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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2019 , and ending 09-30-2020

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

C Name of organization
The Miriam Hospital

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
164 Summit Avenue

City or town, state or province, country, and ZIP or foreign postal code
Providence, RI 02906

D Employer identification number
05-0258905

E Telephone number
(401) 793-2500

G Gross receipts $ 654,470,762

F Name and address of principal officer:
Maria P Ducharme

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www.miriamhospital.org

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

L Year of formation: 1926

M State of legal domicile: RI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
As a founding hospital in the Lifespan health system, The Miriam Hospital (TMH) is committed to its mission: Delivering health with care.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	4,135
6	Total number of volunteers (estimate if necessary)	**6**	459
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,084,776
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	-6,643

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,174,512	36,338,691
9	Program service revenue (Part VIII, line 2g)	503,366,987	469,468,009
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,286,604	9,545,039
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,289,663	19,681,439
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	540,117,766	535,033,178
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	279,915	259,857
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	240,435,661	240,418,904
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	275,889,328	281,671,314
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	516,604,904	522,350,075
19	Revenue less expenses. Subtract line 18 from line 12	23,512,862	12,683,103

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	503,803,275	610,276,986
21	Total liabilities (Part X, line 26)	137,082,511	222,493,827
22	Net assets or fund balances. Subtract line 21 from line 20	366,720,764	387,783,159

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2021-08-13

Mary A Wakefield Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a	(Code: See Additional Data)	(Expenses $	392,442,213	including grants of $	259,857) (Revenue $	455,656,677)
4b	(Code: See Additional Data)	(Expenses $	30,914,653	including grants of $	) (Revenue $	27,364,653)
4c	(Code: See Additional Data)	(Expenses $	20,473,104	including grants of $	) (Revenue $	4,412,405)
4d	Other program services (Describe in Schedule O.)	(Expenses $		including grants of $	) (Revenue $	)
4e	**Total program service expenses ▶**		443,829,970			

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	206		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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**	4,135		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	No
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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?			**12a**	
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	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
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?			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?				No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				No
6	Did the organization have members or stockholders?			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?			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?			Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			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*				No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶Mary A Wakefield 593 Eddy Street Providence, RI 02903 (401) 444-7093

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.

See instructions for the order in which to list the persons above.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,345,347	5,234,261	2,254,537

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 ▶ 228

			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**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *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
Brown Medicine 110 Elm Street Providence, RI 02903	Medical Services	7,111,559
University Surgical Associates Inc PO Box 16149 Rumford, RI 02916	Medical Services	3,697,186
Sodexo Inc 9801 Washingtonian Blvd Gaithersburg, MD 20878	Dietary / Cafe Service	2,939,960
Quest Diagnostics Inc 500 Plaza Drive Secaucus, NJ 07094	Lab Services	2,593,295
Brown Emergency Medicine 125 Whipple St 3rd Providence, RI 02908	Medical Services	2,583,456

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 ▶ 33

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d	3,362,144			
e Government grants (contributions)	1e	32,941,006			
f All other contributions, gifts, grants, and similar amounts not included above	1f	35,541			
g Noncash contributions included in lines 1a - 1f: $	1g	6,499			
h **Total.** Add lines 1a-1f		36,338,691			
Program Service Revenue	Business Code				
2a Direct Rev from Research	900099	27,364,653	27,364,653		
b Patient Service Rev	900099	440,944,164	440,944,164		
c Special Purpose Funds	900099	1,159,192	1,159,192		
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f	469,468,009				
3 Investment income (including dividends, interest, and other similar amounts)		6,126,812			6,126,812
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		0			
	(i) Real	(ii) Personal			
6a Gross rents 6a	2,801,043				
b Less: rental expenses 6b	2,170,106				
c Rental income or (loss) 6c	630,937				
d Net rental income or (loss)		630,937			630,937
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory 7a	120,685,705				
b Less: cost or other basis and sales expenses 7b	117,267,478				
c Gain or (loss) 7c	3,418,227				
d Net gain or (loss)		3,418,227			3,418,227
Other Revenue 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b Less: direct expenses	8b				
c Net income or (loss) from fundraising events		0			
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue	Business Code				
11a Indirect Rev from Grants	900099	4,432,569	4,432,569		
b Joint Program Revenue	900099	6,419,109	6,419,109		
c Other Revenue		3,624,095	3,624,095		
d All other revenue		4,574,729	3,489,953	1,084,776	
e **Total.** Add lines 11a–11d		19,050,502			
12 **Total revenue.** See instructions		535,033,178	487,433,735	1,084,776	10,175,976

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	259,857	259,857		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	860,713	860,713		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	188,996,250	181,373,132	7,623,118	
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	11,143,848	10,694,818	449,030	
9 Other employee benefits	26,909,756	25,931,781	977,975	
10 Payroll taxes	12,508,337	12,005,875	502,462	
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	256	256		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	955,429		955,429	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	27,511,364	27,127,093	384,271	
12 Advertising and promotion	116,307	106,632	9,675	
13 Office expenses	36,064,826	33,470,325	2,594,501	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	15,446,168	13,619,756	1,826,412	
17 Travel	437,469	437,460	9	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	266,824	266,824		
20 Interest	1,422,948		1,422,948	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	19,382,969		19,382,969	
23 Insurance	5,475,798	5,475,798		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical & Surgical Supplies	57,326,237	57,326,237		
b Purch Svs & Equip Contracts	55,096,535	14,130,199	40,966,336	
c License Fee	25,924,198	25,924,198		
d Provision for Bad Debts	19,464,003	19,464,003		
e All other expenses	16,779,983	15,355,013	1,424,970	
25 **Total functional expenses.** Add lines 1 through 24e	522,350,075	443,829,970	78,520,105	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		486,823	1	494,392
	2	Savings and temporary cash investments		30,237,664	2	101,174,155
	3	Pledges and grants receivable, net		1,662,641	3	1,695,919
	4	Accounts receivable, net		49,109,882	4	44,201,465
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	0
	7	Notes and loans receivable, net			7	0
	8	Inventories for sale or use		5,820,820	8	5,921,557
	9	Prepaid expenses and deferred charges		2,000,711	9	4,155,199
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 440,619,064			
	b	Less: accumulated depreciation	10b 267,085,917	179,883,436	10c	173,533,147
	11	Investments—publicly traded securities		126,397,741	11	153,265,057
	12	Investments—other securities. See Part IV, line 11		48,048,044	12	56,146,880
	13	Investments—program-related. See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets. See Part IV, line 11		60,155,513	15	69,689,215
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		503,803,275	16	610,276,986
Liabilities	17	Accounts payable and accrued expenses		40,731,457	17	47,098,600
	18	Grants payable			18	
	19	Deferred revenue		47,823	19	30,946,506
	20	Tax-exempt bond liabilities		47,482,721	20	44,368,896
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,755,452	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		47,065,058	25	100,079,825
	26	**Total liabilities.** Add lines 17 through 25		137,082,511	26	222,493,827
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		315,876,031	27	326,473,521
	28	Net assets with donor restrictions		50,844,733	28	61,309,638
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		366,720,764	32	387,783,159
	33	Total liabilities and net assets/fund balances		503,803,275	33	610,276,986

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	535,033,178
2	Total expenses (must equal Part IX, column (A), line 25)	2	522,350,075
3	Revenue less expenses. Subtract line 2 from line 1	3	12,683,103
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	366,720,764
5	Net unrealized gains (losses) on investments	5	7,941,202
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	438,090
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	387,783,159

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 05-0258905
Name: The Miriam Hospital

Form 990 (2019)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

Research:TMH has 408 research projects with total expenses of $30.9 million in fiscal year 2020 (75 investigators and 130 employees). TMH conducts extensive medical research and is in the forefront of biomedical health care delivery research and among the leaders nationally in National Institutes of Health programs. TMH also sponsors a significant level of these research activities. Federal support accounts for approximately 73% of all externally funded research at TMH. Researchers focus on clinical trials which investigate prevention and treatment of HIV/AIDS, obesity, cancer, diabetes, cardiac disease, and mental health concerns. Included in total program expenses and revenue are $1.95 million of research grants from for-profit organizations that are not reported in Schedule H.(See Schedule O).

Form 990, Part III, Line 4c:

Medical Education:TMH provides the setting for and substantially supports medical education in various clinical training and nursing programs. TMH is designated as a major teaching affiliate of The Warren Alpert Medical School of Brown University. The total cost of direct medical education provided by TMH exceeded the reimbursement received from third-party payors by $16.1 million in fiscal year 2020. (Continued on Schedule O).

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Timothy J Babineau MD Trustee	8.00 40.00	X						0	1,761,978	1,423,050
Ziya L Gokaslan MD Trustee	0.50 43.50	X						0	1,494,856	57,956
Mary A Wakefield Treasurer	5.70 34.30			X				0	870,016	242,111
Paul J Adler Secretary	5.00 35.00			X				0	559,976	126,299
Arthur J Sampson President	31.00 9.00			X				0	547,435	36,992
G Dean Roye MD Chief Medical Officer	40.00 0.00							422,069	0	102,191
Michael P Carey MD Physician	40.00 0.00							386,051	0	41,050
Maria P Ducharme Chief Nursing Officer	40.00 0.00							307,791	0	85,647
Rogers C Griffith MD Physician	40.00 0.00							312,252	0	44,253
Joseph D Sweeney MD Physician	40.00 0.00							305,517	0	42,804

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Rena R Wing MD Physician	40.00 0.00							306,965	0	30,055
Eirini Apostolidou MD Physician	40.00 0.00							304,702	0	22,129
Lawrence A Aubin Sr Chair	1.00 15.00	X		X				0	0	0
Emanuel Barrows Trustee	0.60 3.00	X						0	0	0
Roger N Begin Trustee	0.25 5.75	X						0	0	0
Peter Capodilupo Vice Chair	0.20 3.70	X		X				0	0	0
Sarah T Dowling JD LLM Trustee	0.25 4.75	X						0	0	0
Jonathan D Fain Trustee	0.25 1.50	X						0	0	0
Edward D Feldstein Esq Trustee	1.00 10.50	X						0	0	0
Michael L Hanna Trustee	2.00 5.50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Pamela A Harrop MD Trustee- 10/19	0.25 2.25	X						0	0	0
Phillip Kydd Trustee	0.50 2.50	X						0	0	0
Alan H Litwin Vice Chair	1.00 9.10	X		X				0	0	0
Martha B Mainiero MD Trustee	0.25 3.25	X						0	0	0
Joseph J MarcAurele Trustee- 10/19	0.25 2.50	X						0	0	0
Steven Pare Trustee	2.00 8.00	X						0	0	0
Lawrence B Sadwin Trustee	1.00 11.70	X						0	0	0
Shivan Subramaniam Trustee	0.25 5.25	X						0	0	0
Jane Williams PhD RN Trustee	0.20 3.60	X						0	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
The Miriam Hospital

Employer identification number
05-0258905

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

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

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

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

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

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

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

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

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

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

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

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

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

f Enter the number of supported organizations . . . . . _____

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

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

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

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

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 05-0258905
Name: The Miriam Hospital

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

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	**Employer identification number**
The Miriam Hospital	05-0258905

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☑ No

4a Was a correction made? ☐ Yes ☑ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		256
j	Total. Add lines 1c through 1i			256
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1i - Other Activities Description	TMH pays membership fees to the American College of Surgeons. A portion of the membership dues paid to this organization is allocated to its lobbying efforts.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
The Miriam Hospital

Employer identification number
05-0258905

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

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

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	176,284,901	173,570,529	161,149,968	130,155,405	122,853,669
b Contributions	56,090,522	28,474,665	28,824,519	41,953,120	26,598,596
c Net investment earnings, gains, and losses	16,290,611	3,727,695	7,989,653	13,531,256	6,425,189
d Grants or scholarships					
e Other expenditures for facilities and programs	30,099,503	29,487,988	24,393,611	24,489,813	25,722,049
f Administrative expenses					
g End of year balance	218,566,531	176,284,901	173,570,529	161,149,968	130,155,405

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

- a Board designated or quasi-endowment ▶ 86.020 %
- b Permanent endowment ▶ .....
- c Temporarily restricted endowment ▶ 13.980 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,125,675		5,125,675
b Buildings		245,720,332	134,310,770	111,409,562
c Leasehold improvements				
d Equipment		184,517,742	132,775,147	51,742,595
e Other		5,255,315		5,255,315
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				173,533,147

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	56,146,880	

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

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

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

(a) Description	(b) Book value
(1)Deferred financing costs	272,974
(2)Interest in net assets of TMH Foundation	60,257,720
(3)Other assets	3,927
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	69,689,215

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	
(2) Accrued pension liability	30,978,800
(3) CARES Act-Deferred FICA taxes	4,929,768
(4) Due to affiliates	3,369,412
(5) Health Care Benefit Self-insurance	3,303,262
(6) Other Liabilities	960,184
(7) Post-retirement benefit liability	161,500
(8) Third-party payor settlements	56,376,899
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	100,079,825

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	526,004,781
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	7,941,202		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	438,090		
e	Add lines **2a** through **2d**			2e	8,379,292
3	Subtract line **2e** from line **1**			3	517,625,489
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	955,429		
b	Other (Describe in Part XIII.)	4b	16,452,260		
c	Add lines **4a** and **4b**			4c	17,407,689
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	535,033,178

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	504,942,386
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	2,170,106		
e	Add lines **2a** through **2d**			2e	2,170,106
3	Subtract line **2e** from line **1**			3	502,772,280
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	955,429		
b	Other (Describe in Part XIII.)	4b	18,622,366		
c	Add lines **4a** and **4b**			4c	19,577,795
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	522,350,075

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: 19009920
Software Version: 2019v5.0
EIN: 05-0258905
Name: The Miriam Hospital

Supplemental Information

Return Reference	Explanation
Part V, Line 4: Intended uses of the endowment fund.	The Miriam Hospital's (TMH) unrestricted endowment consists of designated assets set aside by TMH's Board for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes. The largest temporarily restric ted funds held by TMH are used to support: (1) recruitment for the Director of the Weight Control & Diabetes Center; (2) clinical care, research, and education to develop treatment for pelvic floor disorders; (3) staff facilitating patient access to treatment of sexuall y transmitted infections; (4) lab training for Immunology staff; (5) genitourinary reconst ruction at the Department of Urology; (6) the Department of Psychiatry's operations, educa tion, research, and capital needs; (7) the advancement of patient care in Cardiology; (8) research and program development for genitourinary cancer care; (9) the Surgery Department 's educational and investigational functions; (10) the Palliative Care Program for cancer patients; (11) support of Cardiology labs and programs; (12) the expansion of the Colorect al Cancer Program; (13) the expansion of TMH's plastic surgery service line; (14) the trea tment and prevention of cancer; and (15) support for equipment needs at TMH's Women's Asso ciation.

Supplemental Information

Return Reference	Explanation
Part X : FIN48 Footnote	TMH is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Reve nue Code (the Code) and is exempt from Federal income taxes pursuant to Section 501(a) of the Code. TMH recognizes the effect of income tax positions only if those positions are mo re likely than not to be sustained. Recognized income tax positions are measured at the la rgest amount of benefit that is greater than fifty percent likely to be realized upon sett lement. Changes in measurement are reflected in the period in which the change in judgment occurs. TMH did not recognize the effect of any income tax positions in either 2020 or 20 19.

Supplemental Information

Return Reference	Explanation
Part XI, Line 2d: Other revenue amounts included in F/S but not included on form 990	Plant Donated Equipment $6499 Change in Funded Status of Pension Plan $-1860516 Increase Interest in Net Assets of TMHF $2292107

Supplemental Information

Return Reference	Explanation
Part XI, Line 4b: Other revenue amounts included on 990 but not included in F/S	Non-UBI debt-financed rental expenses $-5750 Non-debt-financed rental expenses $-2164356 Provision for bad debts $18622366

Supplemental Information

Return Reference	Explanation
Part XII, Line 2d: Other expenses and losses per audited F/S	Non-debt-financed rental expenses $2164356 Non-UBI debt-financed rental expenses $5750

Supplemental Information

Return Reference	Explanation
Part XII, Line 4b: Other revenue amounts included on 990 but not included in F/S	$0 $0 Provision for bad debts $18622366

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
The Miriam Hospital

Employer identification number
05-0258905

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total					222,578
b Total from continuation sheets to Part I . . .					
c Totals (add lines 3a and 3b)					222,578

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

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

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

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 05-0258905
Name: The Miriam Hospital

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Program Services	Research	202,392
Central America and Caribbean	0	0	Program Services	Research	6,814

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe	0	0	Program Services	Research	6,313
Russia & Newly Independ States	0	0	Program Services	Research	3,899

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa	0	0	Program Services	Research	3,160

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
The Miriam Hospital

Employer identification number
05-0258905

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	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: ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
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: ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
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 eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			9,769,090	1,596,237	8,172,853	1.630 %
b Medicaid (from Worksheet 3, column a)			91,532,913	70,594,520	20,938,393	4.160 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			101,302,003	72,190,757	29,111,246	5.790 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			237,271	14,040	223,232	0.040 %
f Health professions education (from Worksheet 5)			20,473,104	4,412,405	16,060,699	3.190 %
g Subsidized health services (from Worksheet 6)			21,512,426	10,301,341	11,211,085	2.230 %
h Research (from Worksheet 7)			28,964,984	25,414,984	3,550,000	0.710 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			131,988		131,988	0.030 %
j **Total.** Other Benefits			71,319,773	40,142,770	31,177,004	6.200 %
k **Total.** Add lines 7d and 7j			172,621,776	112,333,527	60,288,250	11.990 %

Part II Community Building Activities

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	5,023,756		
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	282,222		
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	90,974,105		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	85,279,159		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	5,694,946		
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)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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.	3	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☑ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b		No
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a ☑ Hospital facility's website (list url): See Schedule H, Part V, Section C			
b ☐ Other website (list url): _____			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
If "Yes" (list url): See Schedule H, Part V, Section C **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0000 % and FPG family income limit for eligibility for discounted care of 300.0000 %			
b ☑ Income level other than FPG (describe in Section C)			
c ☑ Asset level			
d ☑ Medical indigency			
e ☑ Insurance status			
f ☑ Underinsurance discount			
g ☑ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a ☑ The FAP was widely available on a website (list url): See Schedule H, Part V, Section C			
b ☑ The FAP application form was widely available on a website (list url): See Schedule H, Part V, Section C			
c ☑ A plain language summary of the FAP was widely available on a website (list url): See Schedule H, Part V, Section C			
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

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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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)

Name of hospital facility or letter of facility reporting group _____

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

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c - Charity Care Eligibility Criteria (FPG Is Not Used)	The Miriam Hospital (TMH) uses a dual system for determining financial aid eligibility: federal poverty guidelines and an asset test.The financial screening process at TMH is intended to define probable eligibility for public assistance (Medicaid or Community Free Service ("CFS")) for those patients who do not have the means to pay for hospital services rendered, as follows:1. Upon patient indication of an inability to pay required monies, the patient is offered the financial screening option to determine eligibility for public assistance (Medicaid, CFS).2. The application for CFS is completed and includes information relative to income, expense, and other available resources, and requires proof of such information which may include:- most recently filed Federal income tax return and W-2 form(s)- copies of most recent savings and/or checking account statements- two most recently received payroll check stubs- copy of rent receipts for the last six months for proof of residency- copy of utility bills for the last month for proof of residency3. If the patient's financial situation falls within the guidelines for eligibility for Medicaid, RIte Care, or CFS, or if the patient has a long-term disability, the appropriate application process is completed. (Assistance to complete such applications is available from the Patient Financial Advocates (PFA) Office at TMH.)4. Uninsured patients receive a discount equal to the discount received by Medicare beneficiaries on TMH charges using the prospective method. Under Section 501(r)(5), the maximum amounts that can be charged to Financial Assistance Policy (FAP)-eligible individuals for emergency or other medically necessary care are the amounts generally billed to individuals who have Medicare insurance covering such care. In no case was there a situation where an uninsured patient paid more than amounts reimbursed from Medicare.5. Eligibility for CFS above the discount is provided for those applicants whose family gross income is at or below twice the Federal Poverty Guidelines, with a sliding scale for individuals up to three times the poverty level in effect at the time of application. Full charity care applicants with assets worth more than $9,400 for an individual (or $14,100 for a family) may not qualify for care without charge, but will qualify for discounted care. While the maximum 100% discount may not be available to all charity care applicants based on the results of their asset test, all uninsured patients who receive care are eligible for, at a minimum, the charity care discount as provided by the Medicare program. 6. For patients who qualify for less than 100% of the financial assistance program, a payment schedule is determined and agreed upon (discussed further below). Payment arrangements are established prior to service for non-urgent care. 7. In either case, the final results of the financial screening are recorded in the comments section of TMH's billing system.Requests for Payment Arrangements:Patient Financial Advocates (PFAs) will qualify patients that are receiving non-urgent, medically indicated procedures prior to services. The PFAs will request 75% to 100% of estimated discounted charges if the balance is under $5,000 and 50% to 100% of estimated discounted charges if the estimated bill equals or exceeds $5,000.For elective or non-urgent cases, the policy requires financial clearance prior to services or an exception from the Medical Director based on the clinical circumstances if the patient cannot meet the above payment agreement.Patients who do not qualify for total or partial CFS, but who have difficulty in paying their bills after services are rendered, may request enrollment in a payment plan. Eligibility for the payment plan includes the following guidelines:1. Immediate payment in full will result in financial hardship to the patient or the patient's family.2. Deposit of one-half of the estimated total bill is requested prior to admission.3. The minimum monthly payment of $50.00.4. The maximum length of the payment plan is twenty-four months.The Customer Service staff will set up the payment plan using the above guidelines as well as complete the necessary information on the "Payment Agreement" form and mail to the patient for signature. Account documentation will be done online. The pre-collect agency will be sent a copy of the payment agreement and all forms will be scanned into the PFS Optical Imaging System.
Part I, Line 6a - Related Organization Community Benefit Report	The community benefit report for all Lifespan affiliated hospitals (The Miriam Hospital, Rhode Island Hospital, Emma Pendleton Bradley Hospital, and Newport Hospital) is maintained by Lifespan Corporation and included in Lifespan's Annual Report. The annual report for the year ended September 30, 2020 is available at the following link. https://issuu.com/lifespanmc/docs/ls-annual-report-2020-210527?fr=sYjZhOTM3NDAwMDAPlease see pages 5-17 and 39-40 of the Lifespan Annual Report for community benefit information.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7 - Explanation of Costing Methodology	TMH's costing methodology used to calculate the amounts reported in Part I, Line 7 is as follows:a) Financial assistance at cost- involves utilization of a ratio derived from dividing patient costs, as defined, by patient charges, as defined, and applying that percentage to total charity care charges.Patient costs reported in the cost accounting system are calculated based on Medicare principles of reimbursement by reducing total operating expenses (as calculated by Form 990 requirements) by items such as bad debt expense, the cost of medical education, internally funded research, subsidized health services, community services, charitable contributions, and other operating revenue. Patient costs are then divided by patient charges to determine a ratio of cost to charges (RCC). This RCC is applied as the costing methodology for determining charity care expense.b) Medicaid- Medicaid expense is determined at cost as calculated by TMH's cost accounting system. The system uses historical costing methods applied to all patient segments based on various patient demographics and utilizations. These costing standards exclude bad debt, charity care, and the Medicaid portion of costs of health professions education, which are reported on other areas of Line 7. These expenses include Medicaid provider taxes. Direct offsetting revenue is reported as amounts received from Medicaid, as well as other payments which include reimbursement under Federal "Upper Payment Limit" (UPL) and "Disproportionate Share Hospital" (DSH) programs.e) Community health improvement services and community benefit operations- Community benefit operations expense is recorded as direct expenses incurred as reported by TMH's Community Health Services Department. Revenue received for these services is reported as direct offsetting revenue. f) Health professions education- Health professions education expenses represent direct costs related to amounts associated with resident and intern programs utilized at TMH. These costs are determined by reporting actual direct costs taken from the Medicare cost report. Direct offsetting revenue is reported as any direct Medicare reimbursements received for such services provided, as reported in TMH's Medicare cost report.g) Subsidized health services- Subsidized health services' community benefit expense is determined by TMH's cost accounting system. These subsidized health services are recorded at cost in TMH's cost accounting system for all qualified subsidized health service divisions. This expense is adjusted to remove all related Graduate Medical Education (GME) expenses, as well as bad debt, Medicaid, and charity costs already reported in the applicable sections of Line 7. Net patient service revenue is recorded as amounts received from various payer types related to these services. Revenue associated with Medicare GME and Medicaid is excluded from the amount disclosed for subsidized health services.h) Research- TMH conducts extensive medical research focused on the prevention and treatment of HIV/AIDS, obesity, cancer, diabetes, cardiac disease, neurological problems, orthopedic advancements, and mental health concerns. For all internal and external research conducted, the costs associated with these activities are calculated by combining the direct and indirect costs as reported within TMH's cost accounting system. Revenue received for these services is reported as direct offsetting revenue. i) Cash and in-kind contributions for community benefit- Expenses for cash and in-kind community benefit contributions are incurred by TMH, including an allocation of contributions made by Lifespan Corporation on TMH's behalf.
Part I, Line 7, Column F - Explanation of Bad Debt Expense	The calculation of percentages disclosed for Schedule H, Part I, Line 7, column (f) "percent of total expense", does not include bad debt expense. Form 990, Part IX, Line 25 includes provision for bad debts of $19,464,003.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4 - Bad Debt Expense	Due to the adoption of ASU No. 2014-09 in 2019 - Revenue From Contracts With Customers (Topic 606), bad debt expense is no longer reported in the audited financial statements as a separate line item, but rather is treated as a price concession. TMHs adoption of the ASU did not materially change the timing or amount of revenue recognized. However, the ASU requires that patient service revenue be presented in the statement of operations and changes in net assets at the transaction price, i.e., net of any provision for bad debts.
Part III, Line 8 - Explanation Of Shortfall As Community Benefit	There is no Medicare shortfall for fiscal year 2020. If there was, it would not be treated as a community benefit.The source of the Medicare allowable costs reported on Part III, Section B, Line 6 is the Medicare cost report, Form 2552-10.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b - Provisions On Collection Practices For Qualified Patients	TMH does not bill for the excess of charges over agreed upon reimbursement amounts from third-party payors. Rather, such differences are recorded as a reduction of revenue through contractual adjustments. Collection efforts are focused on copayments, deductibles and amounts denied by insurers. After all collection attempts are exhausted, any remaining balances, including any copayments and deductibles, are written off as a bad debt. TMH classifies its bad debts as uncompensated care. This does not apply to Medicaid, however, as there are no associated copayments or deductibles for this payor.TMH generally does not require collateral or other security in extending credit to patients; however, it routinely obtains assignment of patients' benefits payable under their health insurance programs, plans, or policies. Uninsured patients are offered Community Free Service and/or payment plan options.Lifespan's Patient Financial Services Department (PFS) has the responsibility for communicating and administering collection policies and procedures to all patient accounts. PFS engages the services of various pre-collect agencies as necessary. The following are highlights of the overall collection effort:* If a patient presents for admission who is not insured, staff assists the family with a Medicaid application.* If the patient is ineligible for Medicaid, a financial screening is performed to determine status of qualification for charity care. All patients without medical insurance receive at a minimum a self-pay discount calculated using the Prospective Method of amounts generally billed.* If the patient does not qualify for charity care, PFS or the pre-collect agency attempts at least four contacts with the responsible party within the first 120 days.* At 120 days, if there is no payment activity or no hold placed on the account, the account is transferred to the appropriate collection agency.
Part VI, Line 2 - Needs Assessment	Lifespan's Office of Strategic Planning and Analysis performs population-based studies for TMH regarding the need for inpatient medical and surgical services and a wide range of outpatient services including: primary care office visits, specialty care, emergency services, imaging, ambulatory surgery, and specific high technology services such as radiation therapy and bone marrow transplantation. A population-based study examines the growth and changes in the population, the resources in the community, and the changing prevalence of diseases. Lifespan Strategic Planning also examines experience with wait times, the level of staffing, and the changing standards of care. All of this information is used to assess the demand for additional services to provide access to high quality care.In addition to population approaches to assessing and estimating need, all specialties and services monitor demand at the service-specific level by considering changing patterns of care and methods of treatment for the specific medical problem, wait times for visits/queues, and community resources. The service leadership then goes through a review process to add staff, expanded hours, and/or new subcomponents to round out core services on an as-needed basis. At times, expansion requires more space, equipment, and staff, but often accommodation of community demand is achieved through expanded hours. Facilities are added as needed to accommodate these expansions, but most often minor renovations of existing locations with better, more modern layouts and equipment allow for greater patient access.The Rhode Island State Certificate of Need program requires a focused study of need for all projects over $5.25 million, which is an important part of the program development process across Lifespan.Based on a broad understanding of community health needs, TMH provides a wide range of services to both its primary and secondary service areas. Lifespan and its hospital affiliates monitor health trends in Rhode Island in an effort to identify areas of unmet demand regarding clinical services.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3 - Patient Education of Eligibility for Assistance	TMH has multilingual signage in its main lobby and waiting areas which provides information on financial aid contacts. The Registration Department meets with patients at the outset of care to discuss eligibility for assistance. The Registration staff provides interested patients with a "Welcome" booklet which includes information on patient rights and responsibilities. The signage and booklets contain a telephone number which connects patients with Registration staff who can answer any additional questions that may arise after the patient has left TMH. Assistance eligibility is also summarized on TMH's website, http://miriamhospital.org.As part of TMH's inpatient intake process, TMH provides a summary of its Financial Assistance Policy, along with all assistance applications and the Patient Financial Services contact number, to all self-pay patients. The same process is also used for patients seen during the outpatient discharge process. Attempts are made to contact patients prior to their visit to screen for financial assistance and to inform them what documents are required for their financial assistance determination or to set up an appointment to see a "Patient Financial Advocate" (PFA) prior to service. PFAs discuss with patients the various government programs that might be available to them for financial assistance. PFAs also offer assistance with the financial application process and/or understanding the qualification factors for Medicaid, the Affordable Care Act, Medicare, Social Security Disability, the Supplemental Nutrition Assistance Program (SNAP), and Rhode Island Temporary Disability Insurance and Unemployment. This is done for both inpatient and outpatient services.
Part VI, Line 4 - Community Information	TMH, located in Providence, Rhode Island, is a 247-bed nonprofit general acute care teaching hospital with university affiliation providing a comprehensive range of diagnostic and therapeutic services (excluding obstetrics) for the acute care of patients principally from Rhode Island and southeastern Massachusetts. As a complement to its role in service and education, the Hospital actively supports research. TMH is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and participates as a provider primarily in Medicare, Blue Cross, and Medicaid programs. TMH is also a member of the formerly-named Voluntary Hospitals of America, Inc., which has partnered with UHC Alliance NewCo, Inc. to become Vizient, Inc., the largest member-owned health care company in the United States.In 1969, TMH and certain other Rhode Island hospitals entered into an affiliation agreement to participate jointly in various clinical training programs and research activities with The Warren Alpert Medical School of Brown University (Brown). TMH is designated as a major teaching affiliate of Brown. The goals of the partnership are to facilitate the expansion of joint educational and research programs in order to compete both clinically and academically.With respect to nursing education, TMH has developed formal and informal educational affiliations with a number of accredited New England colleges and universities. TMH does not receive any compensation from the various schools for providing a clinical setting for the student nurse training.TMH conducts extensive medical research and is in the forefront of biomedical health care delivery research and among the leaders nationally in National Institutes of Health programs.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4 - Community Building Activities	TMH substantially subsidizes various health services including clinics and certain other specialty services. TMH also provides numerous other services to the community for which charges are not generated. These services include certain emergency services, community health screenings for cardiac health, prostate cancer and other diseases, smoking cessation, immunization and nutrition programs, diabetes education, community health training programs, patient advocacy, foreign language translation, physician referral services, and charitable contributions.
Part VI, Line 5 - Promotion of Community Health	TMH is governed by a Board of Trustees, which is composed of leaders of the local community elected by Lifespan Corporation. TMH's purpose is to at all times be operated exclusively as a tax-exempt charitable hospital and, as such, shall dispense medical and surgical aid and care to the sick and disabled of any race, creed, or color in keeping with Jewish ethical aspirations; shall act in a fashion designed to further, improve, and advance the science or art of health care delivery, patient care, and the knowledge, practice, and teaching of medicine and nursing; and assist in the advancement of medical research and investigation and in the improvement of medical teaching facilities and methods. TMH works collaboratively with physicians, its employees, other health care organizations, and the community to create a measurably healthier community through the provision of high quality, cost-effective, customer-focused health care services in an environment that promotes patient safety. TMH monitors the healthcare needs of its service area to ensure alignment of its resources with its mission. TMH measures the results of the programs and services it provides based on the value added to the community as well as the financial health of each program and its impact on TMH. TMH is organized and operated for the benefit of the community it serves.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6 - Affilated Health Care System	Lifespan's mission is delivering health with care. Lifespan is an academically based healthcare system at the forefront of medical care, continually engaging in research that will lead to medical breakthroughs. Lifespan affiliates provide comprehensive inpatient and outpatient medical, surgical, and psychiatric services for adults and children. Lifespan and its affiliates employ approximately 16,000 people. The Lifespan system has approximately 3,700 physicians on the medical staffs of its affiliated hospitals, operates 1,165 licensed beds in four hospital complexes, and in 2020 generated approximately $2.5 billion in total operating revenue. By each of these measures, Lifespan is Rhode Island's largest health system, serving a population of over 1.0 million. Three of its hospital members, TMH, Rhode Island Hospital (RIH), and Emma Pendleton Bradley Hospital (EPBH), are teaching affiliates of The Warren Alpert Medical School of Brown University, with 79 percent of the residents and fellows in this program based at TMH, RIH, and EPBH.Lifespan is a Rhode Island nonprofit corporation that is community-based and community-governed. As a nonprofit organization, Lifespan is run by a voluntary Board of Directors who are community representatives. Lifespan and all of its nonprofit hospital affiliates have received written notification from the Internal Revenue Service that they have been recognized as being organized and operated as entities described in Internal Revenue Code (IRC) Section 501(c)(3) and are generally exempt from income taxes under IRC Section 501(a).As of September 30, 2020, Lifespan Corporation employed approximately 1,100 full-time and part-time personnel, most of whom are located in Providence, Rhode Island. Lifespan Corporation provides support services to its affiliates, such as information services, risk management, legal, communications and public affairs, fundraising, facility development, strategic planning, internal audit/compliance, human resources, finance, payor contracting, and investment management, for which each affiliate is charged a fee equivalent to the estimated costs incurred by Lifespan in providing these services.CORPORATE AUTHORITY AND ROLELifespan Corporation has no members and is governed by its Board of Directors. The Board has responsibility for planning, directing, and establishing policies intended to assure the development and delivery of quality health services, professional education, and biomedical research on an integrated, cost-effective basis. The Board's powers include the power to set accounting policies for its affiliates, approve all managed care agreements, negotiate, develop, and approve affiliations with other institutions for educational and research purposes, and approve human resource plans, executive compensation, and benefits for system affiliates. The bylaws of TMH confer certain reserved powers on Lifespan to provide it with the means of effective oversight, coordination, and support of the system. Powers specifically reserved to Lifespan as sole member of TMH include: to approve the amendment of the Articles of Incorporation and Bylaws and other Charter documents; to develop and approve strategic plans; to approve capital or operating budgets or material non-budgeted expenditures; and to authorize incurrence or guaranty of material indebtedness.For a complete listing of affiliated members of Lifespan's integrated healthcare delivery system, please refer to Schedule R.
Part VI, Line 7 - States Filing of Community Benefit Report	RI

990 Schedule H, Supplemental Information

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

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 05-0258905
Name: The Miriam Hospital

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER–24 hours	ER–other	**Other (Describe)**	**Facility reporting group**
1	The Miriam Hospital 164 Summit Avenue Providence, RI 02906 www.miriamhospital.org HOS00122	X	X		X		X	X			

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

Form and Line Reference	Explanation
Facility: - Part V, Section B, Line 3j	Part V, Line 3e:In January 2020, the Secretary of HHS declared a national public health em ergency due to a novel strain of coronavirus (COVID-19) and in March 2020, the World Healt h Organization announced the spread of the virus to be a pandemic. Also, in coordination w ith State of Rhode Island health authorities, in March 2020 TMH initiated emergency measur es, expanded critical care bed capacity, acquired personal protective equipment, expanded testing capabilities, and created a redeployment process for clinical and non-clinical sta ff to work in areas where the need was most urgent.The Lifespan Alternative Hospital Site (the Site), was constructed within the Rhode Island Convention Center in Providence, Rhode Island in response to the anticipated need for surge capacity during the COVID-19 Pandemi c.In partnership with the State, including the Governors office, the Rhode Island Departme nt of Health, and the Rhode Island National Guard, Lifespan leadership brought to fruition a 600-bed facility under RIH's license with a full complement of hospital-level care capa bilities.In a matter of weeks, the group engineered and executed a complex construction pr oject, including negative pressure ventilation, electrical service throughout the cavernou s space, walls erected to mimic the corridors and curtains of a hospital, and finishing to uches like walkways named for familiar streets throughout the States communities.Completed in April 2020, the Site stood at the ready through the first peak of COVID-19 cases in Rh ode Island, but was not operationalized until the second peak, in the fall of 2020. On Dec ember 1, 2020, the Site welcomed its first patients, caring for 516 patients over twelve w eeks. In this second wave, in contrast to the first, the Site played an important role in enabling the Lifespan Hospitals to continue normal operations, serving the everyday health care needs of their patients, despite the Pandemic.The Site's presence decompressed busy emergency departments and allowed COVID patients meeting certain criteria to be cared for in its dedicated COVID-only warm space, reserving more hospital beds for their usual purpo ses.While fortunately the Site never neared its massive capacity, it served between 30 and 40 inpatients on most days, a significant relief to the stressed hospitals. The dedicated corps of Site staff included those who stepped up from all corners of the Lifespan organi zation. Physicians, nurses, respiratory therapists, nursing assistants, social workers, ph armacists, phlebotomists, EMS personnel, food service staff, environmental services specia lists, chaplains and others put in countless hours of service, many of them beyond their o rdinary working hours. As of September 30, 2020, 1,462 COVID-19 positive patients were dis charged from Lifespan hospitals since the system accepted its first patient on February 17 , 2020.Lifespan is working in partnership with the Rhode Island Department of Health (RIDO H) to ensure that the COVID-19

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

Form and Line Reference	Explanation
Facility: - Part V, Section B, Line 3j	vaccine is offered to all eligible patients and in all the communities we serve. TMH is f ollowing RIDOH guidance on vaccine eligibility, depending on age and underlying health con ditions. Regarding the significant needs that were identified in TMH's 9/30/2019 CHNA, the y have been prioritized in order of significant needs of the community, as determined by a steering committee comprised of the Community Liaisons, TMH liaison, Lifespan Community H ealth Institute (LCHI) leadership, TMH leadership, and Lifespan leadership.

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

Form and Line Reference	Explanation
Facility: - Part V, Section B, Line 5	The CHNA process involved the integration of information from a range of data sources to i dentify the significant health needs of the community served by TMH, prioritization of tho se needs, and identification of resources, facilities, and programs to address the priorit ized needs. Both qualitative primary data and secondary quantitative data were gathered to identify the significant health needs of the community.The primary data sources included community health forums, key informant interviews, and individual surveys. Secondary data sources included national and local publications of state-specific data. These sources var ied in sample size, method of data collection, and measures reported, but all are publicly available sources, and in each case, the most recent publicly accessible data was present ed. The data sources are described in more detail below.Community Health Forums:Qualitativ e data was collected through Community Health Forums (CHFs) to solicit input from individu als representing the broad interests and perspectives of the community. Participants in th e CHFs included members of the medically underserved, low-income, and minority populations in the TMH service area.Community forums are a standard qualitative social science data c ollection method, used in community-based or participatory action research. Six CHFs were held between April 30 and June 21, 2019 across the TMH service area. Participants were rec ruited using social media, posted fliers, email, and word of mouth. Locations were selecte d to be easily accessible to the public and hospital patients, and forums were held at var ious times of the day on weekdays and weekends. TMH forums were held at community centers, places of worship, a high school, a homeless shelter, local non-profit agencies, and TMH. At each forum, a meal was provided, along with child care and interpretation if requested in advance. All CHFs were open to the public and participants were fully engaged througho ut the 90-minute discussions.A representative of TMH served as a hospital liaison to help plan and facilitate the CHFs. The hospital liaison was a critical link between the LCHI as the coordinating body, the expertise and resources within the Hospital, and the Community Liaisons described below.An important and unique component of the CHFs was the involvemen t of Community Liaisons. Three people representing the diverse populations served by TMH w ere hired as consultants to assist with the CHNA. These Community liaisons helped plan the CHFs, recruited participants, and co-facilitated the forums. All Community Liaisons were chosen through a competitive selection process and completed a two-hour training prior to leading the CHFs. The training included project planning tips, role-playing activities, co nflict management strategies, and logistical expectations. Community Liaisons were respons ible for identifying an accessible venue for each forum, selecting a food vendor and menu that would be appealing to the

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

Form and Line Reference	Explanation
Facility: - Part V, Section B, Line 5	target audience, and co-facilitating the discussion at the CHF with their hospital liaiso n.Each CHF was two hours in duration and followed a similar format that began with a meal, followed by a 90-minute discussion, co-facilitated by TMH and the Community Liaison. The discussion generated consensus on the participants health concerns, their prioritization o f those concerns, and their ideas for how TMH could respond to those concerns. Discussion began with a brief presentation of TMHs 2016 CHNA priorities and examples of activities TM H has performed in response. Participants were invited to share their reactions to what wa s presented as well as their current health concerns. The input gathered during the CHFs w as assessed qualitatively to extract themes and quantitatively to determine the frequency with which those themes were cited. Community Liaisons also met with the LCHI and the hosp ital liaison to debrief the forums and offer their interpretation of the findings to ensur e all input was captured and that priorities were appropriately ranked.Hiring, training, a nd empowering community members to serve as Community Liaisons in the CHNA process enriche d the quantity and quality of community input. It also allowed TMH to build relationships with communities that might not otherwise have become aware of or engaged in the needs ass essment process.Individual Surveys:To broaden the reach of community input, surveys were d istributed and collected by LCHI staff at events they attended in May and June 2019, such as the annual Pride Festival. The surveys addressed the same questions as the CHFs. Six in dividual surveys were received for TMH.Key Informant Interviews:The director of the LCHI i dentified public health and health policy leaders who could inform the 2019 CHNA process a nd had knowledge, information, or expertise about the community that TMH serves. Key infor mant interviews were conducted with state leaders to supplement the other quantitative and qualitative data collected. Key informants included the: Acting Chief of Staff, Executive Office of Health and Human Services, State of Rhode Island and Policy Director, Rhode Isl and Childrens Cabinet Director of Policy, Planning, and Research, Executive Office of Heal th and Human Services, State of Rhode Island Director, Health Equity Institute and Special Needs Director, Rhode Island Department of Health Physician Lead, Health Equity Institute , Rhode Island Department of HealthWhen crafting the TMH implementation strategy, TMH refl ected upon the key themes that emerged from these conversations. The statewide priorities and recommendations of the key informants included: incorporate health equity targets; gen erate and monitor data on health disparities, especially by race, ethnicity, and income; b uild strategies that incorporate the social determinants of health; go beyond individual i nterventions to family/household level interventions; make investments in early childhood; consider comorbidities, espec

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

Form and Line Reference	Explanation
Facility: - Part V, Section B, Line 5	ially between behavioral health and chronic diseases; confront racism and bias to improve care; provide personalized care; be sensitive to misalignments within healthcare; and cont inue to address substance misuse and behavioral health conditions. To ensure representatio n from a broad cross section of the community, CHF's were held in the following locations: -IBG Studios, 199 Camp Street, Providence, RI 02906;-Pregreso Latino, 626 Broad Street, Ce ntral Falls, RI 02863;-Pawtucket YMCA, 20 Summer Street, Pawtucket, RI 02860;-The Jewish A lliance, 401 Elmgrove Avenue, Providence, RI 02906;-East Side Apartments, 83 Doyle Avenue, Providence, RI 02906; and-Hurvitz Conference Room, The Miriam Hospital, 164 Summit Avenue , Providence, RI 02906.

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

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

Form and Line Reference	Explanation
Facility: - Part V, Section B, Line 6a	Rhode Island HospitalEmma Pendleton Bradley HospitalNewport Hospital

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

Form and Line Reference	Explanation
Facility: - Part V, Section B, Line 11	TMH's Community Health Needs Assessment issued for the fiscal year ended September 30, 201 9 identified five significant health issue areas requiring a further implementation strate gy. Those significant health issue areas include: (1) access to care; (2) healthy weight a nd nutrition; (3) cancer; (4) community-based education and outreach; (5) and mental and b ehavioral health. The implementation strategy to address those significant health needs ou tlined between October 1, 2019 - September 30, 2022 is available at: https://www.lifespan. org/sites/default/files/lifespan-files/documents/lifespan-main/TMH-CHNA-Implementation-Pla n.pdfDuring the fiscal year ended September 30, 2020, TMH implemented the specific actions listed below in order to address the significant community health needs outlined in its C HNA Implementation Strategy issued on February 11, 2020.Significant Health Need #1- Access to care:- During the fiscal year ended September 30, 2020, TMH's Cardiac and Pulmonary Re habilitation (CPR) program managed by the Lifespan Cardiovascular Institute (CVI) created a virtual/hybrid Cardiac and Pulmonary Rehab platform in conjunction with an organization called Chanl Health. This platform is staffed by the CVI and increases the enrollment of n on-captured patients. It also increases utilization of CPR services, which improves a pati ent's clinical, psychosocial, and quality of life outcomes;-CPR also began implementing a "Home-Based Plan of Care" while the CVI locations at TMH, Rhode Island Hospital, and Newpo rt Hospital were closed for eight weeks during FY '20 due to measures taken as a result of the COVID-19 Pandemic;-In conjunction with Lifespan's Communications and Marketing Depart ment, TMH created a YouTube channel for improved access to exercise, meditation, and nutri tional options for patients. This feature allows patients to improve adherence to healthie r lives and provides them with increased flexibility to exhibit healthy living practices;- TMH and RIH began working with Nationwide Transportation to coordinate the transportation to/from rehabilitation appointments for individuals who do not drive. This partnership has allowed for increased access to cardiac rehab programs and services.-In coordination with the hospital affiliates, the Lifespan PhysicianGroup, Inc. (LPG) will actively recruit pr imary care physicians, medicalspecialists, and advanced practice providers to fill vacanci es and matchcommunity needs: During fiscal year 2020 LPG hired more than 30 full time prov iders to fulfill various vacancies within primary care and other specialties.-In coordinat ion with LPG, explore new models of care delivery with afocus on primary care and lowest c ost: During FY '20 LPG continued to explore new models of care delivery, including traveli ng to visit innovative primary locations in areas outside of our service region. We are fu rther evaluating the feasibility of such a practice in our area.-Implementation and expans ion of technology in interpret

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

Form and Line Reference	Explanation
Facility: - Part V, Section B, Line 11	erservices, including Interpreter on Wheels. Where appropriate,interpreter services will b e made available using laptops and otherelectronic devices: TMH has expanded the use of Vi deo Remote Interpreting (VRI), also known as "Interpreter on Wheels", by deploying 20 VRI machines which provide language interpretation in over 200 languages, including American S ign Language, Spanish, and Portuguese. All together Lifespan as a health system has deploy ed over 120 VRI machines to its various affiliates during FY '20.Significant Health Need # 2- Healthy weight and nutrition:-The Center for Weight & Wellness (CWW) converted to a vir tual program at the onset of the Pandemic, with all in-person groups and fitness classes h aving been temporarily discontinued during the Pandemic. These groups and classes will be re-established once in-person groups are able to resume. The Weight and Wellness Academies were offered prior to COVID-19. They include topics related to meal prep, stress manageme nt, skill building, and embracing the new you post-weight loss. CWWs first venture to deli ver on-site weight and wellness programs to employees has been successful. Feedback was po sitive from both the employer and employees who engaged in the program. Program leadership continues to meet with other interested businesses to develop on-site and wellness progra ms for employees. Significant health need #3- Cancer: -Implementation of a colorectal mult idisciplinary clinic at TMH: During FY '20 TMH opened a colorectal cancer multidisciplinar y clinic within its Norman & Rosalie Fain Health Centers. TMH's colorectal specialists wor k in collaboration with the multidisciplinary care teams at the Lifespan Cancer Institute. As dedicated clinical researchers with national recognition, they seek to develop pioneer ing breakthrough treatments for colon and related cancers through ongoing clinical trials that are accessible to all qualified patients. Significant health need #4- Community-based education and outreach:- Lifespan Community Health Institute (LCHI) held 23 Diabetes Prev ention Program (DPP) sessions during FY '20. DPP started with 20 participants and ended wi th 7 who completed the program on 7/27/20. LCHI also ran a DPP cohort in partnership with the RIH Center for Primary Care in FY '20. That class also had 23 sessions. 18 participant s started and 3 finished by the end of FY '20. LCHI opened The Transitions Clinic (TTC) in FY '20. TTC is a primary care clinic with wrap-around supports, including community healt h workers for patients who have multiple chronic conditions and were released by the State of Rhode Island Department of Corrections in the previous year. TCC at RIH served 118 pat ients in FY '20. LCHI also offered a free community lecture series during FY '20 available to the public which included a Financial Literacy course, two "Food is Medicine" series (4 week sessions), 10 cooking demonstrations to almost 100 participants, 18 Safe Sitter lec tures (136 participants) and 9

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

Form and Line Reference	Explanation
Facility: - Part V, Section B, Line 11	events on becoming a Lifespan Community Health Ambassador to promote health in the commun ity (131 participants).Significant health need #5- Mental and behavioral health:-The Bupre norphine (Suboxone) Induction Hotline, a Rhode Island Department of Health-funded outreach project, went live on April 13, 2020. The project offers emergency/urgent suboxone induct ion and bridge prescriptions over the phone, until the patient is scheduled with an appoin tment at the Lifespan Recovery Center (LRC). The on-call Buprenorphine Induction Hotline i s staffed by several TMH ED doctors consisting of emergency medicine, medical toxicology, internal medicine, and addiction medicine trained physicians. The goal is harm reduction b y reducing the risk of overdose through street drug use or unsupervised withdrawal. The LR C clinicians also provide consultation with community providers in Providence to increase awareness and educate medical professionals about the availability and effectiveness of tr eatment.-Lifespan providers have been involved in several social media pieces to describe the nature of substance use disorders and the availability of treatment in order to educat e the public and reduce stigma. The LRC recently hired a full-time social worker. The goal of this position is to ensure that patients' full spectrum of biopsychosocial needs are b eing met, with an emphasis on addressing social determinants of health that may negatively impact the ability to engage in treatment.-In response to the COVID-19 Pandemic, the LRC has been offering telehealth appointments to patients, which has improved access to care. For patients with certain hardships, TMH has provided Kindle Fires in order to engage in v irtual appointments.The Lifespan Psychiatry and Behavioral Health Access Center continues to provide a streamlined way to make an appointment or be referred to the appropriate reso urce for all adult outpatient programs for mental, emotional, and behavioral health issues . We expanded our capabilities to provide a Telehealth Technical Support Line (TTSL). As T MH continued to build its telehealth capabilities this past year, TMH recognized the need to have technical support readily available to patients during the day, evening, and weeke nd hours. Researchers across Lifespan are committed to advancing the science and practice of the treatment of substance use disorders. Recent grant submissions have included invest igating the role of mobile peer support for Opioid Use Disorder, evaluating changes to bup renorphine treatment in the context of COVID-19, and feasibility/acceptability/safety of c ompleting buprenorphine inductions through pharmacy-based care.-Same day appointments for urgent evaluations are available at RIH's/TMH's East Providence and East Greenwich Outpati ent Programs. In addition, on 5/3/2021 RIH/TMH will go live with their inpatient bridge cl inic. Through this bridge clinic, patients being discharged from the RIH and NH psychiatri c inpatient units will be sche

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

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

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

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

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

Form and Line Reference	Explanation
Facility: - Part V, Section B, Line 22d	TMH uses the prospective method in determining amounts generally billed. Internal Revenue Code Section 501(r) defines the prospective method as the amount Medicare would reimburse TMH for billed care (including both the amount that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for paying in the form of copayments, coinsurance, and deductibles) if the patient was a Medicare fee-for-service beneficiary.

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

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

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

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

	Name and address	Type of Facility (describe)
1	Cardiovascular Institute 950 Warren Avenue East Providence, RI 02914	Outpatient Cardiac Clinic
1	TMH Immunology Research Center 14 Third Street 11 Fourth Street Providence, RI 02906	Outpatient Counseling
2	Womens Medicine Collaborative 146 West River Street Providence, RI 02904	Comprehensive Women's Outpatient Clinic
3	TMH Diagnostic Imaging Center 195 Collyer Street Suite 101 Providence, RI 02904	Outpatient Radiology
4	Cardiovascular Institute 208 Collyer Street Suites 100 102 Providence, RI 02904	Outpatient Cardiac Clinic
5	Cardiovascular Institute 1454 South County Trail Suite 2000 East Greenwich, RI 02818	Outpatient Cardiac Clinic
6	TMH Weight Control & Diabetes Research 196 Richmond Street Providence, RI 02903	Outpatient Research & Education
7	TMH Cardiac RehabPulmonary Rehab 208 Collyer Street Providence, RI 02904	Outpatient Cardiac Clinic
8	Mens Health & Infectious Disease 180 Corliss Street Suites C E Providence, RI 02904	Comprehensive Men's Outpatient Clinic
9	TMH Behavioral Medicine Research 1 Hoppin Street Providence, RI 02903	Outpatient Research & Education
10	Intensive Cardiac Rehab Program 1454 South County Trail East Greenwich, RI 02818	Outpatient Cardiac Clinic
11	TMH Laboratory 1 Hoppin Street Providence, RI 02903	Phlebotomy Lab
12	TMH Laboratory 1 Commerce Street Lincoln, RI 02865	Phlebotomy Lab
13	TMH Immunology Center 1125 North Main Street Providence, RI 02904	Outpatient Clinic
14	TMH Outpatient Rehabilitation 195 Collyer Street Providence, RI 02904	Outpatient PT, OT, and Speech Rehab

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

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

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

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

	Name and address	Type of Facility (describe)
16	TMH Laboratory 1180 Hope Street Basement Floor Bristol, RI 02809	Phlebotomy Lab
1	TMH Laboratory 400 Bald Hill Road Warwick, RI 02886	Outpatient Clinic
2	Womens & Mens Health Rehabilitation Services 148 West River Street Suite 1D Providence, RI 02904	Outpatient Rehab Clinic
3	Adult & Pediatric Rehabilitation Services 1 Commerce Street 2nd Floor Lincoln, RI 02865	Outpatient Rehab Clinic
4	The Center for Weight & Wellness 1377 South County Trail East Greenwich, RI 02818	Outpatient Clinic
5	RISE TB Clinic 14 Third Street Providence, RI 02906	TB Clinic
6	East Providence Imaging 375 Wampanoag Trail Suite 101B Riverside, RI 02915	Outpatient Diagnostic Imaging
7	Blackstone Valley Community Health Center 1000 Broad Street Central Falls, RI 02863	Outpatient Rehab Clinic
8	TMH Behavioral Medicine Clinic 146 West River Street Providence, RI 02904	Outpatient Clinic
9	TMH Pre-Admission Testing Center 208 Collyer Street Third Floor Providence, RI 02904	Outpatient Pre-Admission Assessment & Education

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
The Miriam Hospital

Employer identification number
05-0258905

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 9

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

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

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

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 05-0258905
Name: The Miriam Hospital

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Brown University 164 Angell Street Providence, RI 02912	05-0258809	501(c)(3)	165,334	0			General Support
Community Health Innovations 250 Doyle Avenue Providence, RI 02906	83-3018929	501(c)(3)	10,500	0			General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Groundwork Providence 1005 Main Street Pawtucket, RI 02860	05-0397766	501(c)(3)	10,500	0			General Support
Jewish Alliance of Greater RI 401 Elmgrove Avenue Providence, RI 02906	27-4127671	501(c)(3)	6,000	0			General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Mt Hope Neighborhood Assoc 199 Camp Street Providence, RI 02906	22-2599257	501(c)(3)	9,900	0			General Support
Prov After School Alliance 81 Carpenter Street Providence, RI 02903	26-0319193	501(c)(3)	10,000	0			General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Summit Neighborhood Assn 25 Lauriston Street Providence, RI 02906	05-0465260	501(c)(3)	5,873	0			General Support
The Miriam HospitalFoundation 167 Point Street Providence, RI 02903	05-0377502	501(c)(3)	25,000	0			General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA 438 Hope Street Providence, RI 02906	05-0258878	501(c)(3)	10,500	0			General Support

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
The Miriam Hospital

Employer identification number
05-0258905

Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

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

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 05-0258905
Name: The Miriam Hospital

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Arthur J Sampson President	(i)							
	(ii)	450,709		96,726	16,800	20,192	584,427	
1Eirini Apostolidou MD Physician	(i)	272,102	32,100	500	9,201	12,928	326,831	
	(ii)							
2G Dean Roye MD Chief Medical Officer	(i)	400,470		21,599	77,347	24,844	524,260	
	(ii)							
3Joseph D Sweeney MD Physician	(i)	297,172		8,345	16,800	26,004	348,321	
	(ii)							
4Maria P Ducharme Chief Nursing Officer	(i)	252,529		55,262	60,862	24,785	393,438	37,362
	(ii)							
5Mary A Wakefield Treasurer	(i)							
	(ii)	725,836		144,180	222,120	19,991	1,112,127	105,275
6Michael P Carey MD Physician	(i)	381,024		5,027	16,800	24,250	427,101	
	(ii)							
7Paul J Adler Secretary	(i)							
	(ii)	482,452		77,524	100,931	25,368	686,275	46,564
8Rena R Wing MD Physician	(i)	298,523		8,442	16,800	13,255	337,020	
	(ii)							
9Rogers C Griffith MD Physician	(i)	303,507		8,745	16,800	27,453	356,505	
	(ii)							
10Timothy J Babineau MD Trustee	(i)							
	(ii)	1,325,243		436,735	1,391,844	31,206	3,185,028	334,018
11Ziya L Gokaslan MD Trustee	(i)							
	(ii)	1,340,498	148,750	5,608	16,800	41,156	1,552,812	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
The Miriam Hospital

Employer identification number
05-0258905

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	RIHEBC Series 2016	52-1300173	762244FP1	08-11-2016	57,000,732	Refund 1996, 2006, 2009 Bonds		X		X	X	

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,382,800			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	57,000,732			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	419,512			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	56,581,220			
12	Other unspent proceeds				
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Part VI	Schedule K, Part I, Line A(f):On August 11, 2016, the Rhode Island Health and Educational Building Corporation (RIHEBC) issued, on behalf of the Lifespan Obligated Group, which consists of The Miriam Hospital, Rhode Island Hospital, Emma Pendleton Bradley Hospital, Rhode Island Hospital Foundation, and The Miriam Hospital Foundation, $265,470,000 of tax-exempt fixed rate serial and term bonds (the 2016 Bonds) used for the purpose of refunding existing bonds issued to the Lifespan Obligated Group, as well as to pay certain expenses of issuance with respect to the 2016 Bonds. The portion of the 2016 Bonds' proceeds allocable to TMH is $57,000,732. For purposes of TMH, the 2016 issuance resulted in the complete refinancing of its RIHEBC Series 1996, 2006A, and 2009A Bonds. Schedule K, Part I, Line 3:The bond proceeds listed in line 3 differ from the bond issue price disclosed per IRS Form 8038 due to the fact that TMH is part of the Lifespan Obligated Group previously mentioned in Part I, line A(f). Of the $308,112,067 disclosed in Form 8038, TMH was allocated $57,000,732 of the total issuance proceeds.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
The Miriam Hospital

Employer identification number
05-0258905

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a: How Members or Shareholders Elect Governing Body	Effective October 23, 2012, the Board of Directors of Lifespan and the Boards of Trustees of TMH, Rhode Island Hospital, Newport Health Care Corporation, Newport Hospital, and Emma Pendleton Bradley Hospital approved a restructuring of their governance. Gateway Healthcare, Inc. joined the Lifespan health system on July 1, 2013 and adopted this restructured governance. The restructuring has increased governance effectiveness and has streamlined governance operation, as well as provided a single strategic perspective for the Lifespan system hospitals. Pursuant to the restructuring, the bylaws of each of the affiliates were amended such that the composition of the Boards of Trustees of each of the hospitals and Newport Health Care Corporation is defined as those persons serving from time to time as the directors of Lifespan. As a result, the Boards of each entity are comprised of the same individuals. The Board of each entity retains its responsibilities and authorities notwithstanding the revision in its composition. The Board of Directors of Lifespan consists of not less than fourteen nor more than thirty-one directors, including the President & CEO of Lifespan, who serves ex-officio with vote.Additionally, the bylaws of TMH confer certain reserved powers upon Lifespan to provide it with the means of effective oversight, coordination, and support of the system. Powers reserved to Lifespan include: to elect and remove TMH trustees and to approve the election/removal of certain officers.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Change in funded status of pension and other postretirement = -$1860516

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Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Increase in Interest in Net Assets of TMHF = $2292107

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Plant Donated Equipment = $6499

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Return Reference	Explanation
.	TMH's multidisciplinary medical teams include many dedicated specialists - surgeons, inter nal medicine specialists, anesthesiologists, nurses, rehabilitation therapists, and social workers who work with patients from diagnosis to treatment to follow-up care. The physica l therapy and nursing teams work together after surgery to get patients moving for faster recovery, and physicians, nurses, and therapists work collaboratively to follow-up care.Ea ch patient benefits from individualized treatment plans and rehabilitation to aid recovery and restore functionality as quickly as possible. Whenever possible, minimally invasive s urgical techniques are used to perform surgery, which have dramatically improved the quali ty of the post-operative and recovery experience for the patient. In certain cases, comput er navigation technology is used for knee and hip replacement surgeries. Computer navigati on can assist the surgeon and improve the level of accuracy, bringing the precision of bon e cuts and implant alignment in joint replacement surgery to a whole new level of accuracy , reliability, and longevity.Thanks to the latest evolution in surgical technology, physic ians now have an effective alternative to traditional open surgery and laparoscopy that al lows them to provide patients with the best of both approaches. This alternative is the da Vinci Surgical System, which TMH uses to treat different types of cancer.TMH's surgeons a re leaders in their respective fields. TMH, as part of an academic medical center, prizes the mastery of new technologies in order to improve the quality of life for patients. TMH surgeons have successfully performed over 1,000 procedures using the da Vinci Surgical Sys tem and have made its use a cornerstone of cancer treatment at TMH. TMH's Adult Outpatient Behavioral Medicine Services help individuals improve health through behavior change. Ser vices are offered to help patients adjust to chronic medical conditions, including their a ssociated physical and emotional distress; modify unhealthy ways of living (for example, s moking cessation) to help prevent the onset or progression of disease; and treat mood and anxiety disorders that interfere with management of medical conditions. Services are avail able to help individuals with behavioral and psychosocial management of medical conditions such as headache, pain, cancer, heart disease (including those with implanted cardiac dev ices), pulmonary disease, and diabetes. The Weight Management Program provides comprehensi ve, medically supervised treatment for mild, moderate, and severely overweight adults. Spe cialized programs are also available for adolescents and diabetics. Treatment combines med ical monitoring, behavioral therapy, exercise instruction, three levels of calorie reducti on, and nutrition education. TMH's clinicians also include surgical oncologists, medical o ncologists, radiation oncologists, hematologists, pathologists, physical therapists, radio logists, patient advocates, ph

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Return Reference	Explanation
.	armacists, and nutritionists.To help patients and their families cope with breast cancer, TMH offers the Breast Health Navigator Program, which assists breast cancer patients throu gh the entire course of their cancer care by providing breast health navigators, registere d nurses trained in oncology who possess an in-depth understanding of breast cancer and th eprocess undergone by patients. These navigators guide patients through diagnosis, treatme nt, and recovery, while helping them make informed decisions and cope with the variety of issues they face.TMH and RIH were named Blue Distinction Centers for Complex and Rare Canc ers by Blue Cross and Blue Shield of Rhode Island. TMH and RIH are the only two hospitals in the State to receive this distinction. Blue Distinction Centers for Complex and Rare Ca ncers are facilities within participating Blue Cross and Blue Shield network service areas that offer comprehensive inpatient cancer care programs for adults, delivered by multidis ciplinary teams with subspecialty training and distinguished clinical expertise in treatin g complex and rare subtypes of cancer. TMH and RIH have both been recognized for excellenc e in treating esophageal, gastric, liver, pancreatic, rectal, and thyroid cancer.TMH's div ision of gastrointestinal and liver pathology is committed to providing high quality diagn ostic services for gastrointestinal and liver diseases in patients. Collectively, gastroin testinal cancers are among the most common form of malignancies suffered today, affecting nearly a quarter of a million Americans each year. To address this, the Lifespan Cancer In stitute has brought together a team of nationally recognized leaders in the treatment and research of gastrointestinal cancers.The gastrointestinal cancer care services available t hrough the Lifespan Cancer Institute at TMH provide state-of-the-art care for patients who have or are at risk for the following types of cancer: bile duct, esophagus, gallbladder, endocrine, and cystic tumors of the pancreas, liver, and stomach. TMH also offers medical nutrition therapy on an outpatient basis designed to help prevent and control gastrointes tinal disorders.

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Return Reference	Explanation
Form 990, Part I, Line 6	Volunteers support and contribute to the mission of TMH every day. They are able to learn, meet other dedicated volunteers, better understand the healthcare environment, and gain personal satisfaction knowing they are making a difference to patients, families, visitors, and vendors alike. Volunteer opportunities are available for both teens and adults in a wide variety of positions, including greeters, family liaisons, emergency room support, gift shop support, nurse aides, office support, pet therapy, physical therapy, patient visitors, recovery room support, art therapy, and central transporters. Volunteers also transport students and serve as guides, escorts, and interpreter aides.

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Return Reference	Explanation
Form 990, Part III, 4a:	TMH is licensed to operate 247 acute care beds by the Rhode Island Department of Health. N otable medical accomplishments of TMH include performance of Rhode Island's first lung ope ration, first kidney transplant, and first aortic balloon valvuloplasty (a procedure to cl ear blocked heart valves). In 2020, TMH discharged 16,996 inpatients, logged more than 67, 000 visits in its Emergency Department, and performed 10,646 inpatient and outpatient surg ical procedures. Services provided in 2020 represent 65,095 inpatient days and more than 1 39,000 clinic visits. TMH is staffed by 1,066 privileged physicians, approximately 77 full -time house staff (medical school graduates), and a nursing staff of 907. In total, TMH em ploys more than 3,300 people. TMH is a major teaching affiliate of The Warren Alpert Medic al School of Brown University, providing clinical rotations for residents.TMH provides ful l charity care for individuals at or below twice the federal poverty level, with a sliding scale for individuals up to three times the poverty level, as set by the Department of He alth and Human Services. In addition, a substantial discount consistent with Medicare prog ram reimbursement is offered to all other uninsured patients. TMH determines the costs ass ociated with providing charity care by aggregating the applicable direct and indirect cost s, including compensation and benefits, supplies, and other operating expenses, based on d ata from its costing system. The total cost, excluding medical education and research, inc urred by TMH to provide charity care amounted to $8,172,853 in fiscal 2020. Charges forgon e, based on established rates, amounted to $23,839,880.TMH substantially subsidized variou s health services including the following programs: adult psychiatry, tuberculosis, and ce rtain other specialty services at a net cost of $11,211,085 in fiscal year 2020. TMH also provides numerous other services to the community for which charges are not generated. The se services include certain emergency services, community health screenings for cardiac he alth, prostate cancer and other diseases, smoking cessation, immunization and nutrition pr ograms, diabetes education, community health training programs, patient advocacy, foreign language translation, physician referral services, and charitable contributions. The net c ost of these services amounted to $223,232 in fiscal year 2020.TMH subsidizes the cost of treating patients who receive government assistance where reimbursement is below cost. Med icaid is a means-tested health insurance program, jointly funded by state and federal gove rnments. States administer the program and set rules for eligibility, benefits, and provid er payments within broad federal guidelines. The program provides health care coverage to low-income children and families, pregnant women, long-term unemployed adults, seniors, an d persons with disabilities. Eligibility is determined by a variety of factors, which incl ude income relative to the fed

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Return Reference	Explanation
Form 990, Part III, 4a:	eral poverty line, age and immigration status, and assets.TMH offers expertise in total jo int replacement, minimally invasive and robotic surgery, and bariatric surgery, among many other specialties.The Leonard and Adele R. Decof Family Comprehensive Cancer Center at TM H brings together world-renowned physicians and a team of specialists from TMH, Rhode Isla nd Hospital (RIH), and Newport Hospital (NH), forming a multidisciplinary team whose level of knowledge and experience are unparalleled in the State of Rhode Island. TMH, as a part of the Lifespan Cancer Institute, provides state-of-the-art care for patients with cancer .Award-Winning Care:Through the years, TMH has received numerous distinctions and awards. It is certified by the Joint Commission as a Primary Stroke Center, and was the first hosp ital in Rhode Island to be designated as such. The American Heart Association/American Str oke Association presented TMH, the "Get With the Guidelines - Stroke Gold Plus Quality Ach ievement Award" for 2020 by reaching an aggressive goal of treating patients with 85 perce nt or higher compliance to core standard levels of care outlined by the American Heart Ass ocation, as well as meeting seven out of ten stroke quality measures during the preceding twelve month period. TMH has been honored by the American Heart Association virtually ever y year for more than a decade.Through 2024, TMH is one of only a few hospitals nationwide to achieve its sixth consecutive Magnet designation for nursing excellence from the Americ an Nurses Credentialing Center (ANCC). The Magnet status is a four-year designation and th e highest nursing credential given, and is the leading source of successful nursing practi ce and strategy worldwide. It recognizes excellence in quality patient care and innovation in professional nursing practice. The Magnet Model Framework for Excellence incorporates strategic planning for clinical and systems decisions, for improved patient outcomes, nurs e to patient ratios, and patient satisfaction. Magnet hospitals demonstrate superb nursing care in order to retain this credential.For the sixth time in a row, U.S. News & World Re port named TMH "Tops in Rhode Island" on its Best Regional Hospitals list as well as the n umber one hospital in the Providence metro area for 2020-2021. For the second consecutive year, urology services earned TMH a place among the 50 hospitals deemed to have the best u rology services in the country. U.S. News & World Report also designated TMH as a "high pe rformer" in the areas of chronic obstructive pulmonary disease (COPD) treatment, colon can cer surgery, heart failure, hip replacement, and knee replacement, as well as in the speci alties of geriatrics, nephrology, neurology, and neurosurgery.In 2020, Blue Cross and Blue Shield of Rhode Island named TMH a Blue Distinction Center+ for cardio care and a Blue Di stinction Center for cancer care. In 2018, TMH was named a Blue Distinction Center for kne e and hip replacement, and a B

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Return Reference	Explanation
Form 990, Part III, 4a:	lue Distinction Center+ for bariatric surgery. Such designations recognize expertise in de livering quality care and improved patient safety.The Total Joint Center at TMH (the Cente r) is dedicated to providing the most technologically advanced and specialized procedures focused on the replacement of joints as well as rehabilitation and care in treating diseas es of, or injuries to, hips, knees, and shoulders. TMH is a Blue Cross Blue Shield Blue Di stinction Center for Knee and Hip Replacement, which is a designation given to hospitals t hat demonstrate an expertise in quality care by meeting objective clinical measures, resul ting in better outcomes for patients. In 2019, the Gold Seal of Approval for Advanced Cert ification for Total Hip and Total Knee Replacement was awarded to the Center. TMH received this advanced designation for the third time, recognizing quality, consistency, and safet y of services and patient care. The Medical and surgical services at the Center are provid ed in a personalized, caring environment within the context of an academic medical center. All services focus on the patient experience from initial consultation through recovery. The Center is the only Rhode Island program to achieve advanced certification.TMHs Center for Bariatric Surgery has been a Center of Excellence in Bariatric Surgery since 2011 and was accredited in 2014 and re-accredited in 2017 by the American College of Surgeons' Meta bolic and Bariatric Surgery Accreditation and Quality Improvement Program as an adult and adolescent center for weight loss surgery.TMH was included on the IBM Watson Health list o f the Top 100 Hospitals for 2019. Divided into four categories, the list grouped TMH among the top 15 major teaching hospitals in the nation. Top performing hospitals acheive bette r risk-adjusted outcomes, delivering consistently better care at a lower cost.In late 2019 , The Leapfrog Group named TMH a "Top Hospital" in the United States. TMH was one of just 120 hospitals to make the list and was grouped among the top 55 teaching hospitals in the country. In November 2019 TMH won its eighth semi-annual "A" grade for hospital safety fro m the Leapfrog Group.The Intensive Care Unit at TMH was recognized in 2019 with the Gold B eacon Award for Excellence, the highest designation conferred by The American Association of Critical-Care Nurses (AACN).

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Return Reference	Explanation
Form 990, Part III, 4b:	TMH provided $3,550,000 in support of research activities in fiscal year 2020. TMH conducts extensive medical research and is in the forefront of biomedical health care delivery research and among the leaders nationally in National Institutes of Health programs. Major areas of research include:Cancer - TMH conducts clinical and behavioral research focusing on the many facets of cancer including prevention, education, and therapeutics, which are supported by the National Cancer Institute, the Cancer and Leukemia Group B, and the National Surgical Adjuvant Breast and Bowel Project. TMH is a participating hospital in the Brown University-sponsored Cancer Oncology Group.HIV/AIDS - The Lifespan/Tufts/Brown Center for AIDS Research (CFAR) is a joint research effort among Brown University and Tufts University and their affiliated hospitals and centers. It is one of 20 centers located at academic medical centers throughout the United States that are part of the national CFAR program of the National Institutes of Health. The program emphasizes the importance of interdisciplinary collaboration, especially between basic and clinical investigators, and also encourages training and mentoring of young investigators as well as an inclusion of women and minorities. As part of the CFAR, division researchers engage in clinical, basic, and translational research designed to improve the prevention and treatment of HIV/AIDS, with a major focus on women, racial and ethnic minorities, and individuals with substance abuse problems. At TMH, research focuses on the treatment and prevention of HIV infections, especially in hard-to-reach populations, both in the U.S. and abroad. There are international sites located in Cambodia, India, Kenya, Indonesia, The Philippines, and South Africa. TMH's TB Clinic performs research in the area of co-infections of HIV and tuberculosis. The Centers for Behavioral and Preventive Medicine aims to improve health through behavioral change and the integration of behavioral and biomedical science using clinical, community, and laboratory-based research. The Centers' research bridges biomedical, sociobehavioral, and population/public health scientific disciplines. Faculty members are committed to both basic research on discovering the mechanisms underlying behavioral factors in health and illness (e.g., examining the stress response among children and adolescents, neuroimaging of AIDS, and other medical conditions), and to applied research on the translation of these discoveries for clinical and community health improvement. Programs range from those that focus on primary prevention (e.g., promoting smoking cessation, preventing weight gain, increasing physical activity, and HIV/AIDS prevention) to improving the effectiveness of treatment and enhancing quality of life in populations such as cancer survivors and patients enrolled in cardiac rehabilitation programs.

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Return Reference	Explanation
Form 990, Part III, 4c:	TMH provides the setting for and substantially supports medical education in various clini cal training and nursing programs. The total cost of medical education provided by TMH exc eeded the reimbursement received from third-party payors by $16,060,699 in 2020.In 1969, T MH and certain other Rhode Island hospitals entered into an affiliation agreement to parti cipate jointly in various clinical training programs and research activities with Brown Me dical School, renamed The Warren Alpert Medical School of Brown University (Brown). The go als of the partnership are to facilitate the expansion of joint educational and research p rograms to enable competition both clinically and academically.TMH participates in Brown p rograms in anesthesiology, internal medicine and medicine subspecialties, general surgery and surgical subspecialties, psychiatry, emergency medicine and emergency medicine subspec ialties, orthopedics and orthopedic subspecialties, and dermatology. TMH provides stipends to residents and physician fellows while in training.In addition, TMH is a participating clinical training site for residents from other programs in anesthesiology, family medicin e, internal medicine, emergency medicine, hematology/oncology, obstetrics/gynecology (OB/G yn) and OB/Gyn subspecialties, dermatology, dermatopathology and pediatric pathology, otol aryngology, pediatric dentistry, podiatry, psychiatry and its subspecialties of forensic p sychiatry, consult liaison psychiatry and geriatric psychiatry, orthopedics, rheumatology, and radiation oncology.Various departments and specialties at TMH serve as clinical sites for the physician assistant schools of Johnson & Wales University, Bryant University, and the Massachusetts College of Pharmacy. In addition, Behavioral Medicine at TMH, in collab oration with Brown, sponsors research and clinical psychology training programs for intern s, postdoctoral fellows, and faculty trainees.With respect to nursing education, TMH has d eveloped educational affiliations with the University of Rhode Island College of Nursing; Community College of Rhode Island (CCRI); Salve Regina University; Boston College; Yale Un iversity; Regis College; Simmons College; the University of Massachusetts campuses at Dart mouth, Boston, Amherst, and Worcester; Framingham State University; the University of Conn ecticut; The New England Institute of Technology; Northeastern University; Drexel Universi ty; Walden University; Georgetown University School of Nursing and Health Studies; Duke Un iversity School of Nursing; and the University of Pennsylvania, as well as other Schools o f Nursing, pursuant to which their nursing students obtain clinical training and experienc e at TMH. TMH does not receive any compensation from the various schools for providing a c linical setting for the student nurse training. The Lifespan School of Medical Imaging col laborates with Rhode Island College in the following programs: diagnostic medical sonograp hy; nuclear medicine technolog

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Return Reference	Explanation
Form 990, Part III, 4c:	y; radiography; and magnetic resonance imaging. Students complete educational experiences at the Hospital, as well as other outpatient sites.TMH sponsors training programs for a va riety of allied health care professionals, including required clinical and fieldwork exper iences in physical, speech, and occupational therapy, which are provided to university stu dents in each discipline through contracts with the various universities. TMH acts as a cl inical training site for students from CCRI in its vascular and cardiology ultrasound prog rams and provides training experiences for both phlebotomy students and physical therapy a ssistant students. TMH serves as a clinical training site for students from The Nuclear Me dicine Institute of the University of Findlay (Ohio) and has educational affiliations with the respiratory programs at both CCRI and The New England Institute of Technology. TMHs E EG Department provides clinical training to neurodiagnostic technology students from Labou re College (Massachusetts).TMH has clinical affiliations/student clinical training program s for pharmacy students provided through contracts with various colleges and universities. Most of the pharmacy students attend the University of Rhode Island, Massachusetts Colleg e of Pharmacy and Health Sciences, and Northeastern University. TMH has clinical social wo rk student contracts with Rhode Island College, Boston University, Boston College, Smith C ollege, Simmons College, and Bridgewater State University.

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Return Reference	Explanation
Form 990, Part VI, Section A, Line 1b:	*Lawrence A. Aubin, Sr., Chair, is the owner of Lawrence Investments, LLC, with which Lifespan entered into a ten-year operating lease of certain health care facilities in July 2015. During fiscal year 2020, Lifespan paid rent to Lawrence Investments, LLC under the terms of this lease. Terms of the rent expense related to this lease have been established at fair market value.*Pamela A. Harrop, MD, Trustee through October 2019, is the President of Medical Associates of Rhode Island, Inc. (MARI). Beginning in 2020, Lifespan and MARI engaged for Dr. Harrop to provide physician consulting services to the Lifespan hospitals. During fiscal year 2020, Lifespan paid MARI $54,000 as part of this consulting contract.

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

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

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Return Reference	Explanation
Form 990, Part VI, Section B, Lines 15 a&b:	for executives and other key employees, as well as candidates for these roles. The CEO al so provides periodic updates to the Committee regarding Lifespan's performance relative to compensation-related performance objectives. The Committee's deliberations and actions ar e documented in minutes prepared for each meeting.PROCESS FOR DETERMINING COMPENSATION Val uation of Total Cash and Total Remuneration: No less frequently than annually, the Committ ee receives and reviews a total cash compensation valuation of all existing executive comp ensation program participants prepared by its independent compensation consultant. Annuall y, the Committee also receives and reviews a total remuneration valuation of all existing executive compensation participants.Base Salary Actions: The CEO recommends any salary adj ustments for participants in the executive compensation program, using the results of the valuation study and his/her assessment of individual performance or other pertinent inform ation, for the Committee's consideration.New Participants in Executive Compensation Progra m: With respect to compensation offers for individuals expected to participate in the exec utive compensation program, certain members of the Lifespan CEO's Council work with the Co mmittee's independent compensation consultant or rely on information previously provided b y the consultant to establish a range of reasonable cash compensation within which recruit ment is expected to conclude with acceptance of a reasonable compensation offer.

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Return Reference	Explanation
Form 990, Part XII, Line 2:	TMH was included in TMH and Affiliate audited consolidated financial statements as of and for the fiscal year ended September 30, 2020, which consist of TMH and VNA Technicare, Inc., d/b/a Lifespan Home Medical. The Lifespan Audit and Compliance Committee assumes responsibility for oversight of the audit of TMH's consolidated financial statements and the selection of Lifespan's independent accountant.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
The Miriam Hospital

Employer identification number
05-0258905

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Lifespan Health Alliance LLC 167 Point Street Providence, RI 02903 81-2732225	Account. Care Org.	RI	N/A					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) Lifespan MSO Inc 167 Point Street Providence, RI 02903 05-0508717	Mgmnt Services	RI	Lifespan Corp	C Corp					No
(2) Lifespan Risk Services Inc 167 Point Street Providence, RI 02903 05-0459767	Risk Mgmnt	RI	Lifespan Corp	C Corp					No
(3)VNA Technicare Inc 200 Corliss Street Providence, RI 02904 05-0472710	DME Sales	RI	TMH	C Corp	-998,771	918,890		Yes	

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)VNA Technicare Inc	q	139,071	Cash

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 05-0258905
Name: The Miriam Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1 Virginia Avenue Suite 200 Providence, RI 02905 05-0442015	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
1 Virginia Avenue Suite 200 Providence, RI 02905 20-4590384	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
167 Point Street Providence, RI 02903 05-0500688	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation		No
1 Virginia Avenue Suite 200 Providence, RI 02905 05-0259090	Daycare Services	RI	501(c)(3)	7	Gateway Healthcare Inc		No
1011 Veterans Memorial Parkway East Providence, RI 02915 05-0258806	Pediatric Psych. Health Care Services	RI	501(c)(3)	3	Lifespan Corporation		No
1 Virginia Avenue Suite 200 Providence, RI 02905 05-0504841	Bereavement Services for Children	RI	501(c)(3)	7	Gateway Healthcare Inc		No
1 Virginia Avenue Suite 200 Providence, RI 02905 05-0309043	Subs. Abuse & Psych. Health Care Svcs.	RI	501(c)(3)	10	Lifespan Corporation		No
167 Point Street Providence, RI 02903 22-2869743	Property Management	RI	501(c)(4)	N/A	Lifespan Corporation		No
1 Virginia Avenue Suite 200 Providence, RI 02905 05-0435537	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
167 Point Street Providence, RI 02903 22-2861978	Holding Company/ Mgmnt Services	RI	501(c)(3)	12(II)	NA		No
167 Point Street Providence, RI 02903 05-0493219	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation		No
225 Carolina Avenue Suite 100 Providence, RI 02905 04-3408517	Holding Company	RI	501(c)(3)	12(I)	Lifespan Corporation		No
167 Point Street Providence, RI 02903 05-0389801	Health Care Services	RI	501(c)(3)	10	Lifespan Corporation		No
140 Broadway Providence, RI 02903 46-4910847	Educational Services	RI	501(c)(3)	2	Emma Pendleton Bradley Hospital		No
1 Virginia Avenue Suite 200 Providence, RI 02905 03-0508346	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
1 Virginia Avenue Suite 200 Providence, RI 02905 05-0427152	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
11 Friendship Street Newport, RI 02840 22-2535537	Holding Company/ Mgmnt Services	RI	501(c)(3)	7	Lifespan Corporation		No
11 Friendship Street Newport, RI 02840 22-2335539	Property Management	RI	501(c)(3)	12(I)	Newport Health Care Corporation		No
11 Friendship Street Newport, RI 02840 05-0258914	Health Care Services	RI	501(c)(3)	3	Lifespan Corporation		No
11 Friendship Street Newport, RI 02840 22-2535533	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
11 Friendship Street Newport, RI 02840 05-0472268	Health Care Services	RI	501(c)(3)	10	Lifespan Corporation		No
1 Virginia Avenue Suite 200 Providence, RI 02905 05-0422771	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
1 Virginia Avenue Suite 200 Providence, RI 02905 05-0393004	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
593 Eddy Street Providence, RI 02903 05-0258954	Health Care Services	RI	501(c)(3)	3	Lifespan Corporation		No
167 Point Street Providence, RI 02903 05-0468736	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation		No
593 Eddy Street Providence, RI 02903 05-0448686	Parking Facilities/Phlebotomy Services	RI	501(c)(3)	10	Lifespan Corporation		No
1 Virginia Avenue Suite 200 Providence, RI 02905 05-0504003	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
1516 Atwood Avenue Johnston, RI 02919 05-0512037	Services for Children with Autism	RI	501(c)(3)	10	Gateway Healthcare Inc		No
167 Point Street Providence, RI 02903 05-0377502	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation		No
164 Summit Avenue Providence, RI 02906 05-0268165	Patient Support	RI	501(c)(3)	12(II)	NA		No
1 Virginia Avenue Suite 200 Providence, RI 02905 04-3742771	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
1 Virginia Avenue Suite 200 Providence, RI 02905 05-0488520	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
1 Virginia Avenue Suite 200 Providence, RI 02905 61-1439766	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
65 Front Street Hamilton HM 12 BD	Offshore Insurance Captive	BD	N/A	N/A	Lifespan Corporation		No