

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545 0047

2019

For calendar year 2019 or other tax year beginning 10/01, 2019, and ending 9/30, 2020

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A Check box if address changed

B Exempt under section

501(c)(3)

408(e)

408A

529(a)

220(e)

530(a)

Check box if name changed and see instructions

Print or Type Rhode Island Hospital
593 Eddy Street
Providence, RI 02903

D Employer identification number (Employees trust, see instructions)
05-0258954

E Unrelated business activity code (See instructions)
221000 621500

C Book value of all assets at end of year
1,444,910,459.

F Group exemption number (See instructions)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses 1 Describe the only (or first) unrelated trade or business here Laboratory Svcs-Private Physician Specimens If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

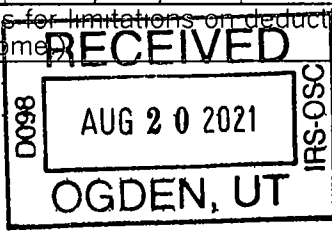
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? Yes No
If 'Yes,' enter the name and identifying number of the parent corporation Lifespan Corporation 22-2861978

J The books are in care of Mary A. Wakefield Telephone number 401-444-7093

Part I: Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales <u>508,614.</u>			
b	Less returns and allowances			
c	Balance	1 c	508,614.	
2	Cost of goods sold (Schedule A, line 7)	2	604,669.	
3	Gross profit Subtract line 2 from line 1c	3	-96,055.	-96,055.
4 a	Capital gain net income (attach Schedule D)	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c	Capital loss deduction for trusts	4 c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions, attach schedule)			
	See Statement 1	12	2,885,950.	2,885,950.
13	Total. Combine lines 3 through 12	13	2,789,895.	0.
				2,789,895.

Part II: Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	401,157.
16	Repairs and maintenance	16	1,319.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	5,877.
20	Depreciation (attach Form 4562)	20	
21	Less depreciation claimed on Schedule A and elsewhere on return	21 a	
22	Depletion	21 b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	148,662.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	27	2,146,240.
28	Total deductions. Add lines 14 through 27	28	2,703,255.
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29	86,640.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	86,640.



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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32-39 with handwritten annotations like 'Statement 43' and '87'.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-45 with handwritten annotations like '7'.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46a-46d, 47-49, 50, 51a-51g, 52-56 with handwritten annotations like '4' and '10'.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 57, 58, and 59.

Sign Here section containing signature of officer (Mary G. W. [unclear]), date (9-11-2021), and title (Treasurer).

Paid Preparer Use Only section containing preparer's name (Todd P. Teresco), firm's name (LIFESPAN CORPORATION), and address (167 Point Street, Suite 2A).

Schedule A – Cost of Goods Sold. Enter method of inventory valuation **Cost**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2	468,855.	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	604,669.
3 Cost of labor	3	78,109.			
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach sch) See Statement	4b	57,705.	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
5 Total. Add lines 1 through 4b	5	604,669.			X

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute columns 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, column (A)	Enter here and on page 1, Part I, line 10, column (B)			Enter here and on page 1, Part II, line 25

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	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)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	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)
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1 – 5)	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 26

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			

Client RIH

Rhode Island Hospital

05-0258954

8/13/21

11 48AM

Statement 1
Form 990-T, Part I, Line 12
Other Income

Heat, Light, Power, Gases	\$ 875,636.
Lab Services Revenue	1,684,676.
Leased Staff	4,475.
Linen Services	1,313.
Parking	59,400.
Waste Disposal	260,450.
Total	<u>\$ 2,885,950.</u>

Statement 2
Form 990-T, Part II, Line 27
Other Deductions

Administrative	\$ 134,278.
Amortization/Depreciation	31,056.
Miscellaneous	59,426.
Processing	614,410.
Supplies/Transport/Chemicals	556,200.
Utilities Expense	521,778.
Variable Indirect Allocation	111,999.
Waste Disposal/Autoclave Expense	117,093.
Total	<u>\$ 2,146,240.</u>

Statement 3
Form 990-T, Part III, Line 34
Charitable Contributions

Charitable Contributions	\$ 602,083.
Income Percent Limit	8,564.
Allowed Charitable Contributions	<u>\$ 8,564.</u>

Statement 4
Form 990-T, Schedule A, Line 4b
Other Cost of Goods Sold

Indirect Allocation	\$ 57,705.
Total	<u>\$ 57,705.</u>