IN MEDICINE THROUGH NATIONAL AND INTERNATIONALLY-FUNDED AND R ECOGNIZED RESEARCH PROJECTS CNE PROVIDES MEDICALLY NECESSARY HEALTHCARE TO PATIENTS WHO M EET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN THE ESTABLISHED RATES BECAUSE CNE DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUA LIFY AS CHARITY CARE, IT IS NOT REPORTED AS REVENUE CHARITY CARE INCLUDES SERVICES TO UNI NSURED PATIENTS WHO CNE HAS DETERMINED QUALIFY FOR CHARITY CARE UNDER THE SYSTEM'S POLICIE S SERVICES TO UNINSURED PATIENTS WHO ARE NOT ELIGIBLE FOR CHARITY CARE OR FOR WHOM CNE WA S NOT ABLE TO DETERMINE THEIR ELIGIBILITY ARE NOT REPORTED AS CHARITY CARE, BUT REPORTED I N THE PROVISION FOR BAD DEBTS CNE ALSO SPONSORS OTHER PROGRAMS THAT PROVIDE SUBSTANTIAL B ENEFIT TO THE BROADER COMMUNIT</p>

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>Y SUCH PROGRAMS INCLUDE SERVICES TO NEEDY POPULATIONS, INCLUDING COMMUNITY SERVICE PROGRAMS AND SERVICES FOR SCHOOL-AGED CHILDREN AND THE ELDERLY CNE ALSO ACTIVELY SPONSORS PROGRAMS ON HEALTH EDUCATION AND WELLNESS CNE MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE AND COMMUNITY SERVICE IT PROVIDES THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FORGONE BASED ON ESTABLISHED RATES FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY AND COMMUNITY SERVICE POLICIES CARE NEW ENGLAND HOSPITALS ===== CARE NEW ENGLAND INCLUDES THE FOLLOWING INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT HOSPITALS 1 BUTLER HOSPITAL 2 KENT COUNTY MEMORIAL HOSPITAL 3 THE MEMORIAL HOSPITAL 4 WOMEN &amp; INFANTS HOSPITAL OF RHODE ISLAND PURSUANT TO ITS CHARITABLE PURPOSES, EACH CNE HOSPITAL PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF AGE, SEX, RACE, COLOR, RELIGION, NATIONAL ORIGIN, ETHNICITY, CULTURE, LANGUAGE, DISABILITY, MARITAL STATUS, EDUCATION, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, INCOME, OR ABILITY TO PAY BILL NO PATIENTS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICE BY ANY CNE INSTITUTION IN ADDITION, EACH HOSPITAL OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4 CONTROL OF EACH RESTS WITH THE COMMON BOARD OF DIRECTORS OF CNE THE BOARD IS COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY 5 SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES, AND ADVANCE MEDICAL CARE PROGRAMS AND ACTIVITIES THE OPERATIONS OF EACH HOSPITAL, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF EACH HOSPITAL IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED, OTHER THAN INCIDENTALLY MISSION, VISION AND VALUES ===== OUR MISSION ===== TO BE YOUR PARTNER IN HEALTH OUR VISION ===== TO CREATE A COMMUNITY OF HEALTHIER PEOPLE OUR VALUES ===== CARE NEW ENGLAND'S ORGANIZATIONAL VALUES EMPHASIZE INDIVIDUAL CONTRIBUTIONS AND A TEAM APPROACH THAT FOSTER - ACCOUNTABILITY - CARING - TEAMWORK</p>

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>BUTLER HOSPITAL ("BH") ===== BH IS A LICENSED 143-BED, NOT-FOR-PROFIT PSYCHIATRIC TREATMENT, TEACHING AND RESEARCH HOSPITAL BH WAS FOUNDED IN 1844 AND SERVES RHODE ISLAND AND SOUTHEASTERN NEW ENGLAND BH - PROVIDES SPECIALIZED ASSESSMENTS AND INNOVATIVE TREATMENTS FOR ALL MAJOR PSYCHIATRIC ILLNESSES AND SUBSTANCE ABUSE - FOCUSES ON THE SPECIAL NEEDS OF SENIORS BY OFFERING A STATE-OF-THE-ART PSYCHIATRIC SENIOR TREATMENT CENTER SPECIALIZING IN ALZHEIMER'S AND OTHER MEMORY DISORDERS - OFFERS A PARTIAL HOSPITAL DAY PROGRAM THAT ENABLES PATIENTS TO RECEIVE PSYCHIATRIC AND SUBSTANCE ABUSE TREATMENT DURING THE DAY AND RETURN TO THE COMFORT OF THEIR OWN HOMES AT NIGHT - CONDUCTS CUTTING-EDGE RESEARCH HELPING TO UNLOCK THE SECRETS OF BRAIN-BASED DISEASES BUTLER SECURED MORE THAN \$11 MILLION IN GRANT FUNDING IN FISCAL YEAR 2015, SUPPORTING RESEARCH IN SUCH AREAS AS MOOD DISORDERS, OBSESSIVE COMPULSIVE DISORDER, ANXIETY DISORDERS, MEMORY DISORDERS, ADDICTIONS, PARKINSON'S DISEASE, AND PSYCHOSOCIAL INTERVENTIONS FOR FAMILIES - WORKS TO INCREASE UNDERSTANDING OF MENTAL ILLNESS AND REDUCE STIGMA BY PROVIDING ONGOING KENT COUNTY MEMORIAL HOSPITAL ("KCMH") ===== KCMH IS A LICENSED 359-BED, NOT-FOR-PROFIT, ACUTE CARE HOSPITAL KCMH WAS ESTABLISHED IN 1951 AND IS RHODE ISLAND'S SECOND LARGEST COMMUNITY HOSPITAL WITH THE SECOND BUSIEST EMERGENCY DEPARTMENT KCMH - OFFERS A FULL SPECTRUM OF INPATIENT AND OUTPATIENT HEALTH SERVICES FOR ALL AGES - KCMH'S EMERGENCY DEPARTMENT SERVES SOME 70,000 ANNUAL VISITS THIS VOLUME RANKS KCMH'S EMERGENCY DEPARTMENT AMONG THE TOP 10-PERCENT NATIONALLY - OFFERS ADVANCED TECHNOLOGY, INSTALLING SUCH ADVANCES AS HIGH-SPEED, MULTI-SLICE CT SCANNERS AND DIGITAL RADIOLOGY EQUIPMENT - OFFERS SUCH SPECIALTY SERVICES AS A MULTIDISCIPLINARY WOUND RECOVERY CENTER AND A CANCER PROGRAM ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS - COLLABORATES WITH WOMEN &amp; INFANTS HOSPITAL OF RHODE ISLAND TO OPERATE THE STATE'S ONLY LEVEL II SPECIAL CARE NURSERY AND TO OFFER EXPERT BREAST CANCER DIAGNOSIS AND TREATMENT AT THE BREAST HEALTH CENTER AT KCMH - TRAINS PHYSICIANS THROUGH ITS EMERGENCY MEDICINE, INTERNAL MEDICINE AND FAMILY PRACTICE RESIDENCY PROGRAMS AFFILIATED WITH THE UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICINE, ONE OF THE COUNTRY'S LEADING OSTEOPATHIC MEDICAL SCHOOLS, IN ADDITION TO FELLOWSHIPS IN UNDERSEA AND HYPERBARIC MEDICINE, AS WELL AS GASTROENTEROLOGY - HELPS STROKE PATIENTS IN ITS STROKE CENTER, WHICH EARNED THE GOLD SEAL OF APPROVAL FROM THE JOINT COMMISSION FOR PRIMARY STROKE CENTERS - PURSUES EXCELLENCE THE WOMEN'S DIAGNOSTIC IMAGING CENTER HAS BEEN DESIGNATED AS A BREAST IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY - EMPLOYS INNOVATIVE APPROACHES TO RECRUITING AND RETAINING NURSES, INCLUDING A UNIQUE COLLABORATION WITH SALVE REGINA UNIVERSITY TO BRING BACCALAUREATE CLASSES ON-SITE FOR KENT NURSES THE MEMORIAL HOSPITAL ("TMH") =====</p>

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>===== TMH IS A 294-BED COMMUNITY HOSPITAL WITH ITS MAIN CAMPUS IS IN PAWTUCKET, RI IT OPERATES PRIMARY CARE AND OTHER SERVICES IN OFF-SITE LOCATIONS IN PAWTUCKET AND CENTRAL FALLS, RI, AND PLAINVILLE, MA TMH ALSO HAS STATE-OF-THE-ART CANCER, ENDOSCOPY, REHABILITATION, AND CARDIOVASCULAR TREATMENT FACILITIES IN PAWTUCKET TMH - IS AFFILIATED WITH THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY TMH HAS GROWN INTO THE SECOND LARGEST TEACHING HOSPITAL IN THE STATE, WITH THE MAJORITY OF THE FULL-TIME MEDICAL STAFF AFFILIATED WITH THE MEDICAL SCHOOL, AND DOZENS OF RESIDENTS IN VARIOUS SPECIALTIES WORKING AT THE HOSPITAL - IS HOME TO THE WARREN ALPERT MEDICAL SCHOOL'S FAMILY MEDICINE AND INTERNAL MEDICINE RESIDENCY PROGRAMS, WHICH HAS SPEARHEADED TMH'S MEDICAL RESEARCH ENDEAVORS WITH SUPPORTED BY MORE THAN \$18 MILLION IN FEDERAL FUNDS - IS ALSO ON THE FOREFRONT IN THE FIELD OF FAMILY MEDICINE, WHICH EMPHASIZES THE ROLE OF THE PRIMARY CARE PHYSICIAN AS ORCHESTRATOR OF CARE AND TREATMENT FOR THE ENTIRE FAMILY - OFFERS COMPREHENSIVE SERVICES IN ACUTE CARE AND EMERGENCY MEDICINE, CANCER CARE, CARDIOVASCULAR CARE, DIAGNOSTIC IMAGING, FAMILY MEDICINE, GASTROENTEROLOGY, GERIATRIC SERVICES, INFECTIOUS DISEASES, INTERNAL MEDICINE, LABORATORY, NEURODEVELOPMENT CENTER, NEUROLOGY, OBSTETRICS AND GYNECOLOGY, PAIN MANAGEMENT, PEDIATRICS, PODIATRY, PULMONARY CENTER, SLEEP CENTER, STROKE CENTER, TRAVEL CLINIC, URGENT CARE CENTER - PROVIDES NUMEROUS SERVICES TO THE COMMUNITY AT NO CHARGE, INCLUDING - LANGUAGE INTERPRETATION - PHYSICIAN REFERRAL - COMMUNITY HEALTH SCREENINGS - HEALTH AND WELLNESS EDUCATION - SUPPORT GROUPS WOMEN &amp; INFANTS HOSPITAL OF RHODE ISLAND ("W&amp;IHRI")</p> <p>===== W&amp;IHRI INCLUDES 167 ADULT BEDS, 80 NEONATAL INTENSIVE CARE UNIT BEDS AND 60 NEWBORN BASSINETS W&amp;IHRI IS THE NINTH LARGEST STAND-ALONE OBSTETRICAL SERVICE IN THE COUNTRY AND THE LARGEST IN NEW ENGLAND WITH APPROXIMATELY 8,500 DELIVERIES PER YEAR A DESIGNATED BABY-FRIENDLY USA HOSPITAL, U.S. NEWS &amp; WORLD REPORT 2014-15 BEST CHILDREN'S HOSPITAL IN NEONATOLOGY AND A 2014 LEAPFROG TOP HOSPITAL W&amp;IHRI IS ONE OF THE NATION'S LEADING SPECIALTY HOSPITALS FOR WOMEN AND NEWBORNS W&amp;IHRI - IS THE PREMIER HEALTH RESOURCE IN THE REGION FOR NEWBORNS AND WOMEN AND THE REGION'S ONLY PERINATAL CENTER - OPENED IN 2009 WHAT WAS AT THE TIME THE NATION'S LARGEST SINGLE-FAMILY ROOM NEONATAL INTENSIVE CARE UNIT THE UNIT PROVIDES CARE FOR APPROXIMATELY 1,200 BABIES EACH YEAR, APPROXIMATELY 15% OF WHOM ARE BROUGHT TO W&amp;IHRI FROM OTHER HOSPITALS IN RHODE ISLAND, MASSACHUSETTS AND CONNECTICUT - OFFERS THE SERVICES OF A GENERAL AND GYNECOLOGICAL SURGICAL PROGRAM WITH MORE THAN 7,300 PROCEDURES PERFORMED IN FISCAL YEAR 2015 - FOCUSES ON THE NEEDS OF WOMEN AT EVERY STAGE OF LIFE WITH SUCH SPECIALIZED PROGRAMS AS THE FERTILITY CENTER, THE MENOPAUSE PROGRAM, THE PROGRAM IN WOMEN'S ONCOLOGY AND ITS BREAST HEALTH CENTER, THE CENTER FOR WOMEN'S</p>

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	BEHAVIORAL HEALTH, AND THE CENTER FOR WOMEN'S GASTROINTESTINAL HEALTH - ALONG WITH BROWN , OFFERS FELLOWSHIP PROGRAMS IN GYNECOLOGIC ONCOLOGY, MATERNAL-FETAL MEDICINE, UROGYNECOLO GY AND RECONSTRUCTIVE PELVIC SURGERY, NEONATAL-PERINATAL MEDICINE, PEDIATRIC AND PERINATAL PATHOLOGY, GYNECOLOGIC PATHOLOGY AND CYTOPATHOLOGY, AND REPRODUCTIVE ENDOCRINOLOGY AND IN FERTILITY - COMMANDS A REPUTATION AS ONE OF THE LARGEST AND MOST PRESTIGIOUS RESEARCH FAC ILITIES IN HIGH-RISK AND NORMAL OBSTETRICS, GYNECOLOGY AND NEWBORN PEDIATRICS IN THE NATIO N AND SECURED MORE THAN \$10 MILLION IN RESEARCH DOLLARS IN FISCAL YEAR 2015, SUPPORTING CU TTING-EDGE RESEARCH INTO SUCH AREAS AS HIGH RISK AND NORMAL OBSTETRICS, UROGYNECOLOGY AND PELVIC FLOOR DISORDERS, REPRODUCTIVE ENDOCRINOLOGY, GENERAL OBSTETRICS AND GYNECOLOGY, OVA RIAN CANCER, UTERINE CANCER, BREAST CANCER, AUTISM SPECTRUM DISORDERS, AND PERINATAL BIOLO GY



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Return Reference	Explanation
CORE FORM, PART V, QUESTION 1A & CORE FORM, PART VII, SECTION B	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF THE CARE NEW ENGLAND HEALTH SYSTEM AND AFFILIATES ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM THIS ORGANIZATION PAYS ALL OUTSTANDING ACCOUNTS PAYABLE INVOICES ON BEHALF OF MOST OTHER AFFILIATES WITHIN THE SYSTEM IN CONJUNCTION WITH THIS SERVICE, THIS ORGANIZATION ALSO PREPARES AND ISSUES FORMS 1099 TO THESE VENDORS RECEIVING PAYMENTS WHERE APPLICABLE AND FILES THESE FORM 1099 WITH THE INTERNAL REVENUE SERVICE THIS ORGANIZATION ALLOCATED THESE PAYMENTS TO THE APPROPRIATE AFFILIATES WITHIN THE SYSTEM VIA AN INTERCOMPANY ACCOUNT

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

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

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

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	RING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION OTHER OBJECTIVE FACTORS I NCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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



**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART X, LINE 20	<p>THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF CARE NEW ENGLAND HEALTH SYSTEM AND AFFILIATES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM HAS A NUMBER OF OUTSTANDING LONG-TERM OBLIGATED GROUP DEBT LIABILITIES, INCLUDING THE FOLLOWING BOND ISSUANCES - RHODE ISLAND HEALTH AND EDUCATIONAL BUILDING CORPORATION BONDS SERIES 2016A, AND - RHODE ISLAND HEALTH AND EDUCATIONAL BUILDING CORPORATION BONDS SERIES 2016B THE BONDS OUTLINED ABOVE AND VARIOUS OTHER LONG-TERM BORROWINGS ARE ALLOCATED BY CARE NEW ENGLAND HEALTH SYSTEM, TO THE FOLLOWING SYSTEM MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES THE BALANCE SHEET OF THESE RESPECTIVE MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES REFLECTS A OBLIGATED GROUP LIABILITY ACCORDINGLY, THIS CARE NEW ENGLAND HEALTH SYSTEM OBLIGATED GROUP LIABILITY IS REFLECTED ON THE BALANCE SHEET OF THE FOLLOWING SUBSIDIARY ORGANIZATIONS - BUTLER HOSPITAL, EIN 05-0258812 - KENT COUNTY MEMORIAL HOSPITAL, EIN 05-0258896 - SHS VENTURES, INC , EIN 05-0510341 - THE MEMORIAL HOSPITAL, EIN 05-0259004 - THE PROVIDENCE CENTER, INC , EIN 05-0316969 - VNA OF CARE NEW ENGLAND, EIN 05-0242659 - WOMEN AND INFANTS CORPORATION, EIN 02-2885807 - WOMEN &amp; INFANTS HOSPITAL OF RHODE ISLAND, EIN 05-0258937 SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS AND IS INCLUDED IN THE FORM 990 OF CARE NEW ENGLAND HEALTH SYSTEM, EIN 05-0490997</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART XI, LINE 9	OTHER CHANGES IN FUND BALANCE INCLUDE - NONOPERATING EXPENDITURES, (\$1,969,845), AND - PENSION AND POSTRETIREMENT ADJUSTMENT, \$2,550,985

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
CARE NEW ENGLAND HEALTH SYSTEM

Employer identification number  
05-0490997

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) INTEGRA COMMUNITY CARE NETWORK LLC 45 WILLARD AVENUE PROVIDENCE, RI 02905 47-0967971	HEALTHCARE	RI	8,702,470	-1,822,011	CNE

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> 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
<b>(2)</b> W & I INDEMNITY LTD 23 LIME TREE BAY AVE PO BOX 1051 GRAND CAYMAN KY1-11 CJ 98-0159342	FINANCIAL VEHICLE	CJ	NA	C CORP					No
<b>(3)</b> BOULEVARD MEDICAL CONDO ASSOCIATION 111 BREWSTER STREET PAWTUCKET, RI 02860 05-0497862	REAL ESTATE	RI	NA	C CORP					No
<b>(4)</b> PRIMARY CARE CENTER OF NEW ENGLAND INC 111 BREWSTER STREET PAWTUCKET, RI 02860 05-0423957	HEALTHCARE SVCS	RI	NA	C CORP					No
<b>(5)</b> CONTINUUM BEHAVIORAL HEALTH INC 528 NORTH MAIN STREET PROVIDENCE, RI 02904 46-2853067	HEALTHCARE SVCS	RI	NA	C CORP					No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s) . . . . .

f

Dividends from related organization(s) . . . . .

g

Sale of assets to related organization(s) . . . . .

h

Purchase of assets from related organization(s) . . . . .

i

Exchange of assets with related organization(s) . . . . .

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s) . . . . .

p

Reimbursement paid to related organization(s) for expenses . . . . .

q

Reimbursement paid by related organization(s) for expenses . . . . .

r

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

s

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

Yes

No

Yes

Yes

No

No

No

No

No

Yes

Yes

No

Yes

Yes

No

Yes

Yes

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds  
See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2016

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

[illegible]

**Part VII**   **Supplemental Information**

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

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

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1)  345 BLACKSTONE BLVD PROVIDENCE, RI 02906 05-0258812	HEALTHCARE	RI	501(C)(3)	HOSPITAL	CNE	Yes	
(1)  300 RICHMOND STREET PROVIDENCE, RI 02903 02-2885807	HEALTHCARE	RI	501(C)(3)	509(A)(3)	CNE	Yes	
(2)  300 RICHMOND STREET PROVIDENCE, RI 02903 05-0258937	HEALTHCARE	RI	501(C)(3)	HOSPITAL	WIC		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		No
(5)  455 TOLL GATE ROAD WARWICK, RI 02886 05-0258896	HEALTHCARE	RI	501(C)(3)	HOSPITAL	CNE	Yes	
(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	Yes	
(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	Yes	
(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	Yes	
(2)  528 NORTH MAIN STREET PROVIDENCE, RI 02904 22-2479719	INACTIVE	RI	501(C)(3)	509(A)(2)	TPC		No

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

<b>(a)</b> Name of related organization		<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	KENT COUNTY MEMORIAL HOSPITAL	E	769,384	COST
<b>(1)</b>	WOMEN & INFANTS HOSPITAL OF RHODE ISLAND	D	480,380	COST
<b>(2)</b>	BUTLER HOSPITAL	L	13,724,920	COST
<b>(3)</b>	KENT COUNTY MEMORIAL HOSPITAL	L	39,626,724	COST
<b>(4)</b>	WOMEN & INFANTS HOSPITAL OF RHODE ISLAND	L	62,084,904	COST
<b>(5)</b>	KENT COUNTY VNA DBA VNA OF CNE	L	1,650,000	COST
<b>(6)</b>	THE PROVIDENCE CENTER INC	L	200,000	COST