ĭ

	OOD T	Ex	empt Organ	ization B	uşir	ess Income	e Tax F	Return	$a \mid$	OMB No 1545 0047
	Form <b>990-T</b>			•		section 6033		100		2010
			ar 2019 or other tax ye						<u>020</u>	2019
	December 1 of the Transport	► G	io to www irs.gov/	Form990T fo	r instr	uctions and the l	atest infor	mation.	}	Ones to Bubble to a color of
ফ	Department of the Treasury Internal Revenue Service	► Do not	enter SSN numbers or					ı ıs a 501(c)(3)		Open to Public Inspection for ,501(c)(3) Organizations Only
202	A Check box if address change	d		Check box if	name c	hanged and see instruc	tions )		DE	mployer identification number imployees trust, see
က	B Exempt under section	n Print	Rhode Islar	nd Hospit	al				in	structions)
<del></del>	· X501( c X63)	or	593 Eddy St	treet						05-0258954
	408(e)220	(e) Type	Providence,	, RI 0290	13				E	nrelated business activity code See instructions )
AUG	408A 530	(a)								·
-	529(a)								1 2	221000 621500
POSTINARY DATE	C Book value of all assets at end of year	ļ	exemption number							
오줌	1,444,910,459	G Chec	k organization type	e ► 🗓	501(c)	) corporation	501(c) t	rust 4	01(a)	trust Other trust
可認	H Enter the number of t	the organization	's unrelated trades	or businesses		<u>1</u>	Descri	be the only (o	r first)	unrelated
高	trade or business he	ere ► <u>Labora</u>	tory Svcs-P	rivate P	hysi	cian Specin	nens	If c	only or	ne, complete Parts I-V
18					of the	previous senten	ce, comple	ete Parts I ar	nd II, c	complete a Schedule M
_	for each additional to During the tax year,				tod or	oup or a parent-s	ubeidiary	controlled or		► X Yes No
	If 'Yes,' enter the na	•		•	_		_	_		L
	J The books are in care		· ·		Joratic	"ITTES!		poration		=2 <u>861976</u> )1-444-7093
	•	riu y	A. Wakefie. Business Incon			(A) Income		(B) Expense		(C) Net
	1 a Gross receipts or		508,614.			(A) III collic		(b) Expense	• ,	(0) (10)
	b Less returns and allow			c Balance►	1 c	508,6	514	· · · ·		./
	2 Cost of goods sold			e Dalarice	2	604,6			<del>-, .'</del>	
	3 Gross profit Subti				3	-96,0		;	<u> </u>	-96,055.
	4 a Capital gain net in				4a		,,,,,	, ,		30,033.
	<b>b</b> Net gain (loss) (Form 4	•			4b			* ,		
	c Capital loss deduc				4c				†	-
	5 Income (loss) from	a partnership o						<del>-/-</del> .	· ,	
	(attach statement)				5					
	6 Rent income (Sch	•			6					
	7 Unrelated debt-fin		•		7	/				
		•	om a controlled organiz		8	/_				
		, , , ,	), (9), or (17) organizati	ON (Schedule G)	9	/				
	10 Exploited exempt	-			10	<u>/</u>				
	11 Advertising incom				فلعلم				<del>.</del>	
	12 Other income (Se	e instructions,	•		12	2 005 (	\r_0			2 005 050
	13 Total. Combine lin	oo 2 through	See Stat	ement 1	12	2,885,9		<u> </u>		2,885,950.
				Soo instru		2,789,8	syo.	teretions )	<u>0.</u>	2,789,895.
	directly of	onnected w	ith the unrelate	d business	inco		MET	140(10(13.)	(DCu	uctions must be
			ors, and trustees (					18	14	
	15 Salaries and wage			,		8 AUC 94	2021	181	15	401,157.
	16 Repairs and main				- 1	8 AUG 2 (	J 2021	RS-O	16	1,319.
S	17 Bad debts	/					<u> </u>	}	17	
${\mathfrak O}$	18 Interest (attach so	hedule) (see i	nstructions)			OGDE	N, U I		18	
₽	19 Taxes and license	es /			i				19	5,877.
S	20 Depreciation (atta	ch orm 4562)	)			20	İ		•	
m	21 Less depreciation	claimed on So	chedule A and else	where on ret	urn	21 a			21 b	
SCANNED	22 Depletion	•					·		22	
0	23 Contributions to d	eferred compe	ensation plans						23	
100	24 Employee benefit	programs							24	148,662.
•	25 Excess exempt ex	penses (Sche	dule I)						25	
υ <sub>1</sub>	26 Excess readership	costs (Sched	ule J)			_			26	
	27 Other deductions					S	ee Sta	tement 2	<u> </u>	2,146,240.
2021	28 Total deductions.		-						28	2,703,255.
-			me before net ope				28 from lin	ie 13	29	86,640.
			n tax years beginning of			& (see instructions)			30	06 640
		<del></del>	me Subtract line 3		.J				31	86,640.
	BAA For Paperwork Re	eduction Act N	Notice, see instruc	tions.		TCC 4000	11 0/10/10			Form <b>990-Ţ</b> (2019)

Form	1 990- <b>T</b> (2	(2019) Rhode Island Hospital	0,5	5-0258954	Page 2
Par		Total Unrelated Business Taxable Income			
32	Total of instructi	of unrelated business taxable income computed from all unrelated trades or businesses (see tions)		32	86,640.
33	Amount	nts paid for disallowed fringes	•	33	
34	Charitat	able contributions (see instructions for limitation rules)  State	ement)3	34	8,564.
35		inrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract liim of lines 32 and 33.	ne 34 from	<b>a</b> 5	78,076.
36	Deduction	on for net operating loss arising in tax years beginning before January 1, 2018 (see instr.)	,	36	
37	Total of	of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	1	37	78,076.
38		ic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	4	38	1,000.
	Unrelate enter th	ted business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37 he smaller of zero or line 37	<u> </u>	39	77,076.
		Tax Computation	<u> </u>	<u> </u>	
		izations Taxable as Corporations. Multiply line 39 by 21% (0 21)		40	16,186.
41		Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	l		
		39 from Tax rate schedule or Schedule D (Form 1041)	•	41	
	-	tax. See instructions	•	42	
		ative minimum tax (trusts only)		43	
44		Noncompliant Facility Income. See instructions	7		16 106
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	16,186.
Par		Tax and Payments	<u> </u>	<del> </del>	
	_	n tax credit (corporations attach Form 1118, trusts attach Form 1116)  46 a		4	
		credits (see instructions)  al business credit Attach Form 3800 (see instructions)  46 b  46 c		-	
		for prior year minimum tax (attach Form 8801 or 8827)  46 d		-	
		credits. Add lines 46a through 46d		46 e	0.
		ct line 46e from line 45		AT	16,186.
48		taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866			10/100.
	_	her (attach schedule)		48	
49	Total ta:	ax. Add lines 47 and 48 (see instructions)	Ų	Ag	16,186.
50	2019 ne	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	ł	50	<u> </u>
51 a	Pavmen	ents. A 2018 overpayment credited to 2019	06,454.		
	-	stimated tax payments 51 b	00, 101.	1	
c	: Tax dep	posited with Form 8868 51 c		i	
d	l Foreign	n organizations Tax paid or withheld at source (see instructions) 51 d		7	
е	Backup	o withholding (see instructions) 51 e		]	
f	Credit fo	for small employer health insurance premiums (attach Form 8941)		]	
g	_	credits, adjustments, and payments Form 2439			
	Forr	rm 4136 Other Total <b>&gt; 51 g</b>		] //	
52		payments. Add lines 51a through 51g		52	106,454.
53	Estimat	ated tax penalty (see instructions) Check if Form 2220 is attached	▶	53	
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	10	54	
55/		ayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	10	55	90,268.
56		30/2001	Refunded	56	0.
Par		Statements Regarding Certain Activities and Other Information (see Instruc			
57	,	time during the 2019 calendar year, did the organization have an interest in or a signature or other	-		Yes No
		al account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to	file FinCE	N Form 114,	
		of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country here	<b>-</b>		· – X
58	During t	the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	nsferor to,	a foreign trust?	' X
	If 'Yes,'	see instructions for other forms the organization may have to file			
59		he amount of tax-exempt interest received or accrued during the tax year > \$	0.		<u> </u>
<u> </u>	l he	Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, a belief, it is true, correct, and compleje. Declaration of which properer (other than taxpayer) is based on all information of which pr	nd to the best eparer has an	of my knowledge and y knowledge	1
Sigi	n	Men. allahudiel 1-11-2021 Dreasurer		May the IRS discus	s this return with
Her		Signature of officer Date Title		instructions)?	
		Proposition and Data	<del></del>		J L.
Paid	1 t	Print/Type preparer's name Preparer's signature Date	Check if		700
Pre-	. <u>  T</u>	Todd P. Teresco   Todd P. Teresco	self employed		
pare	-1	Firm's name LIFESPAN CORPORATION	Firm's EIN	22-286197	8
Use		Firm's address 167 Point Street, Suite 2A			
Onl		Providence, RI 02903	Phone no	617-988-	
BAA	·	TEEA0202L 02/21/20		Form	990-T (2019)

Schedule A - Cost of Good	ds Sold. Enter meth	nod of inve	entory valua	tion •	Co	st			
1 Inventory at beginning of year	ar <b>1</b>			6			end of year	6	
2 Purchases	2	4	68,855.	7	Cost of	good	ls sold. Subtract		
3 Cost of labor	3		78,109.	1	line 6 fr	rom lii	ne 5 Enter here	<u></u> -	
4 a Additional section 263A costs (attack	n schedule)		,	ĺ	and in I	Part I,	line 2	7	604,669.
·	4 a								Yes No
b Other costs See Sta	atement 4 4b		57,705.				of section 263A (wit luced or acquired fo		.
(attach sch)  5 Total. Add lines 1 through 4th	——————————————————————————————————————		04,669.	ĺ	to the o			i resale) apply	X
Schedule C - Rent Income				l Pro				roperty) (see	
1 Description of property					<u> </u>				
(1)							<del></del>		
(2)									
(3)									
(4)									
	2 Rent received or a	ccrued							
(a) From personal prop (if the percentage of rent for properly is more than 10%	personal (if	f the perco	eal and pers entage of re ceeds 50%	nt for or if th	persona ne rent i	al	the income in	s directly conne columns 2(a) ach schedule)	ected with and 2(b)
more than 50%)		Dased	on profit or	IIICOI	ne)				
(1)							<del></del>		
(2)	<del></del>				<del>-</del>	-			
(3)							<del> </del>		
_(4) Total	Total						<u> </u>	<del></del>	
(c) Total income. Add totals of col here and on page 1, Part I, line 6,	umns 2(a) and 2(b)	Enter <b>&gt;</b>	<del></del>				(b) Total deductions E here and on page 1, Par I, line 6, column (B)		
Schedule E - Unrelated De	bt-Financed Inco	me (see	instructions	.)					
1 Description of dobt	financial arguments		2 Gross in			<b>3</b> De	eductions directly co debt-finar	nnected with or	allocable to
1 Description of debt	-imanced property		or allocab financed				(a) Straight line eciation (attach sch)		deductions schedule)
(1)								<del>-  </del>	
(2)		·-·						<del></del>	
(3)	· · · · · · · · · · · · · · · · · · ·				-				
(4)						_	<del></del> -		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted or allocable to debt- property (attach sc	financed	divid	lumn 4 led by lmn 5			7 Gross income ortable (column 2 x column 6)	(column 6	deductions 5 x total of a) and 3(b))
(1)					%			<u> </u>	
(2)					ક				
(3)					8				
(4)					%				
						Enter Part	here and on page I, line 7, column (A)	1, Enter here a ) Part I, line 7	nd on page 1, ', column (B)
Totals					<b>&gt;</b>				
Total dividends-received deduction	ons included in colum	n 8				h		<b>&gt;</b>	
BAA	<del></del>	TE	EA0203L 09/1	9/19				Forn	n <b>990-T</b> (2019)

Schedule F – Interest, An	nuitie	es, Royaltic			nts Fro trolled Or			Orgai	nizations (	see ins	structions	
				<u> </u>		ī			· ·		4   4 =	
1 Name of controlled organization	ıder	mployer htification umber	Ī	Net und ncome se instri			4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		in c	eductions directly onnected with ome in column 5
(1)												
(2)												
(3)						L						
(4)												
Nonexempt Controlled Organizat	ions											
7 Taxable Income	ınc	et unrelated ome (loss) instructions)			f specified its made	1	10 Part of included in organization	n the d	controlling		connected	tions directly I with income Iumn 10
(1)												
(2)										l		
(3)												
(4)												
							Add columns here and on p 8, co		, Part I, line		and on p	6 and 11 Enter age 1, Part I, line umn (B)
Totals	1		-4:	- 501/	->/7> (0)	$\sqcup$	(17) 0	-:	i (	J		
Schedule G — Investment  1 Description of income	inco	2 Amount			3 direc	De- ctly	ductions connected		4 Set-asides ttach schedu	,	5 Total	deductions and sides (column 3
					(atta	ach	schedule)				plu	is column 4)
(1)				<del></del>								
(2)									<del></del>			
(3)				<del></del>								
Totals Schedule I — Exploited Ex	<b>-</b>	Enter here an Part I, line 9,	colui	mn (A)	ner Thai	• n #	Advertising	Incor	ne (see inst	ruction	Part I, II	re and on page 1, ne 9, column (B)
1 Description of exploited act	•	2 Gross unrelate busines income fro trade o busines	s s s om r	3 Expension connection of u	ses directly ected with duction nrelated ess income	4 I fro or 2 r	Net income (loss) om unrelated trade business (column minus column 3) f a gain, compute lumns 5 through 7	5 Gros activ	s income from ity that is not ated business income	6 Exp	penses Itable to Jumn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		ĺ									-	
(2)												
(3)												
(4)												
		Enter here on page Part I, line column (	1, e 10,	on p	here and page 1, , line 10, mn (B)			,			, ,	Enter here and on page 1, Part II, line 25
Totals	<u></u>	<u> </u>					Fer - 4 <sup>11</sup>	3-	<u> </u>		1	<u> </u>
Schedule J – Advertising		•					15 :		*			
Part It Income From Peri	odica	<del></del>										T
1 Name of periodical		2 Gross advertisi income	ng	adve	Direct ertising osts	(1	Advertising gain or loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		irculation ncome		idership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)						],	•					
(2)						1,						, , ,
(3)		1				-	ic . '					,
(4)		<del> </del>				$\vdash$					<u> </u>	- 14
Totals (carry to Part II, line (5))	•	-										

Form **990-T** (2019)

BAA

u nospitai				03 0230334	
cals Reported or	n a Separate E	Basis (For each p	periodical listed in	Part II, fill in col	umns 2 through
2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
					-
<b>&gt;</b>		THE PARTY	に対象の内容		
Enter here and on page 1, Part I, line 11, column (A)	on page 1,	<b>上海大学院工作</b>			Enter here and on page 1, Part II, line 26
of Officers, Dire	ctors, and Tru	ustees (see instr	uctions)	The state of the s	
		2 Title	time devote	ed to unrela	ation attributable ited business
				%	
	1			%	
				%	
				%	
t II, line 14	1			<b>•</b>	
	2 Gross advertising income  Enter here and on page 1, Part I, line 11, column (A)  of Officers, Dire	Enter here and on page 1, Part 1, line 11, column (A)  of Officers, Directors, and Tree	Z Gross advertising income  Enter here and on page 1, Part I, line 11, column (A)  Of Officers, Directors, and Trustees (see instructions)	2 Gross advertising costs  2 Gross advertising costs  Enter here and on page 1, Part I, line 11, column (A)  of Officers, Directors, and Trustees (see instructions)  2 Gross advertising costs  4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  Enter here and on page 1, Part I, line 11, column (B)  2 Title  3 Percent time devote to busines	Enter here and on page 1, Part I, line 11, column (A)  Of Officers, Directors, and Trustees (see instructions)  2 Title  Advertising gain or (loss) (col 2 minus consts)  4 Advertising gain or (loss) (col 2 minus consts)  5 Circulation income  6 Readership costs  6 Readership costs  6 Readership costs  7 Through 7  6 Readership costs  7 Through 7  8 Part I, line 11, column (B)  7 Title  8 Percent of time devoted to business  8 Percent of time devoted to business  8 Percent of time devoted to business

TEEA0204 L 09/19/19

2019	Federal Statements		Page 1
Client RIH	Rhode Island Hospital		05-0258954
8/13/21  Statement 1 Form 990-T, Part I, Line 12 Other Income			11 48AM
Heat, Light, Power, Gases Lab Services Revenue Leased Staff Linen Services Parking Waste Disposal		Total	\$ 875,636. 1,684,676. 4,475. 1,313. 59,400. 260,450. \$ 2,885,950.
Statement 2 Form 990-T, Part II, Line 27 Other Deductions			
Administrative Amortization/Depreciati Miscellaneous Processing Supplies/Transport/Chem Utilities Expense Variable Indirect Alloc Waste Disposal/Autoclav	icals ation		\$ 134,278. 31,056. 59,426. 614,410. 556,200. 521,778. 111,999. 117,093.
Statement 3 Form 990-T, Part III, Line 34 Charitable Contributions  Charitable Contribution Income Percent Limit	s \$	Total  602,083. 8,564.	
Statement 4	Allowed Charitable Contributions		\$ 8,564.
Form 990-T, Schedule A, Line Other Cost of Goods Sold	4b		
Indirect Allocation		Total	\$ 57,705. \$ 57,705.