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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

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

C Name of organization
Rhode Island Hospital

Doing business as

Number and street (or P O box if mail is not delivered to street address) 593 Eddy Street | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Providence, RI 02903

D Employer identification number
05-0258954

E Telephone number
(401) 444-4000

G Gross receipts $ 1,783,738,106

F Name and address of principal officer
Margaret M Van Bree DrPH

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www rhodeislandhospital org

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

L Year of formation 1863

M State of legal domicile RI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
As a founding hospital in the Lifespan health system, Rhode Island Hospital (RIH) is committed to its mission Delivering health with care

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	9,143
6	Total number of volunteers (estimate if necessary)	**6**	613
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,642,403
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	666,159

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,895,210	7,517,072
9	Program service revenue (Part VIII, line 2g)	1,349,203,904	1,422,019,640
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,925,038	25,532,489
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-18,270,324	-8,097,219
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,369,753,828	1,446,971,982
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,911,896	1,228,599
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	583,329,258	601,901,711
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	759,022,051	833,955,883
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,344,263,205	1,437,086,193
19	Revenue less expenses Subtract line 18 from line 12	25,490,623	9,885,789

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,291,869,879	1,284,809,986
21	Total liabilities (Part X, line 26)	571,601,291	511,822,928
22	Net assets or fund balances Subtract line 21 from line 20	720,268,588	772,987,058

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 2019-08-15

Mary A Wakefield Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Tara D'Agostino	Tara D'Agostino			P01245482

Firm's name ▶ KPMG LLP — Firm's EIN ▶ 13-5565207

Firm's address ▶ 2 Financial Center 60 South St
Boston, MA 02111 — Phone no (617) 988-1000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,083,320,588 including grants of $ 1,228,599) (Revenue $ 1,329,196,700)
See Additional Data

4b (Code) (Expenses $ 102,962,558 including grants of $) (Revenue $ 14,635,948)
See Additional Data

4c (Code) (Expenses $ 71,382,273 including grants of $) (Revenue $ 60,608,273)
See Additional Data

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

4e **Total program service expenses ▶** 1,257,665,419

Part IV Checklist of Required Schedules

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

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	538		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	9,143		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			No
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

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

Section C. Disclosure

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

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 ▶Mary A Wakefield 593 Eddy Street Providence, RI 02903 (401) 444-7093

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								5,496,711	5,882,860	1,450,032

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 ▶ 708

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
University Medicine Foundation 17 Virginia Ave Providence, RI 02905	Medical Services	33,168,915
University Surgical Associates 75 Newman Avenue Rumford, RI 02916	Medical Services	10,307,202
Brown University 45 Prospect Street Providence, RI 02912	Subcontracted Svcs	6,135,439
University Emergency Med Fnd 125 Whipple St Providence, RI 02908	Medical Services	5,297,485
Neurology Foundation, 34 Parsonage Street Providence, RI 02903	Medical Services	5,227,755

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 ▶ 95

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a**				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c**				
	d Related organizations **1d**	6,477,700			
	e Government grants (contributions) **1e**	136,982			
	f All other contributions, gifts, grants, and similar amounts not included above **1f**	902,390			
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶	7,517,072			
Program Service Revenue		Business Code			
	2a Direct Rev from Research	900099	60,608,273	60,608,273	
	b Lifespan Pharmacy	446110	39,506,857	39,506,857	
	c Patient Service Revenue	900099	1,314,240,504	1,314,240,504	
	d Rental	531120	4,012,440	4,012,440	
	e Temp Restricted (SPF's)	900099	3,651,566	3,651,566	
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶	1,422,019,640			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	6,146,479			6,146,479
	4 Income from investment of tax-exempt bond proceeds ▶	1,602			1,602
	5 Royalties . . . . . ▶	0			
		(i) Real	(ii) Personal		
	6a Gross rents	3,180,231			
	b Less rental expenses	2,168,256			
	c Rental income or (loss)	1,011,975			
	d Net rental income or (loss) . . . . . ▶	1,011,975			1,011,975
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	353,718,318			
	b Less cost or other basis and sales expenses	334,292,689	41,221		
	c Gain or (loss)	19,425,629	-41,221		
	d Net gain or (loss) . . . . . ▶	19,384,408			19,384,408
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . **a**				
	b Less direct expenses . . . **b**				
	c Net income or (loss) from fundraising events . . ▶	0			
	9a Gross income from gaming activities See Part IV, line 19 . . . **a**				
	b Less direct expenses . . . **b**				
	c Net income or (loss) from gaming activities . . ▶	0			
	10a Gross sales of inventory, less returns and allowances . . **a**	227,541			
	b Less cost of goods sold . . **b**	263,958			
	c Net income or (loss) from sales of inventory . . ▶	-36,417		-36,417	
	Miscellaneous Revenue	Business Code			
	11a Cafeteria Revenue	722210	4,810,045		4,810,045
	b Indirect Rev from Grants	900099	13,057,690	13,057,690	
	c Other/Services Rendered	900099	2,631,117	2,631,117	
	d All other revenue		-29,571,629	-33,267,526	3,678,820	17,077
	e Total. Add lines 11a–11d . . . . . ▶		-9,072,777			
	12 Total revenue. See Instructions . . . . . ▶		1,446,971,982	1,404,440,921	3,642,403	31,371,586

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,193,599	1,193,599		
2 Grants and other assistance to domestic individuals See Part IV, line 22	35,000	35,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,483,145	1,030,976	452,169	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	457,498,912	456,119,247	1,379,665	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	28,150,152	28,055,645	94,507	
9 Other employee benefits	82,878,481	82,597,277	281,204	
10 Payroll taxes	31,891,021	31,765,014	126,007	
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	13,493	13,493		
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	2,470,318		2,470,318	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	121,794,463	121,794,463		
12 Advertising and promotion	117,791	117,791		
13 Office expenses	22,947,321	20,542,198	2,405,123	
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	26,648,338	22,585,741	4,062,597	
17 Travel	1,439,307	1,434,016	5,291	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	1,418,325	1,409,934	8,391	
20 Interest	6,586,789	5,099	6,581,690	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	54,321,575		54,321,575	
23 Insurance . . .	20,147,530	20,135,840	11,690	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Medical & surgical supplies	274,777,830	274,777,830		
b Purch Svs & Equip Contracts	163,563,842	56,768,345	106,795,497	
c License Fee	66,855,788	66,855,788		
d Provision for Bad Debts	36,954,820	36,954,820		
e All other expenses	33,898,353	33,473,303	425,050	
25 **Total functional expenses.** Add lines 1 through 24e	1,437,086,193	1,257,665,419	179,420,774	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	1,263,510	1	1,187,044
	2	Savings and temporary cash investments	38,673,932	2	37,725,110
	3	Pledges and grants receivable, net	5,603,370	3	5,976,142
	4	Accounts receivable, net	138,120,645	4	133,300,600
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7	Notes and loans receivable, net		7	0
	8	Inventories for sale or use	21,502,937	8	25,152,917
	9	Prepaid expenses and deferred charges	2,991,371	9	3,425,635
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,287,944,770			
	b	Less accumulated depreciation — 10b: 767,762,113	533,359,701	10c	520,182,657
	11	Investments—publicly traded securities	328,122,504	11	318,971,601
	12	Investments—other securities See Part IV, line 11	131,083,090	12	143,505,737
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	91,148,819	15	95,382,543
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,291,869,879	16	1,284,809,986
Liabilities	17	Accounts payable and accrued expenses	81,693,657	17	87,788,119
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	212,994,577	20	201,235,326
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	15,696,424	23	10,550,536
	24	Unsecured notes and loans payable to unrelated third parties	3,840,000	24	3,760,000
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	257,376,633	25	208,488,947
	26	**Total liabilities.** Add lines 17 through 25	571,601,291	26	511,822,928
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	379,788,374	27	417,343,605
	28	Temporarily restricted net assets	263,984,323	28	278,454,542
	29	Permanently restricted net assets	76,495,891	29	77,188,911
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	720,268,588	33	772,987,058
	34	Total liabilities and net assets/fund balances	1,291,869,879	34	1,284,809,986

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,446,971,982
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,437,086,193
3	Revenue less expenses Subtract line 2 from line 1	3	9,885,789
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	720,268,588
5	Net unrealized gains (losses) on investments	5	1,005,951
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	41,826,730
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	772,987,058

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 05-0258954
Name: Rhode Island Hospital

Form 990 (2017)

Form 990, Part III, Line 4a:

Patient Care RIH is the State's largest hospital, and its only Level I trauma center and verified burn center It is the principal teaching hospital of The Warren Alpert Medical School of Brown University, and provides a comprehensive range of diagnostic and therapeutic health care services to inpatients and outpatients RIH has particular expertise in cancer, cardiology, diabetes, emergency medicine, neurosciences, orthopedics, and more Hasbro Children's Hospital (HCH), RIH's pediatric division, is the region's premier provider of pediatric clinical care The hospital offers a broad spectrum of both routine care and specialty programs not available elsewhere HCH has the only pediatric emergency department, Level I trauma center, pediatric critical care teams, and 24-hour ambulance in the region (Continued on Schedule O)

Form 990, Part III, Line 4b:

Medical Education RIH provides the setting for and substantially supports medical education in various clinical training and nursing programs The total cost of medical education provided by the Hospital exceeded the reimbursement received from third-party payors by $88 3 million in fiscal year 2018 (Continued on Schedule O)

Form 990, Part III, Line 4c:

Research RIH conducts extensive medical research and is in the forefront of biomedical health care delivery research and among the leaders nationally in the National Institutes of Health programs RIH also sponsors many clinical trials which provide valuable research information as well as cutting edge treatment for patients in the region Federal support accounts for approximately 64% of all externally funded research at RIH Researchers focus on clinical trials which investigate prevention and treatment of HIV/AIDS, obesity, cancer, diabetes, cardiac disease, neurological problems, orthopedic advancements, and mental health concerns Included in the totals are $18 4 million of research grants from for-profit organizations that are not reported in Schedule H (Continued on Schedule O)

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			
Lawrence A Aubin Sr Chair	2 00 28 00	X		X				0	0	0
Timothy J Babineau MD Trustee	20 00 20 00	X						0	2,217,856	527,817
Emanuel Barrows Trustee	0 50 2 50	X						0	0	0
Roger N Begin Trustee	2 00 8 00	X						0	0	0
Peter Capodilupo Vice Chair	0 50 8 50	X		X				0	0	0
Jonathan D Fain Trustee	0 25 0 75	X						0	0	0
Edward D Feldstein Esq Trustee	1 00 12 00	X						0	0	0
Michael L Hanna Trustee	1 00 5 05	X						0	0	0
Pamela Harrop MD Trustee	5 00 3 00	X						35,000	0	0
Alan H Litwin Vice Chair	1 00 9 00	X		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			
Joseph J MarcAurele Director	0 25 4 00	X						0	0	0
Steven Pare Trustee	2 00 10 50	X						0	0	0
Lawrence B Sadwin Trustee	0 25 13 50	X						0	0	0
Shivan Subramaniam Trustee	0 25 5 25	X						0	0	0
Jane Williams Trustee	1 00 4 40	X						0	0	0
Brian J Zink MD Trustee- 12/17	20 00 8 50	X						0	0	0
Paul J Adler Secretary	5 00 35 00			X				0	532,564	99,156
Margaret M Van Bree MHADrPH President	35 00 5 00			X				0	861,921	129,922
Mary A Wakefield Treasurer	10 00 30 00			X				0	1,022,911	282,563
Nicholas P Dominick SVP-Clin Svc Lines & Facil Devel	40 00 0 00				X			384,986	0	78,016

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			
Barbara P Riley RN Chief Nursing Officer	40 00 0 00				X			409,872	0	30,520
Latha Sivaprasad MD Chief Medical Officer	40 00 0 00				X			539,820	0	86,891
Alexios G Carayannopoulos DO Physician	40 00 0 00					X		630,252	0	28,058
Deus J Cielo MD Physician	40 00 0 00					X		747,986	0	40,585
Curtis E Doberstein MD Physician	40 00 0 00					X		1,249,913	0	40,136
Adetokunbo A Oyelese MD Physician	40 00 0 00					X		749,368	0	40,863
Albert E Telfeian MD Physician	40 00 0 00					X		749,514	0	40,525
Frederick J Macri EVP & COO	0 00 0 00						X	0	440,169	0
John B Murphy MD EVP - Physician Affairs	0 00 40 00						X	0	807,439	24,980

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Rhode Island Hospital

Employer identification number
05-0258954

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 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 05-0258954
Name: Rhode Island Hospital

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

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	**Employer identification number**
Rhode Island Hospital	05-0258954

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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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? ☐ Yes ☑ No

4a Was a correction made? ☐ Yes ☑ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		13,493
j	Total Add lines 1c through 1i			13,493
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
Part II-B, Line 1i - Other Activities Description	Rhode Island Hospital pays membership fees to the National Association of Children's Hospitals, the Trauma Center Association of America, and the Association of American Medical Colleges A portion of the membership dues paid to these organizations is allocated to their lobbying efforts

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Rhode Island Hospital

Employer identification number
05-0258954

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ 75,705

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☑ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	480,453,623	469,816,601	456,888,675	471,966,702	489,649,597
b Contributions	70,377,312	61,895,738	66,813,380	64,741,784	63,951,673
c Net investment earnings, gains, and losses	23,675,697	46,265,035	21,926,308	-9,161,940	27,343,261
d Grants or scholarships					
e Other expenditures for facilities and programs	94,426,157	97,523,751	75,811,762	70,657,871	108,977,829
f Administrative expenses					
g End of year balance	480,080,475	480,453,623	469,816,601	456,888,675	471,966,702

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

- a Board designated or quasi-endowment ▶ 39 210 %
- b Permanent endowment ▶ 8 480 %
- c Temporarily restricted endowment ▶ 52 310 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		31,159,682		31,159,682
b Buildings		790,878,157	464,709,718	326,168,439
c Leasehold improvements				
d Equipment		452,502,191	303,052,395	149,449,796
e Other		13,404,740		13,404,740
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				520,182,657

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)* ▶	143,505,737	

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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) Deferred Financing Costs	1,362,564
(2) Intercompany Receivables	257,375
(3) Interest in Net Assets of RIH Foundation	64,239,188
(4) Other Non-Current Assets	1,908,988
(5) Other Receivables	10,011,291
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	95,382,543

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	
Accrued Interest Payable	3,319,289
Accrued Pension Liability	127,500,500
Health Care Benefit Self-insurance	9,801,772
Other Liabilities	27,751,268
Post-retirement Benefit Liability	9,764,100
Third-party Payor Settlements	30,352,018
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	208,488,947

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 05-0258954
Name: Rhode Island Hospital

Supplemental Information

Return Reference	Explanation
Part III, Line 4 Description of organization's collections and how it furthers its purpose	Rhode Island Hospital's (RIH) collection of artwork consists of paintings, photographs, etchings, silkscreens, watercolors, charcoals, and lithographs The works of art are displayed throughout the hospital campus for the viewing pleasure of patients, visitors, and employees

Supplemental Information

Return Reference	Explanation
Part V, Line 4 Intended uses of the endowment fund	RIH's endowment funds consist of both donor-restricted endowment funds and funds designate d by RIH to function as endowments RIH's largest permanently restricted endowments suppor t patient care, particularly cardiology, hematology/oncology, and neurology, as well as pe diatric care at RIH's pediatric division, Hasbro Children's Hospital (HCH), research, and charity care RIH's unrestricted endowment includes designated assets set aside by RIH's B oard for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes Significant temporarily restricted funds he ld by RIH are used for the purposes of (1) the care and treatment of crippled children, (2) orthopedic research,(3)strategic energy management planning, (4) cancer research and th e study, prevention, care, and treatment of cancer, and (5) support of the Norman Prince N eurosciences Institute at RIH

Supplemental Information

Return Reference	Explanation
Part X FIN48 Footnote	RIH and its affiliates are not for profit corporations as described in Section 501(c)(3) o f the Internal Revenue Code (the Code) and are exempt from Federal income taxes pursuant t o Section 501(a) of the Code RIH recognizes the effect of income tax positions only if th ose positions are more likely than not to be sustained Recognized income tax positions ar e measured at the largest amount of benefit that is greater than fifty percent likely to b e realized upon settlement Changes in measurement are reflected in the period in which th e change in judgment occurs RIH did not recognize the effect of any income tax positions in either 2018 or 2017

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Rhode Island Hospital

Employer identification number
05-0258954

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					398,483
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					398,483

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

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

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

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

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☑ Yes	☐ No

Part V Supplemental Information

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

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

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 05-0258954
Name: Rhode Island Hospital

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Carib	0	0	Program Services	Research	13,054
East Asia and the Pacific	0	0	Program Services	Research	106,572

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe	0	0	Program Services	Research	220,293
Russia and Neighboring States	0	0	Program Services	Research	3,936

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Program Services	Research	20,352
South Asia	0	0	Program Services	Research	3,516

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Program Services	Research	30,760

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Rhode Island Hospital

Employer identification number
05-0258954

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			23,157,880	5,236,682	17,921,198	1 280 %
b Medicaid (from Worksheet 3, column a)			334,490,736	298,190,955	36,299,781	2 590 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			357,648,616	303,427,637	54,220,979	3 870 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			278,493	37,767	240,726	0 020 %
f Health professions education (from Worksheet 5)			102,962,558	14,635,948	88,326,610	6 310 %
g Subsidized health services (from Worksheet 6)			27,932,164	18,650,479	9,281,685	0 660 %
h Research (from Worksheet 7)			52,975,333	42,201,333	10,774,000	0 770 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			782,064		782,064	0 060 %
j **Total.** Other Benefits			184,930,612	75,525,527	109,405,085	7 820 %
k **Total.** Add lines 7d and 7j			542,579,228	378,953,164	163,626,064	11 690 %

Part II Community Building Activities

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	9,999,974		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	1,029,632		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	225,492,608		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	213,237,906		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	12,254,702		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	Orthopedic MRI of RI LLC	Imaging Services	33 333 %		13 333 %
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **1**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Rhode Island Hospital

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) Please refer to Schedule O			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) Please refer to Schedule O supplemental info for full URL			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Rhode Island Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0000 % and FPG family income limit for eligibility for discounted care of 300 0000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) Please refer to Schedule O			
b	☑ The FAP application form was widely available on a website (list url) Please refer to Schedule O			
c	☑ A plain language summary of the FAP was widely available on a website (list url) Please refer to Schedule O			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Rhode Island Hospital

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Rhode Island Hospital

Name of hospital facility or letter of facility reporting group

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

Part V **Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

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

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

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c - Charity Care Eligibility Criteria (FPG Is Not Used)	Rhode Island Hospital (RIH) uses a dual system for determining financial aid eligibility federal poverty guidelines and an asset test The financial screening process at RIH is intended to define probable eligibility for public assistance (Medicaid or Community Free Service ("CFS")) for those patients who do not have the means to pay for hospital services rendered, as follows 1 Upon patient indication of an inability to pay required monies, the patient is offered the financial screening option to determine eligibility for public assistance (Medicaid, CFS) 2 The application for CFS is completed and includes information relative to income, expense, and other available resources, and requires proof of such information which may include - most recently filed Federal income tax return and W-2 form(s)- copies of most recent savings and/or checking account statements- two most recently received payroll check stubs- copy of rent receipts for the last six months for proof of residency- copy of utility bills for the last month for proof of residency3 If the patient's financial situation falls within the guidelines for eligibility for Medicaid, RIte Care, or CFS, or if the patient has a long-term disability, the appropriate application process is completed (Assistance to complete such applications is available from the Patient Financial Advocates (PFA) Office at RIH)4 Uninsured patients receive a discount equal to the discount received by Medicare beneficiaries on RIH charges using the prospective method Under Section 501(r)(5), the maximum amounts that can be charged to Financial Assistance Policy (FAP)-eligible individuals for emergency or other medically necessary care are the amounts generally billed to individuals who have Medicare insurance covering such care In no case was there a situation where an uninsured patient paid more than amounts reimbursed from Medicare 5 Eligibility for CFS above the discount is provided for those applicants whose family gross income is at or below twice the Federal Poverty Guidelines, with a sliding scale for individuals up to three times the poverty level in effect at the time of application Full charity care applicants with assets worth more than $9,400 for an individual (or $14,100 for a family) may not qualify for care without charge, but will qualify for discounted care While the maximum 100% discount may not be available to all charity care applicants based on the results of their asset test, all uninsured patients who receive care are eligible for, at a minimum, the same charity care discount as provided by the Medicare program 6 For patients who qualify for less than 100% of the financial assistance program, a payment schedule is determined and agreed upon (discussed further below) Payment arrangements are established prior to service for non-urgent care 7 In either case, the final results of the financial screening are recorded in the comments section of RIH's billing system Requests for Payment Arrangements Patient Financial Advocates (PFA) will qualify patients that are receiving non-urgent, medically indicated procedures prior to services The PFA will request 75% to 100% of estimated discounted charges if the balance is under $5,000 and 50% to 100% of estimated discounted charges if the estimated bill equals or exceeds $5,000 For elective or non-urgent cases, the policy will require financial clearance prior to services or an exception from the Medical Director based on the clinical circumstances if the patient cannot meet the above payment agreement Patients who do not qualify for total or partial CFS, but who have difficulty in paying their bills after services are rendered, may request enrollment in a payment plan Eligibility for the payment plan includes the following guidelines 1 Immediate payment in full will result in financial hardship to the patient or the patient's family 2 Deposit of one-half of the estimated total bill is requested prior to admission 3 The minimum monthly payment of $50 00 4 The maximum length of the payment plan is twenty-four months The Customer Service staff will set up the payment plan using the above guidelines as well as complete the necessary information on the "Payment Agreement" form and mail to the patient for signature Account documentation will be done online The pre-collect agency will be sent a copy of the payment agreement and all forms will be scanned into the PFS Optical Imaging System
Part I, Line 6a - Related Organization Community Benefit Report	The community benefit report maintained for all Lifespan affiliated hospitals (Rhode Island Hospital, The Miriam Hospital, Emma Pendleton Bradley Hospital, and Newport Hospital) is maintained by Lifespan Corporation and included in Lifespan's annual report The annual report for the year ended September 30, 2018 is available at the following link https //issuu com/lifespanmc/docs/2018-annual-report-final-190419?e=28083767/69263174Please see pages 5 and 23-24 of the Lifespan Annual Report for community benefit information

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7 - Explanation of Costing Methodology	RIH's costing methodology used to calculate the amounts reported in Part I, Line 7 is as follows a) Financial assistance at cost- involves utilization of a ratio derived from dividing patient costs, as defined, by patient charges, as defined, and applying that percentage to total charity care charges Patient costs reported in the cost accounting system are calculated based on Medicare principles of reimbursement by reducing total operating expenses (as calculated by Form 990 requirements) by items such as bad debt expense, the cost of medical education, internally funded research, subsidized health services, community services, charitable contributions, and other operating revenue Patient costs are then divided by patient charges to determine a ratio of cost to charges (RCC) This RCC is applied as the costing methodology for determining charity care expense b) Medicaid- Medicaid expense is determined at cost as calculated by RIH's cost accounting system The system uses historical costing methods applied to all patient segments based on various patient demographics and utilizations These costing standards exclude bad debt, charity care, and the Medicaid portion of costs of health professions education, which are reported on other areas of Line 7 These expenses include Medicaid provider taxes Direct offsetting revenue is reported as amounts received from Medicaid, as well as other payments which include reimbursement under Federal "Upper Payment Limit" (UPL) and "Disproportionate Share Hospital" (DSH) programs e) Community health improvement services and community benefit operations- Community benefit operations expense is recorded as direct expenses incurred as reported by RIH's Community Health Services Department Revenue received for these services is reported as direct offsetting revenue f) Health professions education- Health professions education expenses represent direct costs related to amounts associated with resident and intern programs utilized at RIH These costs are determined by reporting actual direct costs taken from the Medicare cost report Direct offsetting revenue is reported as any direct Medicare reimbursements received for such services provided, as reported in the RIH's Medicare cost report g) Subsidized health services- Subsidized health services' community benefit expense is determined by RIH's cost accounting system These subsidized health services are recorded at cost in RIH's cost accounting system for all qualified subsidized health service divisions This expense is adjusted to remove all related Graduate Medical Education (GME) expenses, as well as bad debt, Medicaid, and charity costs already reported in the applicable sections of Line 7 Net patient service revenue is recorded as amounts received from various payer types related to these services Revenue associated with Medicare GME and Medicaid is excluded from the amount disclosed for subsidized health services h) Research- RIH conducts extensive medical research focused on the prevention and treatment of HIV/AIDS, obesity, cancer, diabetes, cardiac disease, neurological problems, orthopedic advancements, and mental health concerns For all internal and external research conducted, the costs associated with these activities are calculated by combining the direct and indirect costs as reported within RIH's cost accounting system Revenue received for these services is reported as direct offsetting revenue i) Cash and in-kind contributions for community benefit- Expenses for cash and in-kind contributions for community benefit are made by RIH, including an allocation of contributions made by Lifespan Corporation on RIH's behalf
Part I, Line 7, Column F - Explanation of Bad Debt Expense	The calculation of percentages disclosed for Schedule H, Part I, Line 7, column (f) "percent of total expense", does not include bad debt expense Form 990, Part IX, Line 25 includes provision for bad debts of $36,954,820

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense	The amount reported as bad debt expense is determined by applying the ratio of cost to charges (RCC) to the total charges written off to bad debt The RCC rate is determined using data from the Hospital's cost accounting system and is adjusted for medical education, internally funded research, subsidized health services, community services, and charitable contributions Discounts and payments are applied to patient accounts before such account balances are transferred to bad debt
Part III, Line 3 - Methodology of Estimated Amount & Rationale for Including in Community Benefit	Accounts pending transfer to bad debt are reviewed by RIH's patient advocate staff to determine qualification for financial assistance under RIH's policy Accounts with insufficient information to determine eligibility are assigned a separate identifying code These accounts are ultimately transferred to bad debt if the appropriate qualifying documentation is not received The amount reported on Schedule H, Part III, Section A, Line 3 represents the account balances at charge written off to bad debt from the pending code, which are in turn converted to cost by applying the RCC rate as identified in Schedule H, Part III, Section A, Line 2

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4 - Bad Debt Expense	Accounts receivable are reduced by an allowance for doubtful accounts In evaluating the collectibility of accounts receivable, RIH analyzes its history and identifies its revenue trends for each of its major payors to estimate the appropriate allowance for doubtful accounts and the associated provision for bad debts Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts For receivables associated with services provided to patients who have third-party coverage, RIH analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely) For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), RIH records a significant allowance for doubtful accounts and provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible The difference between the standard rates (or the discounted rates, if applicable) and the amounts collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts RIH's allowance for doubtful accounts for self-pay patients decreased from 82% of self-pay accounts receivable at September 30, 2017 to 69% of self-pay accounts receivable at September 30, 2018 RIH's self-pay write-offs for the years ended September 30, 2018 and 2017 amounted to approximately $40,381,000 and $51,564,000, respectively RIH did not change its charity care or uninsured discount policies during the years ended September 30, 2018 and 2017
Part III, Line 8 - Explanation Of Shortfall As Community Benefit	There is no Medicare shortfall for fiscal year 2018 If there was, it would not be treated as a community benefit The source of the Medicare allowable costs reported on Part III, Section B, Line 6 is the Medicare cost report, Form 2552-10

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b - Provisions On Collection Practices For Qualified Patients	RIH does not bill for the excess of charges over agreed upon reimbursement amounts from third-party payors Rather, such differences are recorded as a reduction of revenue through contractual adjustments Collection efforts are focused on copayments, deductibles, and amounts denied by insurers After all collection attempts are exhausted, any remaining balances, including any copayments and deductibles, are written off as bad debts RIH classifies its bad debts as uncompensated care This does not apply to Medicaid, however, as there are no associated copayments or deductibles for this payor RIH does not require collateral or other security in extending credit to patients, however, it routinely obtains assignment of patients' benefits payable under their health insurance programs, plans or policies Uninsured patients are offered Community Free Service and/or payment plan options Lifespan's Patient Financial Services Department (PFS) has the responsibility for communicating and administering collection policies and procedures to all patient accounts PFS engages the services of various pre-collect agencies as necessary The following are highlights of the overall collection effort * If a patient presents for admission who is not insured, staff assists the family with a Medicaid application * If the patient is ineligible for Medicaid, a financial screening is performed to determine status of qualification for Community Free Service * If the patient does not qualify for Community Free Service, PFS or the pre-collect agency attempts at least four contacts with the responsible party within the first 120 days * If the third-party carrier denies in writing any responsibility for payment, arrangements regarding an extended payment plan are discussed with the patient * At 120 days, if there is no payment activity or no hold placed on the account, the account is transferred to the appropriate collection agency
Part VI, Line 2 - Needs Assessment	Lifespan's Office of Strategic Planning and Analysis performs population-based studies for the Hospital regarding the need for inpatient medical and surgical services for both adults and children and a wide range of outpatient services including primary care office visits, specialty care, emergency services, imaging, ambulatory surgery, and specific high technology services such as radiation therapy and bone marrow transplantation A population-based study examines the growth and changes in the population, the resources in the community, and the changing prevalence of diseases In addition to this approach, Lifespan Strategic Planning also examines experience with wait times, the level of staffing, and the changing standards of care All of this information is used to assess the demand for additional services to provide access to high quality care In addition to population approaches to assessing and estimating need, all specialties and services monitor demand at the service-specific level by considering changing patterns of care and methods of treatment for the specific medical problem, wait times for visits/queues, and community resources The service leadership then goes through a review process to add staff, expanded hours, and/or new subcomponents to round out core services on an as-needed basis At times, expansion requires more space, equipment, and staff, but often accommodation of community demand is achieved through expanded hours Facilities are added as needed to accommodate these expansions, but most often minor renovations of existing locations with better, more modern layouts and equipment allow for greater patient access The RI State Certificate of Need program requires a focused study of need for all projects over $5 25 million, which is an important part of the program development process across Lifespan Based on a broad understanding of community health needs, RIH provides a wide range of services to both its primary and secondary areas Lifespan and its hospital affiliates monitor health trends in Rhode Island in an effort to identify areas of unmet demands regarding clinical services For example, over the past decade, RIH added a new state-of-the-art emergency department and opened the expanded 110-room Bridge Building, with three new floors dedicated to the care of cardiac, medical, and surgical patients RIH's pediatric division, Hasbro Children's Hospital, is the state's only facility dedicated to pediatric care The Hospital has continued its pioneering work on treatments for inoperable tumors as well as radiofrequency ablation Also of note is Hasbro's Medical/Psychiatric Program This program is expressly designed for children and adolescents with challenging mental health and medical conditions who require hospitalization A collaboration with Emma Pendleton Bradley Hospital, it is the only program in the region created to meet the complex needs of these children Children ages 6 to 18 are treated in a newly-renovated, secure 16-bed unit located on the 6th floor of Hasbro Children's Hospital The unit was designed with input from both pediatrics and psychiatry to provide the very best care for children with psychiatric and medical illness The safe, comfortable environment offers both private and semi-private rooms and areas for family, group, and milieu therapy

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3 - Patient Education of Eligibility for Assistance	RIH has multilingual signage in the Hospital's main lobby and waiting areas which provides information on financial aid contacts The Registration Department meets with patients at the outset of care to discuss eligibility for assistance The Registration staff provides interested patients with a "Welcome" booklet which includes information on patient rights and responsibilities The signage and booklets contain a telephone number which connects patients with Registration staff who can answer any additional questions that may arise after the patient has left RIH Assistance eligibility is also summarized on RIH's website As part of RIH's inpatient intake process, RIH provides a summary of its financial assistance policy, along with all assistance applications and the Patient Financial Services contact number, to all self-pay patients The same process is also used for patients seen during the outpatient discharge process Attempts are made to contact patients prior to their visit to screen for financial assistance and to inform them what documents are required for their financial assistance determination or to set up an appointment to see a "Patient Financial Advocate" (PFA) prior to service PFAs discuss with patients the various government programs that might be available to them for financial assistance PFA's also offer assistance with the financial application process and/or understanding the qualification factors for Medicaid, the Affordable Care Act, Medicare, Social Security Disability, Supplemental Nutrition Assistance Program (SNAP), and Rhode Island Temporary Disability Insurance and Unemployment This is done for both inpatient and outpatient services
Part VI, Line 4 - Community Information	Rhode Island Hospital, located in Providence, Rhode Island, is a 719-bed nonprofit general acute care teaching hospital with university affiliation providing a comprehensive range of diagnostic and therapeutic services for the acute care of patients principally from RI and southeastern Massachusetts As a complement to its role in service and education, RIH actively supports research RIH is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and participates as a provider primarily in Medicare, Blue Cross, and Medicaid programs RIH is also a member of the formerly-named Voluntary Hospitals of America, Inc , which has partnered with UHC Alliance Newco, Inc to become Vizient, Inc , the largest member-owned health care company in the United States In 1969, RIH and certain other Rhode Island hospitals entered into an affiliation agreement to participate jointly in various clinical training programs and research activities with The Warren Alpert Medical School of Brown University (Brown) In 2010, Brown named RIH its Principal Teaching Hospital The goals of the partnership are to facilitate the expansion of joint educational and research programs in order to compete both clinically and academically RIH currently sponsors 50 graduate medical education programs accredited by or under the auspices of the Accreditation Council for Graduate Medical Education (ACGME), while also sponsoring another 35 hospital-approved residency and fellowship programs With respect to nursing education, RIH has developed educational affiliations with a number of accredited colleges and universities RIH does not receive any compensation from the various schools for providing a clinical setting for the student nurse training RIH conducts extensive medical research and is in the forefront of biomedical health care delivery research and among the leaders nationally in the National Institutes of Health programs

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4 - Community Building Activities	RIH substantially subsidizes various health services including the following programs adult psychiatry, dental, and Alzheimer's, as well as the Center for Special Children and certain other specialty services RIH also provides numerous other services to the community for which charges are not generated These services include certain emergency services, community health screenings for cardiac health, prostate cancer and other diseases, smoking cessation, immunization and nutrition programs, diabetes education, community health training programs, patient advocacy, foreign language translation, physician referral services, and charitable contributions
Part VI, Line 5 - Promotion of Community Health	RIH is governed by a Board of Trustees, which is composed of leaders of the local community elected by Lifespan Corporation RIH's purpose is to be staffed, equipped, and ready to serve the hospital needs of the community and its people from all walks of life RIH works collaboratively with physicians, its employees, other health care organizations, and the community to create a measurably healthier community through the provision of high quality, cost-effective, customer-focused health care services in an environment that promotes patient safety RIH monitors the healthcare needs of its service area to ensure alignment of its resources with its mission RIH measures the results of the programs and services it provides based on the value added to the community as well as the financial health of each program and its impact on RIH RIH is organized and operated for the benefit of the community it serves

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6 - Affiliated Health Care System	Lifespan's mission is delivering health with care Lifespan is an academically based healthcare system at the forefront of medical care, continually engaging in research that will lead to medical breakthroughs Lifespan affiliates provide comprehensive inpatient and outpatient medical, surgical, and psychiatric services for adults and children Lifespan and its affiliates employ approximately 15,000 people The Lifespan system has approximately 3,500 physicians on the medical staffs of its affiliated hospitals, operates 1,165 licensed beds in four hospital complexes, and in 2018 generated approximately $2 3 billion in total operating revenue By each of these measures, Lifespan is Rhode Island's largest health system, serving a population of over 1 0 million Three of its hospital members, Rhode Island Hospital, The Miriam Hospital (TMH), and Emma Pendleton Bradley Hospital (EPBH), are teaching affiliates of The Warren Alpert Medical School of Brown University, with 76 percent of the residents and fellows in this program based at RIH, TMH, and EPBH Lifespan is a Rhode Island nonprofit corporation that is community-based and community-governed As a nonprofit organization, Lifespan is run by a voluntary Board of Directors who are community representatives Lifespan and all of its nonprofit hospital affiliates have received written notification from the Internal Revenue Service that they have been recognized as being organized and operated as entities described in Internal Revenue Code (IRC) Section 501(c)(3) and are generally exempt from income taxes under IRC Section 501(a) As of September 30, 2018, Lifespan Corporation employed approximately 1,020 full-time and part-time personnel, most of whom are located in Providence, RI Lifespan Corporation provides support services to its affiliates, such as information services, risk management, legal, communications and public affairs, fundraising, facility development, strategic planning, internal audit/compliance, human resources, finance, payor contracting, and investment management, for which each affiliate is charged a fee equivalent to the costs incurred by Lifespan in providing these services CORPORATE AUTHORITY AND ROLELifespan Corporation has no members and is governed by its Board of Directors The Board has responsibility for planning, directing, and establishing policies intended to assure the development and delivery of quality health services, professional education, and biomedical research on an integrated, cost-effective basis The Board's powers include the power to set accounting policies for its affiliates, approve all managed care agreements, negotiate, develop, and approve affiliations with other institutions for educational and research purposes, and approve human resource plans, executive compensation, and benefits for system affiliates The bylaws of RIH confer certain reserved powers on Lifespan to provide it with the means of effective oversight, coordination, and support of the system Powers specifically reserved to Lifespan as sole member of RIH include to approve the amendment of the Articles of Incorporation and Bylaws and other Charter documents, to develop and approve strategic plans, to approve capital or operating budgets or material non-budgeted expenditures, and to authorize incurrence or guaranty of material indebtedness For a complete listing of affiliated members of Lifespan's integrated healthcare delivery system, please refer to Schedule R
Part VI, Line 7 - States Filing of Community Benefit Report	RI

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI - Additional Information	Schedule H, Part V, Line 7 The RIH website which makes the Hospital's CHNA report widely available is located at the following URL https //www lifespan org/sites/default/files/lifespan-files/documents/centers/lifespan-community-health/Rhode-Island-Hospital-2016-CHNA pdfSchedule H, Part V, Line 10a The URL to view RIH's most recently adopted implementation strategy is below https //www lifespan org/sites/default/files/lifespan-files/documents/centers/lifespan-community-health/Rhode-Island-Hospital-2016-CHNA pdfPlease refer to page 20 of the CHNA to view the implementation strategy Schedule H, Part V, Line 16b The URL to view and download RIH's FAP application form is below https //www lifespan org/sites/default/files/lifespan-files/documents/lifespan-main/pfs/fap-english_march-2019 pdfSchedule H, Part V, Line 16c The URL to view RIH's plain language summary of the FAP is below https //www lifespan org/sites/default/files/lifespan-files/documents/lifespan-main/pfs/Lifespan-Financial-Assistance-Summary pdf

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 05-0258954
Name: Rhode Island Hospital

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	Rhode Island Hospital 593 Eddy Street Providence, RI 02903 http //www rhodeislandhospital HOS00121	X	X	X	X		X	X			

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Line 3j - Description of Other Needs Assessment	Part V, Line 3e- The significant needs identified in RIH's 9/30/2016 CHNA have been prioritized in order of significant needs of the community, as determined by the organization

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Line 5 - Account Input from Persons Who Represent the Community	The CHNA encompassed intensive data collection and analysis, as well as qualitative resear ch in the form of interviews with internal and external stakeholders, including hospital-b ased physicians, nurses, social workers, administrators, and other professionals, as well as community-based stakeholders representing constituencies served by RIH and Lifespans th ree other hospitals RIH also conducted eight Community Health Forums (CHFs) between April -June 2016 which are a qualitative social science data collection method used in community -based or participatory action research These CHFs were held strategically throughout var ious locations identified within RIH's patient population community as a way to increase t he mix of the participants in an effort to identify the entire community's most significan t health needs The CHFs were open to the public and provided opportunities for residents to share their health concerns and needs with Lifespan staff RIHs leadership team shaped the CHNA by recommending institutional and community leaders for participation, offering o bservations about community needs, and providing insight about existing and planned progra ms Qualitative data collected during the course of 2015-2016 related to the preparation of the CHNA consist of (1) interviews completed with internal stakeholders (i e , hospital- based and Lifespan-based), (2) interviews with key informant community leaders, representi ng an array of constituencies, and (3) eight Community Health Forums held within the commu nities of the RIH patient population Interviews with leaders of organizations encompassed a wide range of issues and populations, including historically underserved communities, su ch as minority populations, children and youth, and immigrant/refugee populations, and als o included leaders of organizations with specific interests or expertise in key issues suc h as obesity, cancer, and asthma To ensure representation from a broad cross-section of t he community, CHF's were held in the following locations -Refugee Dream Center- a post-res ettlement refugee agency center which facilitates the resettlement process and integration into the new lives of refugees who enter the United States The center is located at 340 Lockwood Street, Providence, RI 02907,-Empowerment Temple of the International Central Gos pel Church, located at 30 E Dunnell Lane, Pawtucket, RI 02860,-Abundant Blessing Church, located at 825 Mineral Spring Avenue, Pawtucket, RI 02860,-Renaissance Adult Day Health Ca re Center- located at 1090 Eddy Street, Providence, RI 02905,-John Hope Settlement House- an organization which provides community outreach and advocacy services for children, yout h, and families within the Providence area The organization is located at 7 Thomas P Whi tten Way, Providence, RI 02903,-Drug Abuse Resistance Education (D A R E)- located at 340 Lockwood Street, Providence, RI 02907,-ACI Women's and Men's Minimum Security Center- loc ated at 40 Howard Avenue, Cran

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Line 5 - Account Input from Persons Who Represent the Community	ston, RI 02920,-St Michael's Church- located at 239 Oxford Street, Providence, RI 02905

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Line 6a - List Other Hospital Facilities that Jointly Conducted Needs Assessment	The Miriam HospitalEmma Pendleton Bradley HospitalNewport Hospital

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Line 7d - Description of Making Needs Assessment Widely Available	A copy of the Community Health Needs Assessment report issued for RIH as of September 30, 2016 can be obtained by visiting https //www lifespan org/sites/default/files/lifespan-files/documents/centers/lifespan-community-health/Rhode-Island-Hospital-2016-CHNA pdf

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Line 16j - Other Means Hospital Facility Publicized the Policy	An abbreviated version of RIH's Financial Assistance Policy is posted in various admitting and outpatient areas of RIH Additionally, registration personnel refer uninsured and/or low-income patients to Patient Financial Counselors to discuss the policy and/or answer any questions they might have

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Line 22d - Other Billing Determination of Individuals Without Insurance	RIH uses the prospective method in determining amounts generally billed Internal Revenue Code Section 501(r) defines the prospective method as the amount that Medicare would reimburse RIH for billed care (including both the amount that would be reimbursed by Medicare and the amount that the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles) if the patient was a Medicare fee-for-service beneficiary

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

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

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

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

	Name and address	Type of Facility (describe)
1	Comprehensive Cancer Ctr Prgm of RIH at TMH 164 Summit Avenue Providence, RI 02906	Comprehensive Cancer Center Physician Visits, Infusion Therapy
1	Comprehensive Cancer Ctr at East Greenwich Prgm of RIH 1454 South County Trail East Greenwich, RI 02918	Comprehensive Cancer Center Physician Visits, Infusion Therapy
2	Dialysis Center of Rhode Island Hospital 22 Baker Street Providence, RI 02905	Hemodialysis, Home Peritoneal Dialysis, Home Hemodialysis
3	Comprehensive Cancer Ctr Prgm of RIH at NPT Hospital 11 Friendship Street Newport, RI 02840	Comprehensive Cancer Center Physician Visits, Infusion Therapy
4	East Providence Infusion Center 375 Wampanoag Trail Suite 101A East Providence, RI 02915	Infusion Services
5	RIH Rheumatology Infusion Center 407 East Avenue Suite 250 Pawtucket, RI 02860	Infusion Services
6	Rhode Island Surgery Center at Wayland Square 17 Seekonk Street Providence, RI 02906	Outpatient Surgery
7	Dialysis Center of Rhode Island Hospital 950 Warren Avenue East Providence, RI 02914	Hemodialysis
8	RIH Center for Primary Care and Specialty Medicine 245 Chapman Street Suite 300 Providence, RI 02905	Primary Care and Specialty Medical Services
9	RIH Outpatient Rehabilitation Services 765 Allens Avenue 1st Floor Suite 1 Providence, RI 02905	Adult Physical and Occupational Therapy
10	RI Hospital Hasbro Childrens Outpatient Rehab Services 765 Allens Avenue 2nd Floor Suite 2 Providence, RI 02903	Children's Physical and Occupational Therapy
11	RIH Center for Wound Care 950 Warren Avenue Suite 103 East Providence, RI 02914	Wound Care and Hyperbaric Medicine
12	RIH Pediatric Heart Center 1 Hoppin Street Providence, RI 02903	Outpatient Pediatric Cardiology Services
13	Audiology and Speech-Language Pathology Services 115 Georgia Avenue Providence, RI 02905	Speech Language Pathology and Audiology Services
14	Childrens Neurology & Development Clinic 224 R Prairie Avenue Suite 1A Providence, RI 02905	Pediatric Services

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

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

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

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

	Name and address	Type of Facility (describe)
16	Ophthalmology Clinic 1 Hoppin Street Suite 200 Providence, RI 02903	General & Specialty Ophthalmic Examinations, Testing & Procedures
1	RIH Sleep Disorders Center 70 Catemore Boulevard East Providence, RI 02914	Outpatient Professional and Technical Evaluation of Sleep Disorders
2	RIH Pediatric and Adolescent Health Care Center 1 Hoppin Street Suite 3055 Providence, RI 02903	Outpatient Adolescent Services
3	Medicine Pediatrics 245 Chapman Street Suite 100 Providence, RI 02905	Primary Care Medicine
4	RIH Rehabilitation Services Hand Therapy 235 Plain Street Suite 203 Providence, RI 02903	Occupational Therapy
5	Pediatric and Adult Medicine 900 Warren Avenue 2nd Floor East Providence, RI 02914	Pediatric and Adult Specialty Services
6	Pediatric Multi-Discipline Clinic & Rehab Satellite 1454 South County Trail 1st Floor East Greenwich, RI 02903	Pediatric Specialties & Physical Therapy inclusive of Psychiatry
7	RIH Molecular Laboratory 167 Point Street CORO East 3rd Floo Providence, RI 02903	Clinical Laboratory Testing - Molecular Diagnostics
8	Radiosurgery Center of RI LLC 593 Eddy Street Providence, RI 02903	Radiosurgery Services
9	Lifespan Recovery Center 200 Corliss Street Suite 1 Providence, RI 02904	Treatment for Opioid and Related Drug Addictions
10	RIH Outpatient Specialty Svcs Pedi Endocrinology 111 Plain Street 3rd Floor Providence, RI 02903	Pediatric Endocrinology Services
11	General Internal Medicine Research Group 111 Plain Street Providence, RI 02903	Behavioral Research Studies
12	Orthopedic MRI of RI LLC 100 Butler Drive Providence, RI 02906	Medical Imaging Services
13	Lifespan Clinical Research Center 1 Hoppin Street CORO Building Providence, RI 02903	Study, Design, Analysis, Medical & Regulatory Oversight Research

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Rhode Island Hospital

Employer identification number
05-0258954

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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 . . . . . ▶ 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Educational Assistance	10	35,000			
(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
Grantmaker's Description of How Grants are Used	Rhode Island Hospital is committed to community programs and provides support to various charitable organizations in Rhode Island and southeastern Massachusetts Donations are made to organizations recognized by the IRS as being described in IRC Section 501(c)(3) All contributions are approved by management and are made to organizations whose missions and goals align with those of the Hospital Individual scholarships are awarded annually to applicants by a joint decision making body comprised of both IBT (International Brotherhood of Teamsters) and RIH representatives Payments are made directly to qualified educational institutions on behalf of scholarship recipients

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 05-0258954
Name: Rhode Island Hospital

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Brown University 45 Prospect Street Providence, RI 02912	05-0258809	501(c)(3)	906,435	0			General Support
Inst Study & Prac Nonviolence 265 Oxford Street Providence, RI 02905	05-0517863	501(c)(3)	156,250	0			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
Lifespan Foundation 167 Point Street Providence, RI 02903	05-0493219	501(c)(3)	30,546	0			Fundraising support
Rhode Island Hospital Fnd 167 Point Street Providence, RI 02903	05-0468736	501(c)(3)	60,693	0			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
Thundermist Health Center 191 Social Street Woonsocket, RI 02895	05-0355097	501(c)(3)	25,125	0			Health Program Support

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Rhode Island Hospital

Employer identification number
05-0258954

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		No

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 1a Relevant information in regards to selections on 1a	Tax Indemnification and Grossed Up Payments The Lifespan Executive Long Term Disability program provides financial protection to designated Lifespan physicians and executives in the event that they become disabled Premiums are paid to the insurance carrier by the insureds on an after-tax basis to allow for income replacement at a reasonable cost The income associated with the premiums is grossed up to cover the total cost of the benefit as provided in the Lifespan Executive Benefit Plan and is included in Medicare wages, more specifically on Schedule J, Part II, Column B (iii)
Part I, Line 7 Non-Fixed payments not listed above	Certain physicians and executives participate in incentive compensation plans arranged through individual contractual agreements which stipulate non-fixed payments based on meeting criteria comprised of various quality and productivity markers
Part III, Additional Information	Part I, Line 1a Certain executives and management personnel received financial planning services paid for by RIH In calendar year 2017 RIH provided this benefit to three executives listed in this return The taxable amount paid for this benefit is included in Medicare wages, more specifically on Schedule J, Part II, column B (iii)

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 05-0258954
Name: Rhode Island Hospital

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(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				
1Adetokunbo A Oyelese MD Physician	(I)	670,366	75,000	4,002	15,240	25,623	790,231	
	(II)							
1Albert E Telfeian MD Physician	(I)	670,924	75,000	3,590	15,240	25,285	790,039	
	(II)							
2 Alexios G Carayannopoulos DO Physician	(I)	597,642	30,000	2,610	15,240	12,818	658,310	
	(II)							
3Barbara P Riley RN Chief Nursing Officer	(I)	271,770	69,500	68,602	8,100	22,420	440,392	
	(II)							
4Curtis E Doberstein MD Physician	(I)	1,120,911	125,000	4,002	15,240	24,896	1,290,049	
	(II)							
5Deus J Cielo MD Physician	(I)	670,644	75,000	2,342	15,240	25,345	788,571	
	(II)							
6Frederick J Macri EVP & COO	(I)							
	(II)			440,169			440,169	440,169
7John B Murphy MD EVP - Physician Affairs	(I)							
	(II)	531,893	160,000	115,546	6,750	18,230	832,419	
8Latha Sivaprasad MD Chief Medical Officer	(I)	372,369	95,000	72,451	67,242	19,649	626,711	53,698
	(II)							
9 Margaret M Van Bree MHADrPH President	(I)							
	(II)	638,929	190,000	32,992	110,691	19,231	991,843	
10Mary A Wakefield Treasurer	(I)							
	(II)	684,712	209,000	129,199	264,493	18,070	1,305,474	97,769
11Nicholas P Dominick SVP-Clin Svc Lines & Facil Devel	(I)	262,245	68,000	54,741	54,599	23,417	463,002	35,422
	(II)							
12Paul J Adler Secretary	(I)							
	(II)	384,397	95,000	53,167	74,695	24,461	631,720	1,533
13Timothy J Babineau MD Trustee	(I)							
	(II)	1,261,691	600,490	355,675	501,925	25,892	2,745,673	267,558

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Rhode Island Hospital

Employer identification number
05-0258954

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	RIHEBC Series 2016	52-1300173	762244FP1	08-11-2016	227,078,594	Refund 1996, 2006, 2009 Bonds		X		X	X	

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	10,844,955			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	227,078,594			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,671,247			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	225,407,347			
12	Other unspent proceeds				
13	Year of substantial completion	2016			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Part VI	Schedule K, Part I, Line A(f) On August 11, 2016, the Rhode Island Health and Educational Building Corporation (RIHEBC) issued, on behalf of the Lifespan Obligated Group, which consists of Rhode Island Hospital, The Miriam Hospital, Emma Pendleton Bradley Hospital, Rhode Island Hospital Foundation, and The Miriam Hospital Foundation, $265,470,000 of tax-exempt fixed rate serial and term bonds (the 2016 Bonds) used for the purpose of refunding existing bonds issued to the Lifespan Obligated Group, as well as to pay certain expenses of issuance with respect to the 2016 Bonds The portion of the 2016 Bonds' proceeds allocable to RIH is $227,078,594 For purposes of RIH, the 2016 issuance resulted in the complete refinancing of its RIHEBC Series 2006A and 2009A Bonds Schedule K, Part I, Line 3 The bond proceeds listed in line 3 differ from the bond issue price disclosed per IRS Form 8038 due to the fact that RIH is part of the Lifespan Obligated Group previously mentioned in Part I, line A(f) Of the $308,112,067 disclosed in Form 8038, RIH was allocated $227,078,594 of the total issuance proceeds

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Rhode Island Hospital

Employer identification number
05-0258954

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Timothy J Babineau, MD, President & CEO, and Mary A Wakefield, Treasurer/EVP/CFO, are board members of VNA Technicare, Inc (VNA), a related for-profit corporation Dr Babineau is a director and Ms Wakefield is an officer of VNA Additionally, Ms Wakefield and Paul J Adler, Secretary, are board members of Lifespan MSO, Inc (MSO) and Lifespan Risk Services, Inc (LRS), separate related for-profit organizations Mr Adler is a director of MSO and LRS while Ms Wakefield is an officer of those two organizations Lawrence A Aubin, Sr , Chair, and Shivan Subramaniam, Trustee, are Directors of the same for-profit organization

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	Effective October 23, 2012, the Board of Directors of Lifespan and the Boards of Trustees of RIH, The Miriam Hospital, Newport Health Care Corporation, Newport Hospital, and Emma Pendleton Bradley Hospital approved a restructuring of their governance The restructuring has increased governance effectiveness and has streamlined governance operation, as well as provided a single strategic perspective for the Lifespan system hospitals Pursuant to the restructuring, the bylaws of each of the affiliates were amended such that the composition of the boards of trustees of each of the hospitals and Newport Health Care Corporation is defined as those persons serving from time to time as the directors of Lifespan As a result, the Boards of each entity are comprised of the same individuals The Board of each entity retains its responsibilities and authorities notwithstanding the revision in its composition The Board of Directors of Lifespan consists of not less than fourteen nor more than thirty-one directors, including the President and CEO of Lifespan, who serves ex-officio with vote Additionally, the bylaws of RIH confer certain reserved powers upon Lifespan to provide it with the means of effective oversight, coordination, and support of the system Powers reserved to Lifespan include to elect and remove RIH trustees and to approve the election of and removal of certain officers

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	The RIH Board is comprised of the same individuals who serve on the Lifespan Board Lifespan has the responsibility for planning, directing, and establishing policies intended to assure the development and delivery of quality health services on an integrated, cost-effective basis Powers reserved to Lifespan, in addition to those noted above, include to approve amendment of the Articles of Incorporation and Bylaws and other charter documents, to approve strategic plans, to approve investment policies and any capital or operating budgets or material non-budgeted expenditures, and to authorize incurrence or guaranty of material indebtedness

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	The preparation and filing of the Form 990 and supporting schedules is the responsibility of the Executive Vice President & Chief Financial Officer (EVP/CFO) and Lifespan's Finance Department, with review by Lifespan's tax advisors, KPMG LLP (KPMG) The Form 990 is prepared by the accounting staff upon completion of Lifespan's annual independent audit and reviewed by the Corporate Services Tax Compliance Manager, the Director of Finance, and the Vice President of Finance - Corporate Services The Form 990 is forwarded to KPMG for further review KPMG provides the Tax Compliance Manager with any recommended changes which are reviewed, and if agreed upon, are incorporated into the return The draft Form 990 is then provided to the EVP/CFO for final management review Prior to filing the return with the Internal Revenue Service, a copy of the entire form, along with a video presentation detailing form highlights, are posted to RIH's Board of Trustees' website portal in advance of the next Board meeting, at which all questions and concerns of the members of the Board are addressed by the EVP/CFO and incorporated into the Form 990 when appropriate Once the Form 990 is complete and ready to be filed, the members of the Board are notified via email that a copy of the final version of the Form 990 is accessible through the same password-protected website portal The EVP/CFO is authorized to file the Form 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Lifespan and the Lifespan Obligated Group, which consists of RIH, The Miriam Hospital, Emma Pendleton Bradley Hospital, Rhode Island Hospital Foundation, and The Miriam Hospital Foundation, currently make their annual and quarterly consolidated financial statements available to the public via DAC (Digital Assurance Certification, LLC), a disclosure dissemination agent for issuers of tax-exempt bonds which electronically posts and transmits Lifespan's financial information to repositories and investors alike In addition, copies of RIH's Articles of Incorporation, Bylaws, and Conflict of Interest Policy are available upon request from the office of the Lifespan EVP/CFO, either in person or by mail

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Change in funded status of pension and other postretirement = $35431599

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Increase in Interest in Net Assets of RIHF = $6424540

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Transfers from Hospital Properties, Inc = $57450

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Transfers to Hospital Properties, Inc = -$86859

990 Schedule O, Supplemental Information

Return Reference	Explanation
	Additional special services, facilities, and programs furnished by RIH include the endova scular hybrid operating room suite (the only one of its kind in Rhode Island, the suite's design provides vascular surgeons with the flexibility to perform minimally invasive proce dures and traditional open surgeries simultaneously with limited anesthesia), adult and pe diatric kidney and pancreas transplant center, Alzheimer's disease and memory disorders ce nter, an adult and pediatric hemostasis and thrombosis center, an adult and pediatric diab etes and endocrinology center, colorectal care center, and the transfusion-free medicine a nd surgery program, one of only two such formalized programs in New England RIH also hold s designation or certification as a bariatric surgery center of excellence, adult and pedi atric burn center, breast imaging center of excellence, comprehensive stroke center, and t he distinction center for spine surgery, knee and hip replacement, and treatment of comple x and rare cancers One of the impacts of the Affordable Care Act is the transformation of American health care systems to integrated health care delivery systems, with patients at the center of all activity To that end, RIH, along with the other Lifespan affiliates, ha s worked hard to expand beyond its campus to broaden the services it provides, investing i n a new electronic health record system, and partnering with new physician groups One of RIH's major strategic goals is to provide care in settings that are more patient-focused a nd cost effective, thus ensuring better continuity of care Since 2011, RIH has opened amb ulatory care centers in areas throughout Rhode Island, addressing a common barrier to care By locating services, testing, and treatment in such a manner, RIH enables patients to a ccess services when and where they need them, often in their own communities The result i s often earlier diagnosis, better adherence to treatment regimens, more cost-effective car e and, eventually, better outcomes and a better patient experience To address barriers for those who are treated and discharged from RIH, Lifespan Pharmacy, LLC (LRX), the sole mem ber of which is RIH, was opened in May 2013 on the RIH campus to provide pharmaceutical se rvices LRX is available to the public and offers convenient, fast, and professional servi ce with easy refill options during the day or night via phone LRX also offers free home d elivery, appointment or walk-in flu vaccinations, as well as pneumonia and shingles vaccin ations for adults LRX pharmacists interact with physicians to provide comprehensive and s afe care Physicians can electronically transmit prescriptions to LRX, greatly reducing wa it times LRX pharmacists also work with physicians and insurance companies to find the le ast expensive, fully effective medications to best manage a patient's health LRX enables p atients to leave the hospital with the prescriptions they need, thereby reducing anxiety, enhancing recovery, and reduci

990 Schedule O, Supplemental Information

Return Reference	Explanation
	ng the likelihood of readmission LRX especially benefits patients for whom a lack of tran sportation is a major barrier by providing access to pharmaceutical drugs onsite at RIH R IH provides full charity care for individuals at or below twice the federal poverty level, with a sliding scale for individuals based upon the federal poverty level guidelines, as set by the Department of Health and Human Services In addition, a substantial discount co nsistent with Medicare program reimbursement is offered to all other uninsured patients R IH determines the costs associated with providing charity care by aggregating the applicab le direct and indirect costs, including compensation and benefits, supplies, and other ope rating expenses, based on data from its costing system The total cost, excluding medical education and research, incurred by RIH to provide charity care amounted to $17,921,198 in fiscal 2018 Charges forgone, based on established rates, amounted to $63,130,000 RIH sub stantially subsidized various health services including the following programs adult psyc hiatry, dental, and Alzheimer's, as well as the Center for Special Children, early interve ntion, and certain other specialty services at a net cost of $9,281,685 in fiscal year 201 8 RIH also provides numerous other services to the community for which charges are not ge nerated These services include certain emergency services, community health screenings fo r cardiac health, prostate cancer and other diseases, smoking cessation, immunization and nutrition programs, diabetes education, community health training programs, patient advoca cy, foreign language translation, physician referral services, and charitable contribution s The net cost of these services amounted to $240,726 in fiscal 2018 RIH is accredited by The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Accreditat ion Council for Graduate Medical Education for residency and fellowship training, the Accr editation Council for Continuing Medical Education of the Rhode Island Medical Society, th e American College of Surgeons' Commission on Cancer, the Joint Review Committees on Educa tional Programs in Nuclear Medicine Technology and Radiologic Technology, the Commission o n Accreditation of Allied Health Education Programs, and the National Accrediting Agency f or Clinical Laboratory Sciences Rhode Island Hospital was named to the list of 50 Top Card iovascular Hospitals 2018 by IBM Watson Health Selected based on a study that analyzed ke y performance metrics, including survival rates, complications, length of stay, cost, and readmission rates, the hospital earned the distinction along with just two others in New E ngland RIH has now made this list four times and is the only hospital in the state in the rankings The Cardiothoracic Intensive Care Unit at Rhode Island Hospital was given the s ilver designation of the Beacon Award for Excellence by the American Association for Criti cal Care Nursing in 2018 It i

990 Schedule O, Supplemental Information

Return Reference	Explanation
	s one of only 42 cardiothoracic ICUs to achieve this level of recognition Rhode Island Ho spital, the only comprehensive stroke center in the State, received top honors in 2018 fro m the American Heart Association/American Stroke Associations Get With The Guidelines" str oke program -- a "Gold-Plus" quality achievement award and Target Stroke Honor Roll Elite Plus award Rhode Island Hospital was recognized in the 2018U S News & World Reportannua l review of Best Regional Hospitals as a high performer in the areas of chronic obstructiv e pulmonary disease (COPD) andheart failure In spring 2018, Rhode Island Hospital earned an "A" grade for hospital safety from The Leapfrog Group for the fifth consecutive time R IH was named a "Distinguished Hospital for Clinical Excellence" by Healthgrades Operating Co , marking it among the top five percent among nearly 4,500 hospitals in the United Stat es

990 Schedule O, Supplemental Information

Return Reference	Explanation
	Base Salary Actions The CEO recommends any salary adjustments for participants in the executive compensation program, using the results of the valuation study and his/her assessment of individual performance or other pertinent information, for the Committee's consideration New Participants in Executive Compensation Program With respect to compensation offers for individuals expected to participate in the executive compensation program, certain members of the Lifespan CEO's Council work with the Committee's independent compensation consultant or rely on information previously provided by the consultant to establish a range of reasonable cash compensation within which recruitment is expected to conclude with acceptance of a reasonable compensation offer

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 6	Volunteers support and contribute to the mission of RIH and HCH every day, giving their time, energy, and enthusiasm They are able to learn, meet other dedicated volunteers, better understand the healthcare environment, and gain personal satisfaction knowing they are making a difference to patients, families, and visitors alike Volunteer opportunities are available to both teens and adults in a wide variety of areas including greeters, family liaisons, emergency room, gift shop, nurse aides, office support, animal visitation, physical therapy, patient visitors, recovery room, art activities, pediatric playrooms, outpatient clinics, reading programs, tours, intensive care unit, and oncology Volunteers include college and high school students, retirees, working professionals, individuals considering a career change or returning to the work force, and individuals with a special skill or talent

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 7b	The amount reported on Part I, Line 7b includes certain fringe benefit expenses subject to unrelated business taxable income under IRC Section 512(A)(7) Such amounts are not considered revenue, and therefore, are not reported as such on Form 990, Part VIII

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a, continued	RIH is a 719-bed, nonprofit general acute care teaching hospital with university affiliati on, the largest hospital in the State of Rhode Island (the State) providing a comprehensiv e range of diagnostic and therapeutic services to patients The hospital has particular ex pertise in cardiology, including the State's only open heart surgery program, oncology, ne urosciences, orthopedics, organ transplantation, pediatrics, psychiatry and diabetes RIH is the only Level I Trauma Center for southeastern New England, providing expert staff and equipment in emergency situations 24 hours a day It is the Principal Teaching and Resear ch Hospital of The Warren Alpert Medical School of Brown University and the largest and mo st comprehensive of the Brown affiliated hospitals RIH's pediatric division, HCH, is the State's premier pediatric facility with the area's only pediatric intensive care unit, ped iatric oncology and cardiac programs, pediatric imaging center, and separate emergency and operating suites designated for pediatric patients RIH has earned worldwide recognition for its family-centered environment and expert staff It is the founding partner of Lifesp an, a comprehensive health system providing accessible, high-value services to the people of Rhode Island and southeastern New England RIH employs 6,451 full-time equivalents and is nationally and internationally recognized as a research and academic medical center In 2018, RIH discharged 36,912 inpatients with total inpatient days of 207,793, treated 152, 328 patients in its emergency departments, performed 23,598 inpatient and outpatient surgi cal procedures, and cared for 254,661 patients in outpatient clinics RIH is the designate d Level I Trauma Center for the State of Rhode Island and southeastern Massachusetts, with a state-of-the-art emergency department (ED) and a dedicated pediatric ED RIH's adult ED includes a radiology unit comprised of CT scanners, ultrasound and x-ray machines, an all -inclusive chest pain center, a critical care unit for the most seriously injured and ill, and private treatment rooms RIH offers imaging with PET/CT technology for cancer staging , while cardiac MRI and 64-slice cardiac CT scanners provide powerful tools for evaluating heart disease and function The Anne C Pappas Center for Breast Imaging is the only faci lity in the State of Rhode Island to be designated a Breast Imaging Center of Excellence b y the American College of Radiologists In the area of cancer services, RIH pioneered imag e-guided tumor ablation, shrinking or eliminating tumors by destroying them with heat (mic rowave ablation and radiofrequency ablation) or by freezing them (cryoablation) In additi on, radiation oncology services include a linear accelerator for image-guided radiotherapy and stereotactic radiosurgery, as well as electronic brachytherapy for early-stage breast cancer patients, which reduces average treatment times from eight weeks to five days In the area of surgical oncology,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a, continued	RIH is the only hospital in Rhode Island and one of only a few hospitals in New England t o offer hyperthermic intraperitoneal chemoperfusion (HIPEC) for patients with advanced can cer of the abdomen In the sphere of neurosurgery, RIH features one of the first gamma kni fe surgical centers in the United States, which offers intracranial stereotactic radiosurg ery for the non-invasive treatment of brain lesions previously inaccessible or unsuccessfu lly treated by conventional therapies Special services and programs provided by RIH includ e the Lifespan Cancer Institute, the Cardiovascular Institute, comprised of cardiac cathet erization, balloon angioplasty, and open heart surgery, critical care services, microvascu lar surgery, nuclear cardiology, radiology, laboratory, renal dialysis, computed tomograph y, orthopedics, including minimally invasive carpal tunnel surgery and cartilage transplan ts for knee defects, magnetic resonance imaging (MRI), and dental care HCH's specialties include cardiology, orthopedics, hematology & oncology, and medicine/psychiatry HCH also has the area's only center for pediatric imaging, as well as the area's only pediatric int ensive care unit, pediatric oncology and outpatient cardiac programs, pediatric emergency department, and pediatric surgical unit It operates specialty clinics treating children r anging in age from newborn to 18 years Services and programs include adolescent medicine, the Asthma and Allergy Center, the Children's Neurodevelopment Center, the Child Life Pro gram, the Child Protection Program, dermatology, gastroenterology, infectious disease, the Injury Prevention Center, the Kidney Transplant Center, nephrology, neurosurgery, nutriti on, the Partial Hospitalization Program, surgery, plastic surgery, primary care clinic, re habilitation services, the Sickle Cell Clinic, and urology HCH was the first hospital in Rhode Island to offer minimally invasive pediatric urologic surgeries A wide range of adul t, adolescent, and child behavioral health services and research programs are also provide d, including psychiatry emergency services for adults, adolescents, and children, psychia try consultation liaison services, correctional psychiatry program, inpatient and geriatri c psychiatry programs, mood disorders program, gambling treatment program, anxiety disorde rs program, body dysmorphic disorder program, behavioral sleep medicine program, substance abuse treatment program, neuropsychiatric services, adult and pediatric neuropsychology s ervices, adult and pediatric partial hospitalization programs, family research program, an d Bradley/Hasbro Children's Research Center

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b, continued	Under an affiliation agreement with The Warren Alpert Medical School of Brown University (Brown), RIH participates jointly in various clinical training programs and research activi ties In 2010, Brown named RIH its Principal Teaching Hospital The goals of the partnersh ip are to facilitate the expansion of joint educational and research programs in order to compete both clinically and academically RIH currently sponsors 50 graduate medical educa tion programs accredited by or under the auspices of the Accreditation Council for Graduat e Medical Education (ACGME), while also sponsoring another 35 hospital-approved residency and fellowship programs RIH serves as the principal setting for these clinical training p rograms, which encompass the following disciplines anesthesiology, internal medicine and medicine subspecialties, including hematology and oncology, orthopedics and orthopedic sub specialties, clinical neurosciences and related subspecialties, general surgery and surgic al subspecialties, pediatrics and pediatric subspecialties, including hematology and oncol ogy, dermatology, radiology and radiology subspecialties, pathology, child psychiatry, eme rgency medicine and emergency medicine subspecialties, dentistry, and medical physics RIH provides stipends to residents and physician fellows while in training In 2018, Brown enr olled 607 students in undergraduate medical education programs All medical students at Br own receive training at RIH RIH teaching faculty help to ensure that the experience for b oth undergraduate and graduate medical education trainees remains transformative - dramati cally changing novice practitioners into physicians able to think, act, and keep their foc us on the ultimate goal of providing the best and most appropriate care for patients no ma tter what the setting or circumstances RIH is also a participating clinical training site for another 268 residents and fellows from other programs in anesthesiology, family medic ine, internal medicine, hematology/oncology, obstetrics/gynecology (OB/Gyn) and OB/Gyn sub specialties, otolaryngology, pediatric dentistry, podiatry, psychiatry and its subspecialt ies of forensic psychiatry and geriatric psychiatry, orthopedics, rheumatology, and radiat ion oncology RIH serves as a clinical site for the physician assistant schools of Johnson & Wales University, Bryant University, and the Massachusetts College of Pharmacy In addi tion, Behavioral Medicine at the hospital, in collaboration with Brown, sponsors research and clinical psychology training programs for interns, postdoctoral fellows, and faculty t rainees With respect to nursing education, RIH has developed educational affiliations with the University of Rhode Island College of Nursing, Rhode Island College School of Nursing , Community College of Rhode Island (CCRI), Salve Regina University, Boston College, Yale University, Regis College, Simmons College, St Joseph's Health Services' School of Nursin g, the University of Massachus

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b, continued	etts campuses at Dartmouth, Boston, Amherst, and Worcester, Framingham State University, t he University of Connecticut, the New England Institute of Technology, Northeastern Univer sity, Drexel University, Walden University, Georgetown University School of Nursing and He alth Studies, Duke University School of Nursing, and the University of Pennsylvania, as we ll as other Schools of Nursing, pursuant to which their nursing students obtain clinical t raining and experience at RIH RIH does not receive any compensation from the various scho ols for providing a clinical setting for the student nurse training RIH also serves as a clinical site for Nursing Assistants The Lifespan School of Medical Imaging collaborates w ith Rhode Island College in the following programs diagnostic medical sonography, nuclear medicine technology, radiography, and magnetic resonance imaging Students complete educa tional experiences at RIH, as well as other outpatient sites RIH also sponsors training p rograms in computed tomography and mammography At RIH, clinical affiliations/student clin ical training programs are provided through contracts with several colleges and universiti es in the professional areas of speech-language pathology and audiology, physical therapy, physical therapy assistants, occupational therapy, certified occupational therapy assista nts, and child development RIH has clinical training affiliations in respiratory therapy with New England Institute of Technology and CCRI In addition, RIH is the host for traini ng programs in histology, cytology, phlebotomy, and medical-laboratory science (medical te chnology) sponsored jointly through the University of Rhode Island, Salve Regina Universit y, and Rhode Island College These programs allow students to obtain didactic coursework a t partner universities and at the Hospital, and clinical education and experience on site at the Hospital, resulting in certification for careers in clinical laboratories RIH also has clinical affiliations/student clinical training programs for pharmacy students provide d through contracts with a number of colleges and universities Most of the pharmacy stude nts attend the University of Rhode Island, Massachusetts College of Pharmacy and Allied He alth Sciences, and Northeastern University The Hospital's Pharmacy Department co-sponsors second-year postgraduate specialized residency programs in oncology and ambulatory care p harmacy RIH's pharmacists also participate in the education of pharmacy, nursing, and phy sician assistant students by providing didactic lectures at the University of Rhode Island 's College of Pharmacy, Rhode Island College's Advanced Practice Nursing Program, Johnson & Wales University's Center for Physician Assistant Studies, and Bryant University's Physi cian Assistant Program In addition, RIH has clinical social work student contracts with R hode Island College, Boston University, Boston College, Smith College, Simmons College, an d Bridgewater State University

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Return Reference	Explanation
Form 990, Part III, Line 4b, continued	

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Return Reference	Explanation
Form 990, Part III, Line 4c, continued	RIH provided $10 8 million in support of research activities in fiscal year 2018 Major areas of research include Cancer RIH participates in clinical trials of new therapeutic agents in both adult and pediatric medicine These trials are supported by National Institutes of Health (NIH) sponsored groups such as Alliance and Childrens' Oncology Group (COG) RIH is a participating hospital in the Brown-sponsored Cancer Oncology Group (BrUCOG) The Liver Research Center The Liver Research Center emphasizes studies relating to the molecular biology of liver diseases such as Hepatitis B and C and cellular carcinoma Heart Disease Research continues in areas of invasive therapy, such as angioplasty, artherectomy, coronary stenting, and laser treatment of coronary artery disease Others are researching the reasons for sudden heart failure Neurological Illness The Alzheimer's Disease and Memory Disorder Center combines high quality neurological, neuropsychologic, and psychiatric services, thus creating a comprehensive diagnostic and treatment option for patients with memory disorders Research is also focused on the treatment and prevention of opioid abuse The Infectious Diseases group is delving into new antibiotic treatments for superbugs

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Return Reference	Explanation
Form 990, Part VI Section B, Line 12c	Lifespan Corporation has a Conflict of Interest Policy that is applicable to all affiliates, including RIH, and administered by Lifespan's Corporate Compliance Department as follows Each designated person subject to Lifespan's conflict of interest policy is required to provide Lifespan with an initial disclosure statement and thereafter an annual statement attesting that (i) the designated person has read and is familiar with this policy, and (ii) the designated person and, to the best of his/her knowledge, family members, have not in the past engaged in, are not presently engaging in, or plan to engage in, any activity which contravenes this policy If, at any time during the course of employment or association, a designated person has reason to believe that an existing or contemplated activity may contravene this policy, the person shall submit a full written description of the activity to the Lifespan Compliance Officer or the Office of the General Counsel to seek a determination as to whether the contemplated activity does or does not contravene this policy This requirement shall be acknowledged as part of the annual performance evaluation process If the activity in question involves either the Chief Executive Officer, the Senior Vice President and General Counsel, or a Trustee, a full written disclosure must be made to, and a determination sought from, the Chairman of the Board of Directors of Lifespan Corporation Annually, the Lifespan Compliance Officer shall review and report to the Lifespan Executive Corporate Compliance Committee and to the Lifespan Audit and Compliance Committee on the administration of this policy Failure on the part of any designated person to comply with this policy, including failure to submit in a timely fashion the conflict of interest disclosure statement, will be grounds for removal from his/her position and/or termination of his/her employment with Lifespan

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI Section B, Lines 15 a&b	The following applies to Lifespan and all of its affiliates, including RIH EXECUTIVE COMPE NSATIONLifespan's executive compensation philosophy balances appropriate stewardship of re sources and the need to be competitive in recruiting and retaining talented individuals I t incorporates market-competitive and performance-related principles, and covers the Presi dent and CEO of Lifespan as well as other officers, senior management, and key employees Lifespan's executive compensation program complies both with law and with contemporary eth ical norms, and is administered consistent with the organization's tax-exempt status under Section 501(c)(3) of the Internal Revenue Code (IRC) and the avoidance of transactions su bject to intermediate sanctions under Section 4958 of the IRC Executive compensation is a lso administered consistent with Lifespan's Corporate Compliance Policy on Excess Benefit Transactions The Compensation Committee of the Lifespan Corporation Board of Directors (th e Committee), comprised of disinterested Lifespan Board members, is responsible for dilige nt oversight of executive compensation to ensure compliance with IRC requirements Its dut ies include * Approving eligibility for participation in the executive compensation progra m * Approving changes in compensation for existing executive participants * Approving guid elines, such as salary ranges and contract terms, on appropriate levels of compensation fo r other key employees* Approving new, and modifying or terminating existing, executive com pensation plans including, but not limited to, annual incentive and executive benefit plan s* Approving performance objectives associated with Lifespan's annual incentive plan, incl uding measuring points, and using audited actual performance relative to these objectives as a precondition to approving the payment of any awards under the plan* Authorizing perio dic performance benchmark studies to be conducted for purposes of assessing Lifespan's per formance within the healthcare industry and the degree to which total remuneration levels at Lifespan are generally commensurate with Lifespan performance relative to healthcare in dustry performance* Conducting an annual performance review of Lifespan's Chief Executive Officer The Chair of the Committee conducts and documents this review, based on his/her o bservations and interpretation of feedback from members of the Board of Directors * Select ing and engaging qualified, independent, third-party compensation valuation consultants th at the Committee charges with rendering opinions with respect to the reasonableness and co mparability of compensation as well as the comparative organizations against which compens ation is assessed, in accordance with relevant sections of the IRC and Lifespan's executiv e compensation philosophy Lifespan's Chief Executive Officer works closely with the Commi ttee to make recommendations on the above topics and keep the Committee informed about con templated compensation changes

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI Section B, Lines 15 a&b	for executives and other key employees, as well as candidates for these roles The CEO al so provides periodic updates to the Committee regarding Lifespan's performance relative to compensation-related performance objectives The Committee's deliberations and actions are documented in minutes prepared for each meeting PROCESS FOR DETERMINING COMPENSATION Valu ation of Total Cash and Total Remuneration No less frequently than annually, the Committe e receives and reviews a total cash compensation valuation of all existing executive compe nsation program participants prepared by its independent compensation consultant Annually , the Committee also receives and reviews a total remuneration valuation of all existing e xecutive compensation participants

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 1b	*Lawrence A Aubin, Sr , Chair, is the owner of Lawrence Investments, LLC, with which Lifespan entered into a ten-year operating lease of certain health care facilities in July 2015 During fiscal year 2018, Lifespan paid rent to Lawrence Investments, LLC under the terms of this lease

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2	RIH was included in RIH and Affiliates' consolidated audited financial statements as of and for the fiscal year ended September 30, 2018, which consist of RIH, RIH Ventures, Radiosurgery Center of Rhode Island, LLC, and Lifespan Pharmacy, LLC The Lifespan Audit and Compliance Committee assumes responsibility for oversight of the audit of RIH's consolidated financial statements and the selection of Lifespan's independent accountant

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Rhode Island Hospital

Employer identification number
05-0258954

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) Lifespan Pharmacy LLC 593 Eddy Street Providence, RI 02903 46-1697290	Pharmaceutical Sales	RI	21,754,342	7,004,451	Rhode Island Hospital
(2) Radiosurgery Center of Rhode Island LLC 593 Eddy Street Providence, RI 02903 26-2171671	Radiosurgery	RI	509,718	1,902,155	Rhode Island Hospital

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	(g) 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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Orthopedic MRI of Rhode Island LLC 100 Butler Drive Providence, RI 02906 26-1293469	Medical Imaging Svcs	RI	NA	related	124,362	216,178		No			No	33 330 %
(2) Lifespan Health Alliance LLC 167 Point Street Providence, RI 02903 81-2732225	Account Care Org	RI	N/A					No			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	(i) No
(1)AHB Will co Bank of America 100 Westminster Street Providence, RI 029032305	Philanthropy	RI	NA	T	14,449	438,936	100 000 %	Yes	
(2) Lifespan MSO Inc 167 Point Street Providence, RI 02903 05-0508717	Mgmnt Svcs	RI	Lifespan Corp	C					No
(3) Lifespan Risk Services Inc 167 Point Street Providence, RI 02903 05-0459767	Risk Mgmnt	RI	Lifespan Corp	C					No
(4)VNA Technicare Inc 200 Corliss Street Providence, RI 02904 05-0472710	DME Sales	RI	LDS Inc	C					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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Hospital Properties	b	86,859	accrual
(2) Hospital Properties	c	57,450	accrual
(3) Hospital Properties	k	593,095	accrual

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

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

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

Part VII **Supplemental Information**

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

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 05-0258954
Name: Rhode Island Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
249 Roosevelt Avenue Pawtucket, RI 02860 05-0442015	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
249 Roosevelt Avenue Pawtucket, RI 02860 20-4590384	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
167 Point Street Providence, RI 02903 05-0500688	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation		No
249 Roosevelt Avenue Pawtucket, RI 02860 05-0259090	Daycare Services	RI	501(c)(3)	7	Gateway Healthcare Inc		No
1011 Veterans Memorial Parkway East Providence, RI 02914 05-0258806	Pediatric Psychiatric Health Care Svcs	RI	501(c)(3)	3	Lifespan Corporation		No
249 Roosevelt Avenue Pawtucket, RI 02860 05-0504841	Bereavement Services for Children	RI	501(c)(3)	7	Gateway Healthcare Inc		No
249 Roosevelt Avenue Pawtucket, RI 02860 46-4002163	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation		No
249 Roosevelt Avenue Pawtucket, RI 02860 05-0309043	Substance Abuse & Psych Health Care Svcs	RI	501(c)(3)	10	Lifespan Corporation		No
167 Point Street Providence, RI 02903 22-2869743	Property Management	RI	501(c)(4)	N/A	Lifespan Corporation		No
249 Roosevelt Avenue Pawtucket, RI 02860 05-0435537	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
167 Point Street Providence, RI 02903 22-2861978	Holding Company/Mgmnt Services	RI	501(c)(3)	12(II)	NA		No
167 Point Street Providence, RI 02903 05-0258935	Holding Company/Mgmnt Services	RI	501(c)(3)	10	Lifespan Corporation		No
167 Point Street Providence, RI 02903 05-0493219	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation		No
c/o Archstone Law 245 Winter St Waltham, MA 02451 04-3408517	Holding Company	MA	501(c)(3)	12(I)	Lifespan Corporation		No
167 Point Street Providence, RI 02903 05-0389801	Health Care Services	RI	501(c)(3)	10	Lifespan Corporation		No
140 Broadway Providence, RI 02903 46-4910847	Educational Services	RI	501(c)(3)	2	Emma Pendleton Bradley Hospital		No
249 Roosevelt Avenue Pawtucket, RI 02860 03-0508346	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
249 Roosevelt Avenue Pawtucket, RI 02860 05-0427152	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
11 Friendship Street Newport, RI 02840 22-2535537	Holding Company/Mgmnt Services	RI	501(c)(3)	7	Lifespan Corporation		No
11 Friendship Street Newport, RI 02840 22-2335539	Property Management	RI	501(c)(3)	12(I)	Newport Health Care Corporation		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
11 Friendship Street Newport, RI 02840 05-0258914	Health Care Services	RI	501(c)(3)	3	Lifespan Corporation		No
11 Friendship Street Newport, RI 02840 22-2535533	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation		No
11 Friendship Street Newport, RI 02840 05-0472268	Health Care Services	RI	501(c)(3)	10	Lifespan Corporation		No
249 Roosevelt Avenue Pawtucket, RI 02860 05-0422771	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
249 Roosevelt Avenue Pawtucket, RI 02860 05-0393004	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
167 Point Street Providence, RI 02903 05-0468736	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation		No
593 Eddy Street Providence, RI 02903 05-0448686	Parking Facilities/Phlebotomy Services	RI	501(c)(3)	10	Lifespan Corporation		No
249 Roosevelt Avenue Pawtucket, RI 02860 05-0504003	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
1516 Atwood Avenue Johnston, RI 02919 05-0512037	Services for Children with Autism	RI	501(c)(3)	9	Gateway Healthcare Inc		No
164 Summit Avenue Providence, RI 02906 05-0258905	Health Care Services	RI	501(c)(3)	3	Lifespan Corporation		No
167 Point Street Providence, RI 02903 05-0377502	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation		No
34 Parsonage Street Providence, RI 02903 05-0448314	Medical Care	RI	501(c)(3)	12	NA		No
249 Roosevelt Avenue Pawtucket, RI 02860 04-3742771	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
249 Roosevelt Avenue Pawtucket, RI 02860 05-0488520	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
249 Roosevelt Avenue Pawtucket, RI 02860 61-1439766	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
65 Front Street Hamilton HM 12 BD	Offshore Insurance Captive	BD	N/A	N/A	Lifespan Corporation		No