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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

The Miriam Hospital

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

164 Summit Avenue

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

Providence, RI 02906

D Employer identification number

05-0258905

E Telephone number

(401) 793-2500

G Gross receipts \$ 671,033,196

F Name and address of principal officer

Arthur J Sampson

164 Summit Avenue

Providence, RI 02906

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.miriamhospital.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1926

M State of legal domicile RI

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

As a founding hospital in the Lifespan health system, The Miriam Hospital (TMH) 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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

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

2020-08-14

Date

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 P01245482

Firm's name ▶ KPMG LLP

Firm's EIN ▶ 13-5565207

Firm's address ▶ 2 Financial Center 60 South Street

Phone no (617) 988-1000

Boston, MA 02111

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck 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, TMH 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 \$ 398,784,423 | including grants of \$ 279,915) | (Revenue \$ 498,916,135) |
| See Additional Data | | | | |

| | | | | |
|---------------------|---------|-------------------------|--------------------------|--------------------------|
| 4b | (Code) | (Expenses \$ 26,167,258 | including grants of \$) | (Revenue \$ 23,231,258) |
| See Additional Data | | | | |

| | | | | |
|---------------------|---------|-------------------------|--------------------------|-------------------------|
| 4c | (Code) | (Expenses \$ 21,041,358 | including grants of \$) | (Revenue \$ 3,850,051) |
| See Additional Data | | | | |

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ 445,993,039

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 | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 Yes | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a Yes | |
| b Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b 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 Yes | |
| 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 |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a Yes | |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b Yes | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 Yes | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | No |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|--|----------------|----|
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | No |
| 25a | 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? <i>If "Yes," complete Schedule L, Part I</i> | 25a | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a Yes | |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 Yes | |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 206 | |
| 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 | 3,859 | | | |
| 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? | | | | | | |
| 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 | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | | | | | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | | | | | | |
| | | | | 16 | | No |

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 17 | | |
| 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 13 | | |
| 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 | No |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | |

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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

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 ☒

☒

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| 1d Total (add lines 1b and 1c) | | | | | | | | 2,280,322 | 5,490,756 | 922,814 |

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 **▶ 214**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | Yes | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | 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 |
|---|--------------------------------|---------------------|
| Brown Medicine 110 Elm Street Providence, RI 02903 | Medical Services | 6,285,463 |
| University Surgical Associates Inc PO Box 16149 Rumford, RI 02916 | Medical Services | 3,996,326 |
| RINGO LLC 445 Broadhollow Road 119 Melville, NY 11747 | Staffing Services | 2,176,114 |
| Quest Diagnostics Inc 500 Plaza Drive Secaucus, NJ 07094 | Lab Services | 2,167,327 |
| Sodexo Inc 9801 Washingtonian Blvd Gaithersburg, MD 20878 | Dietary/Cafe Service | 1,990,166 |

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 **▶ 36**

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 |
|---|----------------------|--|---|--|
| <div>Contributions, Gifts, Grants and Other Similar Amounts</div> <div><div>1a</div>Federated campaigns<div>1a</div></div> <div><div>b</div>Membership dues<div>1b</div></div> <div><div>c</div>Fundraising events<div>1c</div></div> <div><div>d</div>Related organizations<div>1d</div>3,152,684</div> <div><div>e</div>Government grants (contributions)<div>1e</div>11,828</div> <div><div>f</div>All other contributions, gifts, grants, and similar amounts not included above<div>1f</div>10,000</div> <div><div>g</div>Noncash contributions included in lines 1a - 1f \$</div> <div><div>h</div>Total. Add lines 1a-1f<div>3,174,512</div></div> | | | | |

Part IX Statement of Functional Expenses

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

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 279,915 | 279,915 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 0 | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | 0 | | | |
| 4 Benefits paid to or for members. | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 855,566 | 855,566 | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | 187,276,343 | 183,697,721 | 3,578,622 | |
| 7 Other salaries and wages. | 0 | | | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 9,272,811 | 9,095,384 | 177,427 | |
| 9 Other employee benefits. | 30,338,377 | 29,815,945 | 522,432 | |
| 10 Payroll taxes. | 12,692,564 | 12,451,022 | 241,542 | |
| 11 Fees for services (non-employees): | | | | |
| a Management. | 0 | | | |
| b Legal. | 0 | | | |
| c Accounting. | 0 | | | |
| d Lobbying. | 447 | 447 | | |
| e Professional fundraising services. See Part IV, line 17. | 0 | | | |
| f Investment management fees. | 884,993 | | 884,993 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 24,878,955 | 24,544,421 | 334,534 | |
| 12 Advertising and promotion. | 108,205 | 101,732 | 6,473 | |
| 13 Office expenses. | 34,335,602 | 33,476,734 | 858,868 | |
| 14 Information technology. | 0 | | | |
| 15 Royalties. | 0 | | | |
| 16 Occupancy. | 14,268,034 | 12,794,678 | 1,473,356 | |
| 17 Travel. | 669,946 | 667,857 | 2,089 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | 0 | | | |
| 19 Conferences, conventions, and meetings. | 462,430 | 458,950 | 3,480 | |
| 20 Interest. | 1,537,162 | | 1,537,162 | |
| 21 Payments to affiliates. | 0 | | | |
| 22 Depreciation, depletion, and amortization. | 19,228,234 | | 19,228,234 | |
| 23 Insurance. | 5,157,113 | 5,157,113 | | |
| 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. | 58,328,130 | 58,328,130 | | |
| b Purch Svs & Equip Contracts. | 57,592,520 | 16,127,846 | 41,464,674 | |
| c License Fee. | 24,287,666 | 24,287,666 | | |
| d Provision for Bad Debts. | 18,999,787 | 18,999,787 | | |
| e All other expenses. | 15,150,104 | 14,852,125 | 297,979 | |
| 25 Total functional expenses. Add lines 1 through 24e. | 516,604,904 | 445,993,039 | 70,611,865 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance SheetCheck 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 | 0 |
| | 2 Savings and temporary cash investments | 31,189,105 | 2 | 30,724,486 |
| | 3 Pledges and grants receivable, net | 1,906,948 | 3 | 1,662,641 |
| | 4 Accounts receivable, net | 39,565,787 | 4 | 49,109,882 |
| | 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 | 6,318,824 | 8 | 5,820,820 |
| | 9 Prepaid expenses and deferred charges | 2,240,752 | 9 | 2,000,711 |
| | 10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D | 10a 427,757,904 | | |
| | b Less: accumulated depreciation | 10b 247,874,468 | 183,927,249 | 10c 179,883,436 |
| | 11 Investments—publicly traded securities | 118,804,892 | 11 | 126,397,741 |
| | 12 Investments—other securities. See Part IV, line 11 | 53,456,485 | 12 | 48,048,044 |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | 0 |
| | 14 Intangible assets | | 14 | 0 |
| | 15 Other assets. See Part IV, line 11 | 60,502,230 | 15 | 60,155,513 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 497,912,272 | 16 | 503,803,274 | |
| Liabilities | 17 Accounts payable and accrued expenses | 36,176,552 | 17 | 40,779,280 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | 50,513,617 | 20 | 47,482,721 |
| | 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 | 3,482,123 | 23 | 1,755,452 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 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 | 40,406,650 | 25 | 47,065,057 |
| | 26 Total liabilities. Add lines 17 through 25 | 130,578,942 | 26 | 137,082,510 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 315,581,611 | 27 | 315,876,031 |
| | 28 Temporarily restricted net assets | 31,649,584 | 28 | 30,060,897 |
| | 29 Permanently restricted net assets | 20,102,135 | 29 | 20,783,836 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 367,333,330 | 33 | 366,720,764 |
| 34 Total liabilities and net assets/fund balances | 497,912,272 | 34 | 503,803,274 | |

Part XI Reconciliation of Net AssetsCheck 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 | 540,117,766 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 516,604,904 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 23,512,862 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 367,333,330 |
| 5 | Net unrealized gains (losses) on investments | 5 | -4,156,217 |
| 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 | -19,969,211 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 366,720,764 |

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

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

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 05-0258905
Name: The Miriam Hospital

Form 990 (2018)

Form 990, Part III, Line 4a:

Patient Care TMH offers expertise in cardiology, oncology, orthopedics, men's health, and minimally invasive surgery, and is home to the State's first Joint Commission-certified Stroke Center and robotic surgery program. Services and programs provided by TMH include anesthesiology, general medicine, general surgery, psychiatry, emergency medicine, cardiovascular care, orthopedics, dermatology, nuclear cardiology, radiology, laboratory, renal dialysis, urology, gastroenterology, endocrinology, gynecology, nephrology, neurology, and ophthalmology. (Continued on Schedule O)

Form 990, Part III, Line 4b:

Research TMH has 390 research projects with total expenses of \$26.2 million in fiscal year 2019 (75 investigators and 130 employees). TMH conducts extensive medical research and is in the forefront of biomedical health care delivery research and among the leaders nationally in National Institutes of Health programs. TMH also sponsors a significant level of these research activities. Federal support accounts for approximately 87% of all externally funded research at TMH. Researchers focus on clinical trials which investigate prevention and treatment of HIV/AIDS, obesity, cancer, diabetes, cardiac disease, and mental health concerns. Included in total program expenses and revenue are \$2.2 million of research grants from for-profit organizations that are not reported in Schedule H (See Schedule O).

Form 990, Part III, Line 4c:

Medical Education TMH provides the setting for and substantially supports medical education in various clinical training and nursing programs. TMH is designated as a major teaching affiliate of The Warren Alpert Medical School of Brown University. The total cost of direct medical education provided by TMH exceeded the reimbursement received from third-party payors by \$17.2 million in fiscal year 2019. (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 50 12 50 | X | | X | | | | 0 | 0 | 0 |
| Timothy J Babineau MD Trustee | 9 80 30 20 | X | | | | | | 0 | 1,928,054 | 318,064 |
| Emanuel Barrows Trustee | 0 60 3 00 | X | | | | | | 0 | 0 | 0 |
| Roger N Begin Trustee | 0 25 6 75 | X | | | | | | 0 | 0 | 0 |
| Peter Capodilupo Vice Chair | 0 10 3 90 | X | | X | | | | 0 | 0 | 0 |
| Sarah T Dowling Trustee | 0 25 4 75 | X | | | | | | 0 | 0 | 0 |
| Jonathan D Fain Trustee | 0 25 2 00 | X | | | | | | 0 | 0 | 0 |
| Edward D Feldstein Esq Trustee | 1 00 8 50 | X | | | | | | 0 | 0 | 0 |
| Ziya L Gokaslan MD Trustee | 0 50 43 50 | X | | | | | | 0 | 1,482,390 | 43,334 |
| Michael L Hanna Trustee | 1 50 4 80 | 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 | | | |
| Pamela A Harrop MD Trustee | 0 00 6 00 | X | | | | | | 0 | 0 | 0 |
| Alan H Litwin Vice Chair | 1 00 9 50 | X | | X | | | | 0 | 0 | 0 |
| Joseph J MarcAurele Trustee | 0 00 2 50 | X | | | | | | 0 | 0 | 0 |
| Steven Pare Trustee | 2 00 10 50 | X | | | | | | 0 | 0 | 0 |
| Lawrence B Sadwin Trustee | 1 25 13 10 | X | | | | | | 0 | 0 | 0 |
| Shivan Subramaniam Trustee | 0 25 5 25 | X | | | | | | 0 | 0 | 0 |
| Jane Williams MD Trustee | 0 20 3 60 | X | | | | | | 0 | 0 | 0 |
| Paul J Adler Secretary | 5 00 35 00 | | | X | | | | 0 | 551,087 | 106,582 |
| Arthur J Sampson President | 40 00 8 20 | | | X | | | | 0 | 590,083 | 35,165 |
| Mary A Wakefield Treasurer | 5 00 35 00 | | | X | | | | 0 | 939,142 | 101,891 |

| 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 | | | |
| Maria P Ducharme Chief Nursing Officer | 40 00 0 00 | | | | X | | | 327,280 | 0 | 71,417 |
| G Dean Roye MD Chief Medical Officer | 40 00 0 00 | | | | X | | | 379,651 | 0 | 73,063 |
| Michael P Carey MD Physician | 40 00 0 00 | | | | | X | | 373,906 | 0 | 39,634 |
| Rogers C Griffith MD Physician | 40 00 0 00 | | | | | X | | 312,767 | 0 | 38,820 |
| Patricia H Richards VP Ops- LPG | 40 00 0 00 | | | | | X | | 297,498 | 0 | 33,008 |
| Joseph D Sweeney MD Physician | 40 00 0 00 | | | | | X | | 295,701 | 0 | 36,947 |
| Rena R Wing MD Physician | 40 00 0 00 | | | | | X | | 293,519 | 0 | 24,889 |

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

The Miriam Hospital

Employer identification number

05-0258905

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

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

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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)2014 | (b)2015 | (c)2016 | (d)2017 | (e)2018 | (f)Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc (see instructions) | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

| Section C. Computation of Public Support Percentage | | |
|---|---|--------------------------|
| 14 | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 |
| 15 | Public support percentage for 2017 Schedule A, Part II, line 14 | 15 |
| 16a | 33 1/3% support test—2018. 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 | <input type="checkbox"/> |
| b | 33 1/3% support test—2017. 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 | <input type="checkbox"/> |
| 17a | 10%-facts-and-circumstances test—2018. 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 | <input type="checkbox"/> |
| b | 10%-facts-and-circumstances test—2017. 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 | <input type="checkbox"/> |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 2018 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2018. 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—2017. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | 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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | 2 | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | 3b | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | 3c | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | 4a | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | 4c | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | 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? <i>If "Yes," provide detail in Part VI.</i> | 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | 7 | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | 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))? <i>If "Yes," provide detail in Part VI.</i> | 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? <i>If "Yes," provide detail in Part VI.</i> | 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? <i>If "Yes," provide detail in Part VI.</i> | 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)? <i>If "Yes," answer line 10b below.</i> | 10a | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | 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? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i> | | |

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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |

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

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 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? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

| | | | |
|---|--|----------------|-----------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations | | | |
| <div>1</div> <div><input type="checkbox"/></div> <div>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.</div> | | | |
| 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 | <div><input type="checkbox"/></div> 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 2018 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-2018 | (iii) Distributable Amount for 2018 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013. | | | |
| b From 2014. | | | |
| c From 2015. | | | |
| d From 2016. | | | |
| e From 2017. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2018 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2014. | | | |
| b Excess from 2015. | | | |
| c Excess from 2016. | | | |
| d Excess from 2017. | | | |
| e Excess from 2018. | | | |

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 05-0258905
Name: The Miriam 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

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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 The Miriam Hospital | Employer identification number 05-0258905 |
|---|--|

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

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|---|
| Not over \$500,000 | 20% of the amount on line 1e |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 |
| Over \$17,000,000 | \$1,000,000 |

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (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) | | (b) |
|-----------|--|-----|----|--------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | 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 | | 447 |
| j | Total. Add lines 1c through 1i | | | 447 |
| 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). | 2a | |
| a | Current year | 2b | |
| b | Carryover from last year | 2c | |
| c | Total | 3 | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 4 | |
| 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? | 5 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | |

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 | TMH pays membership fees to the Association of American Medical Colleges. A portion of the membership dues paid to this organization is allocated to their lobbying efforts. |

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
The Minam Hospital

Employer identification number
05-0258905

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 7/25/06, and not on a historic structure listed in the National Register | 2d |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" 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 | 173,570,529 | 161,149,968 | 130,155,405 | 122,853,669 | 124,326,086 |
| b Contributions | 28,474,665 | 28,824,519 | 41,953,120 | 26,598,596 | 27,341,321 |
| c Net investment earnings, gains, and losses | 3,727,695 | 7,989,653 | 13,531,256 | 6,425,189 | -2,425,603 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 29,487,988 | 24,393,611 | 24,489,813 | 25,722,049 | 26,388,135 |
| f Administrative expenses | | | | | |
| g End of year balance | 176,284,901 | 173,570,529 | 161,149,968 | 130,155,405 | 122,853,669 |

2

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

a

Board designated or quasi-endowment ▶ 87 340 %

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶ 12 660 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

| | Yes | No |
|--------|-----|----|
| 3a(i) | | No |
| 3a(ii) | Yes | |
| 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 | | 5,125,675 | | 5,125,675 |
| b Buildings | | 245,908,906 | 125,943,486 | 119,965,420 |
| c Leasehold improvements | | | | |
| d Equipment | | 172,664,445 | 121,930,982 | 50,733,463 |
| e Other | | 4,058,878 | | 4,058,878 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 179,883,436 |

Schedule D (Form 990) 2018

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) | 48,048,044 | |

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 | 306,246 |
| (2) Interest in net assets of TMH Foundation | 57,965,613 |
| (3) Other | 44,538 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | 60,155,513 |

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 pension liability | 29,322,100 |
| Due to affiliates | 6,964,198 |
| Health Care Benefit Self-insurance | 4,603,281 |
| Post-retirement benefit liability | 73,444 |
| Third-party payor settlements | 6,102,034 |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 47,065,057 |

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 | 498,834,286 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | -4,156,217 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | -19,969,211 |
| e | Add lines 2a through 2d | 2e | -24,125,428 |
| 3 | Subtract line 2e from line 1 | 3 | 522,959,714 |
| 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 | 884,993 |
| b | Other (Describe in Part XIII) | 4b | 16,273,059 |
| c | Add lines 4a and 4b | 4c | 17,158,052 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 540,117,766 |

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 | 499,446,852 |
| 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 | 499,446,852 |
| 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 | 884,993 |
| b | Other (Describe in Part XIII) | 4b | 16,273,059 |
| c | Add lines 4a and 4b | 4c | 17,158,052 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 516,604,904 |

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: 18007218

Software Version: 2018v3.1

EIN: 05-0258905

Name: The Miriam Hospital

Supplemental Information

| Return Reference | Explanation |
|--|---|
| Part V, Line 4 Intended uses of the endowment fund | The Miriam Hospital's (TMH) unrestricted endowment consists of designated assets set aside by TMH's Board for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes. The largest temporarily restricted funds held by TMH are used to support (1) recruitment for the Director of the Weight Control & Diabetes Center, (2) clinical care, research, and education to develop treatment for pelvic floor disorders, (3) the Department of Psychiatry's operations, education, research, and capital needs, (4) the advancement of patient care in cardiology, (5) research and program development for genitourinary cancer care, (6) the Palliative Care Program for cancer patients, (7) the Surgery Department's educational and investigational functions, (8) operational needs of all emergency medicine programs, (9) the expansion of TMH's plastic surgery service line, (10) the Women's Medicine Collaborative, a comprehensive, multidisciplinary center dedicated to meeting the health care needs of women, (11) support of cardiology labs and programs, (12) The Center for Prisoner Health and Human Rights, a program which seeks to improve the health and human rights of criminal justice populations through education, research, and advocacy, (13) the treatment and prevention of cancer, (14) the expansion of the Colorectal Cancer Program, and (15) TMH's capital equipment and operating needs in providing services to patients. |

Supplemental Information

| Return Reference | Explanation |
|--------------------------|--|
| Part X FIN48 Footnote | <p>TMH is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and is exempt from Federal income taxes pursuant to Section 501(a) of the Code. TMH recognizes the effect of income tax positions only if those positions are more likely than not to be sustained. Recognized income tax positions are measured at the largest amount of benefit that is greater than fifty percent likely to be realized upon settlement. Changes in measurement are reflected in the period in which the change in judgment occurs. TMH did not recognize the effect of any income tax positions in either 2019 or 2018.</p> |

| Supplemental Information | |
|--|---|
| Return Reference | Explanation |
| Part XI, Line 4b Other revenue amounts included on 990 but not included in F/S | Non-UBI debt-financed rental expenses \$-5621 Non-debt-financed rental expenses \$-2149259 Provision for bad debts \$18427939 |

| Supplemental Information | |
|---|---|
| Return Reference | Explanation |
| Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S | Non-UBI debt-financed rental expenses \$-5621 Non-debt-financed rental expenses \$-2149259 Provision for bad debts \$18427939 |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
The Miriam Hospital

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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

05-0258905

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 Activities 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 |
|---|-------------------------------------|--|---|--|--|
| See Add'l Data | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | | | | | 59,702 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | 59,702 |

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

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

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

| | |
|-----------------|---|
| Part III | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. |
|-----------------|---|

Part III can be duplicated if additional space is needed.

[illegible]

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, don't 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, don't 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).

990 Schedule F, Supplemental Information

| 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: 18007218

Software Version: 2018v3.1

EIN: 05-0258905

Name: The Miriam 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 |
|-----------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| Sub-Saharan Africa | 0 | 0 | Program Services | Research | 24,185 |
| Russia & Newly Independent States | 0 | 0 | Program Services | Research | 13,732 |

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 |
|---------------------------|-------------------------------------|---|--|--|-----------------------------------|
| East Asia and the Pacific | 0 | 0 | Program Services | Research | 7,968 |
| Europe | 0 | 0 | Program Services | Research | 4,032 |

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 |
|------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| Middle East and North Africa | 0 | 0 | Program Services | Research | 9,785 |

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.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

The Miriam Hospital

Employer identification number

05-0258905

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 | Yes | |
| 1b | If "Yes," was it a written policy? | 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 | | |
| | <input type="checkbox"/> Applied uniformly to all hospital facilities | | |
| | <input type="checkbox"/> Applied uniformly to most hospital facilities | | |
| | <input type="checkbox"/> 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 | Yes | |
| | <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 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 | Yes | |
| | <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> 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"? | Yes | |
| 5a | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | Yes | |
| b | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | Yes | |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | | No |
| 6a | Did the organization prepare a community benefit report during the tax year? | Yes | |
| 6b | If "Yes," did the organization make it available to the public? | 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) | | | 9,890,155 | 2,050,676 | 7,839,479 | 1 575 % |
| b Medicaid (from Worksheet 3, column a) | | | 89,102,695 | 74,246,108 | 14,856,587 | 2 986 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 98,992,850 | 76,296,784 | 22,696,066 | 4 561 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 173,358 | 12,991 | 160,367 | 0 032 % |
| f Health professions education (from Worksheet 5) | | | 21,041,358 | 3,850,051 | 17,191,307 | 3 455 % |
| g Subsidized health services (from Worksheet 6) | | | 18,275,186 | 6,887,244 | 11,387,942 | 2 289 % |
| h Research (from Worksheet 7) | | | 23,938,912 | 21,002,912 | 2,936,000 | 0 590 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 206,099 | | 206,099 | 0 041 % |
| j Total. Other Benefits | | | 63,634,913 | 31,753,198 | 31,881,715 | 6 407 % |
| k Total. Add lines 7d and 7j | | | 162,627,763 | 108,049,982 | 54,577,781 | 10 968 % |

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 Healthcare 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 | 4,605,549 | |
| 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 | 203,653 | |
| 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 | 96,828,045 | |
| 6 Enter Medicare allowable costs of care relating to payments on line 5. | 6 | 95,313,069 | |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall). | 7 | 1,514,976 | |
| 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. | | | |
| <input type="checkbox"/> Cost accounting system | <input checked="" type="checkbox"/> Cost to charge ratio | <input type="checkbox"/> 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 | | | | |
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| 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)

| | Other (describe) | ER-other | ER-24 hours | Research facility | Critical access hospital | Teaching hospital | Children's hospital | General medical & surgical | Licensed hospital | Facility reporting group |
|---------------------------|------------------|----------|-------------|-------------------|--------------------------|-------------------|---------------------|----------------------------|-------------------|--------------------------|
| | | | | | | | | | | |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
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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)
The Miriam Hospital**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

| | Yes | No |
|---|---------------|----|
| 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 If "Yes," indicate what the CHNA report describes (check all that apply) | 3 Yes | |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b <input checked="" type="checkbox"/> Demographics of the community | | |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d <input checked="" type="checkbox"/> How data was obtained | | |
| e <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>19</u> | | |
| 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? If "Yes," indicate how the CHNA report was made widely available (check all that apply) | 7 Yes | |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Schedule H, Part V, Section C</u> | | |
| b <input type="checkbox"/> Other website (list url) _____ | | |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d <input type="checkbox"/> 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 <u>19</u> | | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 Yes | |
| a If "Yes" (list url) <u>See Schedule H, Part V, Section C</u> | | |
| 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)**

The Miriam 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? If "Yes," indicate the eligibility criteria explained in the FAP | 13 | Yes | |
| a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0000</u> % and FPG family income limit for eligibility for discounted care of <u>300 0000</u> % | | | |
| b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C) | | | |
| c <input checked="" type="checkbox"/> Asset level | | | |
| d <input checked="" type="checkbox"/> Medical indigency | | | |
| e <input checked="" type="checkbox"/> Insurance status | | | |
| f <input checked="" type="checkbox"/> Underinsurance discount | | | |
| g <input checked="" type="checkbox"/> Residency | | | |
| h <input type="checkbox"/> 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? 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) | 15 | Yes | |
| a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | | |
| b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | | |
| c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | | |
| d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | | |
| e <input type="checkbox"/> Other (describe in Section C) | | | |
| 16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | 16 | Yes | |
| a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>See Schedule H, Part V, Section C</u> | | | |
| b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>See Schedule H, Part V, Section C</u> | | | |
| c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>Sched H, Part V, Section C</u> | | | |
| d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | | |
| i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | | |
| j <input checked="" type="checkbox"/> Other (describe in Section C) | | | |

Part V Facility Information (continued)**Billing and Collections**

The Miriam 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

The Miriam Hospital

Name of hospital facility or letter of facility reporting group _____**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?

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?

If "Yes," explain in Section C

| | Yes | No |
|-----------|-----|----|
| 22 | | |
| 23 | | No |
| 24 | | No |

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.

[illegible]

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) | <p>The Miriam Hospital (TMH) uses a dual system for determining financial aid eligibility federal poverty guidelines and an asset test The financial screening process at TMH 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 TMH)4 Uninsured patients receive a discount equal to the discount received by Medicare beneficiaries on TMH 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 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 TMH'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</p> |
| Part I, Line 6a - Related Organization Community Benefit Report | <p>The community benefit report for all Lifespan affiliated hospitals (The Miriam Hospital, Rhode Island 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, 2019 is available at the following link https://issuu.com/lifespanmc/docs/lis-annual-report-2019-200602?fr=sMjlmTEZzOTMwNDMPlease see pages 5 and 29-30 of the Lifespan Annual Report for community benefit information</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|---|
| Part I, Line 7 - Explanation of Costing Methodology | <p>TMH'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 TMH'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 TMH'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 TMH 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 TMH's Medicare cost report g) Subsidized health services- Subsidized health services' community benefit expense is determined by TMH's cost accounting system These subsidized health services are recorded at cost in TMH'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- TMH 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 TMH'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 community benefit contributions are incurred by TMH, including an allocation of contributions made by Lifespan Corporation on TMH's behalf</p> |
| Part I, Line 7, Column F - Explanation of Bad Debt Expense | <p>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 \$18,999,787</p> |

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 TMH'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 TMH's patient advocate staff to determine qualification for financial assistance under TMH'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 | Due to the adoption of ASU No 2014-09 - Revenue From Contracts With Customers (Topic 606), bad debt expense is no longer reported in the audited financial statements as a separate line item, but rather is treated as a price concession Please see the following audited financial statement footnote which describes this pronouncement Accounting Pronouncements Adopted - Footnote 3(b) from the audited financial statements Adoption of Topic 606TMHs adoption of the ASU did not materially change the timing or amount of revenue recognized However, the ASU requires that patient service revenue be presented in the statement of operations and changes in net assets at the transaction price, i e , net of any provision for bad debts |
| Part III, Line 8 - Explanation Of Shortfall As Community Benefit | There is no Medicare shortfall for fiscal year 2019 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 | <p>TMH 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 a bad debt. TMH 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. TMH generally 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:</p> <ul style="list-style-type: none"> * 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 charity care. All patients without medical insurance receive at a minimum a self-pay discount calculated using the Prospective Method of amounts generally billed. * If the patient does not qualify for charity care, PFS or the pre-collect agency attempts at least four contacts with the responsible party within the first 120 days. * 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 | <p>Lifespan's Office of Strategic Planning and Analysis performs population-based studies for TMH 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. 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, TMH provides a wide range of services to both its primary and secondary service areas. Lifespan and its hospital affiliates monitor health trends in Rhode Island in an effort to identify areas of unmet demand regarding clinical services.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Part VI, Line 3 - Patient Education of Eligibility for Assistance | <p>TMH has multilingual signage in its 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 TMH. Assistance eligibility is also summarized on TMH's website, http://miriamhospital.org. As part of TMH's inpatient intake process, TMH provides a summary of the 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. PFAs also offer assistance with the financial application process and/or understanding the qualification factors for Medicaid, the Affordable Care Act, Medicare, Social Security Disability, the Supplemental Nutrition Assistance Program (SNAP), and Rhode Island Temporary Disability Insurance and Unemployment. This is done for both inpatient and outpatient services.</p> |
| Part VI, Line 4 - Community Information | <p>TMH, located in Providence, Rhode Island, is a 247-bed nonprofit general acute care teaching hospital with university affiliation providing a comprehensive range of diagnostic and therapeutic services (excluding obstetrics) for the acute care of patients principally from Rhode Island and southeastern Massachusetts. As a complement to its role in service and education, the Hospital actively supports research. TMH 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. TMH 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, TMH 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). TMH is designated as a major teaching affiliate of Brown. The goals of the partnership are to facilitate the expansion of joint educational and research programs in order to compete both clinically and academically. With respect to nursing education, TMH has developed formal and informal educational affiliations with a number of accredited New England colleges and universities. TMH does not receive any compensation from the various schools for providing a clinical setting for the student nurse training. TMH conducts extensive medical research and is in the forefront of biomedical health care delivery research and among the leaders nationally in National Institutes of Health programs.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Part VI, Line 4 - Community Building Activities | TMH substantially subsidizes various health services including clinics and certain other specialty services TMH 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 | TMH is governed by a Board of Trustees, which is composed of leaders of the local community elected by Lifespan Corporation TMH's purpose is to at all times be operated exclusively as a tax-exempt charitable hospital and, as such, shall dispense medical and surgical aid and care to the sick and disabled of any race, creed, or color in keeping with Jewish ethical aspirations, shall act in a fashion designed to further, improve, and advance the science or art of health care delivery, patient care, and the knowledge, practice, and teaching of medicine and nursing, and assist in the advancement of medical research and investigation and in the improvement of medical teaching facilities and methods TMH 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 TMH monitors the healthcare needs of its service area to ensure alignment of its resources with its mission TMH 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 TMH TMH 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 | <p>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 2019 generated approximately \$2.4 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, TMH, Rhode Island Hospital (RIH), and Emma Pendleton Bradley Hospital (EPBH), are teaching affiliates of The Warren Alpert Medical School of Brown University, with 77 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, 2019, Lifespan Corporation employed approximately 1,150 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.</p> <p>CORPORATE AUTHORITY AND ROLE Lifespan 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 TMH 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 TMH 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.</p> |
| Part VI, Line 7 - States Filing of Community Benefit Report | RI |

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| Form and Line Reference | Explanation |
|----------------------------------|--|
| Part VI - Additional Information | <p>Form 990, Schedule H, Part V, Line 7 The website which makes TMH'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/9-30-2019-TMH-CHNA.pdf</p> <p>Form 990, Schedule H, Part V, Line 10a The URL to view TMH's most recently adopted implementation strategy is below https://www.lifespan.org/sites/default/files/lifespan-files/documents/lifespan-main/TMH-CHNA-Implementation-Plan.pdf</p> <p>Form 990, Schedule H, Part V, Line 16a The URL to view and download TMH's Financial Assistance Policy application form is below https://www.lifespan.org/sites/default/files/lifespan-files/documents/lifespan-main/pfs/financial-assistance-policy-en_052020.pdf</p> <p>Form 990, Schedule H, Part V, Line 16b The URL to view and download TMH's Financial Assistance Policy application form is below https://www.lifespan.org/sites/default/files/lifespan-files/documents/lifespan-main/pfs/cfs-english_051920.pdf</p> <p>Form 990, Schedule H, Part V, Line 16c The URL to view TMH's plain language summary of the Financial Assistance Policy is below https://www.lifespan.org/sites/default/files/lifespan-files/documents/lifespan-main/pfs/Lifespan-Financial-Assistance-Summary_052020.pdf</p> |

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 05-0258905

Name: The Miriam 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 | | 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 | The Miriam Hospital 164 Summit Avenue Providence, RI 02906 www.miriamhospital.org HOS00122 | 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 |
|---|---|
| Facility The Miriam Hospital - Part V, Section B, Line 3j | Part V, Line 3e The significant needs identified in TMH's 9/30/2019 CHNA have been prioritized in order of significant needs of the community, as determined by a steering committee comprised of the Community Liaisons, TMH liaison, Lifespan Community Health Institute (LCHI) leadership, TMH leadership, and Lifespan leadership |

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 |
|--|--|
| Facility The Miriam Hospital - Part V, Section B, Line 5 | <p>The CHNA process involved the integration of information from a range of data sources to identify the significant health needs of the community served by TMH, prioritize those needs, and identify resources, facilities and programs to address the prioritized needs. Both qualitative primary data and secondary quantitative data were gathered to identify the significant health needs of the community. The primary data sources include community health forums, key informant interviews, and individual surveys. Secondary data sources include national and local publications of state-specific data. These sources vary in sample size, method of data collection and measures reported, but all are publicly available sources, and in each case, the most recent publicly accessible data is presented. The data sources are described in more detail below.</p> <p>Community Health Forums: Qualitative data was collected through Community Health Forums (CHF) to solicit input from individuals representing the broad interests and perspectives of the community. Participants in the CHF included members of the medically underserved, low-income, and minority populations in the TMH service area. Community forums are a standard qualitative social science data collection method, used in community-based or participatory action research. Six CHF were held between April 30 and June 21, 2019 across the TMH service area. Participants were recruited using social media, posted flyers, email, and word of mouth. Locations were selected to be easily accessible to the public and hospital patients, and forums were held at various times of the day on weekdays and weekends. TMH forums were held at community centers, places of worship, a high school, a homeless shelter, local non-profit agencies and TMH. At each forum, a meal was provided, along with child care and interpretation if requested in advance. All CHF were open to the public and participants were fully engaged throughout the 90-minute discussions. A representative of TMH served as a hospital liaison to help plan and facilitate the CHF. The hospital liaison was a critical link between the LCHI as the coordinating body, the expertise and resources within the hospital, and the Community Liaisons described below. An important and unique component of the CHF was the involvement of Community Liaisons. Three people representing the diverse populations served by TMH were hired as consultants to assist with the CHNA. These Community liaisons helped plan the CHF, recruited participants, and co-facilitated the forums. All Community Liaisons were chosen through a competitive selection process and completed a two-hour training prior to leading the CHF. The training included project planning tips, role-playing activities, conflict management strategies, and logistical expectations. Community Liaisons were responsible for identifying an accessible venue for each forum, selecting a food vendor and menu that would be appealing to the target audience, and co</p> |

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 |
|--|---|
| Facility The Miriam Hospital - Part V, Section B, Line 5 | -facilitating the discussion at the CHF with their hospital liaison Each CHF was two hours in duration and followed a similar format that began with a meal, followed by a 90-minute discussion, co-facilitated by the hospital and Community Liaison The discussion generate d consensus on the participants health concerns, their prioritization of those concerns, a nd their ideas for how TMH could respond to those concerns Discussion began with a brief presentation of TMHs 2016 CHNA priorities and examples of activities TMH has performed in response Participants were invited to share their reactions to what was presented as well as their current health concerns The input gathered during the CHFs was assessed qualita tively to extract themes and quantitatively to determine the frequency with which those th emes were cited Community Liaisons also met with the LCHI and the hospital liaison to deb rief the forums and offer their interpretation of the findings to ensure all input was cap tured and that priorities were appropriately ranked Hiring, training, and empowering commu nity members to serve as Community Liaisons in the CHNA process enriched the quantity and quality of community input It also allowed TMH to build relationships with communities th at might not otherwise have become aware of or engaged in the needs assessment process Ind ividual Surveys To broaden the reach of community input, surveys were distributed and coll ected by LCHI staff at events they attended in May and June 2019, such as the annual Pride festival The surveys addressed the same questions as the CHFs Six individual surveys we re received for TMH Key Informant Interviews The director of the LCHI identified public he alth and health policy leaders who could inform the 2019 CHNA process and had knowledge, i nformation or expertise about the community that TMH serves Key informant interviews were conducted with state leaders to supplement the other quantitative and qualitative data co llected Key informants include the Acting Chief of Staff, Executive Office of Health and Human Services, State of Rhode Island and Policy Director, Rhode Island Childrens Cabinet Director of Policy, Planning, and Research, Executive Office of Health and Human Services , State of Rhode Island Director, Health Equity Institute and Special Needs Director, Rhod e Island Department of Health Physician Lead, Health Equity Institute, Rhode Island Depart ment of HealthWhen crafting the TMH implementation strategy, TMH reflected upon the key th emes that emerged from these conversations The statewide priorities and recommendations o f the key informants included incorporate health equity targets, generate and monitor dat a on health disparities, especially by race, ethnicity and income, build strategies that i ncorporate the social determinants of health, go beyond individual interventions to family /household level interventions, make investments in early childhood, consider co-morbiditi es, especially between behavior |

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 |
|--|--|
| Facility The Miriam Hospital - Part V, Section B, Line 5 | <p>ral health and chronic diseases, confront racism and bias to improve care, provide persona lized care, be sensitive to misalignments within healthcare, and continue to address subst ance misuse and behavioral health conditions To ensure representation from a broad cross- section of the community, CHF's were held in the following locations -IBG Studios, 199 Cam p Street, Providence, RI 02906,-Pregreso Latino, 626 Broad Street, Central Falls, RI 02863 ,-Pawtucket YMCA, 20 Summer Street, Pawtucket, RI 02860,-The Jewish Alliance, 401 Elmgrove Avenue, Providence, RI 02906,-East Side Apartments, 83 Doyle Avenue, Providence, RI 02906 , and-Hurvitz Conference Room, The Miriam Hospital, 164 Summit Avenue, Providence, RI 0290 6</p> |

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| 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 |
| Facility The Miriam Hospital - Part V, Section B, Line 6a | Rhode Island HospitalEmma Pendleton Bradley HospitalNewport Hospital |

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 |
|---|---|
| Facility The Miriam Hospital - Part V, Section B, Line 11 | <p>TMH's Community Health Needs Assessment issued for the fiscal year ended September 30, 2019 identified five significant health issue areas requiring a further implementation strategy. Those significant health issue areas include (1) access to care, (2) healthy weight and nutrition, (3) cancer, (4) education and outreach, (5) and mental and behavioral health. The implementation strategy to address those significant health needs outlined between October 1, 2019 - September 30, 2022 is available at https://www.lifespan.org/sites/default/files/lifespan-files/documents/lifespan-main/TMH-CHNA-Implementation-Plan.pdf. During the fiscal year ended September 30, 2019, TMH implemented the specific actions listed below in order to address the significant community health needs outlined in its CHNA dated September 30, 2016.</p> <p>ACCESS TO CARE AND HEALTH LITERACY- Continue to invest in high-quality primary care in partnership with LPG and Metacom Associates. A full-time physician was added to this practice during the fiscal year to assist in expanding the TMH community's access to primary care services,- Continue to explore collaborations with Providence Community Health Centers (PCHC), a non-profit healthcare organization which provides quality primary health care services that are affordable, comprehensive, and culturally sensitive to more than 50,000+ residents of Providence, Rhode Island in the TMH community. The Lifespan Community Health Institute (LCHI) offered the CDC-approved Diabetes Prevention Program (DPP) to PCHC patients, PCHC helped refer into the program. In August 2019, LCHI partnered with PCHC to launch a DPP cohort in Spanish, exclusively for PCHC patients held at one of the PCHC clinic sites. There were twenty-one patients enrolled in the program,- Continue to provide free lectures at community sites such as community centers, churches, and schools on topics related to health access and health literacy. FY 2019 statistics include Financial Literacy 3 classes (412 participants), "Food is Medicine" 9 classes (74 participants), food demonstrations 2 events (20 participants), "Safe Sitter" 17 classes (186 participants), and community health lectures 30 presentations (737 participants),- Continue to offer community-based biometric screenings and flu clinics for low-income and uninsured residents in partnership with the LCHI to promote primary prevention with appropriate referrals to treatment. Provided blood pressure screenings to 580 individuals across 39 events, 335 glucose screenings across 26 events, and provided 647 flu vaccinations during 33 free clinic events,- Continue to provide community-based CPR (both certified and non-certified) and AED training through the Community Training Center at the LCHI. During FY 2019, LCHI provided 97 certified CPR classes to 705 participants and 18 non-certified classes to 278 participants.</p> <p>CARDIAC HEALTH - Continue to provide and promote tobacco prevention and cessation programs. LCHI became trained and</p> |

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 |
|---|---|
| Facility The Miriam Hospital - Part V, Section B, Line 11 | <p>enrolled as a Quitworks referring agency which refers community residents to free tobacco cessation programs and other support, including counseling and medication-assisted treatment LCHI also continued to offer the Tar Wars educational program for elementary school students Additionally, Lifespan revised and reissued its system-wide Tobacco Free Policy on 5/31/18 and provided education, signage, and cessation support to employees, patients, and visitors, CANCER- Continue to provide community-based education programs like Avenues of Healing, tobacco cessation, Kick Butts Day, and Cancer Survivors Day events Programs provided by LCHI during FY 2019 included *Avenues of Healing delivered on 10/13/18 to 225 attendees, *Cancer Survivors Day event held Sunday, 9/22/19 with 259 participants,*Provided a community lecture on 2/12/19 focused on "CT Screening for Lung Cancer How to save lives and stop cigarette smoking in Rhode IslandX,*Held the "Preventable Treatable Beatable Reduce your risk for colorectal cancer" community lecture of 3/12/19, - Continue to provide preventative screenings such as "See, Test & Treat" and "SunSmarts for Cancers", in partnership with LCHI During FY 2019, LCHI conducted 515 skin cancer screenings during seven events,- Improve patient access, patient experience, and communications, including establishing a Telephone Triage Center to serve as one-stop shopping for medical oncology and infusion patients A single point of entry Lifespan Cancer Institute (LCI) telephone response and triage line was established in FY 2017 and continued throughout FY 2019 This line improves response times and patient satisfaction with respect to accessing their oncology providers,HEALTHY FOOD ACCESS- Increase the number of participants in "Food is Medicine" classes and begin offering classes in Spanish Delivered nine "Food is Medicine" courses during FY 2019 to 74 students and 2 food demonstrations to 20 participants,- Continue to provide free community lectures on nutrition and healthy weight Offered the "Hunger is a Healthcare Issue" lecture on 10/9/18,- Begin offering the Center for Disease Prevention and Control's proven effective Diabetes Prevention Program (DPP), which teaches people at risk of developing diabetes how to prevent the condition through diet and exercise LCHI became a CDC-certified DPP provider and launched three-year long cohorts in the fiscal year ended September 2018, two in November 2017 and one in January 2018 A fourth cohort began in August 2019 SUBSTANCE ABUSE DISORDERS- Continue to provide free community lectures and conferences, such as Parenting Matters and Temas Familiares, on topics related to substance abuse prevention, treatment, and mental health- FY 2019 activity was as follows *Parenting Matters Workshop on 3/23/19 (196 participants),*Temas Familiares Conference on 5/4/19 (42 participants),*"Working with Grieving Children, Teens and Families" community lecture on 6/11/19 ,*"Cultural Considerations when</p> |

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 |
|---|--|
| Facility The Miriam Hospital - Part V, Section B, Line 11 | n Working with the Latino Population" community lecture on 7/9/19,- Begin offering Mental Health First Aid (MHFA) to the general public and first responders in the TMH service area Behavioral health and mental health disorders often co-occur, so it is important to address mental health concerns as a preventative technique with respect to behavioral health disorders like substance abuse MHFA is an innovative eight-hour course that trains people to recognize the signs and symptoms of common mental health disorders, to provide immediate initial on-site help, and to guide individuals toward appropriate professional assistance During FY 2019, LCHI offered 66 MHFA classes to 1,062 participants |

| 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 |
| Facility The Miriam Hospital - Part V, Section B, Line 16j | An abbreviated version of TMH's Financial Assistance Policy is posted in various admitting and outpatient areas of TMH. 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 |
|--|---|
| Facility The Miriam Hospital - Part V, Section B, Line 22d | TMH uses the prospective method in determining amounts generally billed Internal Revenue Code Section 501(r) defines the prospective method as the amount Medicare would reimburse TMH for billed care (including both the amount that would be reimbursed by Medicare and the amount 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 |

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 Cardiovascular Institute 950 Warren Avenue East Providence, RI 02914 | Outpatient Cardiac Clinic |
| 1 Womens Medicine Collaborative 146 West River Street Providence, RI 02904 | Comprehensive Women's Outpatient Clinic |
| 2 Cardiovascular Institute 1454 South County Trail Suite 2000 East Greenwich, RI 02818 | Outpatient Cardiac Clinic |
| 3 TMH Diagnostic Imaging Center 195 Collyer Street Suite 101 Providence, RI 02904 | Outpatient Radiology |
| 4 Cardiovascular Institute 208 Collyer Street Suites 100 102 Providence, RI 02904 | Outpatient Cardiac Clinic |
| 5 TMH Immunology Research Center 14 Third Street 11 Fourth Street Providence, RI 02906 | Outpatient Counseling |
| 6 TMH Cardiac RehabPulmonary Rehab 208 Collyer Street Providence, RI 02904 | Outpatient Cardiac Clinic |
| 7 Intensive Cardiac Rehab Program 1454 South County Trail East Greenwich, RI 02818 | Outpatient Cardiac Clinic |
| 8 TMH Behavioral Medicine Research 1 Hoppin Street Providence, RI 02903 | Outpatient Research & Education |
| 9 TMH Weight Control & Diabetes Research 196 Richmond Street Providence, RI 02903 | Outpatient Research & Education |
| 10 TMH Laboratory 1 Hoppin Street Providence, RI 02903 | Phlebotomy Lab |
| 11 TMH Laboratory 1 Commerce Street Lincoln, RI 02865 | Phlebotomy Lab |
| 12 TMH Outpatient Rehabilitation 195 Collyer Street Providence, RI 02904 | Outpatient PT, OT, and Speech Rehab |
| 13 TMH Immunology Center 1125 North Main Street Providence, RI 02904 | Outpatient Clinic |
| 14 TMH Laboratory 400 Bald Hill Road Warwick, RI 02886 | Outpatient Clinic |

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 Womens & Mens Health Rehabilitation Services 148 West River Street Suite 1D Providence, RI 02904 | Outpatient Rehab Clinic |
| 1 The Center for Weight & Wellness 1377 South County Trail East Greenwich, RI 02818 | Outpatient Clinic |
| 2 Adult & Pediatric Rehabilitation Services 1 Commerce Street 2nd Floor Lincoln, RI 02865 | Outpatient Rehab Clinic |
| 3 RISE TB Clinic 14 Third Street Providence, RI 02906 | TB Clinic |
| 4 East Providence Imaging 375 Wampanoag Trail Suite 101B Riverside, RI 02915 | Outpatient Diagnostic Imaging |
| 5 Physical Therapy 1000 Broad Street Central Falls, RI 02863 | Outpatient Rehab Clinic |
| 6 TMH Behavioral Medicine Clinic 146 West River Street Providence, RI 02904 | Outpatient Clinic |
| 7 TMH Pre-Admission Testing Center 208 Collyer Street Third Floor Providence, RI 02904 | Outpatient Pre-admission Assessment and Education |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
The Miriam Hospital

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number
05-0258905

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 11

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

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) | | | | | |
| (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 |
|-------------------------------------|---|
| Additional Supplemental Information | TMH is committed to community programs and provides support to various charitable organizations in Rhode Island. Donations are made to organizations recognized by the IRS as being described in IRC Section 501(c). All contributions are approved by management and are made to organizations whose missions and goals align with those of TMH. |

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 05-0258905
Name: The Miriam 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 164 Angell Street Providence, RI 02912 | 05-0258809 | 501(c)(3) | 163,665 | 0 | | | General Support |
| Community Health Innovations 250 Doyle Avenue Providence, RI 02906 | 83-3018929 | 501(c)(3) | 10,500 | 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 |
| Everett Co Stage & School 9 Duncan Avenue Providence, RI 02906 | 05-0451784 | 501(c)(3) | 12,000 | 0 | | | General Support |
| Festival Ballet Providence 825 Hope Street Providence, RI 02906 | 05-0377245 | 501(c)(3) | 10,500 | 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 |
| Groundwork Providence 1005 Main Street Pawtucket, RI 02860 | 05-0397766 | 501(c)(3) | 12,000 | 0 | | | General Support |
| Hope Street Merchant Assoc 804 Hope Street Providence, RI 02906 | 26-3772899 | 501(c)(6) | 12,000 | 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 |
| Jewish Alliance of Greater RI 401 Elmgrove Avenue Providence, RI 02906 | 27-4127671 | 501(c)(3) | 6,000 | 0 | | | General Support |
| Mt Hope Neighborhood Assoc 199 Camp Street Providence, RI 02906 | 22-2599257 | 501(c)(3) | 10,500 | 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 |
| Prov After School Alliance 81 Carpenter Street Providence, RI 02903 | 26-0319193 | 501(c)(3) | 10,000 | 0 | | | General Support |
| Stages of Freedom 10 Westminster Street Providence, RI 02903 | 20-0027676 | 501(c)(3) | 10,500 | 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 |
| The Miriam Hospital Foundatio 167 Point Street Providence, RI 02903 | 05-0377502 | 501(c)(3) | 10,000 | 0 | | | General Support |
| YMCA 438 Hope Street Providence, RI 02906 | 05-0258878 | 501(c)(3) | 10,500 | 0 | | | General Support |

| | | |
|--------------------------|---|---------------------------|
| Schedule J (Form 990) | <div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div> | OMB No 1545-0047 |
| | | 2018 |
| | | Open to Public Inspection |

| | | |
|--|--|--|
| Department of the Treasury Internal Revenue Service | Name of the organization The Miram Hospital | Employer identification number 05-0258905 |
|--|--|--|

| Part I Questions Regarding Compensation | | Yes | No |
|--|---|-----|----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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. | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | | |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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 | | No |
| 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | 8 | | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | No |

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.

See Additional Data Table

Schedule J (Form 990) 2018

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). |

| Return Reference | Explanation |
|--|---|
| 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 |



Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 05-0258905
Name: The Miriam 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 | | | | |
| Arthur J Sampson President | (i) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| | (ii) | 437,910 | 59,500 | 92,673 | 16,500 | 18,665 | 625,248 | |
| G Dean Roye MD Chief Medical Officer | (i) | 321,198 | 38,000 | 20,453 | 50,060 | 23,003 | 452,714 | |
| | (ii) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| Joseph D Sweeney MD Physician | (i) | 287,451 | | 8,250 | 13,020 | 23,927 | 332,648 | |
| | (ii) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| Maria P Ducharme Chief Nursing Officer | (i) | 245,481 | 29,250 | 52,549 | 48,442 | 22,975 | 398,697 | 35,116 |
| | (ii) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| Mary A Wakefield Treasurer | (i) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| | (ii) | 704,974 | 96,500 | 137,668 | 83,352 | 18,539 | 1,041,033 | 104,077 |
| Michael P Carey MD Physician | (i) | 372,213 | | 1,693 | 16,458 | 23,176 | 413,540 | |
| | (ii) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| Patricia H Richards VP Ops- LPG | (i) | 239,226 | 22,536 | 35,736 | 10,747 | 22,261 | 330,506 | |
| | (ii) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| Paul J Adler Secretary | (i) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| | (ii) | 441,391 | 50,000 | 59,696 | 82,536 | 24,046 | 657,669 | 27,861 |
| Rena R Wing MD Physician | (i) | 290,047 | | 3,472 | 12,816 | 12,073 | 318,408 | |
| | (ii) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| Rogers C Griffith MD Physician | (i) | 304,029 | | 8,738 | 13,608 | 25,212 | 351,587 | |
| | (ii) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| Timothy J Babineau MD Trustee | (i) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| | (ii) | 1,287,694 | 245,234 | 395,126 | 288,958 | 29,106 | 2,246,118 | 301,810 |
| Ziya L Gokaslan MD Trustee | (i) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| | (ii) | 1,342,488 | 135,000 | 4,902 | 16,500 | 26,834 | 1,525,724 | |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
The Miriam Hospital

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number

05-0258905

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 | 57,000,732 | Refund 1996, 2006, 2009 Bonds | | X | | X | X | |

Part II Proceeds

| | | A | | B | | C | | D | |
|----|--|------------|----|-----|----|-----|----|-----|----|
| 1 | Amount of bonds retired | 2,269,025 | | | | | | | |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | 57,000,732 | | | | | | | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | | | | | | |
| 6 | Proceeds in refunding escrows | | | | | | | | |
| 7 | Issuance costs from proceeds | 419,512 | | | | | | | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | | | | | | | | |
| 11 | Other spent proceeds | 56,581,220 | | | | | | | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | | | | | | | | |
| | | 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 The Miriam Hospital, Rhode Island 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 TMH is \$57,000,732. For purposes of TMH, 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 TMH is part of the Lifespan Obligated Group previously mentioned in Part I, line A(f). Of the \$308,112,067 disclosed in Form 8038, TMH was allocated \$57,000,732 of the total issuance proceeds. |

SCHEDULE O
(Form 990 or 990-
EZ)

Department of the Treasury

Name of the organization
The Miriam Hospital

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

05-0258905

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 |

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 TMH |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body | <p>Effective October 23, 2012, the Board of Directors of Lifespan and the Boards of Trustees of TMH, Rhode Island 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 TMH 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 TMH trustees and to approve the election of and removal of certain officers.</p> |

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 TMH 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 | <p>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 TMH's Board of Trustees website portal in advance of its 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</p> |

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 TMH, RIH, 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 TMH'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 Decreases | Change in funded status of pension and other postretirement = -\$9584044 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Other Changes In Net Assets Or Fund Balances - Other Decreases | Decrease in Interest in Net Assets of TMHF = -\$837325 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Other Changes In Net Assets Or Fund Balances - Other Decreases | Inter-affiliate net asset transfer = -\$9547842 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| | <p>The Total Joint Center at TMH (the Center) is dedicated to providing the most technologically advanced and specialized procedures focused on the replacement of joints as well as rehabilitation and care in treating diseases of, or injuries to, hips, knees, and shoulders. TMH is a Blue Cross Blue Shield Blue Distinction Center for Knee and Hip Replacement, which is a designation given to hospitals that demonstrate an expertise in quality care by meeting objective clinical measures, resulting in better outcomes for patients. In 2019, the Gold Seal of Approval for Advanced Certification for Total Hip and Total Knee Replacement was awarded to the Center. TMH's third Joint Commission Gold Seal of Approval, the advanced designation which recognizes quality, consistency, and safety of services and patient care set by The Joint Commission and the Total Joint Center, is the only Rhode Island program to achieve advanced certification. Medical and surgical services at the Center are provided in a personalized, caring environment within the context of an academic medical center. All services focus on the patient experience from initial consultation through recovery. Multidisciplinary medical teams include many dedicated specialists - surgeons, internal medicine specialists, anesthesiologists, nurses, rehabilitation therapists, and social workers who work with patients from diagnosis to treatment to follow-up care. The physical therapy and nursing teams work together after surgery to get patients moving for faster recovery, and physicians, nurses, and therapists work collaboratively to follow up care. Each patient benefits from individualized treatment plans and rehabilitation to aid recovery and restore functionality as quickly as possible. Whenever possible, minimally invasive surgical techniques are used to perform surgery, which have dramatically improved the quality of the post-operative and recovery experience for the patient. In certain cases, computer navigation technology is used for knee and hip replacement surgeries. Computer navigation can assist the surgeon and improve the level of accuracy, bringing the precision of bone cuts and implant alignment in joint replacement surgery to a whole new level of accuracy, reliability, and longevity. TMH has received the "Partner Recognition Award" from Practice Greenhealth, a health care membership community that promotes efficiency and environmental stewardship while improving patient safety and care. TMH has been named among the nation's 100 top hospitals for cardiovascular care by Thompson Healthcare. Thompson's annual study identifies hospitals that are setting benchmark levels of performance for cardiovascular services throughout the nation and recognizes the hospitals and their management teams for superior clinical, operational, and financial performance in the area of cardiovascular service. Thanks to the latest evolution in surgical technology, physicians now have an effective alternative to traditional op</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| | <p>en surgery and laparoscopy that allows them to provide patients with the best of both approaches. This alternative is the da Vinci Surgical System, which TMH uses to treat different types of cancer. TMH's surgeons are leaders in their field. TMH, as part of an academic medical center, prizes the mastery of new technologies in order to improve the quality of life for patients. TMH surgeons have successfully performed over 1,000 procedures using the da Vinci Surgical System and have made its use a cornerstone of cancer treatment at TMH. TMH's Adult Outpatient Behavioral Medicine Services help individuals improve health through behavior change. Services are offered to help patients adjust to chronic medical conditions, including their associated physical and emotional distress, modify unhealthy ways of living (for example, smoking cessation) to help prevent the onset or progression of disease, and treat mood and anxiety disorders that interfere with management of medical conditions. Services are available to help individuals with behavioral and psychosocial management of medical conditions such as headache, pain, cancer, heart disease (including those with implanted cardiac devices), pulmonary disease, and diabetes. The Weight Management Program provides comprehensive, medically supervised treatment for mild, moderate, and severely overweight adults. Specialized programs are also available for adolescents and diabetics. Treatment combines medical monitoring, behavioral therapy, exercise instruction, three levels of calorie reduction, and nutrition education. TMH's clinicians include surgical oncologists, medical oncologists, radiation oncologists, hematologists, pathologists, physical therapists, radiologists, nurses, clinical social workers, patient advocates, pharmacists, and nutritionists. These dedicated specialists work with patients every step of the way, from diagnosis to treatment to follow-up care. To help patients and their families cope with breast cancer, TMH offers the Breast Health Navigator Program, which assists breast cancer patients through the entire course of their cancer care with breast health navigators, registered nurses trained in oncology who possess an in-depth understanding of breast cancer and the process undergone by patients. They guide patients through diagnosis, treatment, and recovery, while helping them make informed decisions and cope with the variety of issues they face. TMH and RIH were named Blue Distinction Centers for Complex and Rare Cancers by Blue Cross and Blue Shield of Rhode Island. TMH and RIH are the only two hospitals in the State to receive this distinction. Blue Distinction Centers for Complex and Rare Cancers are facilities within participating Blue Cross and Blue Shield network service areas that offer comprehensive inpatient cancer care programs for adults, delivered by multidisciplinary teams with subspecialty training and distinguished clinical expertise in treating complex and rare subtypes of cancer.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------|--|
| | <p>cer TMH and RIH have both been recognized for excellence in treating esophageal, gastric, liver, pancreatic, rectal, and thyroid cancer The division of gastrointestinal and liver pathology is committed to providing high quality diagnostic services for gastrointestinal and liver diseases in patients Collectively, gastrointestinal cancers are among the most c ommon form of malignancies suffered today, affecting nearly a quarter of a million America ns each year To address this, the Lifespan Cancer Institute has brought together a team o f nationally recognized leaders in the treatment and research of gastrointestinal cancers The gastrointestinal cancer care services available through the Lifespan Cancer Institute at TMH provide state-of-the-art care for patients who have or are at risk for the followin g types of cancer bile duct, esophagus, gallbladder, endocrine, and cystic tumors of the pancreas, liver, and stomach TMH also offers medical nutrition therapy on an outpatient b asis designed to help prevent and control gastrointestinal disorders</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------|--|
| Form 990, Part I, Line 6 | <p>Volunteers support and contribute to the mission of TMH every day. 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, visitors, and vendors alike. Volunteer opportunities are available for both teens and adults in a wide variety of positions, including greeters, family liaisons, emergency room support, gift shop support, nurse aides, office support, pet therapy, physical therapy, patient visitors, recovery room support, art therapy, and central transporters. Volunteers also transport students and serve as guides, escorts, and interpreter aides.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------|--|
| Form 990, Part III, 4a | <p>TMH is licensed to operate 247 acute care beds by the Rhode Island Department of Health. Notable medical accomplishments of TMH include performance of Rhode Island's first lung operation, first kidney transplant, and first aortic balloon valvuloplasty (a procedure to clear blocked heart valves). In 2019, TMH discharged 19,583 inpatients, logged more than 76,000 visits in its Emergency Department, and performed 11,355 inpatient and outpatient surgical procedures. Services provided in 2019 represent 74,379 inpatient days and more than 136,000 clinic visits. TMH is staffed by 1,059 privileged physicians, approximately 80 full-time house staff (medical school graduates), and a nursing staff of 935. In total, TMH employs more than 3,300 people. TMH is a major teaching affiliate of The Warren Alpert Medical School of Brown University, providing clinical rotations for residents. TMH provides full charity care for individuals at or below twice the federal poverty level, with a sliding scale for individuals up to three times the poverty level, as set by the Department of Health and Human Services. In addition, a substantial discount consistent with Medicare program reimbursement is offered to all other uninsured patients. TMH determines the costs associated with providing charity care by aggregating the applicable direct and indirect costs, including compensation and benefits, supplies, and other operating expenses, based on data from its costing system. The total cost, excluding medical education and research, incurred by TMH to provide charity care amounted to \$7,839,479 in fiscal 2019. Charges forgone, based on established rates, amounted to \$25,359,402. TMH substantially subsidized various health services including the following programs: adult psychiatry, tuberculosis, and certain other specialty services at a net cost of \$11,387,942 in fiscal year 2019. TMH 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. The net cost of these services amounted to \$160,367 in fiscal year 2019. TMH subsidizes the cost of treating patients who receive government assistance where reimbursement is below cost. Medicaid is a means-tested health insurance program, jointly funded by state and federal governments. States administer the program and set rules for eligibility, benefits, and provider payments within broad federal guidelines. The program provides health care coverage to low-income children and families, pregnant women, long-term unemployed adults, seniors, and persons with disabilities. Eligibility is determined by a variety of factors, which include income relative to the fed</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------|--|
| Form 990, Part III, 4a | <p>eral poverty line, age and immigration status, and assets TMH offers expertise in total joint replacement, minimally invasive and robotic surgery, and bariatric surgery, among many other specialties The Leonard and Adele R Decof Family Comprehensive Cancer Center at TMH brings together world-renowned physicians and a team of specialists from TMH, Rhode Island Hospital (RIH), and Newport Hospital (NH), forming a multidisciplinary team whose level of knowledge and experience are unparalleled in the State of Rhode Island TMH, as a part of the Lifespan Cancer Institute, provides state-of-the-art care for patients with cancer Award-Winning Care TMH has received numerous distinctions and awards It is certified by the Joint Commission as a Primary Stroke Center, and was the first hospital in Rhode Island to be designated as such TMH has received the American Heart Association/American Stroke Association's Gold or Gold Plus designation for stroke care every year since 2008 TMH, which treats over 300 stroke patients a year, received the awards for attaining targeted quality measures and ensuring that stroke patients receive the most appropriate medical treatment based on nationally recognized, research-based guidelines Through 2019, TMH is one of only four hospitals nationwide to achieve its fifth consecutive Magnet designation from the American Nurses Credentialing Center (ANCC) The Magnet status is a four-year designation and the highest nursing credential given, and is the leading source of successful nursing practice and strategy worldwide It recognizes excellence in quality patient care and innovation in professional nursing practice The Magnet Model Framework for Excellence in corporate strategic planning for clinical and systems decisions, for improved patient outcomes, nurse to patient ratios, and patient satisfaction Magnet hospitals demonstrate superb nursing care in order to retain their credential In 2019, U.S. News & World Report designated The Miriam Hospital a Best Regional Hospital, and a Top Hospital in Rhode Island for the 5th consecutive year, ranking its Urology program as 27th in the nation In 2018, the magazine designated TMH as a high performer in areas of chronic obstructive pulmonary disease (COPD), colon cancer surgery, heart failure, hip replacement, knee replacement, and in the specialties of geriatrics and pulmonology TMH was included on the IBM Watson Health list of the Top 100 Hospitals for 2019 Divided into four categories, the list grouped TMH among the top 15 major teaching hospitals in the nation In late 2019, The Leapfrog Group named TMH a "Top Hospital" in the United States TMH was one of just 120 hospitals to make the list and was grouped among the top 55 teaching hospitals in the country In November 2019 TMH won its eighth semi-annual "A" grade for hospital safety from the Leapfrog Group The Intensive Care Unit at TMH was recognized in 2019 with the Gold Beacon Award for Excellence, the highest designation</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|---|
| Form 990, Part III, 4a | <p>on conferred by The American Association of Critical-Care Nurses (AACN) In 2018, TMH reach ed an aggressive goal of treating stroke patients with 85 percent or higher compliance to core standard levels of care as outlined by the American Heart Association/American Stroke Association for two consecutive calendar years Blue Cross and Blue Shield of Rhode Island named TMH a Blue Distinction Center for knee and hip replacement in 2018 The honor is a recognition of expertise in delivering quality care and improved patient safety For 2018, Blue Cross also designated TMH as a Blue Distinction Center+ for bariatric surgery for it s expertise and cost-efficiency in the delivery of specialty care Continuing its excellenc e in stroke care, in 2018 TMH received top honors from the American Heart Association/Amer ican Stroke Associations Get With The Guidelines" stroke program -- a "Gold-Plus" quality achievement award and the Target Stroke Honor Roll Elite award TMH has been honored by t he Association virtually every year for more than a decade TMH was named the best in Rhode Island for total joint replacement by CareChex in its 2018 Hospital Quality Rankings, a n ational survey TMHs Center for Bariatric Surgery has been a Center of Excellence in Bariat ric Surgery since 2011 and was accredited in 2014 and re-accredited in 2017 by the America n College of Surgeons Metabolic and Bariatric Surgery Accreditation and Quality Improvemen t Program as an adult and adolescent center for weight loss surgery</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|---|
| Form 990, Part III, 4b | <p>TMH provided \$2,936,000 in support of research activities in fiscal year 2019. TMH conducts extensive medical research and is in the forefront of biomedical health care delivery research and among the leaders nationally in National Institutes of Health programs. Major areas of research include Cancer - TMH conducts clinical and behavioral research focusing on the many facets of cancer including prevention, education, and therapeutics which are supported by the National Cancer Institute, the Cancer and Leukemia Group B, and the National Surgical Adjuvant Breast and Bowel Project. TMH is a participating hospital in the Brown University-sponsored Cancer Oncology Group HIV/AIDS - The Lifespan/Tufts/Brown Center for AIDS Research (CFAR) is a joint research effort among Brown University and Tufts University and their affiliated hospitals and centers. It is one of 20 centers located at academic medical centers throughout the United States that are part of the national CFAR program of the National Institutes of Health. The program emphasizes the importance of interdisciplinary collaboration, especially between basic and clinical investigators, and also encourages training and mentoring of young investigators as well as an inclusion of women and minorities. As part of the CFAR, division researchers engage in clinical, basic, and translational research designed to improve the prevention and treatment of HIV/AIDS, with a major focus on women, racial and ethnic minorities, and individuals with substance abuse problems. At TMH, research focuses on the treatment and prevention of HIV infections, especially in hard-to-reach populations, both in the U.S. and abroad. There are international sites located in Cambodia, India, Kenya, Indonesia, The Philippines, and South Africa. The TB Clinic performs research in the area of co-infections of HIV and tuberculosis. The Centers for Behavioral and Preventive Medicine aims to improve health through behavioral change and the integration of behavioral and biomedical science using clinical, community, and laboratory-based research. The Centers' research bridges biomedical, sociobehavioral, and population/public health scientific disciplines. Faculty members are committed to both basic research on discovering the mechanisms underlying behavioral factors in health and illness (e.g., examining the stress response among children and adolescents, neuroimaging of AIDS, and other medical conditions), as well as to applied research on the translation of these discoveries for clinical and community health improvement. Programs range from those that focus on primary prevention (e.g., promoting smoking cessation, preventing weight gain, increasing physical activity, and HIV/AIDS prevention) to improving the effectiveness of treatment and enhancing quality of life in populations such as cancer survivors and patients enrolled in cardiac rehabilitation programs.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------|---|
| Form 990, Part III, 4c | <p>TMH provides the setting for and substantially supports medical education in various clinical training and nursing programs. The total cost of medical education provided by TMH exceeded the reimbursement received from third-party payors by \$17,191,307 in 2019. In 1969, TMH and certain other Rhode Island hospitals entered into an affiliation agreement to participate jointly in various clinical training programs and research activities with Brown Medical School, renamed The Warren Alpert Medical School of Brown University (Brown). The goals of the partnership are to facilitate the expansion of joint educational and research programs to enable competition both clinically and academically. TMH participates in Brown programs in anesthesiology, internal medicine and medicine subspecialties, general surgery and surgical subspecialties, psychiatry, emergency medicine and emergency medicine subspecialties, orthopedics and orthopedic subspecialties, and dermatology. TMH provides stipends to residents and physician fellows while in training. In addition, TMH is a participating clinical training site for residents from other programs in anesthesiology, family medicine, internal medicine, emergency medicine, hematology/oncology, obstetrics/gynecology (OB/GYN) and OB/GYN subspecialties, dermatology, dermatopathology and pediatric pathology, otolaryngology, pediatric dentistry, podiatry, psychiatry and its subspecialties of forensic psychiatry, consult liaison psychiatry and geriatric psychiatry, orthopedics, rheumatology, and radiation oncology. Various departments and specialties at TMH serve as clinical sites for the physician assistant schools of Johnson & Wales University, Bryant University, and the Massachusetts College of Pharmacy. In addition, Behavioral Medicine at TMH, in collaboration with Brown, sponsors research and clinical psychology training programs for interns, postdoctoral fellows, and faculty trainees. With respect to nursing education, TMH has developed educational affiliations with the University of Rhode Island College of Nursing, Community College of Rhode Island (CCRI), Salve Regina University, Boston College, Yale University, Regis College, Simmons College, the University of Massachusetts campuses at Dartmouth, Boston, Amherst, and Worcester, Framingham State University, the University of Connecticut, The New England Institute of Technology, Northeastern University, Drexel University, Walden University, Georgetown University School of Nursing and Health Studies, Duke University School of Nursing, and the University of Pennsylvania, as well as other Schools of Nursing, pursuant to which their nursing students obtain clinical training and experience at TMH. TMH does not receive any compensation from the various schools for providing a clinical setting for the student nurse training. The Lifespan School of Medical Imaging collaborates with Rhode Island College in the following programs: diagnostic medical sonography, nuclear medicine technology.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|---|
| Form 990, Part III, 4c | <p>y, radiography, and magnetic resonance imaging Students complete educational experiences at the Hospital, as well as other outpatient sites TMH sponsors training programs for a variety of allied health care professionals, including required clinical and fieldwork experiences in physical, speech, and occupational therapy, which are provided to university students in each discipline through contracts with the various universities TMH acts as a clinical training site for students from CCRI in its vascular and cardiology ultrasound programs and provides training experiences for both phlebotomy students and physical therapy assistant students TMH serves as a clinical training site for students from The Nuclear Medicine Institute of the University of Findlay (Ohio) and has educational affiliations with the respiratory programs at both CCRI and The New England Institute of Technology TMHs EEG Department provides clinical training to neurodiagnostic technology students from Laboure College (Massachusetts) TMH has clinical affiliations/student clinical training programs for pharmacy students provided through contracts with various colleges and universities Most of the pharmacy students attend the University of Rhode Island, Massachusetts College of Pharmacy and Allied Health Sciences, and Northeastern University TMH has clinical social work student contracts with Rhode Island College, Boston University, Boston College, Smith College, Simmons College, and Bridgewater State University</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Section A, Line 1b | <p>*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 2019, Lifespan paid rent to Lawrence Investments, LLC under the terms of this lease Terms of the rent expense related to this lease have been made at fair market value *Pamela A Harrop, MD, Trustee, is the President of Medical Associates of Rhode Island, Inc (MARI) Lifespan and MARI participate in a shared savings program with various medical insurance carriers During fiscal year 2019, Lifespan paid MARI \$157,592 as part of this shared savings program</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Section B, Line 12c | <p>Lifespan Corporation has a Conflict of Interest Policy that is applicable to all affiliates, including TMH, 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. 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.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Section B, Lines 15 a&b | <p>The following applies to Lifespan and all of its affiliates, including TMH 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 It incorporates market-competitive and performance-related principles, and covers the President 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 *</p> <ul style="list-style-type: none"> * 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 Commit tee to make recommendations on the above topics and keep the Committee informed about cont emplated compensation changes |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Section B, Lines 15 a&b | <p>for executives and other key employees, as well as candidates for these roles. The CEO also 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.</p> <p>PROCESS FOR DETERMINING COMPENSATION</p> <p>Valuation of Total Cash and Total Remuneration No less frequently than annually, the Committee receives and reviews a total cash compensation valuation of all existing executive compensation program participants prepared by its independent compensation consultant. Annually, the Committee also receives and reviews a total remuneration valuation of all existing executive compensation participants.</p> <p>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.</p> <p>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.</p> |

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|--|--|-----------------|--|--|---------------------------|
| efile GRAPHIC print - DO NOT PROCESS | | As Filed Data - | | DLN: 93493227021440 | |
| SCHEDULE R (Form 990) | Related Organizations and Unrelated Partnerships | | | | OMB No 1545-0047 |
| | | | | | 2018 |
| | ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. | | | | Open to Public Inspection |
| Department of the Treasury Internal Revenue Service | | | | | |
| Name of the organization The Miriam Hospital | | | | Employer identification number 05-0258905 | |

| 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 |
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| Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. | | | | | | | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| See Additional Data Table | | | | | | | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
| | | | | | | Yes | No |
| | | | | | | | |
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) Lifespan Health Alliance LLC 167 Point Street Providence, RI 02903 81-2732225 | Account Care Org | RI | N/A | | | | | No | | | No | |
| | | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) Lifespan MSO Inc 167 Point Street Providence, RI 02903 05-0508717 | Mgmnt Services | RI | Lifespan Corp | C Corp | | | | | No |
| (2) Lifespan Risk Services Inc 167 Point Street Providence, RI 02903 05-0459767 | Risk Mgmnt | RI | Lifespan Corp | C Corp | | | | | No |
| (3) VNA Technicare Inc 200 Corliss Street Providence, RI 02904 05-0472710 | DME Sales | RI | TMH | C Corp | -718,623 | 1,716,904 | | Yes | |
| | | | | | | | | | |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|---------------|----|
| 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 Yes | |
| s Other transfer of cash or property from related organization(s) | 1s | No |

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)VNA Technicare Inc | r | 9,547,842 | Cash |
| | | | |
| | | | |
| | | | |
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| | | | |

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

[illegible]

Part VII

Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
| | |

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 05-0258905
Name: The Miriam 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 | 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 02915 05-0258806 | Pediatric Psych Health Care Services | 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 05-0309043 | Subs 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 57 Wells Ave Newton, MA 02459 04-3408517 | Holding Company | RI | 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 |
| 11 Friendship Street Newport, RI 02840 05-0258914 | Health Care Services | RI | 501(c)(3) | 3 | Lifespan 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? |
| | | | | | | YesNo |
| 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 |
| 593 Eddy Street Providence, RI 02903 05-0258954 | Health Care Services | RI | 501(c)(3) | 3 | Lifespan Corporation | 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) | 10 | Gateway Healthcare Inc | No |
| 167 Point Street Providence, RI 02903 05-0377502 | Philanthropic Activities | RI | 501(c)(3) | 7 | Lifespan Corporation | No |
| 164 Summit Avenue Providence, RI 02906 05-0268165 | Patient Support | RI | 501(c)(3) | 12(II) | 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 |