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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 10-01-2022 , and ending 09-30-2023

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 $ 718,012,675

F Name and address of principal officer:
Maria P Ducharme
164 Summit Avenue
Providence, RI 02906

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www.miriamhospital.org

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

L Year of formation: 1926

M State of legal domicile: RI

Part I Summary

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**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	**5**	4,435
6	Total number of volunteers (estimate if necessary)	**6**	459
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,847,208
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	33,008

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	12,107,116	6,135,730
9	Program service revenue (Part VIII, line 2g)	543,588,684	602,916,860
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-4,717,555	10,600,311
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,318,189	26,714,782
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	575,296,434	646,367,683
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	431,030	361,030
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)	276,477,003	296,828,199
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)	306,115,549	327,941,499
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	583,023,582	625,130,728
19	Revenue less expenses. Subtract line 18 from line 12	-7,727,148	21,236,955

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	609,336,095	617,235,590
21	Total liabilities (Part X, line 26)	194,202,855	170,667,249
22	Net assets or fund balances. Subtract line 21 from line 20	415,133,240	446,568,341

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: 2024-08-14

Peter K Markell 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:) (Expenses $ 465,791,218 including grants of $ 361,030) (Revenue $ 574,832,929)

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).

4b (Code:) (Expenses $ 51,535,444 including grants of $) (Revenue $ 46,292,444)

Research:TMH has 383 research projects with total expenses of $51.5 million in fiscal year 2023 (87 investigators and 155 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 57% 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 $354K of research grants from for-profit organizations that are not reported in Schedule H.(See Schedule O).

4c (Code:) (Expenses $ 24,717,671 including grants of $) (Revenue $ 5,785,378)

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 $18.9 million in fiscal year 2023. (Continued on Schedule O).

4d Other program services (Describe in Schedule O.)

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

4e **Total program service expenses** ▶ 542,044,333

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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	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 the 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 line 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 on 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	207		
b	Enter the number of Forms W-2G included on 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**	4,435		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**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
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			**17**	

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. 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.	**1a**	16		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe on 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 on 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 on 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 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: ▶Peter K Markell 167 Point 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) Timothy J Babineau Fmr. Trustee	0.00 0.00							0	6,453,503	383,339
(2) Ziya L Gokaslan MD Trustee	0.50 42.50	X						0	1,671,096	49,960
(3) Paul J Adler Secretary	5.00 35.00			X				0	744,106	145,044
(4) David A Kirshner Treas.- 11/22	0.00 0.00			X				0	857,218	20,609
(5) G Alan Kurose Fmr. Trustee	0.00 50.00							0	636,825	63,815
(6) Maria P Ducharme President	40.00 0.00			X				0	561,006	122,745
(7) Mark A Deitch MD Chief Medical Officer	40.00 0.00							445,293	0	58,756
(8) Arthur J Sampson Trustee-1/23	0.00 8.00	X						0	417,696	18,300
(9) Rena R Wing Sr. Research	40.00 0.00							352,913	0	41,772
(10) Laura R Stroud Dir. Ctr Behav.	40.00 0.00							340,392	0	52,451
(11) Janine Lairmore VP-CVI	40.00 0.00							263,524	0	73,270
(12) Anne Schmidt DNP Fmr. CNO	0.00 0.00							286,385	0	23
(13) Elissa Jelalian Sr. Research	40.00 0.00							199,590	0	42,926
(14) Eva Greenwood Treasurer	0.50 39.50			X				0	198,973	34,915
(15) Denise Brennan Dir. Emerg. Svcs	40.00 0.00							190,639	0	41,726
(16) Vanzetta V James DNP Chief Nursing Officer	40.00 0.00							166,202	0	4,644
(17) Lawrence A Aubin Sr Chair	0.50 7.50	X		X				0	0	0

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(18) Emanuel Barrows Trustee	1.50 5.50	x						0	0	0
(19) Roger N Begin Trustee	2.00 10.50	x						0	0	0
(20) Peter Capodilupo Vice Chair	0.00 5.00	x		X				0	0	0
(21) Sarah T Dowling JD LLM Trustee	0.00 13.00	x						0	0	0
(22) Edward D Feldstein Esq Trustee	1.50 1.60	x						0	0	0
(23) John Fernandez Trustee	7.00 43.00	x						0	0	0
(24) Michael L Hanna Trustee	2.00 6.60	x						0	0	0
(25) Phillip Kydd Trustee	1.00 5.50	x						0	0	0
(26) Alan H Litwin Vice Chair	2.00 7.50	x		X				0	0	0
(27) Martha B Mainiero MD Trustee	0.50 2.60	x						0	0	0
(28) Steven Pare Trustee	0.00 3.00	x						0	0	0
(29) Lawrence B Sadwin Trustee	1.00 16.00	x						0	0	0
(30) Shivan Subramaniam Trustee	0.25 5.25	x						0	0	0
(31) Jane Williams PhD RN Trustee	5.00 27.00	x						0	0	0
(32) Peter K Markell EVP & CFO	6.00 44.00			X				0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,244,938	11,540,423	1,154,295

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 ▶ 409

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMN Healthcare Inc 2999 Olympus Blvd Dallas, TX 75019	Contract Labor	11,639,248
Brown Medicine 110 Elm Street Providence, RI 02903	Medical Services	8,486,838
AYA Healthcare Inc 5930 Cornerstone Ct W Ste 300 San Diego, CA 92121	Contract Labor	6,878,087
Brown Surgical Associates Inc 2 Dudley St - Suite 470 Providence, RI 02905	Medical Services	3,924,899
Brown Emergency Medicine 125 Whipple St Providence, RI 02908	Medical Services	2,413,180

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 ▶ 47

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 OtherAmt Similar Amounts				
1a Federated campaigns . .	1a			
b Membership dues . .	1b			
c Fundraising events . .	1c			
d Related organizations	1d	3,898,652		
e Government grants (contributions)	1e	2,213,769		
f All other contributions, gifts, grants, and similar amounts not included above	1f	23,309		
g Noncash contributions included in lines 1a - 1f:$	1g			
h **Total.** Add lines 1a-1f . . . . . ▶		6,135,730		
Program Service Revenue	Business Code			
2a Direct Rev from Research	900099	46,292,444	46,292,444	
b Patient Service Rev	900099	553,855,995	553,855,995	
c Special Purpose Funds	900099	2,768,421	2,768,421	
d				
e				
f All other program service revenue.				
g **Total.** Add lines 2a–2f. . . . . ▶	602,916,860			
3 Investment income (including dividends, interest, and other similar amounts)		8,424,616		8,424,616
4 Income from investment of tax-exempt bond proceeds ▶		0		
5 Royalties . . . . . ▶		0		
	(i) Real	(ii) Personal		
6a Gross rents 6a	2,270,812			
b Less: rental expenses 6b	1,397,129			
c Rental income or (loss) 6c	873,683			
d Net rental income or (loss) . . . . . ▶		873,683		873,683
	(i) Securities	(ii) Other		
7a Gross amount from sales of assets other than inventory 7a	72,423,558			
b Less: cost or other basis and sales expenses 7b	70,247,863			
c Gain or (loss) 7c	2,175,695			
d Net gain or (loss) . . . . . ▶		2,175,695		2,175,695
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		
Other Revenue	Business Code			
11a Indirect Rev from Grants	900099	4,875,036	4,875,036	
b Joint Program Revenue	900099	19,960,673	19,960,673	
OtherRevenueMiscAmt c Lab Revenue	900099	1,831,999		1,831,999
d All other revenue		-826,609	-841,818	15,209
e **Total.** Add lines 11a–11d . . . . . ▶		25,841,099		
12 **Total revenue.** See instructions . . . . ▶		646,367,683	626,910,751	1,847,208	11,473,994

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	361,030	361,030		
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	1,488,540		1,488,540	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	233,421,117	230,474,366	2,946,751	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,798,100	12,669,634	128,466	
9 Other employee benefits	33,410,124	32,901,266	508,858	
10 Payroll taxes	15,710,318	15,423,355	286,963	
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	1,247	1,247		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	526,664		526,664	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	29,795,585	29,738,365	57,220	
12 Advertising and promotion	69,266	69,266		
13 Office expenses	55,622,251	52,383,524	3,238,727	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	15,026,026	13,276,234	1,749,792	
17 Travel	689,451	689,439	12	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	734,686	726,367	8,319	
20 Interest	2,600,294		2,600,294	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	19,947,751		19,947,751	
23 Insurance	5,183,564	5,183,564		
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	74,860,174	74,860,174		
b Purch Svs & Equip Contracts	66,592,977	17,525,598	49,067,379	
c License Fee	24,350,099	24,350,099		
d Provision for Bad Debts	20,509,041	20,509,041		
e All other expenses	11,432,423	10,901,764	530,659	
25 **Total functional expenses.** Add lines 1 through 24e	625,130,728	542,044,333	83,086,395	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		188,454	1	172,099
	2	Savings and temporary cash investments		18,071,006	2	3,961,055
	3	Pledges and grants receivable, net		1,312,511	3	1,456,443
	4	Accounts receivable, net		49,341,010	4	51,356,728
	5	Loans and other receivables from 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		6,511,173	8	6,812,558
	9	Prepaid expenses and deferred charges		15,632,307	9	43,790,306
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 362,669,782			
	b	Less: accumulated depreciation	10b 199,409,581	168,773,331	10c	163,260,201
	11	Investments—publicly traded securities		144,314,793	11	167,605,370
	12	Investments—other securities. See Part IV, line 11		78,428,211	12	83,182,996
	13	Investments—program-related. See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets. See Part IV, line 11		126,763,299	15	95,637,834
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		609,336,095	16	617,235,590
Liabilities	17	Accounts payable and accrued expenses		51,133,614	17	45,033,372
	18	Grants payable			18	
	19	Deferred revenue		27,945	19	14,898
	20	Tax-exempt bond liabilities		37,875,796	20	34,488,406
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties		49,250,000	24	49,250,000
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		55,915,500	25	41,880,573
	26	**Total liabilities.** Add lines 17 through 25		194,202,855	26	170,667,249
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		341,470,364	27	366,269,336
	28	Net assets with donor restrictions		73,662,876	28	80,299,005
		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		415,133,240	32	446,568,341
	33	Total liabilities and net assets/fund balances		609,336,095	33	617,235,590

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	646,367,683
2	Total expenses (must equal Part IX, column (A), line 25)	2	625,130,728
3	Revenue less expenses. Subtract line 2 from line 1	3	21,236,955
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	415,133,240
5	Net unrealized gains (losses) on investments	5	12,793,881
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	-2,595,735
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	446,568,341

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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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

Return to Form

Software ID: 22015553
Software Version: 2022v5.0

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990)

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

2022

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).)

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

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

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

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

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

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

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

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 5 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 2022 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2020 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2022.** 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—2021.** 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—2022.** 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—2021.** 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 5 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 2022 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2022** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2021** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2022.** 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—2021.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI****.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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 line 2 above, 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 lines 2a and 2b 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 on line 2a, above 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 lines 3a and 3b 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? *If "Yes" or "No", 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 0.015 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 0.035	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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2022 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2022**	**(iii) Distributable Amount for 2022**
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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

Return Reference	Explanation

Additional Data

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Software ID: 22015553
Software Version: 2022v5.0

Schedule B

(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2022

Name of the organization
The Miriam Hospital

Employer identification number
05-0258905

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33$^{1}/_{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
The Miriam Hospital

Employer identification number
05-0258905

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
The Miriam Hospital

Employer identification number
05-0258905

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization
The Miriam Hospital

Employer identification number
05-0258905

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of** ***exclusively*** **religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

Additional Data

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Software Version: 2022v5.0

SCHEDULE C (Form 990)

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

2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(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?	Yes		1,247
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?		No	
j	Total. Add lines 1c through 1i			1,247
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 Association of American Medical Colleges and the Greater New York Hospital Association. A portion of the membership dues paid to these organizations is allocated to their lobbying efforts.
Part IV - Additional Information	

Additional Data

Return to Form

Software ID: 22015553
Software Version: 2022v5.0

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

2022

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 FASB 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 FASB 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 FASB 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	268,275,493	295,359,050	218,566,531	176,284,901	173,570,529
b Contributions . . .	62,653,282	66,302,197	94,109,929	56,090,522	28,474,665
c Net investment earnings, gains, and losses	22,867,528	-34,132,762	45,013,085	16,290,611	3,727,695
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .	86,671,080	59,252,992	62,330,495	30,099,503	29,487,988
f Administrative expenses					
g End of year balance	267,125,223	268,275,493	295,359,050	218,566,531	176,284,901

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

- **a** Board designated or quasi-endowment ▶ 81.950 %
- **b** Permanent endowment ▶ .....
- **c** Term endowment ▶ 18.050 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,683,785		3,683,785
b Buildings		232,384,758	145,187,113	87,197,645
c Leasehold improvements				
d Equipment		102,673,396	54,222,468	48,450,928
e Other		23,927,843		23,927,843
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				163,260,201

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.)* ▶	83,182,996	

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	449,919
(2)Interest in net assets of TMH Foundation	64,332,263
(3)Other assets	311,754
(4)Right of use leased assets	14,207,041
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	95,637,834

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	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	41,880,573

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	637,067,029
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	12,793,881		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-2,595,735		
e	Add lines **2a** through **2d**			2e	10,198,146
3	Subtract line **2e** from line **1**			3	626,868,883
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	526,664		
b	Other (Describe in Part XIII.)	4b	18,972,136		
c	Add lines **4a** and **4b**			4c	19,498,800
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	646,367,683

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	605,631,928
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	1,397,129		
e	Add lines **2a** through **2d**			2e	1,397,129
3	Subtract line **2e** from line **1**			3	604,234,799
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	526,664		
b	Other (Describe in Part XIII.)	4b	20,369,265		
c	Add lines **4a** and **4b**			4c	20,895,929
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	625,130,728

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
Part V, Line 4: Intended uses of the endowment fund.	The Miriam Hospital's (TMH) unrestricted endowment consists of designated assets set aside by TMH's Board for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes. The largest temporarily restricted funds held by TMH are used to support: (1) recruitment for the Director of the Weight Control & Diabetes Center; (2) staff facilitating patient access to treatment of sexually transmitted infections; (3) clinical care, research, and education to develop treatment for pelvic floor disorders; (4) operational support to the Womens Medicine Collaborative; (5) support of Cardiology labs and programs; (6) student loan repayment and tuition assistance in Nursing; (7) operational support to the Womens Cardiac Program and physical space; (8) the Surgery Department's educational and investigational functions; (9) the Department of Psychiatry's operations, education, research, and capital needs; (10) the advancement of patient care in Cardiology; (11) multidisciplinary program support for diagnosing and evaluating of lung modules; (12) support for equipment needs at TMH's Women's Association; (13) research and program development for genitourinary cancer care; (14) support Fellowship of Resilience, a well-being program for nurses who are in practice transition with a goal of sustained American Nurse credentialing; (15) general support to community populations in need;
Part X : FIN48 Footnote	TMH is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and is exempt from Federal income taxes pursuant to Section 501(a) of the Code. TMH recognizes the effect of income tax positions only if those positions are more likely than not to be sustained. Recognized income tax positions are measured at the largest amount of benefit that is greater than fifty percent likely to be realized upon settlement. Changes in measurement are reflected in the period in which the change in judgment occurs. TMH did not recognize the effect of any income tax positions in either 2023 or 2022.
Part XI, Line 4b: Other revenue amounts included on 990 but not included in F/S	Non-UBI debt-financed rental expenses $138864 Non-debt-financed rental expenses $-1535993 Provision for bad debts $19766403 Miscellanous non-operating loss $601843 Interest expense on Line of Credit $1019
Part XII, Line 2d: Other expenses and losses per audited F/S	Non-UBI debt-financed rental expenses $-138864 Non-debt-financed rental expenses $1535993
Part XII, Line 4b: Other revenue amounts included on 990 but not included in F/S	Provision for Bad Debts $19766403 Miscellanous non-operating loss $601843 Interest expnese on Line of Credit $1019

Additional Data

Return to Form

Software ID: 22015553
Software Version: 2022v5.0

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

2022

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
(1) Sub-Saharan Africa	0	0	Program Services	Research	331,127
(2) Middle East and North Africa	0	0	Program Services	Research	47,116
(3) Europe	0	0	Program Services	Research	21,463
(4) East Asia and the Pacific	0	0	Program Services	Reserach	13,342
(5) Russia & Newly Independ States	0	0	Program Services	Research	2,671
(6) South Asia	0	0	Program Services	Research	2,485
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					418,204
b Total from continuation sheets to Part I . . .					
c **Totals** (add lines 3a and 3b)					418,204

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)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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.

ReturnReference	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: 22015553
Software Version: 2022v5.0

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2022

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:	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b	Yes	
	☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	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)			10,128,651	1,440,437	8,688,214	1.666 %
b Medicaid (from Worksheet 3, column a)			110,441,767	96,617,295	13,824,472	2.651 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			120,570,418	98,057,732	22,512,686	4.317 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			286,492	32,581	253,911	0.049 %
f Health professions education (from Worksheet 5)			24,717,671	5,785,378	18,932,293	3.630 %
g Subsidized health services (from Worksheet 6)			18,350,777	8,828,522	9,522,255	1.826 %
h Research (from Worksheet 7)			47,330,954	42,087,954	5,243,000	1.005 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			124,811		124,811	0.024 %
j **Total.** Other Benefits			90,810,705	56,734,435	34,076,270	6.534 %
k **Total.** Add lines 7d and 7j			211,381,123	154,792,167	56,588,956	10.850 %

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	5,307,670	
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	698,993	
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	86,629,175
6	Enter Medicare allowable costs of care relating to payments on line 5	6	87,999,941
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,370,766
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)

Facility reporting group		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1	The Miriam Hospital 164 Summit Avenue Providence, RI 02906 www.miriamhospital.org HOS00122	X	X		X		X	X		

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 The Miriam Hospital

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 22			
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 22			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): See Schedule H, Part V, Section C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

The Miriam Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**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		
h ☑	Notified members of the community who are most likely to require financial assistance about availability of the FAP other measures reasonably calculated to attract patients' attention		
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

The Miriam Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ 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			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

The Miriam Hospital

Name of hospital facility or letter of facility reporting group

		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? If "Yes," explain in Section C.		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		No

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
Facility: The Miriam Hospital - Part V, Section B, Line 3j	Part V, Line 3e:On February 27, 2020, the first COVID-19 patient in Rhode Island was admitted to TMH, moving the nations smallest state onto the worldwide coronavirus map. After that date, cases began to increase quickly throughout the state. The first stay-at-home order was issued on March 20, 2020, requiring all Rhode Island residents to stay at home unless getting food, medicine, or other essentials. Originally scheduled to remain in effect until April 13, the order also banned gatherings of more than five individuals and required out-of-state visitors to quarantine for 14 days. As cases increased, Governor Gina Raimondo announced on April 23 that schools would remain closed for the rest of the academic year. Many hospitals also postponed elective and non-emergent procedures until a later date. By April 28, 2020, COVID hospitalization rates were at their first all-time high at 373, with 88 of these patients in the ICU and 59 on ventilators. Eventually, hospitalization rates and case numbers began to decrease, reaching a low on July 7, 2020 with only 58 Rhode Islanders hospitalized due to COVID.During the month of July, the state started to slowly re-open allowing some beaches, restaurants, and entertainment businesses to resume operations (with minimum capacity), and hospitals to begin performing elective procedures again. By fall, most schools were also able to open up again. After an increase in COVID cases in November 2020, Governor Raimondo announced a statewide pause reclosing many bars, gyms, and recreational venues. By December 15, 2020, hospitalization rates reached a high of 514 in-patients. After this COVID peak, rates slowed for a period, partly due to the distribution of vaccines that started in February 2021 with doses initially being offered to individuals aged 75 and older. After first distributing the vaccine to those most at risk, Rhode Island gradually allowed other groups of residents to register.On July 20, 2021, hospitalization rates hit another low when only 23 patients were admitted with a diagnosis of COVID. However, as the season changed to winter, rates spiked again with a new all-time high of 618 inpatients on January 17, 2022. Despite this being the highest record of hospitalizations, the greatest number of COVID-related fatalities still occurred at the beginning of the pandemic.Since the beginning of 2022, COVID rates have decreased, with a slight increase as of the drafting of this report (June, 2022). Overall, the town of Central Falls has the highest rate of COVID cases in the state, followed by Pawtucket, East Greenwich, and Providence (respectively at 2nd, 3rd, and 4th place). In contrast, the towns of Little Compton and Jamestown have the lowest COVID rates and related hospitalizations. Across the state of Rhode Island, over 8 million COVID tests have been administered; approximately 400,000 positive cases have been reported; and over 3,500 COVID-related deaths have occurred. As of the June 2022, 98.5% of the Rhode Island population is at least partially vaccinated; 83% have completed their primary series; and 41.2% have received boosters. These statistics vary depending on age, gender, and race. For example, 99% of residents between the ages of 70 and 79 have received their primary COVID-19 vaccine series while those between 19 and 24 have a lower primary vaccination rate of 62.2%. Specifically at TMH, visitation was suspended on March 9, 2020, the same day the Governor declared a state of emergency. By March 18, 2020, elective procedures at TMH were suspended. April 27, 2020 marked the day the Lifespan Alternative Hospital Site, operated by RIH and one of two alternative hospitals stood up in Rhode Island, was ready for operations. Just two days later, the state experienced the largest one-day volume of COVID positive inpatients (241), as the first wave crested. With COVID cases declining, restrictions on elective procedures were lifted on May 11, 2020. Six months later, on December 14, 2020, the second COVID wave peaked just as the alternative hospital site began admitting patients. TMH began vaccinating frontline workers with the Pfizer COVID-19 vaccine in midDecember 2020 and by October 1, 2021, 98% of Lifespans workforce was vaccinated against COVID-19. TMH clinical and research milestones include: Lifespan researchers were at the forefront of investigating the potential of remdesivir, the experimental antiviral drug from Gilead Sciences, Inc., to shorten the course of COVID-19 illness in patients being treated at TMH, NH and RIH. Rhode Island is one of only three sites in the nation to be selected by the CDC for a study involving widespread antibody testing for the COVID virus. The National Institute of Allergy and Infectious Diseases awarded Karen Tashima, MD, an immunologist based at TMH, a grant of approximately $1.7 million to study the efficacy of a Novavax vaccine candidate to prevent COVID-19. Lifespan is one of about 115 sites in the United States and Mexico participating in the trial. TMH was named a clinical trial site for the National Institutes of Health ACTIV-2 study, testing potential breakthrough treatments for COVID-19 outpatients. As part of its continued response to the COVID-19 pandemic, TMH physician, Jennie Johnson, MD, opened a clinic for patients afflicted with long-COVID. This condition occurs when patients have ongoing COVID symptoms for a month or more after the initial infection Regarding the significant needs that were identified in TMH's 9/30/2022 CHNA, they have been prioritized in order of significant needs of the community, as determined by a steering committee comprised of the Community Liaisons, TMH liaison, Lifespan Community Health Institute (LCHI) leadership, TMH leadership, and Lifespan leadership.
Facility: The Miriam Hospital - Part V, Section B, Line 5	The CHNA process involved the integration of information from a range of data sources to identify the significant health needs of the community served by TMH, prioritization of those needs, and identification of resources, facilities, and programs to address the prioritized needs. Both qualitative primary data and secondary quantitative data were gathered to identify the significant health needs of the community. Additionally, the ongoing COVID-19 pandemic has impacted the health concerns of the communities served by TMH as well as the hospitals provision of health services.The primary data sources included community health forums, individual surveys, and key informant interviews. Secondary data sources included national and local publications of state-specific data. These sources varied 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 presented. The data sources are described in more detail below.Community Health Forums:Qualitative data was collected through Community Health Forums (CHF) to solicit input from individuals representing the broad interests and perspectives of the community. Community forums are a standard qualitative social science data collection method, used in community-based or participatory action research. Participants in the CHFs included members of the medically underserved, low-income, and minority populations in the TMH service area.Two CHF were held on May 10, 2022 and May 14, 2022 in the TMH service area, with 23 participants. Participants were recruited using social media, electronic newsletter, email, and word of mouth. Virtual (Zoom) forums were scheduled at various times of the day. All CHF were open to the public and participants were fully engaged throughout the 90-minute discussion.Staff from the LCHI served as a hospital liaison to help plan and facilitate the CHF. The hospital liaison was a critical link between the LCHI as the coordinating body, the expertise and resources within the hospital, and the Community Liaisons described below.An important and unique component of the CHF was the involvement of Community Liaisons. Two people representing the diverse populations served by TMH

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
	were hired as consultants to assist with the CHNA. These Community Liaisons helped plan the CHF, recruited participants, and co-facilitated the forums. Community Liaisons were chosen through a competitive selection process and completed a 90-minute training prior to leading the CHF. The training included project planning tips, role-playing activities, conflict management tips, and logistical expectations. Community Liaisons were responsible for co-facilitating the discussion at the CHF with their hospital liaison.Each CHF was 90 minutes in duration and was co-facilitated by the hospital and Community Liaison. Discussion began with a brief presentation of TMHs 2019 CHNA priorities and examples of activities the hospital has performed in response. Participants were invited to share their reactions to what was presented as well as their current health concerns. Through discussion, the facilitators generated consensus on the participants health concerns, their prioritization of those concerns, and their ideas for how TMH could respond to those concerns. The input gathered during the CHF was assessed qualitatively to extract themes and quantitatively to determine the frequency with which those themes were cited. Community Liaisons also met with the LCHI hospital liaison to debrief the forums and offer their interpretation of the findings to ensure all input was captured and that priorities were appropriately aligned.Hiring, training, and empowering community members to serve as Community Liaisons in the CHNA process enriched the quantity and quality of community input. It also allowed TMH to build relationships with communities that might not otherwise have become aware of or engaged in the needs assessment process.Individual Surveys:To broaden the reach of community input, an online survey was promoted, and paper surveys were distributed and collected by LCHI staff at community events they attended in June 2022. The surveys addressed the same questions as the CHFs. Twenty individual surveys were received for TMH.Key Informant Interviews:Public health and health policy leaders who could inform the 2022 CHNA process and had knowledge, information, or expertise about the community that TMH serves were invited to be interviewed as part of the CHNA. Key informant interviews were conducted with these leaders to supplement the other quantitative and qualitative data collected. Key informants included: Chief Strategy Officer, Executive Office of Health and Human Services, State of Rhode Island Director of Policy, Planning and Research, Executive Office of Health and Human Services, State of Rhode Island Director, Health Equity Institute and Maternal and Child Health, Rhode Island Department of Health Vice President and Chief Medical Officer, Providence Community Health Centers Executive Director, Rhode Island Parent Information Network Director, Community Health Worker Association of Rhode Island Executive Vice President and Chief Medical Officer, Blue Cross Blue Shield Rhode IslandThe key informants identified the following statewide health priorities, with the first three named by multiple leaders: Apply hospital resources to address the social determinants of health, including housing, food, transportation, and employment, among other barriers to care. Improve access to behavioral health care for children and adults, especially noting access challenges for children and the burden of substance misuse among adults. Ensure the provision of equitable care with particular attention to ensuring equal access to high quality care for persons regardless of their race, ethnicity, language spoken or disability status. They noted that equitable care also required a workforce representative of the patients and implementation of the principles of anti-racism. Improve access to primary and specialty care locally. Grow the healthcare and behavioral health workforces through career pathways, higher reimbursement rates, and increased compensation. Improve access to community-based services including home-based therapeutic services for children with special needs. Reduce racial and ethnic disparities in maternal and child health.The interviewed leaders noted several opportunities for hospitals to contribute to efforts to address these goals including: innovate around care delivery models for behavioral health services for adults; invest in systems and technology to facilitate improved care coordination between primary and specialty care, as well as hospital and community-based providers; partner with state and community-based agencies on workforce development pathways for high-demand roles- notably behavioral health providers and community health workers; provide assistance to patients to help them navigate the healthcare system; and sustain access to telemedicine that was made available during the peak of the COVID-19 pandemic.
Facility: The Miriam Hospital - Part V, Section B, Line 6a	Rhode Island HospitalEmma Pendleton Bradley HospitalNewport Hospital
Facility: The Miriam Hospital - Part V, Section B, Line 11	TMH's Community Health Needs Assessment issued for the fiscal year ended September 30, 2022 identified six significant health issue areas requiring a further implementation strategy. Those significant health issue areas include: (1) access to healthcare service; (2) chronic disease management; (3) mental and behavioral health services for patients and caregivers; (4) grow and diversify the workforce; (5) community-based access to health information; and (6) navigation supports in hospital and community settings. The implementation strategy to address those significant health needs outlined between October 1, 2022 - September 30, 2025 is available at: https://www.lifespan.org/sites/default/files/2023-04/2022-TMH-CHNA-Implementation-Plan.pdfDuring the fiscal year ended September 30, 2023, TMH implemented specific actions listed below in order to address the significant community health needs outlined in its CHNA dated September 30, 2022.ACCESS TO CARE AND HEALTHCARE SERVICES- During the fiscal year ended September 30, 2023, The Lifespan Patient Experience Committee was formed to improve patience experience through improved communication between providers, patients and caregivers. An NRC platform was selected to measure patient experience, system-level and TMH Patient Experience Teams were formed to track metrics as well as develop improvement plans, and two key performance indicators were selected: Net Promoter Score and Average Days to Close Alerts. Additionally, a system-wide Ambulatory Committee was created with a plan to establish quality metrics in FY24 to increase flow and reduce wait times in the emergency department. Optimization of the emergency department will lead to an improved patient experience through timely care and reduce the number of patients who leave without being seen. Additionally, it will increase referrals to appropriate follow-up care.-Roundtrip, a cloud-based application for ordering patient rides provides access to reliable, free or discounted transportation to medical appointments. This reduces canceled, no-show and missed appointments and improves access to care for patients with limited mobility or challenges with transportation. Scheduling is available through LifeChart.-Three (3) Community Health Workers (CHW) were hired at TMH. The addition of these positions in key service lines serves to improve quality of care and patient outcomes through increased colorectal, breast and cervical cancer screening rates, advancing health equity in populations who often have lower screening rates, and helping patients to overcome barriers to accessing screening services. -Lifespan Community Health Institute continued to offer free skin cancer screenings are add locations to diversify their audience. In FY23, they added two new additional screening sites/partners: Women in Agriculture Conference (19 screened) and RI Pride (49 screened). - Continue to offer community-based biometric screenings and flu clinics for low-income and uninsured residents in partnership with the Lifespan Community Health Institute (LCHI) to promote primary prevention with appropriate referrals to treatment. Provided blood pressure and glucose

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
	screenings across 60 events, serving 997 people, and provided 826 flu vaccinations during 46 free clinic events;-The Lifespan Healthcare Equity Steering Committee charted in FY23 and held its first meeting in August 2023. Their primary function is to improve the collection of race, ethnicity and language data in LifeChart with a goal of accurately measure and target racial and ethnic health disparities. A Kaizen event to improve collection of Real date is planned for 2024.CHRONIC DISEASE MANAGEMENT:-In partnership with LCI, the LCHI offered a free breast and cervical cancer screening program for women aged 21 and older on 6/3/2023. No medical insurance was required for the screening. Thirty-two (32) women were screened at this event. Continuation of these screening events is planned.-In partnership with HopeHealth, CVI contracted a palliative care provided to integrate palliative care early on and improve pain and disease management among patients, leading to an improved patient experience and improved cardiac outcomes.-CVI and Connect for Health program partnered to refer up to five patients at a time from the Hearts at Home program for social needs supports. The desired outcome is to assess SDOH among patients in the Heart Failure Clinic and consider the provision of medically tailored meals to food insecure patients.- Continue to provide and promote tobacco prevention and cessation programs with plans to launch a smoking cessation and weight loss program at cardiac rehab. Offering Dean Ornish weight loss programs to facilitate skill-building for long-lasting behavior change as well as improved health outcomes from adoption of health-promoting behaviors.MENTAL AND BEHAVIORAL HEALTH SERVICES FOR PATIENTS AND CAREGIVERS-Collaborating with John Hopkins University, RI Department of Education and municipal school districts to offer Mental Health First Aid (MHFA) in English and Spanish. The goal is to reduce the stigma associated with mental and behavioral health as well as increase community support by increasing in the number of individuals and school staff who can identify, understand, and respond to signs of mental illnesses and substance use disorders and who will reach out and provide initial help and support. As of 9/30/23, MHFA is offered in English and a bilingual Spanish/English MHFA trainer is being recruited.-Working with the addiction medicine team at RIH. In FY23, RIH hired an Addiction Medicine Division Director and has plans to open an Addiction Medicine Ambulatory Clinic in FY24. This will create walk-in and scheduled, culturally-sensitive visits for patients, helping to reduce barriers and disparities in evidence-based addiction treatments. Additionally, The Lifespan Transitions and Recovery Clinic at RIH recruited a new provider to increase access for patients transitioning from prison. The Clinic offers services to manage addiction disorders among the adult population transitioning out of incarceration. - Lifespan researchers contribute to statewide initiatives to reduce opioid overdose and fatality rates through research aimed at understanding the mechanisms underlying opioid use disorder, and the development of innovative solutions. The VP of Community Health & Equity continued to serve as Chair of the statewide Opioid Settlement Advisory Committee. Drs. Jody Rich and Tracy Greene continue to lead the Center of Biomedical Research Excellence on Opioids and Overdose (COBRE) at RIH, the first of its kind center in the nation, to focus on collaboratively addressing the opioid epidemic. In FY23, the COBRE received a second, five-year grant award of $12 million from the National Institute of General Medical Sciences to cultivate skilled researchers who specialize in opioid use disorders.-Through participation in the Governors Overdose Task Force and Opioid Settlement Advisory, $20 million of family and community based strategies that address social drivers of health, prevention, harm reduction, treatment, and recovery were funded in FY23.GROW AND DIVERSIFY WORKFORCE:-Lifespan hired an VP of Belonging and Equity in October 2022. Among other roles, their office will help with setting targets and developing strategies to diversify the clinical workforce to better reflect the diversity of patients served.-Team Lifespan volunteers recruit employees to perform volunteer activities together. In FY25, LCHI will work with Team Lifespan to create opportunities for employees to participate in community health improvement activities as a demonstration of TMHs commitment to the community it serves.-Twenty-eight (28) students from three (3) area high schools participated in the Lifespan Mentoring Program that matched students 1:1 with mentors to provide academic reinforcement, professional exposure, and social support. Additionally, 59 college and graduate students on-boarded as interns at TMH in FY23.COMMUNITY-BASED ACCESS TO HEALTH INFORMATION:-TMH continues to deliver healthy living and healthy eating programs in community settings. Twelve (12) Lifespan Community Health Ambassador workshops were delivered to 251 participants on topics generated by community partners. An additional twelve (12) conferences and workshops on topics requested by the community were delivered to 298 participants. Three cohorts of Diabetes Prevention Program launches with 38 people enrolled, and 729 people participated in food demonstrations, Food is Medicine, and A Taste of African Heritage food & nutrition programs.-Continue to provide community-based hands-only CPR classes for underserved, elderly, and secondary students who may be in a life-saving situation. Sixteen (16) hands-only CPR classes were held with 141 participants trained during FY23.-Six (6) Tar Wars sessions were held with 229 total students in attendance.
Facility: The Miriam Hospital - Part V, Section B, Line 16j	An abbreviated version of TMH's Financial Assistance Policy is posted in various admitting and outpatient areas of TMH. Additionally, registration personnel refer uninsured and/or low-income patients to Patient Financial Counselors to discuss the policy and/or answer any questions they might have.

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Form and Line Reference	Explanation

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	Cardiovascular Institute 950 Warren Avenue East Providence, RI 02914	Outpatient Cardiac Clinic
2	TMH Immunology Research Center 14 Third Street 11 Fourth Street Providence, RI 02906	Outpatient Counseling
3	Cardiovascular Institute 1454 South County Trail Suite 2000 East Greenwich, RI 02818	Outpatient Cardiac Clinic
4	Cardiovascular Institute 208 Collyer Street Suites 100 102 Providence, RI 02904	Outpatient Cardiac Clinic
5	Womens Medicine Collaborative 146 West River Street Providence, RI 02904	Comprehensive Women's Outpatient Clinic
6	TMH Diagnostic Imaging Center 195 Collyer Street Suite 101 Providence, RI 02904	Outpatient Radiology
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 East Providence, RI 02904	Comprehensive Men's Outpatient Clinic
9	TMH Weight Control & Diabetes Research 196 Richmond 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 Outpatient Rehabilitation 195 Collyer Street Providence, RI 02904	Outpatient PT, OT, and Speech Rehab
12	Womens and Mens Health Rehabilitation Services 148 West River Street Suite 1D Providence, RI 02904	Outpatient Rehabilitation Services
13	TMH Laboratory 1 Commerce Street Lincoln, RI 02865	Phlebotomy Lab
14	Adult & Pediatric Rehabilitation Services 1 Commerce Street 2nd Floor Lincoln, RI 02865	Outpatient Rehab Clinic
15	Blackstone Valley Community Health Center 1000 Broad Street Central Falls, RI 02863	Outpatient Rehab Clinic
16	TMH Laboratory 1180 Hope Street Basement Floor Bristol, RI 02809	Phlebotomy Lab
17	TMH Laboratory 400 Bald Hill Road Warwick, RI 02886	Phlebotomy Lab
18	East Providence Imaging 375 Wampanoag Trail Suite 101B Riverside, RI 02915	Outpatient Diagnostic Imaging
19	RISE TB Clinic 14 Third Street Providence, RI 02906	TB Clinic
20	TMH Pre-admission Test Center 208 Collyer Street Third Floor Providence, RI 02904	Outpatient Pre-Admission Assessment & Education
21	Lifespan Medical Imaging 900 Warren Ave Suite 100 East Providence, RI 02914	Outpatient Radiology

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.

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 (TMH), Rhode Island Hospital (RIH), Emma Pendleton Bradley Hospital (EPBH), and Newport Hospital (NH)) is maintained by Lifespan Corporation and included in Lifespan's annual report. The annual report for the year ended September 30, 2022 is available at the following link. https://www.lifespan.org/sites/default/files/2023-08/LS-Annual-Report-2022-230816.pdf The annual report for the year ended September 30, 2023 is not yet available at:https://www.lifespan.org/sites/default/files/2024-08/LS-Annual-Report-2023-final-8-6-2024.pdf
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

Form and Line Reference	Explanation
	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 $20,509,041.
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.
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 2022. 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.
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.

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.
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.
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 17,000 people. The Lifespan system has approximately 4,100 physicians on the medical staffs of its affiliated hospitals, operates 1,165 licensed beds in four hospital complexes, and in 2023 generated approximately $2.9 billion in total operating revenue. By each of these measures, Lifespan is Rhode Island's largest health system, serving a population of about 1.1 million. Three of its hospital members, Rhode Island Hospital (RIH), The Miriam Hospital (TMH), and Emma Pendleton Bradley Hospital (EPBH), are teaching affiliates of The Warren Alpert Medical School of Brown University.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, 2023, Lifespan Corporation employed approximately 1,200 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.

Form and Line Reference	Explanation
Part VI, Line 7 - States Filing of Community Benefit Report	RI
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/2022-09/TMHCommunityHealthNeedsAssessment2022.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/2023-04/2022-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/2023-04/2023_04_23_Lifespan-Financial-Assistance-Policy.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

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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

2022

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) Brown University 164 Angell St Providence, RI 02912	05-0258809	501(c)(3)	179,530	0			General Support
(2) City of Providence 25 Dorrance St Providence, RI 02903	05-6000329	Government Entity	135,000	0			General Support
(3) Festival Ballet 825 Hope St Providence, RI 02906	05-0377245	501(c)(3)	20,000	0			General Support
(4) Jewish Alliance of Greater RI 41 Elmgrove Ave Providence, RI 02906	27-4127671	501(c)(3)	6,500	0			General Support
(5) Miriam Hospital Foundation 167 Point St Providence, RI 02903	05-0377502	501(c)(3)	20,000	0			General Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 5

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

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

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

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

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

Additional Data

Return to Form

Software ID: 22015553
Software Version: 2022v5.0

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

2022

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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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, 1099-MISC compensation, and/or 1099-NEC			**(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				
1 Anne Schmidt DNP Fmr. CNO	(i)	36,173		250,212		23	286,408	
	(ii)					-	-	
2 Arthur J Sampson Trustee-1/23	(i)							
	(ii)	412,504		5,192	18,300	-	- 435,996	
3 David A Kirshner Treas.- 11/22	(i)							
	(ii)	662,492		194,726	12,141	- 8,468	- 877,827	
4 Denise Brennan Dir. Emerg. Svcs	(i)	186,777		3,862	11,682	30,044	232,365	
	(ii)					-	-	
5 Elissa Jelalian Sr. Research	(i)	196,807		2,783	12,241	30,685	242,516	
	(ii)					-	-	
6 Eva Greenwood Treasurer	(i)							
	(ii)	134,109	50,000	14,864	27,186	- 7,729	- 233,888	
7 G Alan Kurose Fmr. Trustee	(i)							
	(ii)	589,012	36,227	11,586	39,196	- 24,619	- 700,640	
8 Janine Lairmore VP-CVI	(i)	251,047		12,477	44,846	28,424	336,794	
	(ii)					-	-	
9 Laura R Stroud Dir. Ctr Behav.	(i)	338,569		1,823	18,300	34,151	392,843	
	(ii)					-	-	
10 Maria P Ducharme President	(i)							
	(ii)	484,437		76,569	94,238	- 28,507	- 683,751	45,875
11 Mark A Deitch MD Chief Medical Officer	(i)	402,466		42,827	58,577	179	504,049	
	(ii)					-	-	
12 Paul J Adler Secretary	(i)							
	(ii)	616,787		127,319	116,284	- 28,760	- 889,150	86,715
13 Rena R Wing Sr. Research	(i)	345,658		7,255	18,300	23,472	394,685	
	(ii)					-	-	
14 Timothy J Babineau Fmr. Trustee	(i)							
	(ii)	1,010,777	3,000,000	2,442,726	358,564	- 24,775	- 6,836,842	4,007,802
15 Vanzetta V James DNP Chief Nursing Officer	(i)	116,744	30,000	19,458		4,644	170,846	
	(ii)					-	-	
16 Ziya L Gokaslan MD Trustee	(i)							
	(ii)	1,511,572	152,000	7,524	18,300	- 31,660	- 1,721,056	

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

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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

2022

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	2,758,350			
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 2020, 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 2020, 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						
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?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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?								
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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Software Version: 2022v5.0

SCHEDULE O
(Form 990)

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

2022

Open to Public Inspection

Name of the organization
The Miriam Hospital

Employer identification number
05-0258905

Return Reference	Explanation
Form 990, Part VI, Section A, Line 2	Lawrence A. Aubin, Sr., Chairman, and Michael L. Hanna, Trustee, are partners in the same for-profit organization.
Form 990, Part VI, Section A, Line 6	Lifespan Corporation is the sole member of TMH.
Form 990, Part VI, Section A, Line 7a	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.
Form 990, Part VI, Section A, Line 7b	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.
Form 990, Part VI, Section B, Line 11b	The preparation and filing of the Form 990 and supporting schedules is the responsibility of the Executive Vice President & Chief Financial Officer (EVP/CFO) and Lifespan's Finance Department. 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 and the Director of Finance. The draft Form 990 is then provided to the EVP/CFO for final management review. Prior to filing the return with the Internal Revenue Service, a copy of the entire form is posted to TMH's Board of Trustees website portal in advance of its next Board meeting. At the time of the Board Meeting the 990 is presented by the Lifespan Director of Finance and EVP/CFO, at which time 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
Form 990, Part VI, Section C, Line 19	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.
Form 990, Part XI, Line 9	Interest in Net assets of TMHF = -$2595735
.	TMH's multidisciplinary medical teams include many dedicated specialists - surgeons, internal medicine specialists, anesthesiologists, nurses, rehabilitation therapists, and social workers who work with patients from diagnosis to treatment to follow-up care. The physical therapy and nursing teams work together after surgery to get patients moving for faster recovery, and physicians, nurses, and therapists work collaboratively to follow-up care.Each patient benefits from individualized treatment plans and rehabilitation to aid recovery and restore functionality as quickly as possible. Whenever possible, minimally invasive surgical techniques are used to perform surgery, which have dramatically improved the quality of the post-operative and recovery experience for the patient. In certain cases, computer navigation technology is used for knee and hip replacement surgeries. Computer navigation can assist the surgeon and improve the level of accuracy, bringing the precision of bone cuts and implant alignment in joint replacement surgery to a whole new level of accuracy, reliability, and longevity.Thanks to the latest evolution in surgical technology, physicians now have an effective alternative to traditional open surgery and laparoscopy that allows them to provide patients with the best of both approaches. This alternative is the da Vinci Surgical System, which TMH uses to treat different types of cancer.TMH's surgeons are leaders in their 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 System and have made its use a cornerstone of cancer treatment at TMH. TMH's Adult Outpatient Behavioral Medicine Services help individuals improve health through behavior change. Services are offered to help patients adjust to chronic medical conditions, including their associated physical and

Return Reference	Explanation
	emotional distress; modify unhealthy ways of living (for example, smoking cessation) to help prevent the onset or progression of disease; and treat mood and anxiety disorders that interfere with management of medical conditions. Services are available to help individuals with behavioral and psychosocial management of medical conditions such as headache, pain, cancer, heart disease (including those with implanted cardiac devices), pulmonary disease, and diabetes. The Weight Management Program provides comprehensive, medically supervised treatment for mild, moderate, and severely overweight adults. Specialized programs are also available for adolescents and diabetics. Treatment combines medical monitoring, behavioral therapy, exercise instruction, three levels of calorie reduction, and nutrition education. TMH's clinicians also include surgical oncologists, medical oncologists, radiation oncologists, hematologists, pathologists, physical therapists, radiologists, patient advocates, pharmacists, and nutritionists.To help patients and their families cope with breast cancer, TMH offers the Breast Health Navigator Program, which assists breast cancer patients through the entire course of their cancer care by providing breast health navigators, registered nurses trained in oncology who possess an in-depth understanding of breast cancer and theprocess undergone by patients. These navigators guide patients through diagnosis, treatment, and recovery, while helping them make informed decisions and cope with the variety of issues they face.TMH and RIH were named Blue Distinction Centers for Complex and Rare Cancers by Blue Cross and Blue Shield of Rhode Island. TMH and RIH are the only two hospitals in the State to receive this distinction. Blue Distinction Centers for Complex and Rare Cancers are facilities within participating Blue Cross and Blue Shield network service areas that offer comprehensive inpatient cancer care programs for adults, delivered by multidisciplinary teams with subspecialty training and distinguished clinical expertise in treating complex and rare subtypes of cancer. TMH and RIH have both been recognized for excellence in treating esophageal, gastric, liver, pancreatic, rectal, and thyroid cancer.TMH's division of gastrointestinal and liver pathology is committed to providing high quality diagnostic services for gastrointestinal and liver diseases in patients. Collectively, gastrointestinal cancers are among the most common form of malignancies suffered today, affecting nearly a quarter of a million Americans each year. To address this, the Lifespan Cancer Institute has brought together a team of nationally recognized leaders in the treatment and research of gastrointestinal cancers.The gastrointestinal cancer care services available through the Lifespan Cancer Institute at TMH provide state-of-the-art care for patients who have or are at risk for the 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 gastrointestinal disorders.
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.
Form 990, Part III, 4a:	TMH is licensed to operate 247 acute care beds by the Rhode Island Department of Health. Notable medical accomplishments of TMH include performance of Rhode Island's first lung operation, first kidney transplant, and first aortic balloon valvuloplasty (a procedure to clear blocked heart valves). In 2023, TMH discharged 16,383 inpatients, logged more than 68,000 visits in its Emergency Department, and performed 11,449 inpatient and outpatient surgical procedures. Services provided in 2023 represent 71,636 inpatient days and more than 152,000 clinic visits. TMH is staffed by 1,147 privileged physicians, approximately 83 full-time house staff (medical school graduates), and a nursing staff of 928. In total, TMH employs more than 3,500 people. TMH is a major teaching affiliate of The Warren Alpert Medical School of Brown University, providing clinical rotations for residents.TMH provides full charity care for individuals at or below twice the federal poverty level, with a sliding scale for individuals up to three times the poverty level, as set by the Department of Health and Human Services. In addition, a substantial discount consistent with Medicare program reimbursement is offered to all other uninsured patients. TMH determines the costs associated with providing charity care by aggregating the applicable direct and indirect costs, including compensation and benefits, supplies, and other operating expenses, based on data from its costing system. The total cost, excluding medical education and research, incurred by TMH to provide charity care amounted to $8,688,214 in fiscal 2023. Charges forgone, based on established rates, amounted to $25,637,672.TMH substantially subsidized various health services including the following programs: adult psychiatry, tuberculosis, and certain other specialty services at a net cost of $9,522,255 in fiscal year 2023. TMH also provides numerous other services to the community for which charges are not generated. These services include certain emergency services, community health screenings for cardiac health, prostate cancer and other diseases, smoking cessation, immunization and nutrition programs, diabetes education, community health training programs, patient advocacy, foreign language translation, physician referral services, and charitable contributions. The net cost of these services amounted to $253,911 in fiscal year 2023.TMH subsidizes the cost of treating patients who receive government assistance where reimbursement is below cost. Medicaid is a means-tested health insurance program, jointly funded by state and federal governments. States administer the program and set rules for eligibility, benefits, and provider payments within broad federal guidelines. The program provides health care coverage to low-income children and families, pregnant women, long-term unemployed adults, seniors, and persons with disabilities. Eligibility is determined by a variety of factors, which include income relative to the federal poverty line, age and immigration status, and assets.TMH offers expertise in total joint replacement, minimally invasive and robotic surgery, and bariatric surgery, among many other specialties.The Leonard and Adele R. Decof Family Comprehensive Cancer Center at TMH brings together world-renowned physicians and a team of specialists from TMH, Rhode Island Hospital (RIH), and Newport Hospital (NH), forming a multidisciplinary team whose level of knowledge and experience are unparalleled in the State of Rhode Island. TMH, as a part of the Lifespan Cancer Institute, provides state-of-the-art care for patients with cancer.Award-Winning Care:Through the years, The Miriam Hospital has received numerous distinctions and awards. TMH is one of an elite group of hospitals nationwide and internationally to achieve Magnet designation for nursing excellence six times from the American Nurses Credentialing Center (ANCC), with a current designation through 2024. This is the highest nursing credential, earned after an extensive application process is conducted every four years, in a hospital where nurses participate at all levels of care, making clinical and systems decisions to improve patient outcomes and experience.The Magnet Model promotes the critical role of nurses in achieving improved empirical outcomes through transformational leadership, structural empowerment, exemplary professional practice and new knowledge, innovations and improvements. A Magnet designated hospitals must possess high level nurse-to-patient ratios above non-magnet hospitals and demonstrate improved patient outcomes with superb nursing care for retaining this credential.The Miriam Hospital earned the Top Hospital in Rhode Island designation from US News & World Report for the 12th year in a row in its 2023 to 2024 report on the best hospitals in the country. The Miriam also ranked as the Top Hospital in the Providence metro area, which includes Providence, Pawtucket, Rhode Island, Fall River, Massachusetts, and New Bedford, Massachusetts.The hospitals specialized adult orthopedics services received a "high performing" rank for care and treatment. Additionally, US News & World Report awarded The Miriam a "high performing" rating for several procedures and conditions including hip and knee replacements, colon cancer surgery, heart and kidney failure, stroke, diabetes, leukemia lymphoma and myeloma, and prostate cancer

Return Reference	Explanation
	surgery.The Miriam Hospital was named one of Avant-Garde Healths 16 Healthcare Research All-Stars for 2024, placing it among the top one percent of spine research hospitals in the nation. The Healthcare Research All-Stars 2024 list recognizes top surgeons and hospitals across 10 specialties, including spine surgery. Top hospitals and surgeons are identified by procedural volumes, peer-reviewed publications, and publication weight.In the spring of 2023, The Miriam Hospital earned a Leapfrog Hospital Safety Grade of A. The Leapfrog Group is a national nonprofit upholding the standard of patient safety in hospitals and ambulatory surgery centers. The Miriam received this national distinction for its achievements in prioritizing patient safety by protecting patients from preventable harm and errors. This grade reflected performance primarily during the height of the pandemic.The Center for Bariatric Surgery, a program of Rhode Island and The Miriam hospitals, has been designated an Aetna Institute of Quality Bariatric Surgery Facility for 2022-2024. The program recognizes high-performing healthcare facilities that offer specialized care and meet high standards of quality and cost-efficiency, consistently delivering evidence-based, quality care for bariatric surgery patients from the interprofessional team of doctors, nurses, nutritionists, and pharmacists.In 2022, The Miriam Hospital joined the Age-Friendly Health Systems Initiative, a national movement to improve care for older adults. The Miriam Hospital provides a skilled team of nurses certified in gerontological nursing working in collaboration with doctors, occupational therapists, physical therapists, case managers, and pharmacists to meet the complex needs of older adults.The American Heart Association/American Stroke Association presented The Miriam Hospital, a primary stroke center, with the Get with the Guidelines - Stroke Gold Plus award in 2023 including the Type 2 Diabetes Honor Roll as well as the Stroke Honor Roll. Receiving the Gold Plus award means that The Miriam continues to reach an aggressive goal of treating patients with 85 percent or higher compliance to core standard levels of care outlined by the AHA for 24 consecutive months or more. This award honors the hospitals commitment to ensuring stroke patients receive the most appropriate, leading-edge treatment, as quickly as possible, in accordance with nationally recognized, evidence-based guidelines. Timely treatment by nurses and physicians throughout the hospital critically influences patient outcomes.The Miriam Hospital ranked as one of Americas 100 Best Gastrointestinal Care hospitals and has earned the Gastrointestinal Surgery Excellence Award for 2022, according to Healthgrades, the leading online resource for comprehensive information about physicians and hospitals.
Form 990, Part III, 4b:	TMH provided $5,243,000 in support of research activities in fiscal year 2023. 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.
Form 990, Part III, 4c:	TMH provides the setting for and substantially supports medical education in various clinical training and nursing programs. The total cost of medical education provided by TMH exceeded the reimbursement received from third-party payors by $18,932,293 in 2023.In 1969, TMH and certain other Rhode Island hospitals entered into an affiliation agreement to participate jointly in various clinical training programs and research activities with Brown Medical School, renamed The Warren Alpert Medical School of Brown University (Brown). The goals of the partnership are to facilitate the expansion of joint educational and research programs to enable competition both clinically and academically.TMH participates in Brown programs in anesthesiology, internal medicine and medicine subspecialties, general surgery and surgical subspecialties, psychiatry, emergency medicine and emergency medicine subspecialties, orthopedics and orthopedic subspecialties, and dermatology. TMH provides stipends to residents and physician fellows while in training.In addition, TMH is a participating clinical training site for residents from other programs in anesthesiology, family medicine, internal medicine, emergency medicine, hematology/oncology, obstetrics/gynecology (OB/Gyn) and OB/Gyn subspecialties, dermatology, dermatopathology and pediatric pathology, otolaryngology, pediatric dentistry, podiatry, psychiatry and its subspecialties of forensic psychiatry, consult liaison psychiatry and geriatric psychiatry, orthopedics, rheumatology, and radiation oncology.Various departments and specialties at TMH serve as clinical sites for the physician assistant schools of Johnson & Wales University, Bryant University, and the Massachusetts College of Pharmacy. In addition, Behavioral Medicine at TMH, in collaboration with Brown, sponsors research and clinical psychology training programs for interns, postdoctoral fellows, and faculty trainees.With respect to nursing education, TMH has developed educational affiliations with the University of Rhode Island College of Nursing; Community College of Rhode Island (CCRI); Salve Regina University; Boston College; Yale University; Regis College; Simmons College; the University of Massachusetts campuses at Dartmouth, Boston, Amherst, and Worcester; Framingham State University; the University of Connecticut; The New England Institute of Technology; Northeastern University; Drexel University; Walden University; Georgetown University School of Nursing and Health Studies; Duke University School of Nursing; and the University of Pennsylvania, as well as other Schools of Nursing, pursuant to which their nursing students obtain clinical training and experience at TMH. TMH does not receive any compensation from the various schools for providing a clinical setting for the student nurse training. The Lifespan School of Medical Imaging collaborates with Rhode Island College in the following programs: diagnostic medical sonography; nuclear medicine technology; radiography; and magnetic resonance imaging. Students complete educational experiences at the Hospital, as well as other outpatient sites.TMH sponsors training programs for a variety of allied health care professionals, including required clinical and fieldwork experiences in physical, speech, and occupational therapy, which are provided to university students in each discipline through contracts with the various

Return Reference	Explanation
	universities. TMH acts as a clinical training site for students from CCRI in its vascular and cardiology ultrasound programs and provides training experiences for both phlebotomy students and physical therapy assistant students. TMH serves as a clinical training site for students from The Nuclear Medicine Institute of the University of Findlay (Ohio) and has educational affiliations with the respiratory programs at both CCRI and The New England Institute of Technology. TMHs EEG Department provides clinical training to neurodiagnostic technology students from Laboure College (Massachusetts).TMH has clinical affiliations/student clinical training programs for pharmacy students provided through contracts with various colleges and universities. Most of the pharmacy students attend the University of Rhode Island, Massachusetts College of Pharmacy and Health Sciences, and Northeastern University. TMH has clinical social work student contracts with Rhode Island College, Boston University, Boston College, Smith College, Simmons College, and Bridgewater State University.
Form 990, Part VI, Section A, Line 1b:	*Shivan S. Subramaniam, Trustee, is the Lead Director on the Board of Directors at Citizens Bank, N.A. During fiscal year 2023, Lifespan paid Citizens Bank, N.A.,in its normal course of business as part of Lifespan's accounts payable function.*Lawrence A. Aubin, Sr., Chair, and Michael Hanna, Trustee, are owners of New England Real Estate Holding Group, LLC (NEREHG), with which Lifespan has entered into an operating lease of a health care facility. During fiscal year 2023, Lifespan paid rent to NEREHG under the terms of its lease. Terms of the rent expense related to the lease have been established at fair market value.*Phillip Kydd, Trustee, has a family relationship with a principal owner of The Gemini Group. During fiscal year 2023, RIH paid The Gemini Group to provide business consulting and advisory services to RIH.
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.
Form 990, Part VI, Section B, Lines 15 a&b:	The following applies to Lifespan and all of its affiliates, including TMH:EXECUTIVE COMPENSATIONLifespan's executive compensation philosophy balances appropriate stewardship of resources and the need to be competitive in recruiting and retaining talented individuals. It incorporates market-competitive and performance-related principles, and covers the President and CEO of Lifespan as well as other officers, senior management, and key employees. Lifespan's executive compensation program complies both with law and with contemporary ethical norms, and is administered consistent with the organization's tax-exempt status under Section 501(c)(3) of the Internal Revenue Code (IRC) and the avoidance of transactions subject to intermediate sanctions under Section 4958 of the IRC. Executive compensation is also administered consistent with Lifespan's Corporate Compliance Policy on Excess Benefit Transactions.The Compensation Committee of the Lifespan Corporation Board of Directors (the Committee), comprised of disinterested Lifespan Board members, is responsible for diligent oversight of executive compensation to ensure compliance with IRC requirements. Its duties include:* Approving eligibility for participation in the executive compensation program * Approving changes in compensation for existing executive participants * Approving guidelines, such as salary ranges and contract terms, on appropriate levels of compensation for other key employees* Approving new, and modifying or terminating existing, executive compensation plans including, but not limited to, annual incentive and executive benefit plans* Approving performance objectives associated with Lifespan's annual incentive plan, including 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 periodic performance benchmark studies to be conducted for purposes of assessing Lifespan's performance within the healthcare industry and the degree to which total remuneration levels at Lifespan are generally commensurate with Lifespan performance relative to healthcare industry 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.* Selecting and engaging qualified, independent, third-party compensation valuation consultants that the Committee charges with rendering opinions with respect to the reasonableness and comparability of compensation as well as the comparative organizations against which compensation is assessed, in accordance with relevant sections of the IRC and Lifespan's executive compensation philosophy.Lifespan's Chief Executive Officer works closely with the Committee to make recommendations on the above topics and keep the Committee informed about contemplated compensation changes for executives and other key employees, as well as candidates for these roles. The CEO also provides periodic updates to the Committee regarding Lifespan's performance relative to compensation-related performance objectives. The Committee's deliberations and actions are documented in minutes prepared for each meeting.PROCESS FOR DETERMINING COMPENSATION Valuation of Total Cash and Total Remuneration: No less frequently than annually, the Committee receives and reviews a total cash compensation valuation of all existing executive compensation program participants prepared by its independent compensation consultant. Annually, the Committee also receives and reviews a total remuneration valuation of all existing executive compensation participants.Base Salary Actions: The CEO recommends any salary adjustments for participants in the executive compensation program, using the results of the valuation study and his/her assessment of individual performance or other pertinent information, for the Committee's consideration.New Participants in Executive Compensation Program: With respect to compensation offers for individuals expected to participate in the executive compensation program, certain members of the Lifespan CEO's leadership team work with the Committee's independent compensation consultant or rely on information previously provided by the consultant to establish a range of reasonable cash compensation within which recruitment is expected to conclude with acceptance of a reasonable compensation offer.
Form 990, Part XII, Line 2:	TMH was included in the Lifespan Corporation and Affiliates audited consolidated financial statements as of and for the fiscal year ended September 30, 2023. Included in the amounts reported for TMH include activity 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.

Additional Data

Return to Form

Software ID: 22015553
Software Version: 2022v5.0

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

2022

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)ALC dba HSR 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
(2) Bayberry Courts Inc 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
(3) Bradley Hospital Foundation 167 Point Street Providence, RI 02903 05-0500688	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation		No
(4) Capital City Community Centers Inc 1 Virginia Avenue Suite 200 Providence, RI 02905 05-0259090	Daycare Services	RI	501(c)(3)	7	Gateway Healthcare Inc		No
(5) Emma Pendleton Bradley Hospital 1011 Veterans Memorial Parkway East Providence, RI 02915 05-0258806	Pediatric Psych. Health Care Services	RI	501(c)(3)	3	Lifespan Corporation		No
(6) Families Reaching Into Each New Day Inc 1 Virginia Avenue Suite 200 Providence, RI 02905 05-0504841	Bereavement Services for Children	RI	501(c)(3)	7	Gateway Healthcare Inc		No
(7) Gateway Healthcare Inc 1 Virginia Avenue Suite 200 Providence, RI 02905 05-0309043	Subs. Abuse & Psych. Health Care Svcs.	RI	501(c)(3)	10	Lifespan Corporation		No
(8) Hospital Properties Inc 167 Point Street Providence, RI 02903 22-2869743	Property Management	RI	501(c)(4)	N/A	Lifespan Corporation		No
(9)JM Apartments Inc 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
(10) Lifespan Corporation 167 Point Street Providence, RI 02903 22-2861978	Holding Company/ Mgmnt Services	RI	501(c)(3)	12(II)	NA		No
(11) Lifespan Foundation 167 Point Street Providence, RI 02903 05-0493219	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation		No
(12) Lifespan of Massachusetts Inc 45 Baker Street 2nd Floor Providence, RI 02905 04-3408517	Holding Company	RI	501(c)(3)	12(I)	Lifespan Corporation		No
(13) Lifespan Physician Group Inc 167 Point Street Providence, RI 02903 05-0389801	Physician Health Care Services	RI	501(c)(3)	10	Lifespan Corporation		No
(14) Lifespan School Solutions Inc 140 Broadway Providence, RI 02903 46-4910847	Educational Services	RI	501(c)(3)	2	Emma Pendleton Bradley Hospital		No
(15)LJR Corporation 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
(16) Mill River Community Housing Corporation 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
(17) Newport Health Care Corporation 11 Friendship Street Newport, RI 02840 22-2535537	Holding Company/ Mgmnt Services	RI	501(c)(3)	7	Lifespan Corporation		No
(18) Newport Health Property Management Inc 11 Friendship Street Newport, RI 02840 22-2335539	Property Management	RI	501(c)(3)	12(I)	Newport Health Care Corporation		No
(19) Newport Hospital 11 Friendship Street Newport, RI 02840 05-0258914	Health Care Services	RI	501(c)(3)	3	Lifespan Corporation		No
(20) Newport Hospital Foundation Inc 11 Friendship Street Newport, RI 02840 22-2535533	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation		No
(21)NHCC Medical Associates Inc 11 Friendship Street Newport, RI 02840 05-0472268	Health Care Services	RI	501(c)(3)	10	Lifespan Corporation		No
(22) Obed Apartments Inc 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
(23) Pathways Inc 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
(24) Rhode Island Hospital 593 Eddy Street Providence, RI 02903 05-0258954	Health Care Services	RI	501(c)(3)	3	Lifespan Corporation		No
(25) Rhode Island Hospital Foundation 167 Point Street Providence, RI 02903 05-0468736	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation		No
(26)RIH Ventures 593 Eddy Street Providence, RI 02903 05-0448686	Parking Facilities/Phlebotomy Services	RI	501(c)(3)	10	Lifespan Corporation		No
(27) Shore Courts Inc 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
(28) The Autism Project 1516 Atwood Avenue Johnston, RI 02919 05-0512037	Services for Children with Autism	RI	501(c)(3)	10	Gateway Healthcare Inc		No
(29) The Miriam Hospital Foundation 167 Point Street Providence, RI 02903 05-0377502	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation		No
(30) The Miriam Hospital Womens Assoc 164 Summit Avenue Providence, RI 02906 05-0268165	Patient Support	RI	501(c)(3)	12(II)	NA		No
(31)TLR Realty 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
(32) Wentworth Corporation 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
(33) Westerly Courts Inc 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
(34) Coastal Medical Physicians Inc 10 Davol Square Providence, RI 02903 84-4944884	Physician Health Care Services	RI	501(c)(3)	10	Lifespan Corporation		No
(35)RI Sound Enterprises Insurance Co Ltd 65 Front Street Hamilton HM 12 BD	Offshore Insurance Captive	BD	N/A	N/A	Lifespan Corporation		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		4,195,598		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	p	763,660	Cash
(2) VNA Technicare Inc	q	1,014,517	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

Return to Form

Software ID: 22015553
Software Version: 2022v5.0