

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization
Newport Hospital

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
11 Friendship Street

City or town, state or province, country, and ZIP or foreign postal code
Newport, RI 02840

D Employer identification number
05-0258914

E Telephone number
(401) 846-6400

G Gross receipts \$ 179,975,316

F Name and address of principal officer:
Crista F Durand
11 Friendship Street
Newport, RI 02840

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)

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

J Website: www.lifespan.org/newport/

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1873

M State of legal domicile: RI

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1,036
6 Total number of volunteers (estimate if necessary)	6	150
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	115,763
7b Net unrelated business taxable income from Form 990-T, line 39	7b	-1,287

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,550,461	10,109,415
9 Program service revenue (Part VIII, line 2g)	120,091,861	115,557,226
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,910,131	3,544,967
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	147,001	144,833
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	127,699,454	129,356,441
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,264	7,225
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)	61,329,645	62,996,620
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)	60,472,124	61,621,914
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	121,803,033	124,625,759
19 Revenue less expenses. Subtract line 18 from line 12	5,896,421	4,730,682
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	299,224,842	317,088,724
21 Total liabilities (Part X, line 26)	50,046,941	61,636,477
22 Net assets or fund balances. Subtract line 21 from line 20	249,177,901	255,452,247

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2021-08-13

Mary A Wakefield Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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 member hospital in the Lifespan health system, NH 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 \$ 48,132,221 including grants of \$) (Revenue \$ 54,868,021)
See Additional Data

4b (Code:) (Expenses \$ 41,577,345 including grants of \$) (Revenue \$ 55,877,429)
See Additional Data

4c (Code:) (Expenses \$ 4,988,693 including grants of \$) (Revenue \$ 4,811,776)
See Additional Data

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

4e Total program service expenses ▶ 94,698,259

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Answer (Yes/No). Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 []

Table with 3 main columns: Question, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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 1,036			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		3a Yes		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . .</i>		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?				
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? <i>If "No," provide an explanation in Schedule O . . .</i>		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? Note. 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? . . . Note. See instructions and file Form 4720, Schedule O.		16	No	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (17), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (RI)
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: Mary A Wakefield 593 Eddy Street Providence, RI 02903 (401) 444-7914

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

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. 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation and other compensation from the organization and related organizations greater than \$150,000? 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?

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. Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d	2,932,874				
	e Government grants (contributions)	1e	7,142,367				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	34,174				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f ▶			10,109,415			
Program Service Revenue	2a Ancillary OP Service Rev.	Business Code					
		622110	55,860,610	55,860,610			
	b Cafe./Misc Pharm. sales	622110	16,819	16,819			
	c Inpatient Service Revenue	622110	54,868,021	54,868,021			
	d Obstetrics - Birthing Ctr	622110	4,811,776	4,811,776			
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f. ▶		115,557,226					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		1,175,419			1,175,419	
	4 Income from investment of tax-exempt bond proceeds ▶		0				
	5 Royalties ▶		0				
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss) ▶		0				
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	52,988,423			
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b	50,618,875			
		c Gain or (loss)	7c	2,369,548			
	d Net gain or (loss) ▶		2,369,548			2,369,548	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
			8b				
		c Net income or (loss) from fundraising events ▶		0			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
9b							
c Net income or (loss) from gaming activities ▶			0				
10a Gross sales of inventory, less returns and allowances	10a						
		10b					
	c Net income or (loss) from sales of inventory ▶		0				
Miscellaneous Revenue		Business Code					
11a Auxiliary		900099	420			420	
b Lab Services		621500	115,763		115,763		
c Medical Staff Association		900099	28,650			28,650	
d All other revenue							
e Total. Add lines 11a-11d ▶			144,833				
12 Total revenue. See instructions ▶			129,356,441	115,557,226	115,763	3,574,037	

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	7,225	7,225		
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	689,856	689,856		
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	47,020,215	41,519,120	5,501,095	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,781,386	5,228,461	552,925	
9 Other employee benefits	6,307,342	5,704,115	603,227	
10 Payroll taxes	3,197,821	2,891,985	305,836	
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	522,960		522,960	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,530,076	5,530,076		
12 Advertising and promotion	86,433	86,433		
13 Office expenses	58,291	49,547	8,744	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	7,887,468	6,704,348	1,183,120	
17 Travel	21,491	19,987	1,504	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	412,880		412,880	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	7,401,162		7,401,162	
23 Insurance	2,135,527	1,815,198	320,329	
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 Purchased services	13,940,698	2,380,137	11,560,561	
b Medical & surgical supplies	10,940,428	10,860,429	79,999	
c License fee	6,429,455	6,429,455		
d Provision for bad debts	3,973,223	3,973,223		
e All other expenses	2,281,822	808,664	1,473,158	
25 Total functional expenses. Add lines 1 through 24e	124,625,759	94,698,259	29,927,500	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance 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	570,446	1	507,906
	2 Savings and temporary cash investments	5,551,526	2	23,364,353
	3 Pledges and grants receivable, net		3	0
	4 Accounts receivable, net	10,450,214	4	11,057,898
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0
	7 Notes and loans receivable, net		7	0
	8 Inventories for sale or use	2,006,865	8	2,065,338
	9 Prepaid expenses and deferred charges	447,002	9	487,134
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 199,746,451		
	b Less: accumulated depreciation	10b 133,014,672	66,319,328	10c 66,731,779
	11 Investments—publicly traded securities	64,046,809	11	66,625,690
	12 Investments—other securities. See Part IV, line 11	25,900,885	12	25,215,633
	13 Investments—program-related. See Part IV, line 11		13	0
	14 Intangible assets	1,330,893	14	0
	15 Other assets. See Part IV, line 11	122,600,874	15	121,032,993
16 Total assets. Add lines 1 through 15 (must equal line 34)	299,224,842	16	317,088,724	
Liabilities	17 Accounts payable and accrued expenses	10,807,216	17	11,104,527
	18 Grants payable		18	
	19 Deferred revenue	13,365	19	11,464
	20 Tax-exempt bond liabilities	14,389,723	20	13,127,723
	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		24	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	24,836,637	25	37,392,763	
26 Total liabilities. Add lines 17 through 25	50,046,941	26	61,636,477	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	168,483,642	27	171,169,289
	28 Net assets with donor restrictions	80,694,259	28	84,282,958
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	249,177,901	32	255,452,247	
33 Total liabilities and net assets/fund balances	299,224,842	33	317,088,724	

Part XI Reconciliation 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	129,356,441
2	Total expenses (must equal Part IX, column (A), line 25)	2	124,625,759
3	Revenue less expenses. Subtract line 2 from line 1	3	4,730,682
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	249,177,901
5	Net unrealized gains (losses) on investments	5	3,654,704
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	-2,111,040
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	255,452,247

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a		No
<p>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.</p>	3b		

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 05-0258914
Name: Newport Hospital

Form 990 (2019)

Form 990, Part III, Line 4a:

During the fiscal year ended September 30, 2020, NH reported 24,649 inpatient days, 4,512 discharges, 476 newborn deliveries, and 958 inpatient surgeries. NH provides a range of diagnostic therapeutic healthcare services including: behavioral medicine, cardiac services, obstetrics, orthopedics, pulmonary medicine, and cancer care. Additionally, in response to the COVID-19 Pandemic, Lifespan consolidated its inpatient rehabilitation service line to NH, increasing NH's inpatient rehabilitation beds to 26 from 13. (See also Schedule O, Part III, Line 4a)

Form 990, Part III, Line 4b:

NH provides certain healthcare services on an outpatient basis. In fiscal year 2020, NH experienced outpatient volume of 46,085 equivalent outpatient days and performed 3,818 outpatient surgeries. Outpatient services are also provided in NH's Emergency Department, which had 26,671 patient visits in fiscal year 2020. (See also Schedule O, Part III, Line 4b)

Form 990, Part III, Line 4c:

The Noreen Stonor Drexel Birthing Center (the Center) at NH delivered 476 newborns during the fiscal year ended September 30, 2020. The Center is a separate unit at NH for labor and delivery, enabling patients to remain in the same location for labor, delivery, recovery, and postpartum care. The Center's staff includes board-certified obstetricians, pediatricians, family practitioners, anesthesiologists, a certified nurse midwife, and registered nurses who have received national certifications in obstetrical nursing. The Center at NH has received the "Baby Friendly" designation from the World Health Organization and UNICEF.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Timothy J Babineau MD Trustee	1.00 39.00	X						0	1,761,978	1,423,050
Ziya L Gokaslan MD Trustee	0.50 43.50	X						0	1,494,856	57,956
Mary A Wakefield Treasurer	1.25 38.75			X				0	870,016	242,111
Michael D Mason Med.Dir.-Joint Ctr	40.00 0.00							699,261	0	11,272
Paul J Adler Secretary	1.00 39.00			X				0	559,976	126,299
Crista F Durand President	35.00 5.00			X				0	470,601	105,433
Frank J Byrne Fmr. Dir.of Finance	0.00 0.00							0	289,713	72,987
Orla M Brandos Chief Nursing Officer	40.00 0.00							264,859	0	64,039
Jeffrey T Gaines MD Chief Medical Officer	40.00 0.00							180,296	0	35,079
Paul W Parchesky Pharmacy Mgr.	40.00 0.00							131,770	0	32,907

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jean Salera-Vieira Clinical Educator	40.00 0.00							131,455	0	30,793
Perry J Wein Director-Op. Room	40.00 0.00							151,367	0	10,514
Regina M Dublin Nurse Supervisor	40.00 0.00							125,335	0	30,685
Lawrence A Aubin Sr Chair	1.00 15.00	X		X				0	0	0
Emanuel Barrows Trustee	0.60 3.00	X						0	0	0
Roger N Begin Trustee	0.25 5.75	X						0	0	0
Peter Capodilupo Vice Chair	0.20 4.20	X		X				0	0	0
Sarah T Dowling JD LLM Trustee	0.25 4.75	X						0	0	0
Jonathan D Fain Trustee	0.25 1.50	X						0	0	0
Edward D Feldstein Esq Trustee	1.00 10.50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael L Hanna Trustee	0.75	X						0	0	0
Pamela A Harrop MD Trustee- 10/19	7.00	X						0	0	0
Phillip Kydd Trustee	0.25	X						0	0	0
Alan H Litwin Vice Chair	2.75	X		X				0	0	0
Martha B Mainiero MD Trustee	0.50	X						0	0	0
Joseph J MarcAurele Trustee- 10/19	9.60	X						0	0	0
Steven Pare Trustee	0.25	X						0	0	0
Lawrence B Sadwin Trustee	3.25	X						0	0	0
Shivan Subramaniam Trustee	0.00	X						0	0	0
Jane Williams PhD RN Trustee	2.50	X						0	0	0
	2.00	X						0	0	0
	10.00	X						0	0	0
	0.20	X						0	0	0
	12.50	X						0	0	0
	0.25	X						0	0	0
	5.25	X						0	0	0
	0.20	X						0	0	0
	3.60	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Newport Hospital

Employer identification number
05-0258914

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID: 19009920

Software Version: 2019v5.0

EIN: 05-0258914

Name: Newport Hospital

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

Name of the organization
Newport Hospital

Employer identification number
05-0258914

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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	92,616,434	98,114,438	95,218,917	85,685,917	84,279,294
b Contributions	2,496,253	3,020,936	4,632,042	4,807,335	1,734,227
c Net investment earnings, gains, and losses	6,634,445	985,185	3,873,778	7,710,459	3,083,962
d Grants or scholarships					
e Other expenditures for facilities and programs	4,056,589	9,504,125	5,610,299	2,984,794	3,411,566
f Administrative expenses					
g End of year balance	97,690,543	92,616,434	98,114,438	95,218,917	85,685,917

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 16.130 %
 - b** Permanent endowment ▶ 11.450 %
 - c** Temporarily restricted endowment ▶ 72.420 %
- 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) Yes | |
| (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		1,406,761		1,406,761
b Buildings		119,470,255	71,871,365	47,598,890
c Leasehold improvements		1,242,299	1,168,904	73,395
d Equipment		77,627,136	59,974,403	17,652,733
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				66,731,779

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.)	25,215,633	

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) Cash and short-term investments	4,494,335
(2) Deferred financing costs & other assets	91,510
(3) Interest in HBCS	1,880
(4) Interest in Net Assets of NH Foundation	115,090,383
(5) Outside trusts	1,354,885
(6) Third-party Payor Settlements	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	121,032,993

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Pension Liability	22,776,100
(3) Accrued Postretirement Liability	624,300
(4) Cares Act Deferred Emp Payroll Tax	1,384,687
(5) Health care benefit self-insurance	781,100
(6) Third-party Payor Liabilities	11,826,576
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	37,392,763

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	126,416,571
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	3,654,704	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-2,098,392	
e	Add lines 2a through 2d			2e 1,556,312
3	Subtract line 2e from line 1			3 124,860,259
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	522,960	
b	Other (Describe in Part XIII.)	4b	3,973,222	
c	Add lines 4a and 4b			4c 4,496,182
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 129,356,441

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	120,129,577
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3 120,129,577
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	522,960	
b	Other (Describe in Part XIII.)	4b	3,973,222	
c	Add lines 4a and 4b			4c 4,496,182
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 124,625,759

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 05-0258914
Name: Newport Hospital

Supplemental Information

Return Reference	Explanation
Part V, Line 4: Intended uses of the endowment fund.	Newport Hospital's (NH) endowment funds consist of both donor-restricted endowment funds and funds designated by NH to function as endowments. NH's largest permanently restricted endowments support its emergency department, as well as promoting athletic activity and wellness among youth and families of Newport County. Other permanently restricted endowments of NH support patient care, including a comprehensive range of diagnostic and therapeutic health care services, as well as providing financial aid for persons requiring medical and nursing services. NH's largest board-designated endowment is used to support and maintain its facilities and operations. Significant temporarily restricted funds held by NH are used for the purposes of: (1) supporting the operations of NH's Emergency Department; (2) funding charity care; (3) the purchase of medical equipment; (4) support of NH's Cancer Center; and (5) support of emergency preparedness.

Supplemental Information

Return Reference	Explanation
Part X : FIN48 Footnote	NH 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. NH 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. NH did not recognize the effect of any income tax positions in either 2020 or 2019.

Supplemental Information

Return Reference	Explanation
Part XI, Line 4b: Other revenue amounts included on 990 but not included in F/S	Provision for bad debts \$3973222

Supplemental Information

Return Reference	Explanation
Part XII, Line 4b: Other revenue amounts included on 990 but not included in F/S	Provision for bad debts \$3973222

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

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

Name of the organization
Newport Hospital

Employer identification number
05-0258914

OMB No. 1545-0047
2019
Open to Public Inspection

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. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			2,209,276	1,403,304	805,972	0.670 %
b Medicaid (from Worksheet 3, column a)			26,601,156	21,113,226	5,487,930	4.550 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			28,810,432	22,516,530	6,293,902	5.220 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			449,252	14,040	435,212	0.360 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			19,478,091	17,947,368	1,530,723	1.270 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			13,309		13,309	0.010 %
j Total. Other Benefits			19,940,652	17,961,408	1,979,244	1.640 %
k Total. Add lines 7d and 7j			48,751,084	40,477,938	8,273,146	6.860 %

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	1,102,967
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	85,295
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	17,826,479
6	Enter Medicare allowable costs of care relating to payments on line 5	6	21,847,717
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-4,021,238
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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)

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

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)
Newport Hospital

Name of hospital facility or letter of facility reporting group _____

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

		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?		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.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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	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.		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Schedule H, Part V, Section C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>See Schedule H, Part V, Section C</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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)

Newport Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>300.0000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Schedule H, Part V, Section C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Schedule H, Part V, Section C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Schedule H, Part V, Section C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Newport Hospital

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Newport Hospital

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		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
See Add'l Data	

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
1 Portsmouth Imaging Center 69 Turnpike Avenue Portsmouth, RI 02871	Diagnostic Imaging Services
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c - Charity Care Eligibility Criteria (FPG Is Not Used)	<p>Newport Hospital (NH) uses a dual system for determining financial aid eligibility: federal poverty guidelines and an asset test. The financial screening process at NH 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 residency. 3. 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 the Hospital.) 4. Uninsured patients receive a discount equal to the discount received by Medicare beneficiaries on NH 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 same 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 services for non-urgent care. 7. In either case, the final results of the financial screening are recorded in the comments section of NH's billing system. Requests for Payment Arrangements: Patient Financial Advocates (PFA) will qualify patients that are receiving non-urgent, medically indicated procedures prior to services. The PFA will request 75% to 100% of estimated discounted charges if the balance is under \$5,000 and 50% to 100% of estimated discounted charges if the estimated bill equals or exceeds \$5,000. For elective or non-urgent cases, the policy will require financial clearance prior to services or an exception from the Medical Director based on the clinical circumstances if the patient cannot meet the above payment agreement. Patients who do not qualify for total or partial CFS, but who have difficulty in paying their bills after services are rendered, may request enrollment in a payment plan. Eligibility for the payment plan includes the following guidelines: 1. Immediate payment in full will result in financial hardship to the patient or the patient's family. 2. Deposit of one-half of the estimated total bill is requested prior to admission. 3. The minimum monthly payment of \$50.00. 4. The maximum length of the payment plan is twenty-four months. The Customer Service staff will set up the payment plan using the above guidelines as well as complete the necessary information on the "Payment Agreement" form and mail to the patient for signature. Account documentation will be done online. The pre-collect agency will be sent a copy of the Payment Agreement and all forms will be scanned into the PFS Optical Imaging System.</p>
Part I, Line 6a - Related Organization Community Benefit Report	<p>The community benefit report for all Lifespan affiliated hospitals (NH, Rhode Island Hospital (RIH), The Miriam Hospital (TMH), and Emma Pendleton Bradley Hospital (EPBH)) is maintained by Lifespan Corporation and is included in Lifespan's Annual Report. The annual report for the year ended September 30, 2020 is available at the following link. https://issuu.com/lifespanmc/docs/ls-annual-report-2020-210527?fr=sYjZhOTM3NDAwMDAP please see pages 5-17 and 39-40 of the Lifespan Annual Report for community benefit information.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7 - Explanation of Costing Methodology	<p>NH'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 NH's cost accounting system are calculated based on Medicare principles of reimbursement by reducing total operating expenses (as calculated per Form 990 requirements) by items such as bad debt expense, 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 NH'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 expense and charity care, which are reported on other areas of Line 7. These expenses include Medicaid provider taxes. Direct offsetting revenue is reported as amounts received from Medicaid, as well as other payments which include reimbursement under Federal "Upper Payment Limit" (UPL) and "Disproportionate Share Hospital" (DSH) programs.e) Community health improvement services and community benefit operations- Community benefit operations expense is recorded as direct expenses incurred as reported by NH's Community Health Services Department. Revenue received for these services is reported as direct offsetting revenue. g) Subsidized health services- Subsidized health services' community benefit expense is determined by NH's cost accounting system. These subsidized health services are recorded at cost in NH's cost accounting system for all qualified subsidized health service divisions. This expense is adjusted to remove all related 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 Medicaid is excluded from the amount disclosed for subsidized health services.i) Cash and in-kind contributions for community benefit- Expenses for cash and in-kind community benefit contributions are incurred by NH, including an allocation of contributions made by Lifespan Corporation on NH's behalf.</p>
Part I, Line 7, Column F - Explanation of Bad Debt Expense	The calculation of percentages disclosed in 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 \$3,973,223.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense	The amount reported as bad debt expense is determined by applying the ratio of cost to charges (RCC) to the total charges written off to bad debt. The RCC rate is determined using data from NH's cost accounting system and is adjusted for 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 NH's Patient Financial Advocate staff to determine qualification for financial assistance under NH's policy. Accounts with insufficient information to determine eligibility are assigned a separate identifying code. These accounts are ultimately transferred to bad debt if the appropriate qualifying documentation is not received. The amount reported on Schedule H, Part III, Section A, Line 3 represents the account balances at charge written off to bad debt from the pending code, which are in turn converted to cost by applying the RCC rate as identified in Schedule H, Part III, Section A, Line 2.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4 - Bad Debt Expense	Due to the adoption of ASU No. 2014-09 in 2019 - Revenue From Contracts With Customers (Topic 606), bad debt expense is no longer reported in the audited financial statements as a separate line item, but rather is treated as a price concession. NHs 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	Medicare shortfall has not been treated as a community benefit. The source of the Medicare allowable costs reported on Part III, Section B, Line 6 is the Medicare cost report, Form 2552-10.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Part III, Line 9b - Provisions On Collection Practices For Qualified Patients</p>	<p>NH 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. NH 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. NH 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 Community Free Service. * If the patient does not qualify for Community Free Service, PFS or the pre-collect agency attempts at least four contacts with the responsible party within the first 120 days. * If the third-party carrier denies in writing any responsibility for payment, arrangements regarding an extended payment plan are discussed with the patient. * 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.</p>
<p>Part VI, Line 2 - Needs Assessment</p>	<p>NH continually assesses community needs in several ways. NH has a formal survey process for patient feedback but more importantly, NH uses a physician liaison position to facilitate physician communication with NH. Doctors in the community provide information on what services patients need. Recent examples of the usefulness of this information include NH's establishment of a wound care service, a dermatology practice, and a hand surgery practice. In addition, NH reviews volumes in service areas to glean information on the utilization of various types of care. NH functions as the first line of defense against illness, injury, and disease for its communities. With an Emergency Department that is open and staffed 24 hours a day with the ability to evaluate and treat everything from minor conditions to urgent care and stroke, as well as a dedicated, award-winning nursing staff that provides care for inpatients, NH's importance to the community cannot be overstated. NH is the designated disaster planning leader for its region of the State of Rhode Island and as such holds regular meetings and drills with first responders from the various municipalities within the region, as well as representatives from other facilities (e.g., nursing homes, hotels, and physician groups). Newport's significant seasonal patient population and large numbers of uninsured patients present financial challenges that NH strives to deal with each year as part of its mission. Uncompensated care provided to members of the community signals commitment to the residents and visitors of Newport County and its surrounding towns. 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.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3 - Patient Education of Eligibility for Assistance	<p>NH does not deny necessary medical treatment to anyone, regardless of insurance status or ability to pay. Financial counselors of NH inform patients personally about their potential eligibility for payment assistance. In addition, at such public events as health fairs, NH actively promotes financial assistance programs. When patients believe they might be eligible, financial counselors set up appointments to talk with them privately to determine their eligibility. Applications for financial assistance are provided in the registration office, the Emergency Department, the financial counseling office, and other departments providing care. As part of NH's inpatient intake process, NH provides self-pay patients with a summary of its Financial Assistance Policy, along with all assistance applications and the Patient Financial Services contact number. The same steps are 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. Uninsured patients receive a discount on charges equal to the amount calculated using the Prospective Method, which is the amount that Medicare or Medicaid would allow for the care. Medicare patients may receive waivers of cost-sharing amounts if they qualify based on financial need; qualification is determined through an application for charity care. Further discounts may apply, depending on a patient's income level.</p>
Part VI, Line 4 - Community Information	<p>NH is the only hospital on Aquidneck Island and in Newport County, which comprises a population of approximately 82,000. Located in Newport, the southernmost town in Newport County, NH is approximately 20 miles from other hospitals; bridges link Newport and Aquidneck Island with the rest of the State of Rhode Island (two bridges to the west, one to the northwest, and one to the north). The community includes people on government assistance, working-class and middle-class constituents, U.S. Navy personnel and retirees, students from three colleges, and a small percentage of families of significant wealth. NH is also a member of Vizient, Inc., the largest member-owned health care company in the United States.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4 - Community Building Activities	<p>NH connects with the community in several ways, both within NH's walls and at other venues. More than a dozen monthly support groups are held at NH, some facilitated by medical professionals and others by community members. An annual health fair provides hundreds of screenings for diseases and health conditions, and NH follows up with individuals whose tests identify a problem. Screenings for breast and prostate cancers are conducted free of charge at various times during the year. Several NH committees exist to provide interaction between NH and the community. NH supports community initiatives such as Rebuilding Together, an organization dedicated to helping those who are in dire need of home rehabilitation, and the Newport Partnership for Families, which coordinates community services that prevent child abuse and neglect for children at risk. In addition, NH has partnered with a major philanthropist to form a committee to oversee grants funded by NH to help children become active and healthy. The committee began distributing grants in 2011. Parenting and breastfeeding support are available through NH's Birthing Center, and a series of bimonthly presentations and lectures on relevant health topics is scheduled for the community to attend free of charge.</p>
Part VI, Line 5 - Promotion of Community Health	<p>NH is governed by a Board of Trustees, which is comprised of leaders of the local community elected by Lifespan Corporation. NH works collaboratively with physicians, its employees, other health care organizations, and the community to create a measurably healthier Newport County through the provision of high quality, cost-effective, customer-focused health care services in an environment that promotes patient safety. NH monitors the healthcare needs of its service area to ensure alignment of its resources with its mission. NH 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 NH. NH is organized and operated for the benefit of the community it serves.</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI - Additional Information	<p>Schedule H, Part V, Line 7: The NH website which makes NH's CHNA report widely available is located at the following URL:https://www.lifespan.org/sites/default/files/lifespan-files/documents/centers/lifespan-community-health/9-30-2019-NH-CHNA.pdf</p> <p>Schedule H, Part V, Line 10a: The URL to view NH's most recently adopted CHNA implementation strategy is below:https://www.lifespan.org/sites/default/files/lifespan-files/documents/lifespan-main/NH-CHNA-Implementation-Plan.pdf</p> <p>Form 990, Schedule H, Part V, Line 16a: The URL to view and download NH's Financial Assistance Policy is below:https://www.lifespan.org/sites/default/files/2020-11/financial-assistance-policy-en_100120.pdf</p> <p>Form 990, Schedule H, Part V, Line 16b: The URL to view and download NH's Financial Assistance Policy application form is below:https://www.lifespan.org/sites/default/files/lifespan-files/documents/lifespan-main/pfs/cfs-english_051920.pdf</p> <p>Form 990, Schedule H, Part V, Line 16c: The URL to view NH'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</p>

Additional Data**Software ID:** 19009920**Software Version:** 2019v5.0**EIN:** 05-0258914**Name:** Newport Hospital**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	Newport Hospital 11 Friendship Street Newport, RI 02840 https://www.newporthospital.or HOS00127	X	X					X			

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

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

Form and Line Reference	Explanation
Facility: Newport Hospital - Part V, Section B, Line 3j	Part V, Line 3e- The significant needs identified in NH's 9/30/2019 CHNA have been prioritized in order of significant needs of the community, as determined by a steering committee comprised of the Community Liaisons, an NH liaison, Lifespan Community Health Institute (LCHI) leadership, NH leadership, and Lifespan leadership.

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

Form and Line Reference	Explanation
<p>Facility: Newport Hospital - Part V, Section B, Line 5</p>	<p>The CHNA process involved the integration of information from a range of data sources to identify the significant health needs of the community served by NH, 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. The primary data sources included community health forums, key informant interviews, and individual surveys. Secondary data sources included national and local publications of state-specific data. These sources 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.</p> <p>Community Health Forums: Qualitative data was collected through Community Health Forums (CHF) to solicit input from individuals representing the broad interests and perspectives of the community. Participants in the CHF included members of the medically underserved, low-income, and minority populations in the NH service area. CHF are a standard qualitative social science data collection method, used in community-based or participatory action research. Seven CHF were held between May 15 and June 13, 2019 across the NH service area. Participants were recruited using social media, posted fliers, email, and word of mouth. Locations were selected to be easily accessible to the public and hospital patients, and forums were held at various times of the day on weekdays and weekends. NH forums were held at community centers, places of worship, a high school, a homeless shelter, local non-profit agencies, and NH. At each forum, a meal was provided, along with child care and interpretation if requested in advance. All CHF were open to the public and participants were fully engaged throughout the 90-minute discussions. A representative of NH served as a hospital liaison to help plan and facilitate the CHF. The hospital liaison was a critical link between the Lifespan Community Health Institute (LCHI) as the coordinating body, the expertise and resources within NH, and the Community Liaisons described below. An important and unique component of the CHF was the involvement of Community Liaisons. Three people representing the diverse populations served by NH were hired as consultants to assist with the CHNA. These Community Liaisons helped plan the CHF, recruited participants, and co-facilitated the forums. All Community Liaisons were chosen through a competitive selection process and completed a two-hour training prior to leading the CHF. The training included project planning tips, role-playing activities, conflict management strategies, and logistical expectations. Community Liaisons were responsible for identifying an accessible venue for each forum, selecting a food vendor and menu that would be appealing.</p>

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

Form and Line Reference	Explanation
<p>Facility: Newport Hospital - Part V, Section B, Line 5</p>	<p>ng to the target audience, and co-facilitating the discussion at the CHF with their hospital liaison. Each CHF was two hours in duration and followed a similar format that began with a meal, followed by a 90-minute discussion, co-facilitated by NH and Community Liaisons. The discussion generated consensus on the participants health concerns, their prioritization of those concerns, and their ideas for how NH could respond to those concerns. Discussion began with a brief presentation of NHs 2016 CHNA priorities and examples of activities NH has performed in response. Participants were invited to share their reactions to what was presented as well as their current health concerns. The input gathered during the CHFs was assessed qualitatively to extract themes and quantitatively to determine the frequency with which those themes were cited. Community Liaisons also met with the LCHI and the hospital liaison to debrief the forums and offer their interpretation of the findings to ensure all input was captured and that priorities were appropriately ranked. 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 NH 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, surveys were distributed and collected by LCHI staff at events they attended in May and June 2019, such as the annual Pride Festival. The surveys addressed the same questions as the CHFs. Three individual surveys were received for NH. Key Informant Interviews: The Director of the LCHI identified public health and health policy leaders who could inform the 2019 CHNA process and who had knowledge, information, or expertise about the community that NH serves. Key informant interviews were conducted with state leaders to supplement the other quantitative and qualitative data collected. Key informants include the: Acting Chief of Staff, Executive Office of Health and Human Services, State of Rhode Island and Policy Director, Rhode Island Childrens Cabinet Director of Policy, Planning, and Research, Executive Office of Health and Human Services, State of Rhode Island Director, Health Equity Institute and Special Needs Director, Rhode Island Department of Health Physician Lead, Health Equity Institute, Rhode Island Department of Health When crafting the NH implementation strategy, NH reflected upon the key themes that emerged from these conversations. The statewide priorities and recommendations of the key informants included: incorporate health equity targets; generate and monitor data on health disparities, especially by race, ethnicity, and income; build strategies that incorporate the social determinants of health; go beyond individual interventions to family/household level interventions; make investments in early childhood; consider comorbidities, esp</p>

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

Form and Line Reference	Explanation
Facility: Newport Hospital - Part V, Section B, Line 5	<p>pecially between behavioral health and chronic diseases; confront racism and bias to improve care; provide personalized care; be sensitive to misalignments within healthcare; and continue to address substance misuse and behavioral health conditions. To ensure representation from a broad cross section of the community, CHF's were held in the following locations : Tiverton Senior Center, 207 Canonicus Street, Tiverton, Rhode Island Jamestown Recreationa l Center, 41 Conanicus Avenue, Jamestown, Rhode Island Community College of RI, 1 John H. C hafee Blvd., Newport, Rhode Island St. Clare's Church, 309 Spring Street, Newport, Rhode Is land The Pennfield School, 110 Sandy Point Avenue, Portsmouth, Rhode Island Middletown Town Hall, 350 East Main Road, Middletown, Rhode Island Newport Hospital, Gudoian Conference Roo m, 11 Friendship Street, Newport, Rhode Island.</p>

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

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

Form and Line Reference	Explanation
Facility: Newport Hospital - Part V, Section B, Line 6a	Rhode Island Hospital The Miriam Hospital Emma Pendleton Bradley Hospital

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

Form and Line Reference	Explanation
<p>Facility: Newport Hospital - Part V, Section B, Line 11</p>	<p>NH's Community Health Needs Assessment issued for the fiscal year ended September 30, 2019 identified five significant health issue areas requiring a further implementation strategy. Those significant health issue areas include: (1) access to primary care and specialty services; (2) outreach and education; (3) mental and behavioral health services; (4) wellness programs; and (5) aging in place. The implementation strategy to address those significant health needs outlined between October 1, 2019 - September 30, 2022 is available at: https://www.lifespan.org/sites/default/files/lifespan-files/documents/lifespan-main/NH-CHNA-Implementation-Plan.pdf During the fiscal year ended September 30, 2020, NH implemented the specific actions listed below in order to address the significant community health needs outlined in its CHNA Implementation Strategy: Significant Health Need #1- Access to primary care and specialty services:- Recruit more primary care providers in family medicine, geriatrics, and internal medicine: NH recruited four additional primary care providers during the fiscal year ended September 30, 2020 (FY '20) to provide services at its hospital and clinic locations. Without primary care access, patients may not receive appropriate care in a timely manner. The scope of primary care includes preventive care that can help to keep patients healthier in the long term, as well as disease management and the identification of needed behavior changes to maintain lifetime health.- Promote the Lifespan Link service offered by NH and other Lifespan affiliates which helps connect patients to community-based primary care providers: While this service is available to all Lifespan patients, NH did not take steps during FY '20 to further promote this service due to efforts required to handle the COVID-19 Pandemic impact on patients served by NH. NH plans to focus on promoting this service during FY '21 and FY '22.- Improve access to medication by launching "meds to beds" program through the Lifespan Pharmacy, which will provide prescriptions at the bedside before discharge: This program began operations on July 28, 2020 at Matt's Local Pharmacy, located at 88 East Main Road in Middletown, Rhode Island. An additional Lifespan Pharmacy location opened in NH in March 2021, which will continue to operate the "meds to beds" program.- Lifespan Physician Group, Inc. (LPG) intends to open six urgent care locations within Rhode Island and Southeastern Massachusetts during FY '19-FY '23: Since 2019, LPG has opened three urgent care locations in Rhode Island (Providence, Warwick, and Middletown), with the newest location opening in November 2019 in Middletown. Due to the COVID-19 Pandemic, current plans to open additional urgent care locations are temporarily on hold while LPG reevaluates the need for these services within the community. Significant Health Need #2- Outreach and education:- Raise awareness of NH services and community based programs by developing a commun</p>

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

Form and Line Reference	Explanation
<p>Facility: Newport Hospital - Part V, Section B, Line 11</p>	<p>ication strategy that employs multiple channels to effectively promote health and wellbein g programs across the service area and continue the free Community Lecture Series: NH cont inues to promote programs, lecture series, and services offered via NH and LPG practices t hrough multiple communication channels with community partners, i.e., weekly updates from Newport Partnership for Families, in addition to other partner groups depending on the par ticular program, for example, Conexion Latina, Martin Luther King Center, etc. NH's Chief Medical Officer, Dr. Jeffrey T. Gaines, has joined the Newport Partnership for Families (N PFF) Board of Directors in 2021 in an effort to bring forward the relationships and shared mission of NH and NPFF to strengthen families and improve the quality of life that Newpor t community members enjoy. NH is also celebrating Nurses' Month (May) with Lucy's Hearth, a 24-hour emergency and transitional shelter for families and their children who are homel ess due to economic hardship, family crisis, divorce, eviction, and severe shortage of saf e, affordable housing, in an effort to collect items needed for families through programs such as a diaper drive, etc.- Offer educational presentations/programs to school-age stude nts, coaches, educators, and school associations: NH continues to offer: the "Tar Wars" (a nti-smoking/vaping education) Program to 5th grade students at Thompson Middle School in N ewport, RI; Safe Sitter classes for 11-14 year old children at the MLK Center; Healthy Eat ing class at the Boys & Girls Club in Middletown, RI; and an educational program for Proje ct Search students. Project Search is an international initiative that prepares young peop le with intellectual disabilities for the workforce.- Leverage technology to offer more te lehealth services: As a result of COVID-19 restrictions imposed during FY '20, NH has adde d a multitude of primary care and behavioral health telehealth services in order to provid e healthcare services to its patients as well as offer a source of outreach and education during a time when many face-to-face interactions have been limited.Significant Health Need #3- Access to mental and behavioral health services:-Offer an educational series on ment al health topics: The Behavioral Health Department at NH has participated in a number of c ommunity initiatives during FY '20. NH is involved with most community mental health agenc ies in a Zero Suicide initiative through a SAMHSA grant awarded to the Newport Mental Heal th Center. This initiative is designed to reduce suicide in the Newport community. NH also participates in the No Wrong Door initiative, through a Van Beuren Charitable Foundation grant awarded to the Newport Prevention Coalition. "No Wrong Door" works to assure that pe ople in need efficiently and seamlessly receive the appropriate treatment services needed. NH continues to provide Recovery Coaches from Anchor Recovery Center in its Emergency Dep artment to support and encoura</p>

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

Form and Line Reference	Explanation
<p>Facility: Newport Hospital - Part V, Section B, Line 11</p>	<p>ge treatment for patients struggling with substance use disorders. NH has a strong partner ship with the Hope Recovery Center in Middletown whereby NH actively refers substance use patients to the Center for peer support and recovery service support post-discharge from N H programs. NH also offers a Partial Hospitalization Program (PHP), one group per week, wh ich serves to introduce and connect PHP patients to available services offered. This progr am is managed by the director of the Hope Recovery Center. Significant Health Need #4- Well ness programs:- Offer holistic wellness programs for residents of the service area (e.g., 5K, walking programs, yoga, Food is Medicine, etc.): NH works closely with the NPPF and it s "Newport for All Ages" group to promote various wellness services and a community lectur e series which emphasizes maintaining good health habits.- Continue to partner with commun ity groups for prevention programming: The LCHI offers its "Food is MedicineX and "Health Ambassador" lecture series across the state and the Newport service area. Virtual programm ing offered during FY '20 has increased participation in these programs. Programs such as walking clubs, yoga, etc. have been impacted by COVID-19 and have required LCHI to come up with creative ideas to offer these services, while the traditional group setting of gathe ring inside is not currently an option. Significant Health Need #5- Aging in Place:- Explor e the feasibility of a partnership with a community-based entity that can offer home safet y checks to aging residents: COVID-19 restrictions have prevented any work related to this initiative to take place during FY '20. NH had held discussions with NPPF's Newport for A ll Ages group on possible steps for this program and determined that additional grant fund ing will be required to implement this program under the current COVID-19 environment.- Ex pand access to Certified Nursing Assistant and Medical Assistant training programs for res idents of the service area: COVID-19 restrictions have also impacted NH's ability to work on this initiative. During FY '20 NH began working with its Workforce Development Team to add training programs for CNAs and Medical Assistants, as well as Behavioral Health Specia list training programs in the Newport service area. NH has identified potential locations for these programs, including colleges and community partners (Newport Health Equity Zone) who may be able to assist in these efforts.</p>

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

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

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

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

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

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

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Newport Hospital

Employer identification number
05-0258914

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b Yes									
<p>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?</p>	2 Yes									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>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</p>	7	Yes								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

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

Part III Supplemental Information

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

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

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 05-0258914
Name: Newport Hospital

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Crista F Durand President	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	358,642	40,000	71,959	80,610	24,823	576,034	52,638
1Frank J Byrne Fmr. Dir.of Finance	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	254,130	-----	35,583	48,217	24,770	362,700	26,851
2Jean Salera-Vieira Clinical Educator	(i)	128,984	-----	2,471	-----	30,793	162,248	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
3Jeffrey T Gaines MD Chief Medical Officer	(i)	144,733	30,000	5,563	22,683	12,396	215,375	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
4Mary A Wakefield Treasurer	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	725,836	-----	144,180	222,120	19,991	1,112,127	105,275
5Michael D Mason Med.Dir.-Joint Ctr	(i)	250,236	-----	449,025	-----	11,272	710,533	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
6Orla M Brandos Chief Nursing Officer	(i)	232,217	-----	32,642	43,926	20,113	328,898	24,463
	(ii)	-----	-----	-----	-----	-----	-----	-----
7Paul J Adler Secretary	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	482,452	-----	77,524	100,931	25,368	686,275	46,564
8Paul W Parchesky Pharmacy Mgr.	(i)	131,613	-----	157	8,165	24,742	164,677	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
9Perry J Wein Director-Op. Room	(i)	150,841	-----	526	9,074	1,440	161,881	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
10Regina M Dublin Nurse Supervisor	(i)	124,356	-----	979	3,895	26,790	156,020	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
11Timothy J Babineau MD Trustee	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	1,325,243	-----	436,735	1,391,844	31,206	3,185,028	334,018
12Ziya L Gokaslan MD Trustee	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	1,340,498	148,750	5,608	16,800	41,156	1,552,812	-----

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Newport Hospital

Employer identification number
05-0258914

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 2014	52-1300173		11-05-2014	20,390,000	See Schedule K, Part VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	5,269,937			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	20,887,660			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	154,665			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	20,732,995			
12	Other unspent proceeds				
13	Year of substantial completion				
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		
16	Has the final allocation of proceeds been made?	X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Part VI	Schedule K, Part I, Line A, Column (f): The proceeds of the Series 2014 Bonds were used for the purpose of the full redemption of Newport Hospital's Series 1999 Bonds. Schedule K, Part II, Line 3, Column (A): The variance between the issue price and total proceeds of the 2014 bond issuance is due to accrued interest of \$497,660 outstanding on the Series 1999 Bonds. This balance was incorporated into the Series 2014 bond issue proceeds. Schedule K, Part IV, Line 2b: No arbitrage calculation is required because the Series 2014 Bonds meet the 6-month spending exception.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization
Newport Hospital

Employer identification number

05-0258914

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a: How Members or Shareholders Elect Governing Body	<p>Effective October 23, 2012, the Board of Directors of Lifespan and the Boards of Trustees of NH, Rhode Island Hospital, The Miriam Hospital, Newport Health Care Corporation, 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 and CEO of Lifespan, who serves ex-officio with vote. Additionally, the bylaws of NH 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 NH trustees and to approve the election/removal of certain officers.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	Lifespan, as well as the Newport Hospital Obligated Group (NH and Newport Hospital Foundation), currently make their annual and quarterly consolidated/combined 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 and the Newport Hospital Obligated Group's financial information to repositories and investors alike. Newport Hospital's financial statements are included in the Newport Hospital Obligated Group's combined financial statements. NH's Articles of Incorporation, Bylaws, and Conflict of Interest Policy are available upon request from the office of the Lifespan EVP/CFO, either in person or by mail.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	ASC 410-20 Environmental Remediation Liability = -\$14000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Change in funded status of pension plan = \$1397400

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Change in interest in net assets of NHF = -\$3495791

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Transfer from NHPM = \$1351

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>NH first received the Magnet designation from the American Nurses Credentialing Center (ANCC) in 2004. Of more than 5,000 hospitals in the United States, approximately 4 percent have achieved Magnet status. Standards for Magnet status are rigorous and include not only outstanding patient care but also best practices in nursing, management philosophy, national standards for quality improvement, leadership by the chief nursing officer, nurse education levels, and professional models of care. The Magnet process is continuous; the ANCC re-designated NH as a Magnet hospital in 2009, 2014, and 2019. The Noreen Stonor Drexel Birthing Center at NH has received the prestigious Baby Friendly designation from the World Health Organization and UNICEF. NH is recognized for providing an optimal environment for the promotion, protection, and support of breastfeeding. Hospitals are awarded this status only when trained, independent evaluators have determined that all hospital practices meet the rigorous Baby Friendly standards. During 2019, NH received an "A" in the national Leapfrog Hospital Safety Grade ratings from The Leapfrog Group. NH was selected as a Guardian of Excellence Award recipient for the quality of its inpatient rehabilitation. Deemed to be in the 95th percentile or above by the awarding group, Press Ganey Associates, NH recently expanded its rehabilitation capacity with the creation of a physiatry service line and the addition of two physiatrists. The new staff work closely with NH's Vanderbilt Rehabilitation Center staff, providing medical support, enhanced services, and continuum of care after discharge. Other significant accreditations earned by NH include: certification as a Primary Stroke Center by the Joint Commission on Accreditation of Healthcare Organizations, certification by The American College of Radiology as a Breast Imaging Center of Excellence, and accreditation and recognition from the American Association of Blood Banks, the College of American Pathologists, the American Association of Cardiovascular and Pulmonary Rehabilitation, the Commission on Accreditation of Rehabilitation Facilities and the International Commission for the Accreditation of Echocardiography Laboratories. NH has developed formal and informal educational affiliations with the University of Rhode Island College of Nursing; Community College of Rhode Island; Salve Regina University; and the University of Massachusetts-Dartmouth, pursuant to which their nursing students obtain clinical training and experience at NH, which does not receive any compensation from the various schools for providing a clinical setting for the student nurse training. NH provides full charity care for individuals at or below twice the federal poverty level, with a sliding scale for individuals based upon the federal poverty level guidelines, 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>red patients. NH 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 net cost incurred by NH to provide charity care amounted to \$805,972 in fiscal 2020. Charges forgone, based on established rates, amounted to approximately \$5,852,000 in fiscal 2020. NH substantially subsidized various health services including adult psychiatry, obstetrics, Vanderbilt Rehabilitation Center, and certain other specialty services at a net cost of \$1,530,723 in fiscal 2020. NH 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 \$435,212 in fiscal 2020. NH 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b	Outpatient services include an emergency department, diagnostic medical imaging, laboratory, Vanderbilt Rehabilitation Center, and wound care, among others. The Emergency Department (ED) is open and staffed 24 hours a day, 365 days a year, with emergency medicine physicians and specially trained physician assistants and nurses. The ED, in accordance with NH's mission and civic obligations, treats every person who seeks care, regardless of their ability to pay.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part VI, Section B, Lines 15a and b</p>	<p>The following applies to Lifespan and all of its affiliates, including NH:EXECUTIVE COMPEN SATIONLifespan's executive compensation philosophy balances appropriate stewardship of res ources and the need to be competitive in recruiting and retaining talented individuals. It incorporates market-competitive and performance-related principles, and covers the Presid ent and CEO of Lifespan as well as other officers, senior management, and key employees. L ifespan's executive compensation program complies both with law and with contemporary ethi cal 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 sub ject to intermediate sanctions under Section 4958 of the IRC. Executive compensation is al so administered consistent with Lifespan's Corporate Compliance Policy on Excess Benefit T ransactions.The Compensation Committee of the Lifespan Corporation Board of Directors (the Committee), comprised of disinterested Lifespan Board members, is responsible for diligen t oversight of executive compensation to ensure compliance with IRC requirements. Its duti es include:* Approving eligibility for participation in the executive compensation program * Approving changes in compensation for existing executive participants * Approving guide lines, such as salary ranges and contract terms, on appropriate levels of compensation for other key employees* Approving new, and modifying or terminating existing, executive comp ensation plans including, but not limited to, annual incentive and executive benefit plans * Approving performance objectives associated with Lifespan's annual incentive plan, inclu ding 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 perio dic performance benchmark studies to be conducted for purposes of assessing Lifespan's per formance within the healthcare industry and the degree to which total remuneration levels at Lifespan are generally commensurate with Lifespan performance relative to healthcare in dustry performance* Conducting an annual performance review of Lifespan's Chief Executive Officer. The Chair of the Committee conducts and documents this review, based on his/her o bservations and interpretation of feedback from members of the Board of Directors.* Select ing and engaging qualified, independent, third-party compensation valuation consultants th at the Committee charges with rendering opinions with respect to the reasonableness and co mparability of compensation as well as the comparative organizations against which compens ation is assessed, in accordance with relevant sections of the IRC and Lifespan's executiv e compensation philosophy. Lifespan's Chief Executive Officer works closely with the Commi ttee to make recommendations on the above topics and keep the Committee informed about con templated compensation changes</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Lines 15a and b	<p>for executives and other key employees, as well as candidates for these roles. The CEO also provides periodic updates to the Committee regarding Lifespan's performance relative to compensation-related performance objectives. The Committee's deliberations and actions are documented in minutes prepared for each meeting.</p> <p>PROCESS FOR DETERMINING COMPENSATION 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 Council work with the Committee's independent compensation consultant or rely on information previously provided by the consultant to establish a range of reasonable cash compensation within which recruitment is expected to conclude through acceptance of a reasonable compensation offer.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2:	NH produced audited financial statements as of and for the year ended September 30, 2020. Additionally, it was included in Newport Health Care Corporation's audited combined financial statements as well as Lifespan Corporation's audited consolidated financial statements, in which one column is used for the Newport Hospital Obligated Group, which includes Newport Hospital and Newport Hospital Foundation. The Lifespan Audit and Compliance Committee assumes responsibility for oversight of the audit of Lifespan Corporation's consolidated financial statements and the selection of Lifespan Corporation's independent accountant.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Newport Hospital

Employer identification number

05-0258914

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

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
							Yes	No		Yes	No		
(1) Lifespan Health Alliance LLC 167 Point Street Providence, RI 02903 81-2732225	Accountable Care Org.	RI	N/A					Yes	No		Yes	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	No
(1) Lifespan MSO Inc 167 Point Street Providence, RI 02903 05-0508717	Mgmt Svcs	RI	Lifespan Corp	C corp					No
(2) Lifespan Risk Services Inc 167 Point Street Providence, RI 02903 05-0459767	Risk Mgmtnt	RI	Lifespan Corp	C corp					No
(3) VNA Technicare Inc 200 Corliss Street Providence, RI 02904 05-0472710	DME Sales	RI	The Miriam Hospital	C corp					No

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

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

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

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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 05-0258914
Name: Newport Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1 Virginia Avenue Suite 200 Providence, RI 02905 05-0442015	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
1 Virginia Avenue Suite 200 Providence, RI 02905 20-4590384	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
167 Point Street Providence, RI 02903 05-0500688	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation		No
1 Virginia Avenue Suite 200 Providence, RI 02905 05-0259090	Daycare Services	RI	501(c)(3)	7	Gateway Healthcare Inc		No
1011 Veterans Memorial Parkway East Providence, RI 02915 05-0258806	Pediatric Psych. Health Care Services	RI	501(c)(3)	3	Lifespan Corporation		No
1 Virginia Avenue Suite 200 Providence, RI 02905 05-0504841	Bereavement Services for Children	RI	501(c)(3)	7	Gateway Healthcare Inc		No
1 Virginia Avenue Suite 200 Providence, RI 02905 05-0309043	Subst. Abuse & Psych. Health Care Svcs	RI	501(c)(3)	10	Lifespan Corporation		No
167 Point Street Providence, RI 02903 22-2869743	Property Management	RI	501(c)(4)	N/A	Lifespan Corporation		No
1 Virginia Avenue Suite 200 Providence, RI 02905 05-0435537	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
167 Point Street Providence, RI 02903 22-2861978	Holding Company/ Mgmt Services	RI	501(c)(3)	12(II)	N/A		No
167 Point Street Providence, RI 02903 05-0493219	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation		No
225 Carolina Avenue Suite 100 Providence, RI 02905 04-3408517	Holding Company	MA	501(c)(3)	12(I)	Lifespan Corporation		No
167 Point Street Providence, RI 02903 05-0389801	Health Care Services	RI	501(c)(3)	10	Lifespan Corporation		No
140 Broadway Providence, RI 02903 46-4910847	Educational Services	RI	501(c)(3)	2	Emma Pendleton Bradley Hospital		No
1 Virginia Avenue Suite 200 Providence, RI 02905 03-0508346	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
1 Virginia Avenue Suite 200 Providence, RI 02905 05-0427152	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
11 Friendship Street Newport, RI 02840 22-2535537	Holding Company/ Mgmt Services	RI	501(c)(3)	7	Lifespan Corporation		No
11 Friendship Street Newport, RI 02840 22-2335539	Property Management	RI	501(c)(3)	12(I)	Newport Health Care Corporation		No
11 Friendship Street Newport, RI 02840 22-2535533	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation		No
11 Friendship Street Newport, RI 02840 05-0472268	Health Care Services	RI	501(c)(3)	10	Lifespan Corporation		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1 Virginia Avenue Suite 200 Providence, RI 02905 05-0422771	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
1 Virginia Avenue Suite 200 Providence, RI 02905 05-0393004	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
593 Eddy Street Providence, RI 02903 05-0258954	Health Care Services	RI	501(c)(3)	3	Lifespan Corporation		No
167 Point Street Providence, RI 02903 05-0468736	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation		No
593 Eddy Street Providence, RI 02903 05-0448686	Parking Facilities/Phlebotomy Services	RI	501(c)(3)	10	Lifespan Corporation		No
1 Virginia Avenue Suite 200 Providence, RI 02905 05-0504003	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
1516 Atwood Avenue Johnston, RI 02919 05-0512037	Services for Children with Autism	RI	501(c)(3)	10	Gateway Healthcare Inc		No
164 Summit Avenue Providence, RI 02906 05-0258905	Health Care Services	RI	501(c)(3)	3	Lifespan Corporation		No
167 Point Street Providence, RI 02903 05-0377502	Philanthropic Activities	RI	501(c)(3)	7	Lifespan Corporation		No
1 Virginia Avenue Suite 200 Providence, RI 02905 04-3742771	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
1 Virginia Avenue Suite 200 Providence, RI 02905 05-0488520	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
1 Virginia Avenue Suite 200 Providence, RI 02905 61-1439766	Housing for Elderly and Mentally Ill	RI	501(c)(3)	10	Gateway Healthcare Inc		No
65 Front Street Hamilton, HM 12 BD	Offshore Insurance Captive	BD	N/A	N/A	Lifespan Corporation		No