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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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](http://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 Foundation

Doing business as

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

167 Point Street

Room/suite

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

Providence, RI 02903

F Name and address of principal officer

Arthur J Sampson

167 Point Street

Providence, RI 02903

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.lifespan.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1978

M State of legal domicile

RI

Part I

Summary

Activities & Governance

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

To engage in philanthropic activities to support the mission and purposes of The Miriam Hospital (TMH), which is 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)

26

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

24

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

0

6 Total number of volunteers (estimate if necessary)

100

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

93

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

-307

Revenue

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

2,254,619

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

0

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

2,751,473

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

-81,839

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

4,924,253

Expenses

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

3,602,756

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

0

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

0

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

0

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

881,670

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

855,510

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

4,458,266

19 Revenue less expenses Subtract line 18 from line 12

465,987

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

59,241,247

21 Total liabilities (Part X, line 26)

438,309

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

58,802,938

Beginning of Current Year

59,241,247

End of Year

58,479,483

58,802,938

57,965,613

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 EVP & CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00247720

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 Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

To be operated exclusively for charitable, scientific, and educational purposes, and, more specifically, for the purpose of supporting and otherwise benefiting and being responsive to the needs of Lifespan Corporation and its affiliates (see Schedule O)

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 1,858,444 including grants of \$ 1,858,444 ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ 872,787 including grants of \$ 872,787 ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ 421,453 including grants of \$ 421,453 ) (Revenue \$ )  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 295,517 including grants of \$ 295,517 ) (Revenue \$ )

**4e** Total program service expenses ▶ 3,448,201

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                    | Yes            | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                                                                         | <b>1</b> Yes   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                                         | <b>2</b> Yes   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                                                                                      | <b>3</b>       | No |
| <b>4 Section 501(c)(3) organizations.</b><br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II                                                                                                           | <b>4</b>       | No |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                                                               | <b>5</b>       | No |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                                    | <b>6</b>       | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                            | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                                         | <b>8</b>       | No |
| <b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV             | <b>9</b>       | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                                     | <b>10</b> Yes  |    |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable                                                                                                                                                           |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI                                                                                                                                                                       | <b>11a</b>     | No |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                                     | <b>11b</b> Yes |    |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                                     | <b>11c</b>     | No |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                                      | <b>11d</b>     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                                     | <b>11e</b> Yes |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                                            | <b>11f</b> Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                                        | <b>12a</b>     | No |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                                           | <b>12b</b> Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                        | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                             | <b>14a</b>     | No |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | <b>14b</b>     | No |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                                                                           | <b>15</b>      | No |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                                                     | <b>16</b>      | No |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                                                                            | <b>17</b>      | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                           | <b>18</b> Yes  |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                                                                     | <b>19</b>      | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                             | <b>20a</b>     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                              | <b>20b</b>     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                                                                            | <b>21</b> Yes  |    |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                                                                                | <b>22</b>      | No |

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

|                                                                                                                                                                             | Yes           | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .                                                                            | <b>1a</b> 14  |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .                                                                          | <b>1b</b> 0   |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | <b>1c</b> Yes |    |

|                                                                                                                                                                                                                                                              |  |           |   |            |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|---|------------|-----|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .                                                            |  | <b>2a</b> | 0 |            |     |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                  |  |           |   | <b>2b</b>  | No  |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .                                                                                                                                              |  |           |   | <b>3a</b>  | No  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . .                                                                                                                                 |  |           |   | <b>3b</b>  | No  |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . |  |           |   | <b>4a</b>  | No  |
| <b>b</b> If "Yes," enter the name of the foreign country ▶ _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)                                                                       |  |           |   |            |     |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . .                                                                                                                                      |  |           |   | <b>5a</b>  | No  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                    |  |           |   | <b>5b</b>  | No  |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .                                                                                                                                                                        |  |           |   | <b>5c</b>  |     |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . .                                    |  |           |   | <b>6a</b>  | No  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                             |  |           |   | <b>6b</b>  |     |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                       |  |           |   |            |     |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .                                                                                           |  |           |   | <b>7a</b>  | Yes |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                           |  |           |   | <b>7b</b>  | Yes |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                      |  |           |   | <b>7c</b>  | No  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                         |  |           |   | <b>7d</b>  | 0   |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                     |  |           |   | <b>7e</b>  | No  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .                                                                                                                                |  |           |   | <b>7f</b>  | No  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .                                                                                                          |  |           |   | <b>7g</b>  | No  |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .                                                                                                        |  |           |   | <b>7h</b>  | No  |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .                                                |  |           |   | <b>8</b>   | No  |
| <b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . .                                                                                                                                                         |  |           |   | <b>9a</b>  | No  |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .                                                                                                                                           |  |           |   | <b>9b</b>  | No  |
| <b>10 Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                                             |  |           |   |            |     |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .                                                                                                                                                                  |  |           |   | <b>10a</b> |     |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                         |  |           |   | <b>10b</b> |     |
| <b>11 Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                            |  |           |   |            |     |
| <b>a</b> Gross income from members or shareholders . . . . .                                                                                                                                                                                                 |  |           |   | <b>11a</b> |     |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .                                                                                                              |  |           |   | <b>11b</b> |     |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                        |  |           |   | <b>12a</b> | No  |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                               |  |           |   | <b>12b</b> |     |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                   |  |           |   |            |     |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O                                                     |  |           |   | <b>13a</b> | No  |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .                                                                                 |  |           |   | <b>13b</b> |     |
| <b>c</b> Enter the amount of reserves on hand . . . . .                                                                                                                                                                                                      |  |           |   | <b>13c</b> |     |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .                                                                                                                                              |  |           |   | <b>14a</b> | No  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . .                                                                                                                                   |  |           |   | <b>14b</b> |     |
| <b>15</b> 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 . . . . .                     |  |           |   | <b>15</b>  | No  |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .                                                                                 |  |           |   | <b>16</b>  | 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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                | <b>1a</b> 26 |     |    |
| 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>b</b> Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | <b>1b</b> 24 |     |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                               | <b>2</b>     | Yes |    |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | <b>3</b>     |     | No |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    | <b>4</b>     |     | No |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          | <b>5</b>     |     | No |
| <b>6</b> Did the organization have members or stockholders?                                                                                                                                                                  | <b>6</b>     | Yes |    |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                 | <b>7a</b>    | Yes |    |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | <b>7b</b>    | Yes |    |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |              |     |    |
| <b>a</b> The governing body?                                                                                                                                                                                                 | <b>8a</b>    | Yes |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                               | <b>8b</b>    | Yes |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.       | <b>9</b>     |     | No |

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

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

**Section C. Disclosure**

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

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

|                                                                 |  |           |         |
|-----------------------------------------------------------------|--|-----------|---------|
| <b>1b Sub-Total</b>                                             |  |           |         |
| <b>1c Total from continuation sheets to Part VII, Section A</b> |  |           |         |
| <b>1d Total (add lines 1b and 1c)</b>                           |  | 1,571,225 | 137,056 |

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 ► 0

|   |                                                                                                                                                                                                                                               | Yes | No  |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        | 3   | 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> . . . . . | 4   | Yes |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | 5   | No  |

## Section B. Independent Contractors

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0



Part VIII Statement of Revenue

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

Contributions, Gifts, Grants  
and Other Similar Amounts

|    |                                                                                      |         | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|----|--------------------------------------------------------------------------------------|---------|----------------------|----------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|
| 1a | Federated campaigns . . .                                                            | 1a      |                      |                                                    |                                         |                                                                    |
| b  | Membership dues . . .                                                                | 1b      |                      |                                                    |                                         |                                                                    |
| c  | Fundraising events . . .                                                             | 1c      | 595,519              |                                                    |                                         |                                                                    |
| d  | Related organizations                                                                | 1d      | 50,130               |                                                    |                                         |                                                                    |
| e  | Government grants (contributions)                                                    | 1e      |                      |                                                    |                                         |                                                                    |
| f  | All other contributions, gifts, grants,<br>and similar amounts not included<br>above | 1f      | 1,739,712            |                                                    |                                         |                                                                    |
| g  | Noncash contributions included<br>in lines 1a - 1f \$                                | 592,268 |                      |                                                    |                                         |                                                                    |
| h  | Total. Add lines 1a-1f . . . . .                                                     |         | 2,385,361            |                                                    |                                         |                                                                    |

Program Service Revenue

|    |                                   | Business Code |   |  |  |  |
|----|-----------------------------------|---------------|---|--|--|--|
| 2a |                                   |               |   |  |  |  |
| b  |                                   |               |   |  |  |  |
| c  |                                   |               |   |  |  |  |
| d  |                                   |               |   |  |  |  |
| e  |                                   |               |   |  |  |  |
| f  | All other program service revenue |               | 0 |  |  |  |
| 9  | Total. Add lines 2a-2f . . . . .  |               |   |  |  |  |

Other Revenue

|     |                                                                                                                                              |                |               |  |    |           |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|--|----|-----------|
| 3   | Investment income (including dividends, interest, and other<br>similar amounts) . . . . .                                                    |                | 440,602       |  | 81 | 440,521   |
| 4   | Income from investment of tax-exempt bond proceeds                                                                                           |                | 0             |  |    |           |
| 5   | Royalties . . . . .                                                                                                                          |                | 0             |  |    |           |
| 6a  | Gross rents                                                                                                                                  | (i) Real       | (ii) Personal |  |    |           |
| b   | Less rental expenses                                                                                                                         |                |               |  |    |           |
| c   | Rental income or<br>(loss)                                                                                                                   |                |               |  |    |           |
| d   | Net rental income or (loss) . . . . .                                                                                                        |                | 0             |  |    |           |
| 7a  | Gross amount<br>from sales of<br>assets other<br>than inventory                                                                              | (i) Securities | (ii) Other    |  |    |           |
| b   | Less cost or<br>other basis and<br>sales expenses                                                                                            | 43,311,477     |               |  |    |           |
| c   | Gain or (loss)                                                                                                                               | 41,156,286     |               |  |    |           |
| d   | Net gain or (loss) . . . . .                                                                                                                 | 2,155,191      |               |  | 12 | 2,155,179 |
| 8a  | Gross income from fundraising events<br>(not including \$ 595,519 of<br>contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | a              | 105,630       |  |    |           |
| b   | Less direct expenses . . . . .                                                                                                               | b              | 199,573       |  |    |           |
| c   | Net income or (loss) from fundraising events . . . . .                                                                                       |                | -93,943       |  |    | -93,943   |
| 9a  | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                        | a              |               |  |    |           |
| b   | Less direct expenses . . . . .                                                                                                               | b              |               |  |    |           |
| c   | Net income or (loss) from gaming activities . . . . .                                                                                        |                | 0             |  |    |           |
| 10a | Gross sales of inventory, less<br>returns and allowances . . . . .                                                                           | a              |               |  |    |           |
| b   | Less cost of goods sold . . . . .                                                                                                            | b              |               |  |    |           |
| c   | Net income or (loss) from sales of inventory . . . . .                                                                                       |                | 0             |  |    |           |
| 11a | Miscellaneous Revenue                                                                                                                        | Business Code  |               |  |    |           |
| b   |                                                                                                                                              |                |               |  |    |           |
| c   |                                                                                                                                              |                |               |  |    |           |
| d   | All other revenue . . . . .                                                                                                                  |                |               |  |    |           |
| e   | Total. Add lines 11a-11d . . . . .                                                                                                           |                | 0             |  |    |           |
| 12  | Total revenue. See Instructions . . . . .                                                                                                    |                | 4,887,211     |  | 93 | 2,501,757 |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.                                                                                                                                      | 3,448,201             | 3,448,201                       |                                        |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.                                                                                                           | 0                     |                                 |                                        |                             |
| <b>4</b> Benefits paid to or for members.                                                                                                                                                                                                           | 0                     |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                  | 0                     |                                 |                                        |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                             | 0                     |                                 |                                        |                             |
| <b>7</b> Other salaries and wages.                                                                                                                                                                                                                  | 0                     |                                 |                                        |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).                                                                                                                                       | 0                     |                                 |                                        |                             |
| <b>9</b> Other employee benefits.                                                                                                                                                                                                                   | 0                     |                                 |                                        |                             |
| <b>10</b> Payroll taxes.                                                                                                                                                                                                                            | 0                     |                                 |                                        |                             |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>a</b> Management.                                                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| <b>b</b> Legal.                                                                                                                                                                                                                                     | 0                     |                                 |                                        |                             |
| <b>c</b> Accounting.                                                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| <b>d</b> Lobbying.                                                                                                                                                                                                                                  | 0                     |                                 |                                        |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                   | 0                     |                                 |                                        |                             |
| <b>f</b> Investment management fees.                                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                                | 0                     |                                 |                                        |                             |
| <b>12</b> Advertising and promotion.                                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| <b>13</b> Office expenses.                                                                                                                                                                                                                          | 0                     |                                 |                                        |                             |
| <b>14</b> Information technology.                                                                                                                                                                                                                   | 0                     |                                 |                                        |                             |
| <b>15</b> Royalties.                                                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| <b>16</b> Occupancy.                                                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| <b>17</b> Travel.                                                                                                                                                                                                                                   | 0                     |                                 |                                        |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                           | 0                     |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings.                                                                                                                                                                                                   | 0                     |                                 |                                        |                             |
| <b>20</b> Interest.                                                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| <b>21</b> Payments to affiliates.                                                                                                                                                                                                                   | 0                     |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization.                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| <b>23</b> Insurance.                                                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):                                         |                       |                                 |                                        |                             |
| <b>a</b> Svcs purchased from Lifespan.                                                                                                                                                                                                              | 881,670               |                                 |                                        | 881,670                     |
| <b>b</b> Uncollectible pledge expense.                                                                                                                                                                                                              | 11,373                |                                 | 11,373                                 |                             |
| <b>c</b> Other expenses.                                                                                                                                                                                                                            | 6,430                 |                                 | 6,430                                  |                             |
| <b>d</b>                                                                                                                                                                                                                                            |                       |                                 |                                        |                             |
| <b>e</b> All other expenses.                                                                                                                                                                                                                        | 0                     |                                 |                                        |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                       | 4,347,674             | 3,448,201                       | 17,803                                 | 881,670                     |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |                                        |                             |

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

|                                    |                                                                                                                                                                                                                                                                                                                                                  | (A)<br>Beginning of year |            | (B)<br>End of year |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--------------------|
| <b>Assets</b>                      | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                                     | 6,119                    | <b>1</b>   | 9,304              |
|                                    | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                                        |                          | <b>2</b>   | 0                  |
|                                    | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                            | 695,779                  | <b>3</b>   | 603,816            |
|                                    | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                                      |                          | <b>4</b>   | 0                  |
|                                    | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                                                                                                                                                           |                          | <b>5</b>   | 0                  |
|                                    | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . |                          | <b>6</b>   | 0                  |
|                                    | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                               |                          | <b>7</b>   | 0                  |
|                                    | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                                   |                          | <b>8</b>   | 0                  |
|                                    | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                         | 9,176                    | <b>9</b>   | 2,709              |
|                                    | <b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D                                                                                                                                                                                                                                                    | <b>10a</b>               |            |                    |
|                                    | <b>b</b> Less: accumulated depreciation                                                                                                                                                                                                                                                                                                          | <b>10b</b>               | <b>10c</b> | 0                  |
|                                    | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                                       | 38,627,233               | <b>11</b>  | 40,442,449         |
|                                    | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                           | 19,537,489               | <b>12</b>  | 17,061,666         |
|                                    | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                            |                          | <b>13</b>  | 0                  |
|                                    | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                                                                                                                                            |                          | <b>14</b>  | 0                  |
|                                    | <b>15</b> Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                                           | 365,451                  | <b>15</b>  | 359,539            |
|                                    | <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .                                                                                                                                                                                                                                                             | 59,241,247               | <b>16</b>  | 58,479,483         |
| <b>Liabilities</b>                 | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                        | 101,830                  | <b>17</b>  | 172,067            |
|                                    | <b>18</b> Grants payable . . . . .                                                                                                                                                                                                                                                                                                               |                          | <b>18</b>  |                    |
|                                    | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                             | 7,000                    | <b>19</b>  | 7,000              |
|                                    | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                                  |                          | <b>20</b>  |                    |
|                                    | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                                                                                                                                                  |                          | <b>21</b>  |                    |
|                                    | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .                                                                                                                                         |                          | <b>22</b>  |                    |
|                                    | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                               |                          | <b>23</b>  |                    |
|                                    | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                                 |                          | <b>24</b>  |                    |
|                                    | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D                                                                                                                                                                | 329,479                  | <b>25</b>  | 334,803            |
|                                    | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                            | 438,309                  | <b>26</b>  | 513,870            |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>                                                                                                                                                                                       |                          |            |                    |
|                                    | <b>27</b> Unrestricted net assets                                                                                                                                                                                                                                                                                                                | 31,770,377               | <b>27</b>  | 30,801,500         |
|                                    | <b>28</b> Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                            | 6,930,426                | <b>28</b>  | 6,380,277          |
|                                    | <b>29</b> Permanently restricted net assets                                                                                                                                                                                                                                                                                                      | 20,102,135               | <b>29</b>  | 20,783,836         |
|                                    | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                                                                                                                                                                                                                |                          |            |                    |
|                                    | <b>30</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                                                           |                          | <b>30</b>  |                    |
|                                    | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                                                                                                                                              |                          | <b>31</b>  |                    |
|                                    | <b>32</b> Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                                       |                          | <b>32</b>  |                    |
|                                    | <b>33</b> Total net assets or fund balances . . . . .                                                                                                                                                                                                                                                                                            | 58,802,938               | <b>33</b>  | 57,965,613         |
|                                    | <b>34</b> Total liabilities and net assets/fund balances . . . . .                                                                                                                                                                                                                                                                               | 59,241,247               | <b>34</b>  | 58,479,483         |

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

|           |                                                                                                               |           |            |
|-----------|---------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                     | <b>1</b>  | 4,887,211  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                      | <b>2</b>  | 4,347,674  |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1                                                             | <b>3</b>  | 539,537    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 58,802,938 |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                  | <b>5</b>  | -1,376,862 |
| <b>6</b>  | Donated services and use of facilities                                                                        | <b>6</b>  |            |
| <b>7</b>  | Investment expenses                                                                                           | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments                                                                                      | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                          | <b>9</b>  |            |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 57,965,613 |

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

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

# Additional Data

**Software ID:** 18007218  
**Software Version:** 2018v3.1  
**EIN:** 05-0377502  
**Name:** The Miriam Hospital Foundation

Form 990 (2018)

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

Through the development and administration of its philanthropic activities, in fiscal year 2019 The Miriam Hospital Foundation (the Foundation) transferred funds raised in the aggregate amount of \$1,858,444 to TMH to support its operations and capital expenditures, which in turn benefits the Rhode Island community. Most notably, the Foundation transferred \$275,772 in support of TMH's colorectal surgery program to improve outcomes and quality of life in three crucial areas: navigation, survivorship, and patient assistance. Please see Schedule O of Form 990 for further detail related to other significant TMH programs which the Foundation supported via philanthropy received during the fiscal year.

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

During fiscal year 2019, the Foundation granted \$872,787 from its unrestricted net assets to TMH to be used in support of the following areas (1) expand TMH's Plastic Surgery Service Line, (2) TMH's Non-Pharmacological Therapy/Pain Resource Team, (3) Vascular Surgery Program Development at TMH, (4) TMH's Community Relations Program--community action grants, (5) nursing education and research at TMH, and (6) the Emek Medical Center (Afula, Israel) Exchange Program

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

The Foundation also granted \$400,000 to TMH from its unrestricted net assets to help fund research programs and recruitment in TMH's Centers for Behavioral and Preventive Medicine (the Center), including (1) Weight Control and Diabetes, (2) Smoking Cessation Research, (3) Disease Prevention, and (4) Physical Activity Research. The Center's mission is to conduct innovative research involving interdisciplinary behavioral approaches to the prevention and treatment of disease, train the next generation of leading scientists in behavioral and preventive medicine research, and serve as a focal point for research, training, and education at The Warren Alpert Medical School of Brown University. Please see Schedule O of Form 990 for further detail related to other significant TMH research programs which the Foundation supported via philanthropy received during fiscal year 2019.

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| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| Susan Bazar<br>.....<br>Secretary                                                                                                             | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Barrett Bready MD<br>.....<br>Trustee- 12/18                                                                                                  | 0 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Jospeh Brito Jr<br>.....<br>Trustee                                                                                                           | 1 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Colby E Cameron Esq<br>.....<br>Chair Appointee                                                                                               | 0 50<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Grace Dugan<br>.....<br>Chair Appointee                                                                                                       | 1 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Jonathan L Elion MD<br>.....<br>Trustee                                                                                                       | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 7,000                                                                      | 0                                                                                             |
| Stuart Feldman<br>.....<br>Trustee                                                                                                            | 1 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Brett Gerstenblatt<br>.....<br>Trustee                                                                                                        | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Suzanne R Gilstein<br>.....<br>Trustee                                                                                                        | 2 00<br>.....<br>7 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Mark KW Gim<br>.....<br>Trustee                                                                                                               | 0 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |



| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| Neil R Greenspan MD<br>.....<br>Trustee                                                                                                       | 0 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Almon Hall<br>.....<br>Treasurer                                                                                                              | 0 00<br>3 00<br>.....                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Alan Hassenfeld<br>.....<br>Trustee                                                                                                           | 0 00<br>4 00<br>.....                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Steven J Issa<br>.....<br>Vice Chair                                                                                                          | 0 00<br>3 00<br>.....                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Deborah G Jaffe<br>.....<br>Trustee                                                                                                           | 0 00<br>0 50<br>.....                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Susan H Kaplan<br>.....<br>Chair                                                                                                              | 0 00<br>4 00<br>.....                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Phillip Kydd<br>.....<br>Trustee- 11/18                                                                                                       | 0 00<br>0 00<br>.....                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Bertram Lederer<br>.....<br>Trustee                                                                                                           | 0 50<br>0 00<br>.....                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Alan H Litwin<br>.....<br>Trustee                                                                                                             | 2 00<br>9 50<br>.....                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Marianne Litwin<br>.....<br>Trustee                                                                                                           | 1 00<br>0 00<br>.....                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |



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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

The Miriam Hospital Foundation

Employer identification number

05-0377502

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<br>(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 ")                                                                                                    | 2,193,354 | 1,852,848 | 2,982,885 | 2,254,619 | 2,385,361 | 11,669,067 |
| 2                         | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |           |           |           |           |           | 0          |
| 3                         | The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |           |           |           |           |           | 0          |
| 4                         | <b>Total.</b> Add lines 1 through 3                                                                                                                                                                 | 2,193,354 | 1,852,848 | 2,982,885 | 2,254,619 | 2,385,361 | 11,669,067 |
| 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) |           |           |           |           |           | 2,637,199  |
| 6                         | <b>Public support.</b> Subtract line 5 from line 4                                                                                                                                                  |           |           |           |           |           | 9,031,868  |

| Section B. Total Support                         |                                                                                                                                                                                                       |           |           |           |           |           |                          |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|--------------------------|
| Calendar year<br>(or fiscal year beginning in) ► |                                                                                                                                                                                                       | (a)2014   | (b)2015   | (c)2016   | (d)2017   | (e)2018   | (f)Total                 |
| 7                                                | Amounts from line 4                                                                                                                                                                                   | 2,193,354 | 1,852,848 | 2,982,885 | 2,254,619 | 2,385,361 | 11,669,067               |
| 8                                                | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                        | 96,794    | 375,280   | 367,807   | 377,885   | 440,602   | 1,658,368                |
| 9                                                | Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                                    |           | 262       |           |           |           | 262                      |
| 10                                               | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )                                                                                                        | 419,359   | 220,721   | 133,696   | 139,665   | 105,630   | 1,019,071                |
| 11                                               | <b>Total support.</b> Add lines 7 through 10                                                                                                                                                          |           |           |           |           |           | 14,346,768               |
| 12                                               | Gross receipts from related activities, etc (see instructions)                                                                                                                                        |           |           |           |           | 12        |                          |
| 13                                               | <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |           |           |           |           |           | <input type="checkbox"/> |

| Section C. Computation of Public Support Percentage                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                        |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------|
| <b>14</b>                                                                                                                                                                                                                                                                                                                                                                                                                              | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | <b>14</b> 62.950 % |
| <b>15</b>                                                                                                                                                                                                                                                                                                                                                                                                                              | Public support percentage for 2017 Schedule A, Part II, line 14                        | <b>15</b> 62.610 % |
| <b>16a 33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>                                                                                                                                                                |                                                                                        |                    |
| <b>b 33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>                                                                                                                                                                        |                                                                                        |                    |
| <b>17a 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>    |                                                                                        |                    |
| <b>b 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/> |                                                                                        |                    |
| <b>18 Private foundation.</b> 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<br>(or fiscal year beginning in) ►                                                                                                                                  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                          |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                          | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6                                                                                                              |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b                                                                                                            |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                  |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|                                                                                                  |           |  |
|--------------------------------------------------------------------------------------------------|-----------|--|
| <b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15                      | <b>16</b> |  |

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

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

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

|                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                           |                |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| <b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>                                                                                                                                                                                                                                           |                                                                                                                                                                                                           |                |                             |
| <div><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). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div> |                                                                                                                                                                                                           |                |                             |
| <b>Section A - Adjusted Net Income</b>                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                           | (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                                                                                                                                                                                                                                                                                                                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                        | 8              |                             |
| <b>Section B - Minimum Asset Amount</b>                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           | (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                                                                                                                                                                                                                                                                                                                                      | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                                                                                                   | 1d             |                             |
| e                                                                                                                                                                                                                                                                                                                                      | <b>Discount</b> 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                                                                                                                                                                                                                                                                                                                                      | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                                                                                                        | 8              |                             |
| <b>Section C - Distributable Amount</b>                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           |                | 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                                                                                                                                                                                                                                                                                                                                      | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                                                              | 6              |                             |
| 7                                                                                                                                                                                                                                                                                                                                      | <div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div> |                |                             |



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)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>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: 05-0377502  
Name: The Miriam Hospital Foundation

Part VI

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493227021430

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
The Minam Hospital Foundation

Employer identification number  
05-0377502

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.

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

(a) Donor advised funds

(b) Funds and other accounts

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

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

2a

2b

2c

2d

3

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

4

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

5

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

☐ 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

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2018

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 . . . . .                     | 58,164,722      | 57,697,659    | 54,976,327        | 54,731,647          | 58,243,102         |
| b Contributions . . . . .                                  | 2,581,802       | 2,431,846     | 3,260,089         | 3,076,544           | 3,247,986          |
| c Net investment earnings, gains, and losses               | 346,144         | 2,047,961     | 4,642,536         | 1,675,061           | -1,844,761         |
| d Grants or scholarships . . . . .                         | 3,026,749       | 3,602,756     | 4,582,792         | 3,745,470           | 3,892,921          |
| e Other expenditures for facilities and programs . . . . . | 555,791         | 391,384       | 586,417           | 745,588             | 1,015,799          |
| f Administrative expenses . . . . .                        | 6,013           | 18,604        | 12,084            | 15,867              | 5,960              |
| g End of year balance . . . . .                            | 57,504,115      | 58,164,722    | 57,697,659        | 54,976,327          | 54,731,647         |

2

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

a

Board designated or quasi-endowment ▶ 53 170 %

b

Permanent endowment ▶ 36 130 %

c

Temporarily restricted endowment ▶ 10 700 %

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) |     | No |
| 3b     |     | No |

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 . . . . .                                                                                       |                                      |                                 |                              |                |
| b Buildings . . . . .                                                                                   |                                      |                                 |                              |                |
| c Leasehold improvements                                                                                |                                      |                                 |                              |                |
| d Equipment . . . . .                                                                                   |                                      |                                 |                              |                |
| e Other . . . . .                                                                                       |                                      |                                 |                              |                |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ |                                      |                                 |                              |                |

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<br>(including name of security) | (b) Book<br>value | (c) Method of valuation<br>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 )       | 17,061,666        |                                                             |

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<br>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)                                                               |                |
| (2)                                                               |                |
| (3)                                                               |                |
| (4)                                                               |                |
| (5)                                                               |                |
| (6)                                                               |                |
| (7)                                                               |                |
| (8)                                                               |                |
| (9)                                                               |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) |                |

Part X

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

| (a) Description of liability                                      | (b) Book value |
|-------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                          |                |
| Due to TMH Medical Staff Assn                                     | 253,529        |
| Unearned Interest-Char Gift Annuity                               | 81,274         |
| (3)                                                               |                |
| (4)                                                               |                |
| (5)                                                               |                |
| (6)                                                               |                |
| (7)                                                               |                |
| (8)                                                               |                |
| (9)                                                               |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) | 334,803        |

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.

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

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

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

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

**Part XIII Supplemental Information**

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

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

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

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

## Additional Data

**Software ID:** 18007218

**Software Version:** 2018v3.1

**EIN:** 05-0377502

**Name:** The Miriam Hospital Foundation

## Supplemental Information

| Return Reference                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part V, Line 4 Intended uses of the endowment fund | <p>The Miriam Hospital Foundation's (the Foundation, or TMHF) endowment funds have been established for a variety of purposes, including both donor-restricted funds and funds designated by the Foundation to function as endowments. The Foundation's largest permanently restricted endowment generates income which is donor-designated to support The Miriam Hospital's (TMH) Emergency Department(ED). The Foundation maintains another large permanently restricted endowment fund, the income from which is donor-designated for the general use and purposes of the Department of Cardiology at TMH. Income from several of the Foundation's other notable permanently restricted endowments is for the general use and purposes of TMH, while others support: (1) education and research in TMH's Department of Medicine, (2) neuroscience research, (3) TMH's geriatrics program, (4) purchases of various types of medical equipment and beds, (5) physician international services, (6) work to find a cure for myelofibrosis, and (7) nursing scholarships. The largest temporarily restricted funds held by TMHF are used to support the Capital Campaign Building Fund, the treatment of cancer, and the Culture of Health Leaders Case Management program at TMH. Other significant temporarily restricted funds of the Foundation sustain clinical shared chairs with The Warren Alpert Medical School of Brown University in geriatrics, cardiology, immunology, and oncology, as well as support the operational needs of TMH's ED. TMHF's unrestricted endowment supports spending priorities at TMH collaboratively established by the management of TMH and TMHF and approved by TMHF's Board, and also defrays the Foundation's fundraising expenses, primarily comprised of services purchased from Lifespan Corporation.</p> |



## Supplemental Information

| Return Reference         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part X    FIN48 Footnote | <p>The Foundation 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. The Foundation 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. The Foundation did not recognize the effect of any income tax positions in either 2019 or 2018.</p> |



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

|                        |                                                                                   | (a) Event #1                | (b) Event #2 | (c) Other events | (d)                                              |
|------------------------|-----------------------------------------------------------------------------------|-----------------------------|--------------|------------------|--------------------------------------------------|
|                        |                                                                                   | <b>Gala</b><br>(event type) | (event type) | (total number)   | Total events<br>(add col (a) through<br>col (c)) |
| <b>Revenue</b>         | <b>1</b> Gross receipts . . . . .                                                 | 701,149                     |              |                  | 701,149                                          |
|                        | <b>2</b> Less Contributions . . . . .                                             | 595,519                     |              |                  | 595,519                                          |
|                        | <b>3</b> Gross income (line 1 minus<br>line 2) . . . . .                          | 105,630                     |              |                  | 105,630                                          |
| <b>Direct Expenses</b> | <b>4</b> Cash prizes . . . . .                                                    |                             |              |                  |                                                  |
|                        | <b>5</b> Noncash prizes . . . . .                                                 |                             |              |                  |                                                  |
|                        | <b>6</b> Rent/facility costs . . . . .                                            | 106,284                     |              |                  | 106,284                                          |
|                        | <b>7</b> Food and beverages . . . . .                                             | 42,047                      |              |                  | 42,047                                           |
|                        | <b>8</b> Entertainment . . . . .                                                  | 16,050                      |              |                  | 16,050                                           |
|                        | <b>9</b> Other direct expenses . . . . .                                          | 35,192                      |              |                  | 35,192                                           |
|                        | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ►  |                             |              |                  | 199,573                                          |
|                        | <b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ► |                             |              |                  | -93,943                                          |

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

|                        |                                                                                        | (a) Bingo                                                                         | (b) Pull tabs/Instant<br>bingo/progressive bingo                                  | (c) Other gaming                                                                  | (d) Total gaming (add<br>col (a) through col (c)) |
|------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------|
| <b>Revenue</b>         | <b>1</b> Gross revenue . . . . .                                                       |                                                                                   |                                                                                   |                                                                                   |                                                   |
| <b>Direct Expenses</b> | <b>2</b> Cash prizes . . . . .                                                         |                                                                                   |                                                                                   |                                                                                   |                                                   |
|                        | <b>3</b> Noncash prizes . . . . .                                                      |                                                                                   |                                                                                   |                                                                                   |                                                   |
|                        | <b>4</b> Rent/facility costs . . . . .                                                 |                                                                                   |                                                                                   |                                                                                   |                                                   |
|                        | <b>5</b> Other direct expenses . . . . .                                               |                                                                                   |                                                                                   |                                                                                   |                                                   |
|                        | <b>6</b> Volunteer labor . . . . .                                                     | <input type="checkbox"/> <b>Yes</b> _____ %<br><input type="checkbox"/> <b>No</b> | <input type="checkbox"/> <b>Yes</b> _____ %<br><input type="checkbox"/> <b>No</b> | <input type="checkbox"/> <b>Yes</b> _____ %<br><input type="checkbox"/> <b>No</b> |                                                   |
|                        | <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ►        |                                                                                   |                                                                                   |                                                                                   |                                                   |
|                        | <b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ► |                                                                                   |                                                                                   |                                                                                   |                                                   |

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

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

**b** If "No," explain \_\_\_\_\_

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

**b** If "Yes," explain \_\_\_\_\_

|                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                              |            |   |            |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---|------------|---|
| <b>11</b> Does the organization conduct gaming activities with nonmembers?                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                     |            |   |            |   |
| <b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                     |            |   |            |   |
| <b>13</b> Indicate the percentage of gaming activity conducted in                                                                                               |                                                                                                                                                                                                                                                                                                              |            |   |            |   |
| <b>a</b> The organization's facility                                                                                                                            | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;"><b>13a</b></td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;"><b>13b</b></td><td style="text-align: center;">%</td></tr></table> | <b>13a</b> | % | <b>13b</b> | % |
| <b>13a</b>                                                                                                                                                      | %                                                                                                                                                                                                                                                                                                            |            |   |            |   |
| <b>13b</b>                                                                                                                                                      | %                                                                                                                                                                                                                                                                                                            |            |   |            |   |
| <b>b</b> An outside facility                                                                                                                                    |                                                                                                                                                                                                                                                                                                              |            |   |            |   |

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

Name ► .....

Address ► .....

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

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

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

Name ► .....

Address ► .....

**16** Gaming manager information

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions

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

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

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

Return Reference

Explanation

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 Foundation

Employer identification number  
05-0377502

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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) Brown University<br>75 Waterman Street<br>Providence, RI 02912   | 05-0258809 | 501(c)(3)                       | 295,517                  | 0                                 |                                                       |                                       | Shared Chairs- See Schedule O      |
| (2) The Miriam Hospital<br>164 Summit Avenue<br>Providence, RI 02906 | 05-0258905 | 501(c)(3)                       | 3,152,684                | 0                                 |                                                       |                                       | See Form 990, Part III, Lines 4a-c |

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
| (1)                             |                          |                          |                                  |                                                       |                                       |
| (2)                             |                          |                          |                                  |                                                       |                                       |
| (3)                             |                          |                          |                                  |                                                       |                                       |
| (4)                             |                          |                          |                                  |                                                       |                                       |
| (5)                             |                          |                          |                                  |                                                       |                                       |
| (6)                             |                          |                          |                                  |                                                       |                                       |
| (7)                             |                          |                          |                                  |                                                       |                                       |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference                                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Grantmaker's Description of How Grants are Used | The Miriam Hospital Foundation (the Foundation) engages in philanthropic activities to support the mission and purposes of The Miriam Hospital (TMH), a related 501(c)(3) organization. During the fiscal year ended September 30, 2019, the Foundation made temporarily restricted net asset transfers to TMH amounting to \$1,858,444 to be spent by TMH in support of certain building and equipment additions or specified clinical programs. A master database of TMH's temporarily restricted funds is maintained as the primary source for identifying each fund's restriction, the availability of the current balance, and the authorized personnel for the respective fund. The database contains the fund's name, primary reporting department, most recent month end balance, fund purpose/restriction, and the management responsible for the fund. Expenditures (purchase requisitions, work order requisitions, check requests, and employee reimbursements) from TMH's temporarily restricted funds must be presented to the Lifespan Finance Department for approval prior to processing. Each request is reviewed to ensure the availability of funds and that the expense/purchase is both in conformity with the fund's restriction and approved by the required levels of authorized personnel referenced in the database. Additionally, the Foundation made grants from its unrestricted net assets to TMH totaling \$1,294,240 in fiscal year 2019 in support of spending priorities collaboratively established by the management of TMH and the Foundation and approved by the Foundation Board. The Foundation and Brown University (Brown) have several agreements pursuant to which each entity maintains endowment funds representing 50% of certain endowment gifts which support various clinical shared chairs. Each agreement specifies a spending rate which is applied to the trailing three-year average fair value of the applicable endowment funds to arrive at an amount used to support the named professorships. Payments distributing these amounts, which are made by the Foundation to Brown on a quarterly basis, totaled \$295,517 in fiscal 2019. Under the terms of the agreements, Brown is required to provide an annual accounting to the Foundation sixty days following the anniversary of each agreement. |

|                          |                                                                                                                                                                                                                                                                                                                                                                                           |                           |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Schedule J<br>(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.<br/>▶ Attach to Form 990.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div> | OMB No 1545-0047          |
|                          |                                                                                                                                                                                                                                                                                                                                                                                           | 2018                      |
|                          |                                                                                                                                                                                                                                                                                                                                                                                           | Open to Public Inspection |

|                                                        |                                                           |                                              |
|--------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------|
| Department of the Treasury<br>Internal Revenue Service | Name of the organization<br>The Miram Hospital Foundation | Employer identification number<br>05-0377502 |
|--------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------|

| Part I Questions Regarding Compensation                                                                                                                                                                                                                                                                                              |                                                                          | Yes       | No  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> 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 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>b</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.                                                                                                     |                                                                          | <b>1b</b> |     |
| <b>2</b> 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?                                                                                                          |                                                                          | <b>2</b>  |     |
| <b>3</b> 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 type="checkbox"/> Compensation committee                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Written employment contract                     |           |     |
| <input type="checkbox"/> Independent compensation consultant                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Compensation survey or study                    |           |     |
| <input type="checkbox"/> Form 990 of other organizations                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Approval by the board or compensation committee |           |     |
| <b>4</b> 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:                                                                                                                                                                        |                                                                          |           |     |
| <b>a</b> Receive a severance payment or change-of-control payment?                                                                                                                                                                                                                                                                   |                                                                          | <b>4a</b> | No  |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                       |                                                                          | <b>4b</b> | Yes |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?                                                                                                                                                                                                                                          |                                                                          | <b>4c</b> | No  |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                                                                                                                                                                                                        |                                                                          |           |     |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>                                                                                                                                                                                                                                              |                                                                          |           |     |
| <b>5</b> 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:                                                                                                                                                                            |                                                                          |           |     |
| <b>a</b> The organization?                                                                                                                                                                                                                                                                                                           |                                                                          | <b>5a</b> | No  |
| <b>b</b> Any related organization?                                                                                                                                                                                                                                                                                                   |                                                                          | <b>5b</b> | No  |
| If "Yes," on line 5a or 5b, describe in Part III.                                                                                                                                                                                                                                                                                    |                                                                          |           |     |
| <b>6</b> 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:                                                                                                                                                                        |                                                                          |           |     |
| <b>a</b> The organization?                                                                                                                                                                                                                                                                                                           |                                                                          | <b>6a</b> | No  |
| <b>b</b> Any related organization?                                                                                                                                                                                                                                                                                                   |                                                                          | <b>6b</b> | No  |
| If "Yes," on line 6a or 6b, describe in Part III.                                                                                                                                                                                                                                                                                    |                                                                          |           |     |
| <b>7</b> 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.                                                                                                                                            |                                                                          | <b>7</b>  | No  |
| <b>8</b> 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.                                                                                                |                                                                          | <b>8</b>  | No  |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?                                                                                                                                                                                    |                                                                          | <b>9</b>  | 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.

[illegible]



**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.

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
The Miram Hospital Foundation

Employer identification number  
05-0377502

Part I

Types of Property

|                                                                            | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |
|----------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art—Works of art . . . . .                                               |                               |                                                        |                                                                                       |                                                              |
| 2 Art—Historical treasures . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 3 Art—Fractional interests . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 4 Books and publications . . . . .                                         |                               |                                                        |                                                                                       |                                                              |
| 5 Clothing and household<br>goods . . . . .                                | X                             |                                                        | 850                                                                                   | FMV                                                          |
| 6 Cars and other vehicles . . . . .                                        |                               |                                                        |                                                                                       |                                                              |
| 7 Boats and planes . . . . .                                               |                               |                                                        |                                                                                       |                                                              |
| 8 Intellectual property . . . . .                                          |                               |                                                        |                                                                                       |                                                              |
| 9 Securities—Publicly traded . . . . .                                     | X                             | 7                                                      | 527,233                                                                               | FMV                                                          |
| 10 Securities—Closely held stock . . . . .                                 |                               |                                                        |                                                                                       |                                                              |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                               |                                                        |                                                                                       |                                                              |
| 12 Securities—Miscellaneous . . . . .                                      |                               |                                                        |                                                                                       |                                                              |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                               |                                                        |                                                                                       |                                                              |
| 14 Qualified conservation<br>contribution—Other . . . . .                  |                               |                                                        |                                                                                       |                                                              |
| 15 Real estate—Residential . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 16 Real estate—Commercial . . . . .                                        |                               |                                                        |                                                                                       |                                                              |
| 17 Real estate—Other . . . . .                                             |                               |                                                        |                                                                                       |                                                              |
| 18 Collectibles . . . . .                                                  |                               |                                                        |                                                                                       |                                                              |
| 19 Food inventory . . . . .                                                | X                             | 14                                                     | 15,309                                                                                | FMV                                                          |
| 20 Drugs and medical supplies . . . . .                                    |                               |                                                        |                                                                                       |                                                              |
| 21 Taxidermy . . . . .                                                     |                               |                                                        |                                                                                       |                                                              |
| 22 Historical artifacts . . . . .                                          |                               |                                                        |                                                                                       |                                                              |
| 23 Scientific specimens . . . . .                                          |                               |                                                        |                                                                                       |                                                              |
| 24 Archeological artifacts . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 25 Other ► See Additional Data                                             |                               |                                                        |                                                                                       |                                                              |
| 26 Other ► ( )                                                             |                               |                                                        |                                                                                       |                                                              |
| 27 Other ► ( )                                                             |                               |                                                        |                                                                                       |                                                              |
| 28 Other ► ( )                                                             |                               |                                                        |                                                                                       |                                                              |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes

No

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

Yes

31

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

No

32a

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

**Part II****Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

Additional Data

Software ID: 18007218  
Software Version: 2018v3.1  
EIN: 05-0377502  
Name: The Miriam Hospital Foundation

Part I, Lines 25-28

Other ► ( Sports Package )  
Other ► ( Vacation Trips )  
Other ► ( Entertainment )  
Other ► ( Gift Cards )  
Other ► ( Jewelry )

| (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |
|-------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|
| X                             | 3                                                      | 4,520                                                                                 | FMV                                                          |
| X                             | 10                                                     | 30,350                                                                                | FMV                                                          |
| X                             | 3                                                      | 1,516                                                                                 | FMV                                                          |
| X                             | 6                                                      | 8,400                                                                                 | FMV                                                          |
| X                             | 3                                                      | 4,090                                                                                 | FMV                                                          |

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

Department of the Treasury

Name of the organization  
The Miriam Hospital Foundation

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

**Employer identification number**

05-0377502

**990 Schedule O, Supplemental Information**

| Return Reference                                               | Explanation                                                                                                                                                                                                            |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part III, Line 4d Other Program Services Description | OTHER PROGRAM SERVICES 4 The Foundation provided \$295,517 to The Warren Alpert Medical School of Brown University in fiscal year 2019 in support of shared chairs in geriatrics, cardiology, immunology, and oncology |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                                                                         | Explanation                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>2<br>Description<br>of Business<br>or Family<br>Relationship<br>of Officers,<br>Directors, Et | Deborah G Jaffe, Trustee, and Suzanne R Gilstein, Trustee, have a family relationship Alan H Litwin, Trustee, and Marianne Litwin, Trustee, have a family relationship Susan Bazar, Secretary, and Jamie Manville, Trustee, have a family relationship |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                                          | Explanation                                                         |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>6<br>Explanation<br>of Classes of<br>Members or<br>Shareholder | Lifespan Corporation is the sole corporate member of the Foundation |

## 990 Schedule O, Supplemental Information

| Return Reference                                                                                 | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>7a How<br>Members or<br>Shareholders<br>Elect<br>Governing<br>Body | The bylaws of the Foundation 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 trustees and to approve the election of and removal of certain officers At each annual meeting of the Foundation's Board of Trustees, a list is compiled of the names of those persons selected to serve as Trustees of the Foundation so that it can be approved and submitted to Lifespan for ratification and election |



**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                                                                         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>7b Describe<br>Decisions of<br>Governing<br>Body<br>Approval by<br>Members or<br>Shareholders | 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 amendments 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**

| <b>Return<br/>Reference</b>                                     | <b>Explanation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>11b Form<br>990 Review<br>Process | <p>The preparation and filing of the Form 990 and supporting schedules is the responsibility of the Executive Vice President &amp; 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 is 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 is sent to the Foundation's Board of Trustees in advance of its next Board meeting, at which the EVP/CFO discusses the highlights of the Form. 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 the Foundation, Rhode Island Hospital, The Miriam Hospital, Emma Pendleton Bradley Hospital, and Rhode Island 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 the Foundation'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<br>Reference              | Explanation                                                                                                                                                                                                                                                                                                                      |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART III,<br>LINE 1 | To be operated exclusively for charitable, scientific, and educational purposes, and, more specifically, for the purpose of supporting and otherwise benefiting and being responsive to the needs of Lifespan Corporation and its affiliates, in particular, The Miriam Hospital, a Rhode Island non-profit hospital corporation |

**990 Schedule O, Supplemental Information**

| Return<br>Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART III,<br>LINE 4a | <p>Through the development and administration of its philanthropic activities, in fiscal year 2019 the Foundation transferred funds raised in the aggregate amount of \$1,858,444 to The Miriam Hospital (TMH) to support its operations and capital expenditures, which in turn benefits the Rhode Island community. Major program accomplishments included in Part III, Line 4a during fiscal year 2019 are as follows: The Foundation transferred \$275,772 in support of TMH's colorectal surgery program, \$201,667 to TMH's Emergency Department to be used for its operational needs, and \$200,097 to TMH to support The Center for Prisoner Health and Human Rights Program (the Center). This program was established in 2005 to act as a hub for the innovative correctional health research and programming occurring at TMH and other research hospitals in Rhode Island and around the country. The Center's mission is to improve the health and human rights of justice-involved populations through education, advocacy, and research. Additionally, the Foundation transferred \$156,648 to TMH's Cardiology Department, \$100,137 to support TMH's clinical services, research, and education in the treatment of pelvic floor disorders, \$68,412 to the Department of Medicine to be used to support education &amp; research, \$50,000 to implement improvements in security measures in TMH's lobby entrance area and its Emergency Department, and \$50,000 to support TMH's purchase of a mobile anesthesia machine and a glidescope used for difficult airway management.</p> |

## 990 Schedule O, Supplemental Information

| Return<br>Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART III,<br>LINE 4c | Also during fiscal year 2019, in addition to \$400,000 granted to help fund research programs and recruitment in TMH's Centers for Behavioral and Preventive Medicine An additional \$21,453 was granted to fund a 4-week cooking program of plant-based, olive oil recipes to improve risk factors for chronic diseases and potentially decrease healthcare cost for patients of the Medical and Infectious Diseases Clinics at TMH |

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

| Return Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, LINE 15 a&b | <p>The following applies to Lifespan and all of its affiliates, including the Foundation EXECUTIVE COMPENSATION Lifespan's executive compensation philosophy balances appropriate stewardship of resources 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 ethical 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 subject to intermediate sanctions under Section 4958 of the IRC. Executive compensation is also administered consistent with Lifespan's Corporate Compliance Policy on Excess Benefit Transactions. The Compensation Committee of the Lifespan Corporation Board of Directors (the Committee), comprised of disinterested Lifespan Board members, is responsible for diligent oversight of executive compensation to ensure compliance with IRC requirements. Its duties include:</p> <ul style="list-style-type: none"> <li>* Approving eligibility for participation in the executive compensation program</li> <li>* Approving changes in compensation for existing executive participants</li> <li>* Approving guidelines, such as salary ranges and contract terms, on appropriate levels of compensation for other key employees</li> <li>* Approving new, and modifying or terminating existing, executive compensation plans including, but not limited to, annual incentive and executive benefit plans</li> <li>* Approving performance objectives associated with Lifespan's annual incentive plan, including measuring points, and using audited actual performance relative to these objectives as a precondition to approving the payment of any awards under the plan</li> <li>* Authorizing periodic performance benchmark studies to be conducted for purposes of assessing Lifespan's performance within the health care industry and the degree to which total remuneration levels at Lifespan are generally commensurate with Lifespan performance relative to health care industry performance</li> <li>* 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 observations and interpretation of feedback from members of the Board of Directors</li> <li>* Selecting and engaging qualified, independent, third-party compensation valuation consultants that the Committee charges with rendering opinions with respect to the reasonableness and comparability of compensation as well as the comparative organizations against which compensation is assessed, in accordance with relevant sections of the IRC and Lifespan's executive compensation philosophy. Lifespan's Chief Executive Officer works closely with the Committee to make recommendations on the above topics and keep the Committee informed about contemplated compensations.</li> </ul> |



**990 Schedule O, Supplemental Information**

| Return<br>Reference                  | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>LINE 15 a&b | <p>ation changes for executives and other key employees, as well as candidates for these role s The CEO also provides periodic updates to the Committee regarding Lifespan's performanc e relative to compensation-related performance objectives The Committee's deliberations a nd actions are documented in minutes prepared for each meeting PROCESS FOR DETERMINING COM PENSATION 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 e xecutive compensation program participants prepared by its independent compensation consul tant Annually, the Committee also receives and reviews a total remuneration valuation of all existing executive compensation participants Base Salary Actions The CEO recommends any salary adjustments for participants in the executive compensation program, using the r esults of the valuation study and his/her assessment of individual performance or other pe rtinent information, for the Committee's consideration New Participants in Executive Compe nsation Program With respect to compensation offers for individuals expected to participa te in the executive compensation program, certain members of the Lifespan CEO's Council wo rk with the Committee's independent compensation consultant or rely on information previou sly 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 of fer</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART XII,<br>LINE 2 | <p>While the Foundation did not produce an audited financial statement as of and for the fiscal year ended September 30, 2019, it was included in Lifespan Corporation's audited consolidated financial statements, in which one column is used for the Foundation individually. Additionally, the Foundation is included in the Lifespan Combined Foundations audited financial statements. There are no regulatory or creditor stipulations which require the preparation of a separate audited financial statement for the Foundation. The Lifespan Audit and Compliance Committee assumes responsibility for oversight of the audit of Lifespan Corporation's consolidated financial statements and the selection of Lifespan Corporation's independent accountant.</p> |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
The Miriam Hospital Foundation

Employer identification number  
05-0377502

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |

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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                       |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |

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

| (a)<br>Name, address, and EIN of<br>related organization                                          | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                                                                   |                         |                                                                 |                                        |                                                                                                            |                                 |                                          | Yes                                     | No |                                                                            | Yes                                       | No |                                |
| <b>(1)</b> Lifespan Health Alliance LLC<br>167 Point Street<br>Providence, RI 02903<br>81-2732225 | Account Care<br>Org     | RI                                                              | N/A                                    |                                                                                                            |                                 |                                          |                                         | No |                                                                            |                                           | No |                                |
|                                                                                                   |                         |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                                                                   |                         |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                                                                   |                         |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                                                                   |                         |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                                                                   |                         |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                                                                   |                         |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                                                                   |                         |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |

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

| (a)<br>Name, address, and EIN of<br>related organization                                        | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |    |
|-------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|-----------------------------------------------------|----|
|                                                                                                 |                         |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                 | No |
| <b>(1)</b> Lifespan MSO Inc<br>167 Point Street<br>Providence, RI 02903<br>05-0508717           | Mgmt Svc                | RI                                                        | Lifespan<br>Corporation             | C corp                                                 |                                 |                                           |                                |                                                     | No |
| <b>(2)</b> Lifespan Risk Services Inc<br>167 Point Street<br>Providence, RI 02903<br>05-0459767 | Risk Mgmt               | RI                                                        | Lifespan<br>Corporation             | C corp                                                 |                                 |                                           |                                |                                                     | No |
| <b>(3)</b> VNA Technicare Inc<br>200 Corliss Street<br>Providence, RI 02904<br>05-0472710       | DME Sales               | RI                                                        | The Miriam<br>Hospital              | C corp                                                 |                                 |                                           |                                |                                                     | No |
|                                                                                                 |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                                                                 |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                                                                 |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                                                                 |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

No

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

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: 05-0377502  
Name: The Miriam Hospital Foundation

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

| (a)<br>Name, address, and EIN of related organization                     | (b)<br>Primary activity              | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|---------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|-----------------------------------------------|----|
|                                                                           |                                      |                                                  |                            |                                                     |                                  | Yes                                           | No |
| 249 Roosevelt Avenue<br>Pawtucket, RI 02860<br>05-0442015                 | Housing for Elderly and Mentally Ill | RI                                               | 501(c)(3)                  | 10                                                  | Gateway Healthcare Inc           |                                               | No |
| 249 Roosevelt Avenue<br>Pawtucket, RI 02860<br>20-4590384                 | Housing for Elderly and Mentally Ill | RI                                               | 501(c)(3)                  | 10                                                  | Gateway Healthcare Inc           |                                               | No |
| 167 Point Street<br>Providence, RI 02903<br>05-0500688                    | Philanthropic Activities             | RI                                               | 501(c)(3)                  | 7                                                   | Lifespan Corporation             |                                               | No |
| 249 Roosevelt Avenue<br>Pawtucket, RI 02860<br>05-0259090                 | Daycare Services                     | RI                                               | 501(c)(3)                  | 7                                                   | Gateway Healthcare Inc           |                                               | No |
| 1011 Veterans Memorial Parkway<br>East Providence, RI 02915<br>05-0258806 | Pediatric Psych Health Care Services | RI                                               | 501(c)(3)                  | 3                                                   | Lifespan Corporation             |                                               | No |
| 249 Roosevelt Avenue<br>Pawtucket, RI 02860<br>05-0504841                 | Bereavement Services for Children    | RI                                               | 501(c)(3)                  | 7                                                   | Gateway Healthcare Inc           |                                               | No |
| 249 Roosevelt Avenue<br>Pawtucket, RI 02860<br>05-0309043                 | Subst Abuse & Psych Health Care Svcs | RI                                               | 501(c)(3)                  | 10                                                  | Lifespan Corporation             |                                               | No |
| 167 Point Street<br>Providence, RI 02903<br>22-2869743                    | Property Management                  | RI                                               | 501(c)(4)                  | N/A                                                 | Lifespan Corporation             |                                               | No |
| 249 Roosevelt Avenue<br>Pawtucket, RI 02860<br>05-0435537                 | Housing for Elderly and Mentally Ill | RI                                               | 501(c)(3)                  | 10                                                  | Gateway Healthcare Inc           |                                               | No |
| 167 Point Street<br>Providence, RI 02903<br>22-2861978                    | Holding Company/Mgmnt Services       | RI                                               | 501(c)(3)                  | 12(II)                                              | NA                               |                                               | No |
| 167 Point Street<br>Providence, RI 02903<br>05-0258935                    | Holding Company/Mgmnt Services       | RI                                               | 501(c)(3)                  | 10                                                  | Lifespan Corporation             |                                               | No |
| 167 Point Street<br>Providence, RI 02903<br>05-0493219                    | Philanthropic Activities             | RI                                               | 501(c)(3)                  | 7                                                   | Lifespan Corporation             |                                               | No |
| c/o Archstone Law 57 Wells Ave<br>Newton, MA 02459<br>04-3408517          | Holding Company                      | MA                                               | 501(c)(3)                  | 12(I)                                               | Lifespan Corporation             |                                               | No |
| 167 Point Street<br>Providence, RI 02903<br>05-0389801                    | Health Care Services                 | RI                                               | 501(c)(3)                  | 10                                                  | Lifespan Corporation             |                                               | No |
| 140 Broadway<br>Providence, RI 02903<br>46-4910847                        | Educational Services                 | RI                                               | 501(c)(3)                  | 2                                                   | Emma Pendleton Bradley Hospital  |                                               | No |
| 249 Roosevelt Avenue<br>Pawtucket, RI 02860<br>03-0508346                 | Housing for Elderly and Mentally Ill | RI                                               | 501(c)(3)                  | 10                                                  | Gateway Healthcare Inc           |                                               | No |
| 249 Roosevelt Avenue<br>Pawtucket, RI 02860<br>05-0427152                 | Housing for Elderly and Mentally Ill | RI                                               | 501(c)(3)                  | 10                                                  | Gateway Healthcare Inc           |                                               | No |
| 11 Friendship Street<br>Newport, RI 02840<br>22-2535537                   | Holding Company/Mgmnt Services       | RI                                               | 501(c)(3)                  | 7                                                   | Lifespan Corporation             |                                               | No |
| 11 Friendship Street<br>Newport, RI 02840<br>22-2335539                   | Property Management                  | RI                                               | 501(c)(3)                  | 12(I)                                               | Newport Health Care Corporation  |                                               | No |
| 11 Friendship Street<br>Newport, RI 02840<br>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)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |
|                                                                                    |                                        |                                                  |                            |                                                     |                                  | YesNo                                        |
| 11 Friendship Street<br>Newport, RI 02840<br>22-2535533                            | Philanthropic Activities               | RI                                               | 501(c)(3)                  | 7                                                   | Lifespan Corporation             | No                                           |
| 11 Friendship Street<br>Newport, RI 02840<br>05-0472268                            | Health Care Services                   | RI                                               | 501(c)(3)                  | 10                                                  | Lifespan Corporation             | No                                           |
| 249 Roosevelt Avenue<br>Pawtucket, RI 02860<br>05-0422771                          | Housing for Elderly and Mentally Ill   | RI                                               | 501(c)(3)                  | 10                                                  | Gateway Healthcare Inc           | No                                           |
| 249 Roosevelt Avenue<br>Pawtucket, RI 02860<br>05-0393004                          | Housing for Elderly and Mentally Ill   | RI                                               | 501(c)(3)                  | 10                                                  | Gateway Healthcare Inc           | No                                           |
| 593 Eddy Street<br>Providence, RI 02903<br>05-0258954                              | Health Care Services                   | RI                                               | 501(c)(3)                  | 3                                                   | Lifespan Corporation             | No                                           |
| 167 Point Street<br>Providence, RI 02903<br>05-0468736                             | Philanthropic Activities               | RI                                               | 501(c)(3)                  | 7                                                   | Lifespan Corporation             | No                                           |
| 593 Eddy Street<br>Providence, RI 02903<br>05-0448686                              | Parking Facilities/Phlebotomy Services | RI                                               | 501(c)(3)                  | 10                                                  | Lifespan Corporation             | No                                           |
| 249 Roosevelt Avenue<br>Pawtucket, RI 02860<br>05-0504003                          | Housing for Elderly and Mentally Ill   | RI                                               | 501(c)(3)                  | 10                                                  | Gateway Healthcare Inc           | No                                           |
| 1516 Atwood Avenue<br>Johnston, RI 02919<br>05-0512037                             | Services for children with Autism      | RI                                               | 501(c)(3)                  | 10                                                  | Gateway Healthcare Inc           | No                                           |
| 164 Summit Avenue<br>Providence, RI 02906<br>05-0258905                            | Health Care Services                   | RI                                               | 501(c)(3)                  | 3                                                   | Lifespan Corporation             | No                                           |
| 249 Roosevelt Avenue<br>Pawtucket, RI 02860<br>04-3742771                          | Housing for Elderly and Mentally Ill   | RI                                               | 501(c)(3)                  | 10                                                  | Gateway Healthcare Inc           | No                                           |
| 249 Roosevelt Avenue<br>Pawtucket, RI 02860<br>05-0488520                          | Housing for Elderly and Mentally Ill   | RI                                               | 501(c)(3)                  | 10                                                  | Gateway Healthcare Inc           | No                                           |
| 249 Roosevelt Avenue<br>Pawtucket, RI 02860<br>61-1439766                          | Housing for Elderly and Mentally Ill   | RI                                               | 501(c)(3)                  | 10                                                  | Gateway Healthcare Inc           | No                                           |
| 65 Front Street<br>Hamilton HM 12<br>BD                                            | Offshore Insurance Captive             | BD                                               | N/A                        | N/A                                                 | Lifespan Corporation             | No                                           |