

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 2020-08-13 Date															
	SETH VAN ESSENDELFT CFO & SVP, FINANCE Type or print name and title															
Paid Preparer Use Only	<table border="1"> <tr> <td>Print/Type preparer's name</td> <td>Preparer's signature</td> <td>Date</td> <td>Check ☐ if self-employed</td> <td>PTIN P01247783</td> </tr> <tr> <td colspan="3">Firm's name ▶ KPMG LLP</td> <td colspan="2">Firm's EIN ▶ 13-5565207</td> </tr> <tr> <td colspan="3">Firm's address ▶ 1601 MARKET STREET PHILADELPHIA, PA 19103</td> <td colspan="2">Phone no (267) 256-1756</td> </tr> </table>	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P01247783	Firm's name ▶ KPMG LLP			Firm's EIN ▶ 13-5565207		Firm's address ▶ 1601 MARKET STREET PHILADELPHIA, PA 19103			Phone no (267) 256-1756	
	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P01247783											
	Firm's name ▶ KPMG LLP			Firm's EIN ▶ 13-5565207												
Firm's address ▶ 1601 MARKET STREET PHILADELPHIA, PA 19103			Phone no (267) 256-1756													

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

TO IMPROVE THE HEALTH OF THE REGION AND TO PROVIDE HEALTHCARE SERVICES

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 \$ 317,276,015	including grants of \$ 381,151)	(Revenue \$ 371,642,512)
See Additional Data				

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

4e	Total program service expenses ▶	317,276,015
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 308	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	2,356			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 11		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 6		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

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

Section C. Disclosure

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

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.
 ► DENIS DONEGAN 789 HOWARD AVE NEW HAVEN, CT 06519 (203) 688-6088

Part VII**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICK L GREEN PRESIDENT/CEO/TRUSTEE	27 00 13 00	X		X				427,987	216,572	249,756
(2) JAMES MITCHELL SECR/TREASURER AND TRUSTEE	1 00 1 00	X		X				0	0	0
(3) SHARON ARNOLD TRUSTEE	1 00 1 00	X						0	0	0
(4) JOSEPH A CECERE TRUSTEE	1 00 0 00	X						0	0	0
(5) DAVID F REISFELD TRUSTEE	1 00 39 00	X						0	382,144	31,043
(6) REV CATHERINE ZALL TRUSTEE	1 00 1 00	X						0	0	0
(7) ROBERT NARDONE VICE CHAIR/TRUSTEE	1 00 5 00	X		X				0	0	0
(8) B MICHAEL RAUH CHAIRMAN/TRUSTEE	1 00 6 00	X		X				0	0	0
(9) ROSS J SANFILIPPO TRUSTEE	1 00 1 00	X						0	0	0
(10) CYNTHIA TUCKER TRUSTEE	40 00 0 00	X						11,083	0	0
(11) PRATHIBHA VARKEY TRUSTEE	0 00 40 00	X						0	1,004,027	286,666
(12) MAUREEN ANDERSON ASSISTANT SECRETARY	2 00 38 00			X				23,626	385,062	37,696
(13) KIMBERLY KALAJAINEN VP CIO AND TRUSTEE	40 00 0 00					X		324,943	0	32,111
(14) KAREN BUCK ASSOCIATE CNO	40 00 0 00					X		320,696	0	3,191
(15) WILLIAM STANLEY VP DEVELOPMENT	40 00 0 00					X		260,431	0	30,185
(16) CAREN LEWIS VP PATIENT CARE	40 00 0 00					X		250,387	0	24,636
(17) KAREN RAMUS-STONE DIRECTOR	40 00 0 00					X		241,151	0	17,937

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SETH VAN ESSEDELFT	0 00						X	0	308,151	41,896
FORMER OFFICER	0 00									

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	1,860,304	2,295,956	755,117

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 ▶ 289

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
IPC HOSPITALISTS PO BOX 844929 LOS ANGELES, CA 900844929	HOSPITALISTS	2,863,801
MORRISON MANAGEMENT SPECIALISTS INC 5801 PEACHTREE DUNWOODY ROAD ATLANTA, GA 30342	FOOD SERVICES	2,028,368
PAYETTE ASSOCIATES 290 CONGRESS STREET BOSTON, MA 02210	CONSULTING ENGINEER	1,434,529
YALE UNIVERSITY SCHOOL OF MEDICINE 333 CEDAR STREET NEW HAVEN, CT 06510	PHYSICIAN SERVICES	1,037,274
UNITEX TEXTILE RENTAL SERVICE 420 LEDYARD STREET HARTFORD, CT 06114	LINENS/LAUNDERING	814,179

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 ▶ 22

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns	1a			
b Membership dues	1b			
c Fundraising events	1c	333,334		
d Related organizations	1d			
e Government grants (contributions)	1e	387,824		
f All other contributions, gifts, grants, and similar amounts not included above	1f	1,535,894		
g Noncash contributions included in lines 1a - 1f \$	18,256			
h Total. Add lines 1a-1f		2,257,052		

Program Service Revenue

	Business Code				
2a NET PATIENT SERVICES	900099	366,364,101	366,364,101		
b APOTHECARY INCOME	446110	3,535,399	3,535,399		
c OCCUPATIONAL HEALTH	621400	1,195,965	1,195,965		
d LAB PATHOLOGY	621500	300,430	300,430		
e LAB TESTING	621500	246,617		246,617	
f All other program service revenue					
g Total. Add lines 2a-2f		371,642,512			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		1,939,217		16,133	1,923,084
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real	(ii) Personal			
	2,336,828				
b Less rental expenses	848,965				
c Rental income or (loss)	1,487,863				
d Net rental income or (loss)		1,487,863			1,487,863
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	42,210,480	12,752			
b Less cost or other basis and sales expenses	40,775,866	0			
c Gain or (loss)	1,434,614	12,752			
d Net gain or (loss)		1,447,366			1,447,366
8a Gross income from fundraising events (not including \$ 333,334 of contributions reported on line 1c) See Part IV, line 18	a	110,400			
b Less direct expenses	b	185,289			
c Net income or (loss) from fundraising events		-74,889			-74,889
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a DISCOUNTS, REBATES AND OTHER SERV	900099	352,455			352,455
b DINING REVENUE	722514	350,227			350,227
c					
d All other revenue					
e Total. Add lines 11a-11d		702,682			
12 Total revenue. See Instructions		379,401,803	371,395,895	262,750	5,486,106

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	251,044	251,044		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	130,107	130,107		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	612,723	61,272	551,451	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	145,493,225	129,638,181	15,473,202	381,842
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,930,901	2,734,266	188,581	8,054
9 Other employee benefits.	9,398,687	8,360,825	1,013,236	24,626
10 Payroll taxes.	10,510,920	9,336,518	1,146,902	27,500
11 Fees for services (non-employees):				
a Management.				
b Legal.	154,798	137,502	17,296	
c Accounting.	23,598	20,961	2,637	
d Lobbying.	78,566	78,566		
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	250,683	222,674	28,009	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	42,318,026	37,589,763	4,542,974	185,289
12 Advertising and promotion.	2,406	2,137	269	
13 Office expenses.	2,541,232	2,214,709	326,523	
14 Information technology.				
15 Royalties.				
16 Occupancy.	13,818,977	12,274,960	1,544,017	
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	530,258	471,011	59,247	
20 Interest.	3,299,337	2,930,697	368,640	
21 Payments to affiliates.	35,673,060	31,687,250	3,985,810	
22 Depreciation, depletion, and amortization.	20,488,585	18,199,362	2,289,223	
23 Insurance.	5,232,392	4,647,768	584,624	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL & SURGICAL SUPP	55,623,872	49,408,925	6,214,947	0
b SYSTEM SUPPORT FEE	4,750,337	4,219,574	530,763	0
c PHARMACEUTICALS	2,583,690	2,295,010	288,680	0
d OTHER ANCILLARY EXPENSE	408,585	362,933	45,652	0
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	357,106,009	317,276,015	39,202,683	627,311
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	15,084,798	2	20,124,882
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	38,891,347	4	47,402,818
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	536,610	7	101,755
	8 Inventories for sale or use	7,027,919	8	8,671,717
	9 Prepaid expenses and deferred charges	1,700,284	9	907,540
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 228,462,564		
	b Less: accumulated depreciation	10b 57,734,870	177,254,232	10c 170,727,694
	11 Investments—publicly traded securities	52,978,598	11	54,527,795
	12 Investments—other securities. See Part IV, line 11	39,522,431	12	28,272,429
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	5,200,001	14	4,550,000
	15 Other assets. See Part IV, line 11	72,414,189	15	76,052,352
16 Total assets. Add lines 1 through 15 (must equal line 34)	410,610,409	16	411,338,982	
Liabilities	17 Accounts payable and accrued expenses	35,671,477	17	41,126,300
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	31,607,063	20	88,191,306
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	133,104,149	25	61,549,010
	26 Total liabilities. Add lines 17 through 25	200,382,689	26	190,866,616
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	182,164,741	27	192,324,982
	28 Temporarily restricted net assets	21,621,835	28	21,726,807
	29 Permanently restricted net assets	6,441,144	29	6,420,577
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	210,227,720	33	220,472,366	
34 Total liabilities and net assets/fund balances	410,610,409	34	411,338,982	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	379,401,803
2	Total expenses (must equal Part IX, column (A), line 25)	2	357,106,009
3	Revenue less expenses Subtract line 2 from line 1	3	22,295,794
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	210,227,720
5	Net unrealized gains (losses) on investments	5	-62,671
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-11,988,477
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	220,472,366

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

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

Additional Data

Software ID:

Software Version:

EIN: 06-0646704

Name: LAWRENCE MEMORIAL HOSPITAL INC

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
LAWRENCE MEMORIAL HOSPITAL INC

Employer identification number
06-0646704

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						

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2018

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

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

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 06-0646704
Name: LAWRENCE MEMORIAL HOSPITAL INC

Part VI

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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

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

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

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

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

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

Name of the organization LAWRENCE MEMORIAL HOSPITAL INC	Employer identification number 06-0646704
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		500
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		32,089
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		45,976
j	Total. Add lines 1c through 1i			78,565
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	THE AMOUNT REPORTED IN "OTHER ACTIVITIES" REPRESENTS A PORTION OF PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING DURING FY 2019. ALSO, THE HEALTH SYSTEM OFFICIALS HAD MEETINGS AND CONTACTS WITH STATE GOVERNMENT OFFICIALS, INCLUDING STATE LEGISLATORS AND THEIR STAFF TO DISCUSS VARIOUS HEALTH CARE REFORM PROPOSALS. LAWRENCE + MEMORIAL HOSPITAL IS PART OF A CONTROLLED GROUP WITH THE FOLLOWING LOBBYING EXPENSES: YALE NEW HAVEN HOSPITAL EIN 06-0646652 \$ 591,010; BRIDGEPORT HOSPITAL EIN 06-0646554 \$ 121,956; GREENWICH HOSPITAL EIN 06-0646659 \$ 83,487; NORTHEAST MEDICAL GROUP EIN 06-1330992 \$ 41,010; LMW HEALTHCARE, INC. EIN 46-0543230 \$ 59,458.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
LAWRENCE MEMORIAL HOSPITAL INC

Employer identification number
06-0646704

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

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

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

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	26,196,094	21,547,048	19,258,522	17,802,690	18,987,367
b Contributions	20,000				
c Net investment earnings, gains, and losses	490,136	5,672,003	2,559,901	1,586,788	-944,846
d Grants or scholarships					
e Other expenditures for facilities and programs	1,100,782	1,022,957	234,505	77,634	194,153
f Administrative expenses	37,364		36,870	53,322	45,678
g End of year balance	25,568,084	26,196,094	21,547,048	19,258,522	17,802,690

2

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

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

25 110 %

c

Temporarily restricted endowment

74 890 %

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		

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		8,110,001		8,110,001
b Buildings		117,273,120	11,425,978	105,847,142
c Leasehold improvements		9,985,514	2,279,961	7,705,553
d Equipment		84,462,775	44,028,931	40,433,844
e Other		8,631,154		8,631,154
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				170,727,694

Schedule D (Form 990) 2018

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) ST ENDOWMENT INVESTMENTS	4,248,105	C
(B) LT ENDOWMENT INVESTMENTS	20,081,824	C
(C) INVESTMENTS HELD BY TRUSTEE	3,942,500	C
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	28,272,429	

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	1,682,263
(2) DUE FROM AFFILIATES	39,026,758
(3) DUE FROM MCIC	29,015,829
(4) PREPAID EXPENSES	6,327,502
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	76,052,352

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
MALPRACTICE INSURANCE	24,759,322
DUE TO THIRD PARTY AGENCIES	8,442,763
ASSET RETIREMENT OBLIGATION	1,062,266
ACCRUED PENSION & POST RETIREMENT	27,284,659
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	61,549,010

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

☒

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 06-0646704
Name: LAWRENCE MEMORIAL HOSPITAL INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT FUNCTIONS TO SUPPORT AND PROVIDE INCOME FOR THE FURTHERANCE OF THE HEALTHCARE MISSION OF LAWRENCE + MEMORIAL HOSPITAL

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	LAWRENCE + MEMORIAL HOSPITAL IS INCLUDED IN THE CONSOLIDATED YALE NEW HAVEN HEALTH SYSTEM AND SUBSIDIARIES AUDITED FINANCIAL STATEMENTS. FOLLOWING IS THE FOOTNOTE FROM THE CONSOLIDATED FINANCIAL STATEMENTS: MOST ENTITIES WITHIN THE SYSTEM ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE CODE, AND ARE GENERALLY EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE. PROVISIONS FOR INCOME TAXES AND DEFERRED TAXES, WHICH ARE NOT MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS, HAVE BEEN MADE FOR THE TAXABLE ENTITIES LISTED ABOVE UNDER THE DESCRIPTION OF THE SYSTEM. U.S. GAAP REQUIRES THE SYSTEM TO EVALUATE TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE SYSTEM'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY BASED UPON THE TECHNICAL MERITS OF THE POSITION. THE SYSTEM RECOGNIZES THE EFFECT OF TAX POSITIONS ONLY IF THEY ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THIS EVALUATION HAD NO IMPACT ON THE OPERATIONS OF THE SYSTEM AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018.

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)
		GALA (event type)	GOLF CLASSIC (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	255,734	188,000		443,734
	2 Less Contributions	201,334	132,000		333,334
	3 Gross income (line 1 minus line 2)	54,400	56,000		110,400
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		577		577
	6 Rent/facility costs		1,875		1,875
	7 Food and beverages	66,546	51,023		117,569
	8 Entertainment	3,000			3,000
	9 Other direct expenses	47,148	15,120		62,268
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				185,289
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-74,889

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
LAWRENCE MEMORIAL HOSPITAL INC

Employer identification number
06-0646704

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
☐ Applied uniformly to all hospital facilities		
☐ Applied uniformly to most hospital facilities		
☐ Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
☐ 100% ☐ 150% ☐ 200% ☒ Other 25000 0000000000 %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 55000 0000000000 %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	0	6,552	32,706,433	15,046,433	17,660,000	4 950 %
b Medicaid (from Worksheet 3, column a)	0	60,126	63,462,000	44,975,000	18,487,000	5 180 %
c Costs of other means-tested government programs (from Worksheet 3, column b)	0	0	0	0		
d Total Financial Assistance and Means-Tested Government Programs		66,678	96,168,433	60,021,433	36,147,000	10 130 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	32	6,785	1,606,697	363,890	1,242,807	0 350 %
f Health professions education (from Worksheet 5)	6	1,595	1,430,193	3,000	1,427,193	0 400 %
g Subsidized health services (from Worksheet 6)	4	1,282	1,822,591	158,648	1,663,943	0 470 %
h Research (from Worksheet 7)	0	0	0	0		
i Cash and in-kind contributions for community benefit (from Worksheet 8)	11	69	845,660	0	845,660	0 240 %
j Total. Other Benefits	53	9,731	5,705,141	525,538	5,179,603	1 460 %
k Total. Add lines 7d and 7j	53	76,409	101,873,574	60,546,971	41,326,603	11 590 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	1	0	10,500	0	10,500	0 %
2 Economic development	1	0	22,095	0	22,095	0 010 %
3 Community support	2	333	39,881	0	39,881	0 010 %
4 Environmental improvements	0	0	0	0		
5 Leadership development and training for community members	0	0	0	0		
6 Coalition building	1	0	1,947	0	1,947	0 %
7 Community health improvement advocacy	0	0	0	0		
8 Workforce development	0	0	0	0		
9 Other	0	0	0	0		
10 Total	5	333	74,423		74,423	0 020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	6,140,000	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	148,468,367
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	171,310,016
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-22,841,649
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
☒ Cost accounting system	☐ Cost to charge ratio	☐ Other

Section C. Collection Practices

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

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

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

Part V Facility Information**Section A. Hospital Facilities**

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
LAWRENCE MEMORIAL HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	☒ A definition of the community served by the hospital facility		
b	☒ Demographics of the community		
c	☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	☒ How data was obtained		
e	☒ The significant health needs of the community		
f	☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	☒ The process for consulting with persons representing the community's interests		
i	☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	☒ Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	☒ Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b	☒ Other website (list url) <u>HTTPS //LLHD ORG/ABOUT-US/ASSESSMENT/</u>		
c	☒ Made a paper copy available for public inspection without charge at the hospital facility		
d	☒ Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE PART V, SECTION C</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

LAWRENCE MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>550 000000000000</u> %			
b ☐ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☐ Medical indigency			
e ☒ Insurance status			
f ☒ Underinsurance discount			
g ☒ Residency			
h ☒ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a ☒ The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
b ☒ The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☒ Other (describe in Section C)			

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

LAWRENCE MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

LAWRENCE MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 8

Name and address	Type of Facility (describe)
1 1 - LAWRENCE MEMORIAL HOSPITAL 339 FLANDERS ROAD EAST LYME, CT 06333	BLOOD DRAW, OUTPATIENT REHAB
2 2 - LAWRENCE MEMORIAL HOSPITAL 224 GOLD STAR HIGHWAY GROTON, CT 06340	SLEEP MEDICINE
3 3 - LAWRENCE MEMORIAL HOSPITAL 52 HAZELNUT HILL ROAD GROTON, CT 06340	ER, ASC, RADIOLOGY, REHAB, BLOOD DRAW
4 4 - LAWRENCE MEMORIAL HOSPITAL 194 HOWARD STREET NEW LONDON, CT 06320	BLOOD DRAW
5 5 - LAWRENCE MEMORIAL HOSPITAL 59 FAIRE HARBOUR NEW LONDON, CT 06320	OUTPATIENT REHAB
6 6 - LAWRENCE MEMORIAL HOSPITAL 230 WATERFORD PARKWAY SOUTH WATERFORD, CT 06375	ONCOLOGY
7 7 - LAWRENCE MEMORIAL HOSPITAL 40 BOSTON POST ROAD WATERFORD, CT 06375	WOUND CARE, OUTPATIENT REHAB
8 8 - LAWRENCE MEMORIAL HOSPITAL 196 PARKWAY SOUTH WATERFORD, CT 06375	DIAGNOSTIC RADIOLOGY
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	THE FINANCIAL ASSISTANCE POLICY PROVIDES THAT THE PATIENT MUST SUBMIT A FINANCIAL ASSISTANCE APPLICATION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	THE AMOUNTS REPORTED ON PART I, LINE 7 WERE CALCULATED AS DIRECT, SEPARATELY IDENTIFIABLE COSTS INCURRED BY THE HOSPITAL PLUS AN ALLOCATION OF OVERHEAD

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	LAWRENCE+MEMORIAL HOSPITAL, ALONG WITH MANY OTHER HOSPITALS ACROSS THE COUNTRY, UTILIZES THE COMMUNITY BENEFITS INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) DATABASE DEVELOPED BY LYON SOFTWARE TO CATALOG ITS COMMUNITY BENEFIT AND COMMUNITY BUILDING ACTIVITIES AND THE GUIDELINES DEVELOPED BY THE CATHOLIC HOSPITAL ASSOCIATION (CHA) IN ORDER TO CATALOG THESE BENEFITS. THESE TWO ORGANIZATIONS HAVE WORKED TOGETHER FOR OVER 20 YEARS TO PROVIDE SUPPORT TO NOT-FOR-PROFIT HOSPITALS TO DEVELOP AND SUSTAIN EFFECTIVE COMMUNITY BENEFIT PROGRAMS. THE MOST RECENT VERSION OF THE CHA GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT DEFINES COMMUNITY BUILDING ACTIVITIES AS PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL PROBLEMS. THESE ACTIVITIES ARE CATEGORIZED INTO EIGHT DISTINCT AREAS INCLUDING PHYSICAL IMPROVEMENT AND HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS, AND WORKFORCE DEVELOPMENT. LAWRENCE+MEMORIAL HOSPITAL ENHANCES THE LIVES OF THOSE WE SERVE BY PROVIDING ACCESS TO INTEGRATED, HIGH-VALUE, PATIENT-CENTERED CARE IN COLLABORATION WITH OTHERS WHO SHARE OUR VALUES. AS SUCH, LAWRENCE+MEMORIAL HOSPITAL IS INCREASINGLY AWARE OF HOW SOCIAL DETERMINANTS IMPACT THE HEALTH OF INDIVIDUALS AND COMMUNITIES. A PERSON'S HEALTH AND CHANCES OF BECOMING SICK AND DYING EARLY ARE GREATLY INFLUENCED BY POWERFUL SOCIAL FACTORS SUCH AS EDUCATION, INCOME, NUTRITION, HOUSING AND NEIGHBORHOODS. DURING FISCAL YEAR 2019, LAWRENCE+MEMORIAL HOSPITAL INVESTED IN COMMUNITY BUILDING EFFORTS THAT PROMOTE THRIVING AND HEALTHY COMMUNITIES IN OUR REGION INCLUDING SUPPORT FOR HOUSING INITIATIVES, ECONOMIC DEVELOPMENT, AND AN ARRAY OF ORGANIZATIONS THAT POSITIVELY IMPACT SOCIAL DETERMINANTS OF HEALTH IN THE BROADER COMMUNITY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	LAWRENCE + MEMORIAL HOSPITAL USES A COST REPORTING SYSTEM TO DETERMINE THE BAD DEBT EXPENSE THE AMOUNT OF BAD DEBT EXPENSE (AT COST) REPORTED ON PART III, LINE 2 IS TAKEN DIRECTLY FROM THE AUDITED FINANCIAL STATEMENTS DUE TO THE ADOPTION OF ASU NO 2014-09 REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606) BAD DEBT EXPENSE IS NO LONGER REPORTED ON THE AUDITED FINANCIAL STATEMENTS RATHER IT IS TREATED AS A PRICE CONCESSION BAD DEBT IS DETERMINED IF THERE WAS AN ADVERSE EVENT THAT PREVENTED A PATIENT FROM BEING ABLE TO PAY THE EXPECTED AMOUNT FOR THE PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY UNCOLLECTED AMOUNTS BUT DID NOT, THESE UNCOLLECTED AMOUNTS ARE TREATED AS IMPLICIT PRICE CONCESSIONS THE HOSPITAL IS REPORTING BOTH BAD DEBT AND IMPLICIT PRICE CONCESSIONS ON SCHEDULE H, PART III, LINE 2

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	THE ORGANIZATION DOES NOT CURRENTLY HAVE A METHODOLOGY TO ACCURATELY QUANTIFY OR ESTIMATE THE AMOUNT OF BAD DEBT EXPENSE THAT WOULD BE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	LAWRENCE + MEMORIAL HOSPITAL IS INCLUDED IN THE CONSOLIDATED YALE NEW HAVEN HEALTH SERVICES CORPORATION AUDITED FINANCIAL STATEMENTS. FOLLOWING IS THE FOOTNOTE FROM THE CONSOLIDATED FINANCIAL STATEMENTS THE SYSTEM'S COMMITMENT TO COMMUNITY SERVICE IS EVIDENCED BY SERVICES PROVIDED TO THE POOR AND BENEFITS PROVIDED TO THE BROADER COMMUNITY. SERVICES PROVIDED TO THE POOR INCLUDE SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTHCARE BECAUSE OF INADEQUATE RESOURCES, AND/OR WHO ARE UNINSURED OR UNDERINSURED. THE SYSTEM PROVIDES FREE CARE PROGRAMS FOR QUALIFYING PATIENTS. IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE SYSTEM, DURING THE REGISTRATION, BILLING, AND COLLECTION PROCESS, A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED. FOR PATIENTS WHO WERE DETERMINED BY THE SYSTEM TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE CONSIDERED IMPLICIT PRICE CONCESSIONS. FOR PATIENTS WHO DO NOT AVAIL THEMSELVES OF ANY FREE CARE PROGRAM, AND WHOSE ABILITY TO PAY CANNOT BE DETERMINED BY THE SYSTEM, CARE GIVEN BUT NOT PAID FOR IS CLASSIFIED AS CHARITY CARE. TOGETHER, CHARITY CARE AND FREE CARE REPRESENT UNCOMPENSATED CARE. THE ESTIMATED COST OF TOTAL UNCOMPENSATED CARE IS APPROXIMATELY \$88.9 MILLION AND \$86.8 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018, RESPECTIVELY. THE ESTIMATED COST OF UNCOMPENSATED CARE IS BASED ON THE RATIO OF COST TO CHARGES, AS DETERMINED BY CLAIMS ACTIVITY. THE ALLOCATION BETWEEN IMPLICIT PRICE CONCESSION AND CHARITY CARE IS DETERMINED BASED ON MANAGEMENT'S ANALYSIS ON THE PREVIOUS 12 MONTHS OF HOSPITAL DATA. THIS ANALYSIS CALCULATES THE ACTUAL PERCENTAGE OF ACCOUNTS WRITTEN OFF OR DESIGNATED AS IMPLICIT PRICE CONCESSIONS VERSUS CHARITY CARE WHILE TAKING INTO ACCOUNT THE TOTAL COSTS INCURRED BY THE SYSTEM. FOR EACH ACCOUNT ANALYZED, THE CONNECTICUT DISPROPORTIONATE SHARE HOSPITAL PROGRAM (CDSHP) WAS ESTABLISHED TO PROVIDE FUNDS TO HOSPITALS FOR THE PROVISION OF UNCOMPENSATED CARE AND IS FUNDED, IN PART, BY AN ASSESSMENT ON HOSPITAL NET PATIENT SERVICE REVENUE. THE SYSTEM MADE PAYMENTS INTO THE CDSHP OF \$333.1 MILLION AND \$367.0 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018, RESPECTIVELY, FOR THE ASSESSMENT. DURING THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018, THE SYSTEM RECEIVED \$155.1 MILLION AND \$202.8 MILLION, RESPECTIVELY, IN CDSHP DISTRIBUTIONS, OF WHICH APPROXIMATELY \$92.0 MILLION AND \$126.2 MILLION WAS RELATED TO CHARITY CARE. THESE ARE RECORDED IN NET PATIENT SERVICE REVENUE. ADDITIONALLY, THE SYSTEM PROVIDES BENEFITS FOR THE BROADER COMMUNITY, WHICH INCLUDES SERVICES PROVIDED TO OTHER NEEDY POPULATIONS THAT MAY NOT QUALIFY AS POOR BUT NEED SPECIAL SERVICES AND SUPPORT. BENEFITS INCLUDE THE COST OF HEALTH PROMOTION AND EDUCATION OF THE GENERAL COMMUNITY, INTERNS AND RESIDENTS, HEALTH SCREENINGS, AND MEDICAL RESEARCH. THE BENEFITS ARE PROVIDED THROUGH THE COMMUNITY HEALTH CENTERS, SOME OF WHICH SERVE NON-ENGLISH SPEAKING RESIDENTS, DISABLED CHILDREN, AND VARIOUS COMMUNITY SUPPORT GROUPS. THE SYSTEM VOLUNTARILY ASSISTS WITH THE DIRECT FUNDING OF SEVERAL CITY OF NEW HAVEN PROGRAMS, INCLUDING AN ECONOMIC DEVELOPMENT PROGRAM AND A YOUTH INITIATIVE PROGRAM. IN ADDITION TO THE QUANTIFIABLE SERVICES DEFINED ABOVE, THE SYSTEM PROVIDES ADDITIONAL BENEFITS TO THE COMMUNITY THROUGH ITS ADVOCACY OF COMMUNITY SERVICE BY EMPLOYEES. THE SYSTEM'S EMPLOYEES SERVE NUMEROUS ORGANIZATIONS THROUGH BOARD REPRESENTATION, MEMBERSHIP IN ASSOCIATIONS AND OTHER RELATED ACTIVITIES. THE SYSTEM ALSO SOLICITS THE ASSISTANCE OF OTHER HEALTHCARE PROFESSIONALS TO PROVIDE THEIR SERVICES AT NO CHARGE THROUGH PARTICIPATION IN VARIOUS COMMUNITY SEMINARS AND TRAINING PROGRAMS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	THE MEDICARE SHORTFALL REPORTED IN PART III, LINE 7 WAS CALCULATED BASED ON COST REPORTING THE COSTING METHOD WAS FROM THE MEDICARE COST REPORT'S OWN METHODOLOGY OF ALLOCATING COST BY DEPARTMENT AND DERIVING A RATIO OF COST TO CHARGES THIS AMOUNT SHOULD BE TREATED AS COMMUNITY BENEFIT BECAUSE THE RATES PAID BY MEDICARE DO NOT ACCURATELY REFLECT THE COST OF CARE PROVIDED BY LAWRENCE & MEMORIAL HOSPITAL ACCORDINGLY, LAWRENCE + MEMORIAL HOSPITAL MUST SUBSIDIZE THE COST OF CARE PROVIDED TO MEDICARE BENEFICIARIES WITH OTHER REVENUES

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Form and Line Reference	Explanation
PART III, LINE 9B	IT IS THE HOSPITAL'S POLICY TO TREAT ALL PATIENTS EQUITABLY WITH RESPECT AND COMPASSION, FROM THE BEDSIDE TO THE BILLING OFFICE THE HOSPITAL WILL PURSUE PATIENT ACCOUNTS, DIRECTLY AND THROUGH ITS COLLECTION AGENTS, FAIRLY AND CONSISTENTLY TAKING INTO CONSIDERATION DEMONSTRATED FINANCIAL NEED AS PART OF ITS COLLECTION PROCESS, THE HOSPITAL WILL MAKE REASONABLE EFFORTS TO DETERMINE IF AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER ITS FINANCIAL ASSISTANCE POLICY IN THE EVENT A PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE, THE HOSPITAL WILL NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTION AS DEFINED BY LAW AND HOSPITAL POLICY

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Form and Line Reference	Explanation
PART VI, LINE 2	LAWRENCE+MEMORIAL HOSPITAL, ALONG WITH MANY OTHER HOSPITALS ACROSS THE COUNTRY, UTILIZES THE COMMUNITY BENEFITS INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) DATABASE DEVELOPED BY LYON SOFTWARE TO CATALOG ITS COMMUNITY BENEFIT AND COMMUNITY BUILDING ACTIVITIES AND THE GUIDELINES DEVELOPED BY THE CATHOLIC HOSPITAL ASSOCIATION (CHA) IN ORDER TO CATALOG THESE BENEFITS. THESE TWO ORGANIZATIONS HAVE WORKED TOGETHER FOR OVER 20 YEARS TO PROVIDE SUPPORT TO NOT-FOR-PROFIT HOSPITALS TO DEVELOP AND SUSTAIN EFFECTIVE COMMUNITY BENEFIT PROGRAMS. THE MOST RECENT VERSION OF THE CHA GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT DEFINES COMMUNITY BUILDING ACTIVITIES AS PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL PROBLEMS. THESE ACTIVITIES ARE CATEGORIZED INTO EIGHT DISTINCT AREAS INCLUDING PHYSICAL IMPROVEMENT AND HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS, AND WORKFORCE DEVELOPMENT. LAWRENCE+MEMORIAL HOSPITAL ENHANCES THE LIVES OF THOSE WE SERVE BY PROVIDING ACCESS TO INTEGRATED, HIGH-VALUE, PATIENT-CENTERED CARE IN COLLABORATION WITH OTHERS WHO SHARE OUR VALUES. AS SUCH, LAWRENCE+MEMORIAL HOSPITAL IS INCREASINGLY AWARE OF HOW SOCIAL DETERMINANTS IMPACT THE HEALTH OF INDIVIDUALS AND COMMUNITIES. A PERSON'S HEALTH AND CHANCES OF BECOMING SICK AND DYING EARLY ARE GREATLY INFLUENCED BY POWERFUL SOCIAL FACTORS SUCH AS EDUCATION, INCOME, NUTRITION, HOUSING AND NEIGHBORHOODS. DURING FISCAL YEAR 2019, LAWRENCE+MEMORIAL HOSPITAL INVESTED IN COMMUNITY BUILDING EFFORTS THAT PROMOTE THRIVING AND HEALTHY COMMUNITIES IN OUR REGION INCLUDING SUPPORT FOR HOUSING INITIATIVES, ECONOMIC DEVELOPMENT, AND AN ARRAY OF ORGANIZATIONS THAT POSITIVELY IMPACT SOCIAL DETERMINANTS OF HEALTH IN THE BROADER COMMUNITY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	LAWRENCE+MEMORIAL HOSPITAL EMPLOYS A VARIETY OF STRATEGIES IN GAUGING THE HEALTH NEEDS OF THE COMMUNITIES IT SERVES THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), COVERING THE LAWRENCE+MEMORIAL HOSPITAL PRIMARY SERVICE AREA, WAS CARRIED OUT IN PART (HOUSEHOLD SURVEY) THROUGH A PARTNERSHIP WITH DATAHAVEN ADDITIONAL METHODS INCLUDED USING SCIENTIFICALLY VALID DATA, COMPARATIVE INFORMATION, AND INPUT FROM LOCAL RESIDENTS, PROVIDERS AND LEADERS INDICATORS WERE COMPUTED FROM AN EXTENSIVE SET OF SECONDARY HEALTH-RELATED DATA LAWRENCE+MEMORIAL HOSPITAL REVIEWS DISEASE INCIDENCE AND PREVALENCE RATES FOR THE LOCAL COMMUNITY, STATE, AND NATION RATES ARE COLLECTED FROM MEDICAL JOURNALS, THE CT DEPARTMENT OF HEALTH, OR NATIONAL HEALTH RESOURCES SUCH AS THE KAISER FAMILY FOUNDATION OR CDC THIS ANALYSIS INFORMS LAWRENCE+MEMORIAL HOSPITAL ON THE HEALTH STATUS OF THE COMMUNITY AND IS USED TO FOCUS PROGRAM AND SERVICE DEVELOPMENT ON AREAS OF GREATEST CONCERN INFORMATION ON COMMUNITY NEEDS IS ALSO GATHERED THROUGH PARTNERSHIPS WITH OTHER COMMUNITY ORGANIZATIONS SUCH AS THE LEDGE LIGHT HEALTH DISTRICT, AND OTHER LOCAL NON-PROFITS PERIODIC REVIEW OF DATA AND UPDATING AS APPROPRIATE IS CONDUCTED ALL COMMUNITY BENEFIT ACTIVITIES ARE REGULARLY EVALUATED FOR IMPACT AND EFFECTIVENESS AND AUDITED FOR COMPLIANCE WITH THE ORGANIZATION'S COMMUNITY BENEFIT POLICY

Form and Line Reference	Explanation
PART VI, LINE 4	GENERAL DEMOGRAPHICSTHE COMMUNITIES THAT COMPRISE THE SERVICE AREA OF LAWRENCE+MEMORIAL HO SPITAL, REFERRED TO AS THE GREATER NEW LONDON AREA, INCLUDES TEN TOWNS ALONG THE CONNECTICUT SHORELINE BETWEEN RHODE ISLAND AND THE CONNECTICUT RIVER AND INLAND STONINGTON, NORTH STONINGTON, GROTON, LEDYARD, NEW LONDON, WATERFORD, MONTVILLE, EAST LYME, OLD LYME, AND LY ME OUR COMMUNITIES REPRESENT A BROAD MIX OF COMMUNITY TYPES IN 2018, 38 6% OF THE POPULATION IN GREATER NEW LONDON LIVE IN URBAN COMMUNITIES, WHICH IS LESS THAN THE PERCENTAGE IN 2017 (41 7%) ON THE OTHER HAND, POPULATION IN RURAL TOWNS HAS MARKEDLY INCREASED FROM 52 9% IN 2017 TO 55 7% OUT OF THE GREATER NEW LONDON REGION, WITH SUBURBAN COMMUNITIES SHOWED SLIGHT INCREASE IN POPULATION FROM 5 4% IN 2017 TO 5 8% IN 2018 THIS SHOWS TENDENCY OF RESIDENTS MOVE-IN TO THE REGION'S RURAL COMMUNITIES THIS OBSERVATION IS OPPOSING THE NATIONAL TREND OF URBANIZATION ACCORDING TO THE 2018 AMERICAN COMMUNITY SURVEY, THE POPULATION OF GREATER NEW LONDON IS 171,477, A DECLINE OF 2% SINCE 2010 SIMILAR TO CONNECTICUT, GREATER NEW LONDON SHOWS A TRENDY DECLINE THROUGH THE YEARS IN OVERALL POPULATION COUNTS (17 5,012 IN 2010, 173,437 IN 2015, 172,687 IN 2017, AND 171,477 IN 2018) MOST OF THIS CHANGE WAS IN COMMUNITIES LIKE MONTVILLE (-2 6%), FOLLOWED BY GROTON AND WATERFORD (-2 5% EACH), THEN OLD LYME (-2 3%) ALMOST ALL COMMUNITIES IN THE REGION EXPERIENCED REDUCTION IN THEIR POPULATION SIZE IN 2018 COMPARED TO 2010, EXCEPT FOR LYME THAT HAS INCREASE IN ITS POPULATION BY 2 5% FROM 2010 THE POPULATION IS NEARLY EVENLY DIVIDED BY SEX, WITH 50 3% BEING MALE, THOUGH THE POPULATION 65 YEARS AND OLDER IS MADE UP OF MORE FEMALES (54 6%) IN TOTAL, 17 9% OF THE POPULATION IN 2018 IS 65 OR OLDER, WITH INCREASE IN THIS AGE GROUP COMPARED TO THE 2015 PERCENTAGE WHICH WAS 17% OF THE POPULATION AS THE ELDERLY COMMUNITY CONTINUES TO GROW, THIS WILL PLACE INCREASING HEALTH, SOCIAL AND ECONOMIC PRESSURES ON FAMILIES, SOCIAL SERVICE AND GOVERNMENTAL AGENCIES BOTH IN ABSOLUTE TERMS AND AS A PERCENTAGE OF THE POPULATION (25 6%), THE POPULATION OF NON-WHITE MINORITIES HAS GROWN IN GREATER NEW LONDON OVER THE PAST TEN YEARS, 20% IN 2009, 24% IN 2015, 25% IN 2017, AND 25 6% IN 2018 AS SEEN IN PREVIOUS YEARS, THIS GROWTH HAS BEEN DRIVEN PRIMARILY BY THOSE IDENTIFYING AS HISPANIC OR LATINO, WHOSE POPULATION HAS GROWN FROM 7 7% OF THE POPULATION IN 2009, TO 10 4% IN 2015, 11 7% IN 2017 AND FINALLY TO 12 7% IN 2018 MAJOR EMPLOYERTHE REGION HAS TRANSITIONED FROM A LARGELY DEFENSE INDUSTRY-BASED ECONOMY TO ONE THAT RELIES HEAVILY UPON EMPLOYMENT IN THE SERVICE AND TRADE SECTORS AND IN GENERAL HAS A HIGHER PERCENTAGE OF PERSONS EMPLOYED IN THOSE SECTORS WITH CORRESPONDING LOWER RATES OF PAY WHICH IS CORRELATED WITH THE LOWER PER CAPITA INCOME AND GREATER ECONOMIC VULNERABILITY MAJOR EMPLOYERS INCLUDE THE MASH ANTUCKET PEQUOT AND MOHEGAN TRIBES (FOXWOODS RESORT AND CASINO AND MOHEGAN SUN CASINO RESPECTIVELY), PFIZER GLOBAL RESEARCH AND DEVELOPMENT, EDUCATIONAL INSTITUTIONS (CONNECTICUT COLLEGE, MITCHELL COLLEGE AND THE U S COAST GUARD ACADEMY), GENERAL DYNAMICS/ELECTRIC BOAT , DOMINION, AND LAWRENCE + MEMORIAL HOSPITAL PRIMARY SOCIAL AND HEALTH CARE FACTORSIN THE URBAN CENTERS OF THE REGION, THERE ARE RACIAL AND ETHNIC HEALTH DISPARITIES, HIGHER POVERTY AND UNEMPLOYMENT RATES, LOWER LEVELS OF EDUCATIONAL ATTAINMENT, LIMITED ACCESS TO AFFORDABLE HOUSING AND TRANSPORTATION, HIGHER RATES OF DEATH FROM CHRONIC ILLNESS, AND A GREATER LIKELIHOOD OF RESIDENTS NOT HAVING HEALTH INSURANCE, ALL OF WHICH PRESENT PARTICULAR CHALLENGES THE BURDEN OF PREMATURE LIFE LOSS IS HIGH DUE TO PARTICULAR CONDITIONS LIKE CANCER, ACCIDENTS AND HEART DISEASES THE LIKELIHOOD OF PREMATURE DEATH DUE TO ALCOHOL OR COPD IN NEW LONDON IS THREE TIMES THE STATE RATE, FOLLOWED BY DIABETES AND STROKE WITH DOUBLE THE RISK OF PREMATURE DEATH COMPARED TO CONNECTICUT MEDIAN HOUSEHOLD INCOME IN THE LAWRENCE+MEMORIAL HOSPITAL SERVICE AREA IS FAR BELOW THAT OF THE STATE, WITH AFRICAN AMERICAN AND HISPANIC FAMILIES' INCOMES SIGNIFICANTLY LOWER THAN WHITE FAMILIES' INCOMES THE REGION INCLUDES ONE PRIORITY SCHOOL DISTRICT POVERTY RATE HAS INCREASED IN THE GREATER NEW LONDON REGION OVER THE PREVIOUS FOUR YEARS, BUT THIS INCREASE IS GREATER AMONG BLACK OR AFRICAN AMERICANS (FROM 19 1% IN 2015 TO 21 9% IN 2018, THE MOST RECENT YEAR FOR WHICH DATA ARE AVAILABLE) OVER THE YEARS, HISPANICS OR LATINOS HAD HIGHER POVERTY RATES THAN OTHER SUBGROUPS AMONG GNL RESIDENTS, BUT IN THE RECENT YEARS POVERTY RATES HAVE STARTED TO FLUCTUATE FOR THIS SUB-GROUP (FROM 30 6% IN 2015, AND 29 1% IN 2017, TO 30 4% IN 2018) IN 2018 THE PERCENTAGE OF FAMILIES WITH CHILDREN WHO LIVE BELOW POVERTY LEVEL IN GREATER NEW LONDON HAVE STARTED TO DECREASE FROM 13 1% IN 2017 TO 10% IN 2018 (THE MOST RECENT YEAR FOR WHICH DATA ARE AVAILABLE) HOWEVER, THIS INDICATOR DEMONSTRATE MARKED DISPARITIES AMONG COMMUNITIES WITHIN THE REGION NEW LONDON HAS 38% OF ITS FAMI

Form and Line Reference	Explanation
PART VI, LINE 4	LIES WITH CHILDREN LIVING BELOW POVERTY LEVEL, WHICH IS HIGHER THAN 2017 RATE OF 37.7% THE NEXT HIGHEST COMMUNITY WITH IS STONINGTON WITH 14.2%, FOLLOWED BY GROTON WITH 12.7% OVERALL THE PERCENTAGE OF FAMILIES LIVING IN POVERTY IN NEW LONDON IS 25.1%, WHICH IS HIGHER THAN THE PERCENTAGE IN 2017 (23.8%) AND DOUBLE AND A HALF THE REGION'S AVERAGE OF 10%

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	LAWRENCE+MEMORIAL HOSPITAL'S COMMUNITY BENEFIT PROGRAMS AND SERVICES FORWARD THE ORGANIZATIONAL MISSION AND ALIGN WITH THE PRINCIPLES AS SET FORTH IN THE ORGANIZATION'S COMMUNITY BENEFIT POLICY THOSE PRINCIPLES INCLUDE 1 EMPHASIS ON PROGRAMS TO MEET A SIGNIFICANT UNMET HEALTH NEED INCLUDING EFFORTS TO IDENTIFY AND INCLUDE VULNERABLE POPULATIONS OR THOSE MOST AT-RISK AS DETERMINED BY RISK FACTORS WHICH PREDISPOSE THOSE POPULATIONS TOWARD A HIGHER INCIDENCE OF DISEASE AND/OR BARRIERS TO OBTAINING APPROPRIATE HEALTHCARE 2 EMPHASIS ON PRIMARY PREVENTION AND INCLUDING AT LEAST ONE OF THREE PRIMARY PREVENTION STRATEGIES HEALTH PROMOTION, DISEASE PREVENTION, AND HEALTH PROTECTION HEALTH PROMOTION ENTAILS ENCOURAGING HEALTHY LIFESTYLES, DISEASE PREVENTION FOCUSES ON INDIVIDUALS IDENTIFIED AS AT-RISK FOR HEALTH PROBLEMS, HEALTH PROTECTION ACTIVITIES INFLUENCE THE ENVIRONMENT TO SUPPORT HEALTHY BEHAVIORS 3 PROGRAMS SHOULD DEVELOP EVIDENCE-BASED LINKS BETWEEN CLINICAL SERVICES AND HEALTH IMPROVEMENT ACTIVITIES DELIVERED BOTH INSIDE AND OUTSIDE THE HOSPITAL 4 PROGRAMS SHOULD FOCUS ON TARGETING CHARITABLE RESOURCES THAT MOBILIZE AND BUILD CAPACITY WITHIN EXISTING COMMUNITY ASSETS WHILE MINIMIZING DUPLICATION OF EFFORT 5 PROGRAMS SHOULD EMPHASIZE COLLABORATION WITH COMMUNITY STAKEHOLDERS AS EVIDENCED BY THE WIDE RANGE OF COMMUNITY BENEFIT PROGRAMS AND SERVICES OFFERED, LAWRENCE+MEMORIAL HOSPITAL IS ENGAGED IN MEETING THE IDENTIFIED HEALTH NEEDS OF THE COMMUNITIES WE SERVE THERE IS AN ORGANIZATIONAL HISTORY OF COLLECTING DATA TO DETERMINE HOW BEST TO DIRECT OUR RESOURCES AND HOW TO MAKE THE GREATEST IMPACT IN PROMOTING COMMUNITY HEALTH OUR ANNUAL COMMUNITY BENEFIT REPORT PUBLICATION DESCRIBES A SAMPLING OF PROGRAMS AND THE AMOUNT OF INVESTMENT THAT LAWRENCE+MEMORIAL HOSPITAL MAKES IN CARRYING OUT THESE PROGRAMS COMMUNITY INVOLVEMENT IN GOVERNANCE AND ADVISORY GROUPSCOMMUNITY ENGAGEMENT IN THE PLANNING, IMPLEMENTATION AND EVALUATION OF LAWRENCE+MEMORIAL HOSPITAL INITIATIVES IS OF UTMOST IMPORTANCE CONSUMERS AND STAKEHOLDER ORGANIZATIONS PARTICIPATE IN A RANGE OF ACTIVITIES SO AS TO ENSURE THAT MANY PERSPECTIVES ARE CONSIDERED, INCLUDING THE PATIENT AND FAMILY ADVISORY COUNCIL THE COUNCIL WORKS TO IMPROVE THE QUALITY OF CARE AND PATIENT EXPERIENCE WITH A PATIENT AND FAMILY CENTERED APPROACH IT ALSO IDENTIFIES AND PROMOTES OPPORTUNITIES FOR COMMUNICATION AND COLLABORATION AMONG PATIENTS AND FAMILIES, HEALTH CARE PROFESSIONALS AND THE COMMUNITY THROUGH THE PRESS GANEY SURVEYS, WE RECEIVE WRITTEN COMMENTS FROM PATIENTS AND FAMILIES THAT WE VIEW AS VALUABLE FEEDBACK ON HOW WE CAN IMPROVE OUR SERVICES AND THE PATIENT EXPERIENCE THE PATIENT EXPERIENCE TEAM AT LAWRENCE+MEMORIAL HOSPITAL RECEIVES ONGOING FEEDBACK FROM CONSUMERS AND COMMUNITY MEMBERS ABOUT THEIR EXPERIENCES THEY OFTEN IDENTIFY OPPORTUNITIES FOR IMPROVEMENT, WHICH IS SHARED WITH LEADERS THROUGHOUT THE ORGANIZATIONAS A COMMUNITY HEALTH CARE SERVICES PROVIDER, LAWRENCE+MEMORIAL HOSPITAL REMAINS ATTENTIVE TO HEALTH AND WELL-BEING THROUGH EDUCATION, OUTREACH AND OTHER INNOVATIVE SERVICES DURING FISCAL YEAR 2019, LAWRENCE+MEMORIAL HOSPITAL PROVIDED OVER \$41 MILLION IN COMMUNITY BENEFITS THROUGH FINANCIAL AND IN-KIND CONTRIBUTIONS IN FIVE WIDE-RANGING PROGRAMS GUARANTEEING ACCESS TO CARE, PROMOTING HEALTH AND WELLNESS, ADVANCING CAREERS IN HEALTH CARE, RESEARCH, AND CREATING HEALTHIER COMMUNITIES LAWRENCE+MEMORIAL HOSPITAL ALSO CONTRIBUTES TO THE COMMUNITY IN WAYS THAT ARE NOT QUANTIFIED AS PART OF COMMUNITY BENEFITS AND SERVES AS AN IMPORTANT COMMUNITY RESOURCE THIS INCLUDES HAVING A COMMUNITY-BASED BOARD OF TRUSTEES WITH MANY MEMBERS RESIDING OR WORKING IN THE AREA SERVED BY THE HOSPITAL THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY LAWRENCE+MEMORIAL HOSPITAL, FOUNDED IN 1912, IS A 308-BED HOSPITAL SERVING 13,660 INPATIENTS AND 314,564 OUTPATIENT ENCOUNTERS IN 2019 LAWRENCE+MEMORIAL HOSPITAL IS ONE OF THE LARGEST PRIVATE EMPLOYERS IN SOUTHEASTERN CT WITH 2343 EMPLOYEES IN 2019 IN FISCAL YEAR 2019 THERE WERE A TOTAL OF 699 MEMBERS OF THE LAWRENCE+MEMORIAL HOSPITAL MEDICAL STAFF

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	L+M HEALTHCARE IS AFFILIATED WITH THE YALE NEW HAVEN HEALTH SYSTEM. THE ENTITIES OF L+M HEALTHCARE INCLUDE LAWRENCE+MEMORIAL HOSPITAL, THE VISITING NURSE ASSOCIATION OF SOUTHEASTERN CT (VNASC), AND WESTERLY HOSPITAL (RHODE ISLAND,) EACH OF WHICH HAVE A ROLE IN PROMOTING THE HEALTH OF OUR COMMUNITIES. THE LAWRENCE+MEMORIAL HOSPITAL ROLE IS DESCRIBED IN QUESTION 5 ABOVE AND WESTERLY HOSPITAL OPERATES IN SIMILAR FASHION IMPLEMENTING COMMUNITY HEALTH IMPROVEMENT ACTIVITIES, PROVIDING OPPORTUNITIES FOR HEALTH PROFESSIONS STUDENTS, ENSURING ACCESS TO CARE, PROMOTING PRIMARY PREVENTIVE CARE, PROVIDING SUBSIDIZED HEALTH SERVICES AND SERVING AS A SAFETY NET PROVIDER. VNASC CARES FOR EVERYONE FROM THE ELDERLY WHO WISH TO REMAIN IN THEIR HOMES FOR AS LONG AS THEY CAN AND PATIENTS RECOVERING FROM SURGERY OR ILLNESS, TO NEW MOTHERS, SCHOOLCHILDREN, AND THE HOMELESS USING THE MOST CURRENT MEDICAL ADVANCES AND TECHNOLOGIES IN HOME HEALTHCARE, AND STRENGTHEN COMMUNITY RESOURCES FOR EVERYONE. THE YALE NEW HAVEN HEALTH SYSTEM'S FUNDAMENTAL MISSION IS TO ENSURE THAT THE DELIVERY NETWORKS SUCH AS LAWRENCE+MEMORIAL HOSPITAL ASSOCIATED WITH THE SYSTEM PROMOTE THE HEALTH OF THE COMMUNITIES THEY SERVE AND ENSURE THAT ALL PATIENTS HAVE ACCESS TO APPROPRIATE HEALTHCARE SERVICES. THE YALE NEW HAVEN HEALTH SYSTEM REQUIRES ITS HOSPITALS TO INCORPORATE PLANS TO PROMOTE HEALTHY COMMUNITIES WITHIN THE HOSPITAL'S EXISTING BUSINESS PLANS FOR WHICH THEY ARE HELD ACCOUNTABLE. IN ADDITION, REGULAR REPORTING ON COMMUNITY BENEFITS IS REQUIRED ON A QUARTERLY BASIS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	CT

Additional Data

Software ID:
Software Version:
EIN: 06-0646704
Name: LAWRENCE MEMORIAL HOSPITAL INC

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	LAWRENCE MEMORIAL HOSPITAL 365 MONTAUK AVE NEW LONDON, CT 06320 WWW.LMHOSPITAL.ORG 0047	X	X					X	X		

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

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

Form and Line Reference	Explanation
LAWRENCE + MEMORIAL HOSPITAL	PART V, SECTION B, LINE 3J IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) COMPONENTS LISTED, THE LMH CHNA REPORT INCLUDED ANALYSIS OF THE DATA IN TERMS OF STRENGTHS AND OPPORTUNITIES FOR ACTION THIS ANALYSIS WAS USED IN CREATING THE COMMUNITY HEALTH IMPLEMENTATION PLAN
LAWRENCE + MEMORIAL HOSPITAL	PART V, SECTION B, LINE 5 COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE CHNA PROCESS WHICH WAS LED BY THE COORDINATING TEAM OF THE HEALTH IMPROVEMENT COLLABORATIVE WITH REPRESENTATIVES FROM LAWRENCE + MEMORIAL HOSPITAL, LEDGE LIGHT HEALTH DISTRICT (THE REGIONAL LOCAL PUBLIC HEALTH ENTITY), CONNECTICUT COLLEGE, THAMES VALLEY COUNCIL FOR COMMUNITY ACTION (ANTI-POVERTY AGENCY), THE COMMUNITY FOUNDATION OF SE CT, THE NEW LONDON NAACP, AND FRESH NEW LONDON (FOOD JUSTICE ORGANIZATION) EACH OF THESE ORGANIZATIONAL REPRESENTATIVES HAS ENDEAVORED TO BRING THE VOICE OF THE COMMUNITIES THEY SERVE THROUGHOUT, PARTNERS SOUGHT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY THROUGH COMMUNITY MEETINGS AND INCLUSION OF RESIDENTS AND COMMUNITY PARTNERS IN THE PRIORITIZATION AND IMPLEMENTATION PLANNING PROCESS PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABOUT HEALTH ISSUES, WHILE LEADERS AND REPRESENTATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE COMMUNITY SERVED BY THE HOSPITAL, INCLUDING MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS SCHEDULE H, PART V, SEC B, LINE 7A AND 10A HTTPS //WWW.LMHOSPITAL.ORG/ABOUT/COMMUNITY-INVOLVEMENT/COMMUNITY-PARTNERSHIPS.ASPX AND HTTPS //WWW.LLHD.ORG/ABOUT-US/ASSESSMENT

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

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

Form and Line Reference	Explanation
LAWRENCE + MEMORIAL HOSPITAL	PART V, SECTION B, LINE 6B THE CHNA WAS GUIDED BY THE HEALTH IMPROVEMENT COLLABORATIVE OF SOUTHEASTERN CT, A COALITION OF HEALTH CARE PROVIDERS, LOCAL PUBLIC HEALTH, FEDERALLY QUALIFIED HEALTH CENTERS, PHILANTHROPY, HIGHER EDUCATION, RESIDENTS, AND NUMEROUS NON-PROFIT ORGANIZATIONS SERVING THE REGION PARTNERS INCLUDE SOUTHEASTERN MENTAL HEALTH AUTHORITYTHAMES VALLEY COUNCIL FOR COMMUNITY ACTIONSE REGIONAL ACTION COUNCILTOWN OF GROTON, PARKS AND RECREATIONTHE HEALTH EDUCATION CENTERNEW LONDON RECREATION DEPARTMENTUNITED COMMUNITY AND FAMILY SERVICESNEW LONDON POLICE DEPARTMENTTTHAMES VALLEY COUNCIL FOR COMMUNITY ACTIONCHILD AND FAMILY AGENCYMINISTERIAL ALLIANCE OF SECTL+M HOSPITALCONNECTICUT COLLEGELECT LEGAL SERVICESVISITING NURSE ASSOCIATION OF SE CTCOMMUNITY HEALTH CENTER, INC SE CT ENTERPRISE REGIONALLIANCE FOR LIVINGSOUND COMMUNITY SERVICESSE CT COUNCIL OF GOVERNMENTS FRESH NLLEDGE LIGHT HEALTH DISTRICTUNCAS HEALTH DISTRICTHISPANIC ALLIANCENEW LONDON HUMAN SERVICESNEW LONDON NAACP COMMUNITY FOUNDATION OF E CTGROTON TOWN MANAGERMAYOR, CITY OF NEW LONDONTOWN OF WATERFORD DEPARTMENT OF PLANNINGTOWN OF GROTON DEPARTMENT OF PLANNINGCONNECTICUT COLLEGE MASHANTUCKET PEQUOT TRIBAL NATIONUNITED WAY OF SOUTHEASTERN CTMOHEGAN TRIBAL HEALTH DEPARTMENTHIGHER EDGE
LAWRENCE + MEMORIAL HOSPITAL	PART V, SECTION B, LINE 7D IN THE GREATER NEW LONDON AREA, THE COORDINATING TEAM OF THE HEALTH IMPROVEMENT COLLABORATIVE HAS LED THE EFFORTS TO SHARE CHNA FINDINGS AS WELL AS IN MAKING PROGRESS IN ADDRESSING THOSE FINDINGS TRANSPARENCY AND FREQUENCY OF COMMUNICATIONS HAS BEEN IDENTIFIED AS A CORE VALUE OF THE COLLABORATIVE CHNA FINDINGS WERE PRESENTED AT A MEETING OF THE HEALTH IMPROVEMENT COLLABORATIVE ON MAY 29, 2019 AND AT A MEETING OF COMMUNITY AND LOCAL AGENCY LEADERSHIP ON SEPTEMBER 11, 2019 IN ATTENDANCE WERE COMMUNITY PARTNERS REPRESENTING OTHER NON-PROFIT ORGANIZATIONS, BUSINESS LEADERS, INDIVIDUALS REPRESENTING THE EDUCATION SECTOR, HOSPITAL STAFF, MEMBERS OF THE MEDIA, AND COMMUNITY MEMBERS PRINTED COPIES OF THE REPORT HAVE BEEN AVAILABLE FOR THOSE INTERESTED AND THE REPORT IS POSTED ON THE HOSPITAL AND PARTNER AGENCIES WEBSITES A PUBLIC COMMENT PERIOD WAS ALSO MADE AVAILABLE FOR THE 2016 CHNA AS PART OF THE 2019 CHNA PROCESS PUBLIC NOTICES WERE PLACED IN EACH OF THE MAJOR NEWSPAPERS IN THE LOCAL DELIVERY NETWORKS GEOGRAPHY REQUESTING COMMENT THE PUBLIC COMMENT PERIOD WILL BE REPEATED ANNUALLY (E G 2019, 2020, AND 2021) AS PART OF THE 2022 CHNA PROCESS

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

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

Form and Line Reference	Explanation
LAWRENCE + MEMORIAL HOSPITAL	PART V, SECTION B, LINE 11 FOLLOWING THE COMPLETION OF THE 2019 CHNA, THE HEALTH IMPROVEMENT COLLABORATIVE OF SE CT ENGAGED IN A PROCESS TO PRIORITIZE ISSUES AND DEVELOP STRATEGIES TO IMPROVE HEALTH AND WELL-BEING IN THE REGION IN ORDER TO CONSIDER ALL OF THE DATA COLLECTED, THE COLLABORATIVE FACILITATED PRIORITIZATION MEETINGS IN MAY AND JUNE OF 2019 AND DEVELOPED THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) PRIORITIES WERE SELECTED WITH PRIMARY ATTENTION TO THE RACIAL DISPARITIES HIGHLIGHTED IN MULTIPLE HEALTH DRIVERS AND OUTCOMES AS REVEALED IN THE ASSESSMENT PROCESS THE RESULTANT ACTION TEAMS ARE FOCUSED ON SPECIFIC OUTCOMES OR POPULATIONS INCLUDING ACCESS TO CARE (PARTICULARLY FOR LOW INCOME POPULATIONS), THE BLACK HEALTH COLLECTIVE (SPECIFICALLY ADDRESSING DISPARITIES AMONG BLACK/AFRICAN AMERICAN AREA RESIDENTS), THE OVERDOSE ACTION TEAM (SPECIFICALLY THE OVERDOSE CRISIS) AND THE HISPANIC ALLIANCE MENTAL HEALTH NETWORK (ADDRESSING DISPARITIES REVEALED AMONG LATINX AREA RESIDENTS) HOWEVER, THE WORK TO ADDRESS HEALTH DISPARITIES CANNOT BE LIMITED TO THESE TEAMS SIGNIFICANT ACTION IS REQUIRED OF THE MULTIPLE SECTORS AND PARTNERS ON THE HEALTH IMPROVEMENT COLLABORATIVE (HIC) AS SUCH, THE HIC HAS PRIORITIZED ADDRESSING RACISM AS A PUBLIC HEALTH ISSUE IN ADDITION TO THE ACTION TEAM EFFORTS DESCRIBED ABOVE BASED ON THE FINDINGS OF THE CHNA, TWO COMMUNITY HEALTH IMPROVEMENT PLANS (CHIPS) WERE DEVELOPED THE FIRST WAS CREATED WITH COMMUNITY PARTNERS/EXTERNAL ORGANIZATIONS AND PROVIDES A ROADMAP FOR THE ACTION TEAMS THE SECOND CHIP REVOLVES AROUND COLLABORATION WITH INTERNAL HOSPITAL STAKEHOLDERS TO CREATE OPPORTUNITIES FOR THE HOSPITAL-BASED IMPLEMENTATION STRATEGIES IN PARTNERSHIP WITH OTHER ORGANIZATIONS, ALL OF THE AREAS PRIORITIZED ARE BEING ADDRESSED A DRIVING PHILOSOPHY OF LAWRENCE+MEMORIAL HOSPITAL'S COMMUNITY BENEFIT EFFORTS IS TO BUILD ON COMMUNITY RESOURCES, PROGRAMS AND SERVICES AND TO NOT DUPLICATE THEM AS SUCH, IN EXAMINING EACH OF THE PRIORITIZED COMMUNITY HEALTH NEEDS, EXISTING COMMUNITY ASSETS WERE IDENTIFIED BEFORE CONSIDERING ANY NEW STRATEGIES THAT LAWRENCE+MEMORIAL HOSPITAL MIGHT INITIATE AND/OR THOSE TO BE CONTINUED WHERE THERE IS AN EXISTING COMMUNITY-BASED PROGRAM ADDRESSING ANY OF THE PRIORITIZED NEEDS, OR DUE TO RESOURCE LIMITATIONS, LAWRENCE+MEMORIAL HOSPITAL WILL WORK TO SUPPORT AND BUILD CAPACITY OF THOSE PROGRAMS RATHER THAN TO CREATE SOMETHING NEW LAWRENCE+MEMORIAL HOSPITAL AND ITS COMMUNITY PARTNERS ARE ACTIVELY ENGAGED TO MEET IDENTIFIED COMMUNITY NEEDS IN ADDITION, LAWRENCE+MEMORIAL HOSPITAL HAS CONTINUED EXISTING PROGRAMS, SERVICES AND INITIATIVES IN THE AREAS OF ASTHMA, DIABETES, MATERNAL AND CHILD HEALTH, AND BREAST AND CERVICAL CANCER AND CARDIOVASCULAR DISEASE PREVENTION AND EARLY DETECTION
LAWRENCE + MEMORIAL HOSPITAL	PART V, SECTION B, LINE 13H THESE PROGRAMS COVER EMERGENCY AND OTHER MEDICALLY NECESSARY CARE ONLY

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
LAWRENCE + MEMORIAL HOSPITAL	PART V, SECTION B, LINE 16J WEBSITE PROVIDES DIRECT EMAIL LINK TO FINANCIAL COUNSELORS
LAWRENCE + MEMORIAL HOSPITAL	PART V, SECTION B, LINE 18E THE SYSTEM FINANCIAL ASSISISTANCE POLICY PERMITS THE SYSTEM TO PLACE A PROPERTY LIEN

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16A, 16B AND 16C	WWW LMHOSPITAL ORG/PATIENTS-VISITORS/PATIENTS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE ASPX

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
LAWRENCE MEMORIAL HOSPITAL INC

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number
06-0646704

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **6**

3 Enter total number of other organizations listed in the line 1 table **2**

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) TRANSPORTATION, PATIENT ASSISTANCE FUNDING, ENSURE DISTRIBUTION PROGRAM	1869	34,534	95,573	CASH	TRANSPORTATION VOUCHERS
(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
FORM 990, SCHEDULE I, PART IV	NONE OF THE AMOUNTS REPORTED ON SCHEDULE I, PART II ARE GRANTS THESE AMOUNTS ARE DONATIONS AND SPONSORSHIPS GIVEN TO ORGANIZATIONS TO ASSIST IN THE FURTHERANCE OF ITS CHARITABLE MISSION LAWRENCE + MEMORIAL HOSPITAL ("LMH") CARRIES OUT DUE DILIGENCE IN PROVIDING MONETARY ASSISTANCE ONLY TO QUALIFYING 501(C)(3) ORGANIZATIONS THAT COMPLEMENT ITS MISSION OR SUPPORT SERVED LMH VERIFIES EACH ORGANIZATION'S EIN AS LISTED ON IRS FORM W-9 THAT HAS BEEN SUBMITTED TO LMH ASSISTANCE DONATED BY LMH TO THESE QUALIFYING ORGANIZATIONS IS NOT OUTCOMES-BASED AND IS GIVEN IN SUPPORT OF AN INDIVIDUAL ORGANIZATION'S FUNDRAISING EVENTS OR IN SUPPORT OF DIRECT SERVICES LMH MAINTAINS FULL AND COMPLETE RECORDS OF ALL MONETARY ASSISTANCE PROVIDED BUT LMH DOES NOT MONITOR SPECIFIC FUNDS

Additional Data

Software ID:
Software Version:
EIN: 06-0646704
Name: LAWRENCE MEMORIAL HOSPITAL INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAMBER OF COMMERCE OF EASTERN CONNECTICUT 914 HARTFORD TURNPIKE WATERFORD, CT 06385	06-0475490	501C6	13,500				SUPPORT ORGANIZATION
EASTERN CT SYMPHONY ORCHESTRA 289 STATE STREET NEW LONDON, CT 06320	06-6068892	501C3	11,900				SUPPORT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CT CANCER FOUNDATION 15 NORTH MAIN STREET OLD SAYBROOK, CT 06475	06-1240574	501C3	26,000				SUPPORT ORGANIZATION
NEW LONDON ROTARY FOUNDATION INC PO BOX 654 NEW LONDON, CT 06320	06-1395784	501C3	7,200				SUPPORT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THREE RIVERS COLLEGE FOUNDATION 574 NEW LONDON TURNPIKE NORWICH, CT 06360	23-7303151	501C3	6,500				SUPPORT ORGANIZATION
CHILDRENS MUSEUM OF SOUTHEASTERN CONNECTICUT 409 MAIN STREET NIANTIC, CT 06357	11-2113076	501C3	6,000				SUPPORT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MYSTIC CHAMBER OF COMMERCE 14 HOLMES STREET MYSTIC, CT 06355	06-0861879	501C6	6,000				SUPPORT ORGANIZATION
JEWISH FEDERATION OF EASTERN CONNECTICUT 28 CHANNING STREET NEW LONDON, CT 06320	23-7121362	501C3	6,000				SUPPORT ORGANIZATION

Schedule J (Form 990) Department of the Treasury Internal Revenue Service	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No 1545-0047 2018 Open to Public Inspection
	Name of the organization LAWRENCE MEMORIAL HOSPITAL INC	Employer identification number 06-0646704

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

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

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

See Additional Data Table**Schedule J (Form 990) 2018**

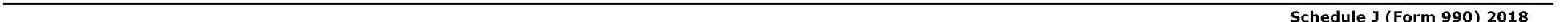
Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 3	THE FILING ORGANIZATION DOES NOT HAVE AND/OR COMPENSATE ITS OWN CEO/EXECUTIVE DIRECTOR. INDIVIDUALS LISTED ON PART VII AS OFFICERS OF THE CORPORATION ARE EMPLOYEES OF A RELATED ORGANIZATION(S) AND COMPENSATED THROUGH THE RESPECTIVE RELATED ORGANIZATION(S). THE METHOD(S) USED BY THE RELATED ORGANIZATION(S) FOR DETERMINING COMPENSATION FOR THESE INDIVIDUALS ARE: -COMPENSATION COMMITTEE -INDEPENDENT COMPENSATION CONSULTANT -WRITTEN EMPLOYMENT CONTRACT -COMPENSATION SURVEY OR STUDY -APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

Return Reference	Explanation
PART I, LINES 4A-B	TWO INDIVIDUALS LISTED BELOW RECEIVED SEVERANCE AND TWO INDIVIDUAL(S) LISTED BELOW PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN OF A RELATED ORGANIZATION THESE ACCRUALS ARE INCLUDED IN THE AMOUNTS REPORTED IN PART II, COLUMN C (DEFERRED COMPENSATION) AND REPRESENTS BOTH THE REPORTING ENTITY'S AND RELATED ENTITY'S COMBINED AMOUNTS THAT HAVE NOT YET BEEN VESTED CONSISTENT WITH THE COMPENSATION REPORTING PER IRS SEVERANCE NONQUALIFIED EQUITY-BASED KAREN BUCK \$189,801 \$0 \$0 KAREN RAMUS-STONE \$141,129 \$0 \$0 PATRICK GREEN \$0 \$114,958 \$0 PRATHIBHA VARKEY \$0 \$168,464 \$0 THE SUPPLEMENTAL RETIREMENT INCOME PLAN (SRIP) / EXECUTIVE DEFERRED COMPENSATION ACCOUNT PLAN (EDCAP) ARE DESIGNED TO ENSURE THE PAYMENT OF A COMPETITIVE LEVEL OF RETIREMENT INCOME WHEN ADDED TO OTHER SOURCES OF RETIREMENT INCOME IN ORDER TO ATTRACT AND RETAIN KEY MANAGEMENT EMPLOYEES SERVING AS CORPORATE OFFICERS THE PLAN PROVIDES SUPPLEMENTAL RETIREMENT INCOME THROUGH AN UNFUNDED, NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT UNDER SECTION 457(F) AND THROUGH A DEFERRED COMPENSATION PLAN UNDER SECTION 409A OF THE INTERNAL REVENUE CODE AND A MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES' PLAN UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA)

Return Reference	Explanation
PART I, LINE 7	THE SHORT TERM INCENTIVE PLAN (STIP) IS A VARIABLE COMPENSATION PLAN WHICH PROVIDES ONE-TIME PAYMENTS TO ELIGIBLE MEMBERS OF MANAGEMENT IN RECOGNITION OF THE ACCOMPLISHMENT OF KEY ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE OBJECTIVES PERFORMANCE LEVELS ARE ESTABLISHED AND REVIEWED ANNUALLY AT THRESHOLD, TARGET AND MAXIMUM LEVELS, ACCORDING TO PLANNED "STRETCH" GOALS AND OBJECTIVES INCENTIVE AWARD OPPORTUNITIES ARE ESTABLISHED ACCORDING TO MARKET PRACTICES BASED ON EACH ELIGIBLE POSITION'S RESPONSIBILITIES, PERFORMANCE AND LEVEL OF AUTHORITY PERFORMANCE RELATIVE TO STIP AWARD OPPORTUNITIES INCORPORATES A BROAD SPECTRUM OF PRE-DEFINED FINANCIAL AND NON-FINANCIAL METRICS THAT ARE ALIGNED WITH ORGANIZATIONAL MISSION AND VALUES



Additional Data

Software ID:

Software Version:

EIN: 06-0646704

Name: LAWRENCE MEMORIAL HOSPITAL INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PATRICK L GREEN PRESIDENT/CEO/TRUSTEE	(i)	373,970	0	54,017	153,104	12,734	593,825	0
	(ii)	189,238	0	27,334	77,475	6,443	300,490	0
DAVID F REISFELD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	345,180	12,789	24,175	17,132	13,911	413,187	4,951
PRATHIBHA VARKEY TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	744,019	204,216	55,792	278,814	7,852	1,290,693	0
MAUREEN ANDERSON ASSISTANT SECRETARY	(i)	17,899	2,768	2,959	1,101	1,078	25,805	0
	(ii)	291,713	45,117	48,232	17,949	17,568	420,579	0
KIMBERLY KALAJAINEN VP CIO AND TRUSTEE	(i)	250,531	73,187	1,225	6,758	25,353	357,054	0
	(ii)	0	0	0	0	0	0	0
KAREN BUCK ASSOCIATE CNO	(i)	121,324	4,500	194,872	0	3,191	323,887	0
	(ii)	0	0	0	0	0	0	0
WILLIAM STANLEY VP DEVELOPMENT	(i)	210,807	47,842	1,782	9,309	20,876	290,616	12,022
	(ii)	0	0	0	0	0	0	0
CAREN LEWIS VP PATIENT CARE	(i)	223,369	25,500	1,518	12,128	12,508	275,023	0
	(ii)	0	0	0	0	0	0	0
KAREN RAMUS-STONE DIRECTOR	(i)	81,022	0	160,129	4,074	13,863	259,088	0
	(ii)	0	0	0	0	0	0	0
SETH VAN ESSENDELFT FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	148,213	90,346	69,592	22,287	19,609	350,047	0

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
LAWRENCE MEMORIAL HOSPITAL INC

Supplemental Information on Tax-Exempt Bonds

- Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number

06-0646704

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CHEFA - SERIES G	06-0806186	000000000	10-10-2013	30,000,000	CONSTRUCTION		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	5,215,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	30,000,152							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	299,001							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	29,701,151							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2014							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 200 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6 Total of lines 4 and 5	0 200 %							
7 Does the bond issue meet the private security or payment test? . . .		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME CHEFA - SERIES G DATE THE REBATE COMPUTATION WAS PERFORMED 10/10/2018

Return Reference	Explanation
PART II, LINE 3 SERIES G	THE DIFFERENCE BETWEEN THE ISSUE PRICE REPORTED ON PART I, COLUMN (E) AND TOTAL PROCEEDS REPORTED ON PART II, LINE 3 IS DUE TO INVESTMENT EARNINGS

Return Reference	Explanation
PART III, LINE 3B	THE ORGANIZATION HAS IN-HOUSE LEGAL STAFF WHO PROVIDE ROUTINE REVIEW OF MANAGEMENT OR SERVICE CONTRACTS OR RESEARCH AGREEMENTS RELATING TO THE FINANCED PROPERTY TO ENSURE THAT SUCH AGREEMENTS ARE COMPLIANT WITH APPLICABLE SAFE HARBORS IN-HOUSE COUNSEL CONSULT WITH THE HOSPITAL'S OUTSIDE BOND COUNSEL AS NEEDED, INCLUDING ON NON-ROUTINE ISSUES

Return Reference	Explanation
PART III, LINE 9 & PART V	THE ORGANIZATION HAS POLICIES AND PROCEDURES IN PLACE TO ENSURE COMPLIANCE WITH FEDERAL TAX LAW, AND TO TIMELY IDENTIFY NONCOMPLIANCE IN THE EVENT OF NON-COMPLIANCE THE ORGANIZATION WOULD INVOLVE ITS LEGAL COUNSEL TO ADVISE REGARDING APPROPRIATE REMEDIATION

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493226009110
SCHEDULE O (Form 990 or 990-EZ)	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 <u>www.irs.gov/Form990</u> for the latest information.		OMB No 1545-0047
			2018
Department of the Treasury			Open to Public Inspection
Name of the organization LAWRENCE MEMORIAL HOSPITAL INC		Employer identification number 06-0646704	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	FOUNDED IN 1912, LAWRENCE + MEMORIAL (L+M) HOSPITAL IS A 308-BED, NOT-FOR-PROFIT, GENERAL ACUTE CARE HOSPITAL THAT PROVIDES MEDICAL, SURGICAL, PEDIATRIC, PSYCHIATRIC AND OBSTETRIC SERVICES TO THE COMMUNITIES OF SOUTHEASTERN CONNECTICUT, FISHERS ISLAND, NEW YORK, AND WASHINGTON COUNTRY, RHODE ISLAND. L+M OFFERS CARDIAC ACUTE, STEP-DOWN AND REHABILITATION PROGRAMS AND IS THE ONLY EASTERN CONNECTICUT HOSPITAL THAT PERFORMS EMERGENCY AND ELECTIVE ANGIOPLASTY. THE SMILOW CANCER HOSPITAL CARE CENTER IN WATERFORD PROVIDES MEDICAL ONCOLOGY SERVICES, GYN/ONCOLOGY AND RADIATION ONCOLOGY TO AREA RESIDENTS. INTO ITS THIRD YEAR OF AFFILIATION WITH YALE NEW HAVEN HEALTH, LAWRENCE + MEMORIAL HOSPITAL DEMONSTRATED MEASURABLE IMPROVEMENT IN OPERATING PERFORMANCE, EXPANDED ITS SCOPE OF CLINICAL SERVICES AND STRENGTHENED THE MEDICAL STAFF. THE HOSPITAL FOCUSED ON PATIENT CARE, QUALITY, SAFETY AND SERVICE IMPROVEMENT AS WELL AS COMMUNITY HEALTH. TO IMPROVE ACCESS TO HEALTH CARE IN THE NEW LONDON AREA, THE HOSPITAL EXPANDED ITS PRIMARY CARE NETWORK CONDUCTED KEY SPECIALTY RECRUITMENTS IN GENERAL SURGERY, CARDIOLOGY, OBSTETRICS/MIDWIFERY, UROLOGY, VASCULAR SURGERY AND PULMONOLOGY. BUILDING CANCER PROGRAMMING TO MEET THE REGION'S NEED, THE HOSPITAL ENHANCED ONCOLOGY SERVICES AT SMILOW CANCER HOSPITAL CARE CENTER IN WATERFORD WITH THE ADDITION OF NEW PHYSICIANS, INCLUDING A BREAST SURGEON. NEUROSCIENCES CARE WAS EXPANDED THROUGH A COLLABORATION WITH YALE MEDICINE NEUROLOGY SPECIALISTS. OTHER CLINICAL ENHANCEMENTS INCLUDED THE EXPANSION OF UROLOGY SERVICES, THE ADDITION OF ADVANCED SERVICES TO THE EXISTING CARDIAC CATH LAB, AND THE OPTIMIZATION OF AMBULATORY SERVICES THROUGH THE RELOCATION OF PROGRAMS SUCH AS CRITICAL LIMB ISCHEMIA AND PAIN MANAGEMENT. TO HELP ENSURE A HIGH QUALITY, PATIENT CARE ENVIRONMENT, L+M LAUNCHED A MASTER FACILITY PLANNING PROCESS AND DEVELOPED A RENOVATION AND EXPANSION PLAN FOR THE EMERGENCY DEPARTMENT FOR 2020. ADDITIONAL INFRASTRUCTURE IMPROVEMENTS INCLUDED AN UPGRADED ROBOTICS PROGRAM, WHICH ALLOWS MORE COMPLEX SURGERIES TO REMAIN AT L+M FOR UROLOGY, COLORECTAL AND GYN/ONCOLOGY CARE. AS PART OF YALE NEW HAVEN HEALTH, THE HOSPITAL JOINED IN SYSTEMWIDE QUALITY AND SAFETY ISSUES. WITH A FOCUS ON REDUCING READMISSIONS, SERIOUS SAFETY EVENTS AND HOSPITAL-ACQUIRED INFECTIONS (HAIs), TEAMS AT L+M EXPANDED HIGH RELIABILITY ORGANIZATION TRAINING TO PHYSICIANS AND ADVANCED PRACTICE PROVIDERS. STAFF CONTINUED TO PARTICIPATE IN DAILY SAFETY HUDDLES THAT ARE ALIGNED WITH THE HEALTH SYSTEM TO ENSURE CONTINUITY. WITH THESE AND OTHER SAFETY INITIATIVES IN PLACE, L+M EXCEEDED TARGETS IN REDUCING HOSPITAL-ACQUIRED INFECTIONS (HAIs). L+M ALSO RENOVATED UNITS TO ENSURE THEY ARE LIGATURE FREE AND SAFE FOR PATIENTS WHILE ALSO EDUCATING STAFF AND PROVIDERS ON POLICIES RELATED TO POTENTIALLY SUICIDAL PATIENTS. IN RECOGNITION OF ITS COMMITMENT TO PROVIDING SAFE, QUALITY PATIENT CARE, L+M ACHIEVED JOINT COMMISSION ACCREDITATION AND SPINE PROGRAM CERTIFICATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	TION THE HOSPITAL ALSO RECEIVED AN OVERALL FOUR-STAR RATING FROM CMS HOSPITAL COMPARE WEB SITE STRATEGIES TO IMPROVE THE PATIENT EXPERIENCE FOCUSED ON THE DEVELOPMENT OF A SYSTEMW IDE CARE SIGNATURE MODEL FOR SURGICAL SERVICES AND A PATIENT EXPERIENCE DASHBOARD AS WELL AS THE CREATION OF A SIMPLIFIED BILLING PROCESS TO IMPROVE PATIENTS' FINANCIAL EXPERIENCE TO BETTER REFLECT THE DIVERSITY OF STAFF, PATIENTS AND THE COMMUNITIES IN WHICH THEY LIVE , L+M LAUNCHED DIVERSITY AND INCLUSION COUNCILS FOR ITS WORK, L+M WAS AWARDED THE "LGBTQ HEALTHCARE EQUALITY LEADER" DESIGNATION IN THE HEALTHCARE EQUALITY INDEX 2019, AN ANNUAL S URVEY THAT ENCOURAGES EQUAL CARE FOR LGBTQ AMERICANS BY EVALUATING INCLUSIVE POLICIES AND PRACTICES RELATED TO LGBTQ PATIENTS, VISITORS AND EMPLOYEES L+M CONTINUED TO INVEST IN EF FORTS THAT PROMOTED HEALTHY COMMUNITIES, SUCH AS OPENING A BASKETBALL COURT IN NEW LONDON AND TRANSFORMING AN UNUSED AREA INTO A RECREATIONAL SPACE IN ONE OF THE CITY'S MOST VULNER ABLE NEIGHBORHOODS A PARTNERSHIP WITH THE UNITED WAY MOBILE FOOD PANTRY HELPED TO MAKE AD DITIONAL HEALTH AND SOCIAL SERVICE RESOURCES AVAILABLE ON SITE TO PANTRY PARTICIPANTS CON TINUED INVESTMENTS BY L+M TO FRESH NEW LONDON'S FIVE-YEAR URBAN AGRICULTURE PLANNING PROCE SS BROUGHT MORE THAN 200 PEOPLE FROM ACROSS THE CITY TOGETHER TO PLAN AND BUILD AN "EDIBLE NEW LONDON" FOR ALL RESIDENTS TO HARVEST L+M ALSO CONTINUED ONGOING COMMUNITY INITIATIVE S IN ASTHMA, HIV OUTREACH, MATERNAL AND CHILD HEALTH, BREAST AND CERVICAL CANCER, CARDIOVA SCULAR DISEASE PREVENTION, OPIOID ADDICTION AND HEALTH LITERACY STRATEGIES FOR GROWTH INC LUDED THE DEVELOPMENT OF DIRECT-TO-EMPLOYER PROGRAMS TO HELP EMPLOYERS MANAGE THEIR HEALTH CARE COSTS L+M COLLABORATED WITH THE SYSTEM'S LAUNCH OF AN ON-SITE ELECTRIC BOAT CARDIOLO GY PILOT PARTNERSHIP WITH PREMISE HEALTH AND ALSO INITIATED THE DEVELOPMENT OF A PRIMARY C ARE PROGRAM WITH MOHEGAN SUN THAT INCLUDES MEDICAL OVERSIGHT OF THEIR PROFESSIONAL SPORTS TEAMS AND OVERALL POPULATION HEALTH MANAGEMENT THROUGH ITS AFFILIATION WITH YALE NEW HAVE N HEALTH, L+M CONTINUED TO IMPROVE ITS PERFORMANCE IN FISCAL YEAR 2019 THROUGH STRONG CLIN ICAL PROGRAMS, A CULTURE OF PATIENT SAFETY AND CLINICAL QUALITY, EMPLOYEE AND PHYSICIAN EN GAGEMENT AND STRONG FINANCIAL PERFORMANCE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	PART I, LINE 4 & PART VI, LINE 1B NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING BODY THE ORGANIZATION SOUGHT TO CONFIRM THE INDEPENDENCE OF EACH VOTING MEMBER OF ITS GOVERNING BODY BY REQUESTING THAT EACH SUCH VOTING MEMBER RESPOND TO A QUESTIONNAIRE CONTAINING THE PERTINENT INSTRUCTIONS AND DEFINITIONS AND DESIGNED TO ELICIT THE INFORMATION NECESSARY TO DETERMINE INDEPENDENCE IN THE EVENT THAT THE ORGANIZATION DOES NOT RECEIVE A RESPONSE FROM ANY SUCH VOTING MEMBER, THE ORGANIZATION REVIEWS OTHER INFORMATION KNOWN TO IT REGARDING THE VOTING MEMBER AND MAKES A REASONABLE ASSESSMENT OF INDEPENDENCE BASED ON THAT INFORMATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	CERTAIN OF THE ORGANIZATION'S CURRENT OFFICERS AND/OR TRUSTEES MAY SERVE AS OFFICERS AND/OR DIRECTORS OF TAX-EXEMPT AND TAXABLE AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM OR JOINT VENTURES IN WHICH THE ORGANIZATION'S CORPORATE SYSTEM HAS AN OWNERSHIP INTEREST THE INDIVIDUAL OFFICERS AND/OR TRUSTEES DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN SUCH AFFILIATES AND SERVE ONLY AS A FUNCTION OF THEIR ROLES WITH THE ORGANIZATION OR WITHIN THE ORGANIZATION'S CORPORATE SYSTEM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	LAWRENCE + MEMORIAL CORPORATION IS THE SOLE MEMBER OF LAWRENCE + MEMORIAL HOSPITAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	LAWRENCE + MEMORIAL CORPORATION, AS SOLE MEMBER OF LAWRENCE + MEMORIAL HOSPITAL, ELECTS THE BOARD OF TRUSTEES OF LAWRENCE + MEMORIAL HOSPITAL, SUBJECT TO THE ADDITIONAL APPROVAL OF LAWRENCE + MEMORIAL CORPORATION'S SOLE MEMBER, YALE NEW HAVEN HEALTH SERVICES CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE HOSPITAL'S SOLE MEMBER, LAWRENCE + MEMORIAL CORPORATION, HAS THE RIGHT TO ELECT THE BOARD OF TRUSTEES OF THE ORGANIZATION AND APPOINT THE PRESIDENT, AND HAS THE FOLLOWING ADDITIONAL RIGHTS, ALL SUBJECT THE ADDITIONAL APPROVAL OF ITS SOLE MEMBER, YALE NEW HAVEN HEALTH SERVICES CORPORATION TO APPROVE OPERATING, CASH FLOW AND CAPITAL BUDGETS, TO APPROVE GRADUATE AND UNDERGRADUATE MEDICAL EDUCATION ARRANGEMENTS, TO APPROVE MAJOR NEW CLINICAL PROGRAMS AND SERVICES AND CONTINUATION OF SAME, APPROVAL OF STRATEGIC PLANS, AND ADOPTION OF SAFETY AND QUALITY ASSESSMENT POLICIES, TO APPROVE THE MERGER, CONSOLIDATION, DISSOLUTION OR THE SALE OF ALL OR SUBSTANTIALLY ALL THE ORGANIZATION'S ASSETS, TO AMEND THE CERTIFICATE OF INCORPORATION AND BYLAWS OF THE ORGANIZATION, TO APPROVE THE EXECUTION OF LONG-TERM OR MATERIAL AGREEMENTS, AND TO AUTHORIZE THE EXECUTION OF CONTRACTS WITH AN UNRELATED THIRD PARTY FOR MANAGEMENT OF THE ASSETS OR OPERATIONS OF THE ORGANIZATION YALE-NEW HAVEN HEALTH SERVICES CORPORATION RETAINS THE FOLLOWING AUTHORITY ADOPTION OF BUDGETARY TARGETS, INDEBTEDNESS, MANAGEMENT AND CONTROL OF LIQUID ASSETS, AND APPOINTMENT OF THE INDEPENDENT AUDITOR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 TAX RETURN AND ATTACHED SCHEDULES WERE PREPARED BY EMPLOYEES OF THE YNHHS TAX DEPARTMENT THE RETURN IS INITIALLY REVIEWED BY THE EXECUTIVE DIRECTOR OF CORPORATE FINANCE SUBSEQUENTLY, IT IS SENT TO KPMG LLP FOR THEIR INITIAL REVIEW AFTER ALL COMMENTS FROM THE ABOVE GROUPS ARE RECEIVED AND REVIEWED, THE RETURN IS THEN REVIEWED BY THE CHIEF FINANCIAL OFFICER OF THE ORGANIZATION AND A FINAL VERSION OF THE RETURN IS SENT BACK TO KPMG LLP FOR FINAL REVIEW PRIOR TO FILING, THE ORGANIZATION MADE AVAILABLE A COMPLETE COPY OF THE RETURN TO ITS BOARD OF TRUSTEES BY WEB PORTAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	LAWRENCE + MEMORIAL HOSPITAL IS COVERED UNDER THE YNHHS CONFLICT OF INTEREST POLICY APPROVED AND ADOPTED BY THE SYSTEM COMPLIANCE COMMITTEE, WHICH HAS BEEN DELEGATED THE AUTHORITY TO APPROVE AND ADOPT COMPLIANCE POLICIES ON BEHALF OF THE ENTITIES IN THE SYSTEM THE YALE NEW HAVEN HEALTH SYSTEM CONFLICT OF INTEREST POLICY AND INDIVIDUAL ANNUAL DISCLOSURE FORM APPLIES TO A POOL OF EMPLOYEES, BOARD MEMBERS AND NON-BOARD MEMBERS SERVING ON BOARD COMMITTEES THESE "COVERED INDIVIDUALS" ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT, UPON BEGINNING EMPLOYMENT OR OTHERWISE BECOMING A COVERED INDIVIDUAL AND ANNUALLY THEREAFTER COVERED INDIVIDUALS ARE ALSO REQUIRED TO IMMEDIATELY REPORT MATERIAL CHANGES TO THEIR MOST RECENTLY COMPLETED DISCLOSURE STATEMENT THESE DISCLOSURE STATEMENTS AND REPORTS ARE REVIEWED BY THE OFFICE OF PRIVACY AND CORPORATE COMPLIANCE AND/OR THE LEGAL AND RISK SERVICES DEPARTMENT TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IF A POTENTIAL CONFLICT ARISES, THE PRESIDENT AND CEO WOULD CONSULT WITH THE BOARD CHAIRPERSON AND THE LEGAL AND RISK SERVICES DEPARTMENT AND TAKE ANY ACTIONS THAT HE DEEMS REQUIRED OR APPROPRIATE TO MANAGE OR RESOLVE A POTENTIAL CONFLICT OF INTEREST FOR EXAMPLE, A VOTING BOARD OR COMMITTEE MEMBER WOULD BE REQUIRED TO RECUSE HIMSELF OR HERSELF FROM VOTING ON MATTERS RELATED TO THE POTENTIAL CONFLICT AND THE POTENTIAL CONFLICT WOULD BE DISCLOSED TO OTHER VOTING MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION PROCESS FOR CEO/TOP OFFICIAL THE TOP LMH OFFICIAL IS AN EMPLOYEE OF YNHHS THE YNHHS COMPENSATION AND LEADERSHIP DEVELOPMENT COMMITTEE (THE "YNHHS COMPENSATION COMMITTEE"), WHICH INCLUDES A REPRESENTATIVE OF THE HOSPITAL, IS RESPONSIBLE FOR (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR YNHHS OFFICER-LEVEL EXECUTIVES, (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR YNHHS OFFICER-LEVEL EXECUTIVES, AND (3) REPORTING SUCH ACTIONS TO THE FULL YNHHS BOARD OF TRUSTEES ON AN ANNUAL BASIS IN ADDITION, THE YNHHS COMPENSATION COMMITTEE EXPRESSLY DETERMINES THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL YNHHS OFFICER-LEVEL EXECUTIVES, AND ASSURES THAT ALL OFFICER-LEVEL EXECUTIVE COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED ORGANIZATIONS THE YNHHS COMPENSATION COMMITTEE CONSISTS OF TRUSTEES WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE OFFICER-LEVEL EXECUTIVE COMPENSATION DECISIONS MADE BY THE COMMITTEE THE COMPARABILITY DATA USED TO ASSIST THE COMMITTEES IN ITS COMPENSATION DELIBERATIONS IS COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE YNHHS COMPENSATION COMMITTEE THE DATA COLLECTED BY THE CONSULTANT CONSISTS OF MARKET INFORMATION FOR EXECUTIVES IN FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUATED ORGANIZATIONS THE DELIBERATIONS AND DECISIONS OF THE YNHHS COMPENSATION COMMITTEE IS CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE COMMITTEE, AND PROVIDED TO THE BOARD OF TRUSTEES OF YNHHS AND LMH FORM 990, PART VI, SECTION B, LINE 15B COMPENSATION PROCESS FOR OTHER OFFICERS CERTAIN OFFICER-LEVEL EXECUTIVES ARE EMPLOYEES OF YNHHS, OTHER OFFICER-LEVEL EXECUTIVES ARE EMPLOYED DIRECTLY BY LMH COMPENSATION DETERMINATIONS OF YNHHS EMPLOYEES ARE MADE BY THE YNHHS COMPENSATION COMMITTEE COMPENSATION OF OFFICER-LEVEL EXECUTIVES EMPLOYED DIRECTLY BY LMH IS APPROVED BY THE LMH COMPENSATION COMMITTEE AND BOARD OF TRUSTEES FOR OFFICER-LEVEL EXECUTIVES EMPLOYED LMH'S EXECUTIVE COMPENSATION COMMITTEES IS RESPONSIBLE FOR (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ITS OFFICER-LEVEL EXECUTIVES, (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR OFFICER-LEVEL EXECUTIVES, AND (3) REPORTING SUCH ACTIONS TO THE FULL BOARD ON AN ANNUAL BASIS, AS APPLICABLE IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEE EXPRESSLY DETERMINES THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL OFFICER-LEVEL EXECUTIVES EMPLOYED BY LMH, AND ASSURES THAT ALL OFFICER-LEVEL EXECUTIVE COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED ORGANIZATIONS THE EXECUTIVE COMPENSATION COMMITTEE CONSISTS OF BOARD MEMBERS WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE COMPENSATION DECISIONS MADE BY THE COMMITTEE THE COMPA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	RABILITY DATA USED TO ASSIST THE EXECUTIVE COMPENSATION COMMITTEE IN ITS COMPENSATION DELI BERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RE TAINED BY AND REPORTS DIRECTLY TO THE EXECUTIVE COMPENSATION COMMITTEE THE DATA COLLECTED BY THE CONSULTANT CONSISTS OF MARKET INFORMATION FOR EXECUTIVES IN FUNCTIONALLY SIMILAR P OSITIONS IN SIMILARLY SITUATED ORGANIZATIONS THE DELIBERATIONS AND DECISIONS OF THE EXECU TIVE COMPENSATION COMMITTEES ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY TH E EXECUTIVE COMPENSATION COMMITTEE, AND PROVIDED TO THE LMH BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	COPIES OF ALL AVAILABLE DOCUMENTS ARE ACCESSIBLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	MEDICAL SPECIALTY PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 595,553 MANAGEMENT AND GENERAL EXPENSES 74,912 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 670,465 OTHER OUTSIDE SERVICES PROGRAM SERVICE EXPENSES 36,994,210 MANAGEMENT AND GENERAL EXPENSES 4,468,062 FUNDRAISING EXPENSES 185,289 TOTAL EXPENSES 41,647,561

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER TO AFFILIATES -143,564 CHANGE IN MINIMUM PENSION LIABILITY -12,055,376 ABSORPTION OF ASSOCIATED SPECIALISTS OF SOUTHEASTERN CT NET ASSET 266,782 CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST -56,324 ROUNDING 5

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 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
LAWRENCE MEMORIAL HOSPITAL INC

Employer identification number
06-0646704

Part I Identification of Disregarded Entities

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

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

Part II Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SHORELINE ENDOSCOPY CENTER LLC 111 GOOSE LANE GUILFORD, CT 06437 90-0110459	HEALTHCARE SERVICES	CT	N/A									
(2) TOTAL HEALTH CONNECTICUT LLC 789 HOWARD AVENUE NEW HAVEN, CT 06519 47-4070024	HEALTHCARE SERVICES	CT	N/A									
(3) YALE NEW HAVEN HEALTH SYSTEM INVESTMENT 20 YORK STREET NEW HAVEN, CT 06510 27-1374301	INVESTMENT	DE	N/A									
(4) YNHHCUSP SURGERY CENTERS LLC 15305 DALLAS PKWY STE 1600 ADDISON, TX 75001 38-4021595	HEALTHCARE SERVICES	CT	N/A									

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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

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

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

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

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:
Software Version:
EIN: 06-0646704
Name: LAWRENCE MEMORIAL HOSPITAL INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
267 GRANT STREET BRIDGEPORT, CT 06610 06-0646554	HEALTHCARE SERVICES	CT	501C3	LINE 3	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
267 GRANT STREET BRIDGEPORT, CT 06610 06-6042500	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12A, I	BRIDGEPORT HOSPITAL	Yes	
267 GRANT STREET BRIDGEPORT, CT 06610 22-2908698	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 7	BRIDGEPORT HOSPITAL	Yes	
120 COLUMBINE DRIVE TRUMBULL, CT 06611 06-6048427	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12A, I	YALE NEW HAVEN HOSPITAL	Yes	
5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-0646659	HEALTHCARE SERVICES	CT	501C3	LINE 3	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553028	PROMOTE HEALTHCARE	CT	501C3	LINE 12A, I	YALE NEW HAVEN HEALTH SERVICES CORP		No
365 MONTAUK AVENUE NEW LONDON, CT 06320 46-0543230	HEALTHCARE SERVICES	RI	501C3	LINE 3	LAWRENCE MEMORIAL CORPORATION	Yes	
99 HAWLEY LANE STRATFORD, CT 06614 06-1330992	HEALTHCARE SERVICES	CT	501C3	LINE 10	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
99 HAWLEY LANE STRATFORD, CT 06614 35-2380180	HEALTHCARE SERVICES	NY	501C3	LINE 12A, I	NORTHEAST MEDICAL GROUP INC	Yes	
5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1207316	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 10	GREENWICH HOSPITAL	Yes	
267 GRANT STREET BRIDGEPORT, CT 06610 06-1297708	TITLE HOLDING	CT	501C2		BRIDGEPORT HOSPITAL	Yes	
5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1526642	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12C, III-FI	GREENWICH HOSPITAL	Yes	
25 WELLS STREET WESTERLY, RI 02891 05-0508064	FUNDRAISING SERVICES	RI	501C3	LINE 12A, I	LMW HEALTHCARE INC	Yes	
403 NORTH FRONTAGE ROAD WATERFORD, CT 06385 06-0646616	HOME HEALTHCARE SERVICES	CT	501C3	LINE 10	LAWRENCE MEMORIAL CORPORATION	Yes	
25 WELLS STREET WESTERLY, RI 02891 22-2507181	FUNDRAISING ACTIVITIES	RI	501C3	LINE 12A, I	LMW HEALTHCARE INC	Yes	
789 HOWARD AVE NEW HAVEN, CT 06519 22-2529464	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12A, I	N/A		No
20 YORK STREET NEW HAVEN, CT 06504 06-0646652	HEALTHCARE SERVICES	CT	501C3	LINE 3	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
789 HOWARD AVE NEW HAVEN, CT 06519 45-5235566	NURSING HOME	CT	501C3	LINE 3	YALE NEW HAVEN HOSPITAL	Yes	
365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553031	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12A, I	LAWRENCE MEMORIAL CORPORATION	Yes	
789 HOWARD AVE NEW HAVEN, CT 06519 06-1044331	HOME HEALTHCARE SERVICES	CT	501C3	LINE 10	YALE NEW HAVEN CARE CONTINUUM CORP	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CORPORATE PROFESSIONAL BUSINESS SERVICES INC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1467717	MANAGEMENT SERVICES	CT	N/A	C				Yes	
(1) YALE NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT 06510 06-1398526	HEALTHCARE SERVICES	CT	N/A	C				Yes	
(2) GREENWICH FERTILITY & IVF PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 30-0145464	HEALTHCARE SERVICES	CT	N/A	C				Yes	
(3) YNH-H-PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT 06519 06-1202305	ADMINISTRATIVE SERVICES	CT	N/A	C				Yes	
(4) MEDICAL CENTER PHARMACY INC AND HOME CARE CENTER INC 50 YORK STREET NEW HAVEN, CT 06511 06-1087673	PHARMACY	CT	N/A	C				Yes	
(5) GREENWICH OCCUPATIONAL HEALTH SERVICES OF NY PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1540101	HEALTHCARE SERVICES	NY	N/A	C				Yes	
(6) GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY 5 PERRYRIDGE ROAD GREENWICH, CT 06830 45-3833883	HEALTHCARE SERVICES	NJ	N/A	C				Yes	
(7) CENTURY FINANCIAL SERVICES INC 23 MAIDEN LANE NORTH HAVEN, CT 06473 06-1110797	DEBT COLLECTION SERVICES	CT	N/A	C				Yes	
(8) L & M SYSTEMS INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553037	HEALTHCARE RELATED SERVICES	CT	N/A	C				Yes	
(9) L&M HOME CARE SERVICES INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 06-1389272	HOME THERAPY	CT	N/A	C				Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	MEDICAL CENTER PHARMACY & HOME CARE CENTER INC	L	3,485,076	COMPARABLE MARKET VALUE
(1)	YALE NEW HAVEN HEALTH SERVICES CORPORATION	L	493,871	COMPARABLE MARKET VALUE
(2)	YALE NEW HAVEN HEALTH SERVICES CORPORATION	M	31,732,520	COMPARABLE MARKET VALUE
(3)	YALE NEW HAVEN HEALTH SERVICES CORPORATION	O	53,602	COMPARABLE MARKET VALUE
(4)	VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT INC	S	1,817,136	CASH
(5)	VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT INC	L	1,483,404	COMPARABLE MARKET VALUE
(6)	L&M CORPORATION	S	5,999,755	COMPARABLE MARKET VALUE
(7)	LMW HEALTHCARE INC	L	7,306,525	CASH
(8)	LMW HEALTHCARE INC	Q	28,689,522	CASH
(9)	LMW HEALTHCARE INC	S	33,010,344	CASH
(10)	YALE NEW HAVEN HOSPITAL	M	3,016,455	COMPARABLE MARKET VALUE
(11)	YALE NEW HAVEN HOSPITAL	O	140,882	COMPARABLE MARKET VALUE
(12)	YALE NEW HAVEN HOSPITAL	P	4,143,464	COMPARABLE MARKET VALUE
(13)	YALE NEW HAVEN HOSPITAL	S	240,283	COMPARABLE MARKET VALUE
(14)	NORTHEAST MEDICAL GROUP INC	M	7,825,344	COMPARABLE MARKET VALUE
(15)	NORTHEAST MEDICAL GROUP INC	J	1,557,024	COMPARABLE MARKET VALUE
(16)	NORTHEAST MEDICAL GROUP INC	Q	621,491	COMPARABLE MARKET VALUE
(17)	NORTHEAST MEDICAL GROUP INC	R	6,506,066	COMPARABLE MARKET VALUE
(18)	L&M HOME CARE SERVICES INC	S	3,896,439	CASH
(19)	L&M HOME CARE SERVICES INC	Q	315,556	CASH
(20)	YALE NEW HAVEN HEALTH SERVICES CORPORATION	R	9,041,630	CASH
(21)	YALE NEW HAVEN HEALTH SERVICES CORPORATION	Q	6,064,148	CASH
(22)	YALE NEW HAVEN HEALTH SERVICES CORPORATION	S	3,668,344	CASH
(23)	YALE NEW HAVEN HEALTH SERVICES CORPORATION	P	42,948,332	CASH
(24)	YALE NEW HAVEN HOSPITAL	I	765,243	TRANSACTION REVIEW

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26) GREENWICH HOSPITAL	S	309,827	CASH
(1) THE WESTERLY HOSPITAL FOUNDATION	S	3,804,439	CASH