

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
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018

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

C Name of organization
Emma Pendleton Bradley Hospital

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
1011 Veterans Memorial Parkway

City or town, state or province, country, and ZIP or foreign postal code
East Providence, RI 02915

D Employer identification number
05-0258806

E Telephone number
(401) 432-1000

G Gross receipts \$ 91,817,025

F Name and address of principal officer
Daniel J Wall
1011 Veterans Memorial Highway
East Providence, RI 02915

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ www.lifespan.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1957

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, Emma Pendleton Bradley Hospital (EPBH) 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) | 15 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 12 |
| 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 1,013 |
| 6 Total number of volunteers (estimate if necessary) | 128 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 67,144 |

| | Prior Year | Current Year |
|--|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 1,179,335 | 2,076,419 |
| 9 Program service revenue (Part VIII, line 2g) | 67,536,850 | 72,803,664 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,511,471 | 2,267,238 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,367,637 | 2,766,057 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 73,595,293 | 79,913,378 |

| | | |
|---|------------|------------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 6,575 | 900 |
| 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) | 45,574,038 | 48,322,240 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 284,452 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 25,454,849 | 28,531,802 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 71,035,462 | 76,854,942 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 2,559,831 | 3,058,436 |

| | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 122,709,788 | 126,967,712 |
| 21 Total liabilities (Part X, line 26) | 39,080,716 | 35,201,166 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 83,629,072 | 91,766,546 |

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 2019-08-15

Mary A Wakefield Treasurer
Type or print name and title

Paid Preparer Use Only

| | | | | |
|---|---|------|---|-------------------|
| Print/Type preparer's name Tara D'Agostino | Preparer's signature Tara D'Agostino | Date | Check <input type="checkbox"/> if self-employed | PTIN P01245482 |
| Firm's name ▶ KPMG LLP | | | Firm's EIN ▶ 13-5565207 | |
| Firm's address ▶ Two Financial Center 60 South St Boston, MA 02111 | | | Phone no (617) 988-1000 | |

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, EPBH 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 \$ 55,497,826 including grants of \$ 900) (Revenue \$ 67,079,960)
 See Additional Data

4b (Code) (Expenses \$ 7,093,650 including grants of \$) (Revenue \$ 6,308,650)
 See Additional Data

4c (Code) (Expenses \$ 2,292,696 including grants of \$) (Revenue \$ 2,181,111)
 See Additional Data

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

4e Total program service expenses ▶ 64,884,172

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|--|-----|----|
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | Yes | |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | Yes | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | No |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | Yes | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (12), 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 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection
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

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 | 2,060,466 | | | |
| | e Government grants (contributions) | 1e | 15,000 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 953 | | | |
| | g Noncash contributions included in lines 1a-1f \$ _____ | | | | | |
| | h Total. Add lines 1a-1f | | 2,076,419 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a All other | 622210 | 1,722,741 | 1,722,741 | | |
| | b Inpatient Routine | 622210 | 42,649,014 | 42,649,014 | | |
| | c Partial Hospitalization | 622210 | 11,798,111 | 11,798,111 | | |
| | d Research | 541700 | 6,308,650 | 6,308,650 | | |
| | e Residential | 623220 | 10,325,148 | 10,325,148 | | |
| | f All other program service revenue | | | | | |
| g Total. Add lines 2a-2f | | 72,803,664 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 1,618,191 | | 1,618,191 | |
| | 4 Income from investment of tax-exempt bond proceeds | | 170 | | 170 | |
| | 5 Royalties | | 0 | | | |
| | 6a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | | 0 | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | 12,552,524 | | | |
| | | (ii) Other | | | | |
| | | b Less cost or other basis and sales expenses | 11,903,647 | | | |
| | | c Gain or (loss) | 648,877 | | | |
| | d Net gain or (loss) | | 648,877 | | 648,877 | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| | | b Less direct expenses | | | | |
| c Net income or (loss) from fundraising events | | | 0 | | | |
| 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| | b Less direct expenses | | | | | |
| | c Net income or (loss) from gaming activities | | 0 | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less cost of goods sold | | | | | |
| | c Net income or (loss) from sales of inventory | | 0 | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| 11a Grant Indirect Rev/Other | 622210 | 596,140 | 596,140 | | | |
| b Joint Program Revenue | 621300 | 2,169,917 | 2,169,917 | | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | 2,766,057 | | | | |
| 12 Total revenue. See Instructions | | 79,913,378 | 75,569,721 | | 2,267,238 | |

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. | 900 | 900 | | |
| 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, line 15 and 16. | 0 | | | |
| 4 Benefits paid to or for members. | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 726,520 | 726,520 | | |
| 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. | 35,933,807 | 34,908,065 | 1,025,742 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | 1,778,514 | 1,721,630 | 56,884 | |
| 9 Other employee benefits. | 7,315,074 | 7,135,150 | 179,924 | |
| 10 Payroll taxes. | 2,568,325 | 2,487,817 | 80,508 | |
| 11 Fees for services (non-employees) | | | | |
| a Management. | 0 | | | |
| b Legal. | 0 | | | |
| c Accounting. | 0 | | | |
| d Lobbying. | 1,700 | 1,700 | | |
| e Professional fundraising services. See Part IV, line 17. | 0 | | | |
| f Investment management fees. | 84,326 | | 84,326 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 7,823,327 | 7,792,745 | 30,582 | |
| 12 Advertising and promotion. | 19,814 | 14,380 | 5,434 | |
| 13 Office expenses. | 3,021,533 | 2,680,366 | 341,167 | |
| 14 Information technology. | 0 | | | |
| 15 Royalties. | 0 | | | |
| 16 Occupancy. | 1,460,273 | 1,144,054 | 316,219 | |
| 17 Travel. | 180,504 | 178,509 | 1,995 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | 0 | | | |
| 19 Conferences, conventions, and meetings. | 93,744 | 93,744 | | |
| 20 Interest. | 703,100 | | 703,100 | |
| 21 Payments to affiliates. | 0 | | | |
| 22 Depreciation, depletion, and amortization. | 2,878,483 | | 2,878,483 | |
| 23 Insurance. | 664,792 | 664,792 | | |
| 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. | 8,387,879 | 2,457,875 | 5,930,004 | |
| b Other expenses. | 2,201,456 | 2,150,485 | 50,971 | |
| c Provision for Bad Debts. | 644,224 | 644,224 | | |
| d Fundraising expenses. | 284,452 | | | 284,452 |
| e All other expenses. | 82,195 | 81,216 | 979 | |
| 25 Total functional expenses. Add lines 1 through 24e. | 76,854,942 | 64,884,172 | 11,686,318 | 284,452 |
| 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 | 1,484,593 | 1 | 3,194,129 |
| | 2 Savings and temporary cash investments | | 2 | 0 |
| | 3 Pledges and grants receivable, net | 801,061 | 3 | 967,278 |
| | 4 Accounts receivable, net | 8,361,123 | 4 | 7,789,848 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | 0 |
| | 7 Notes and loans receivable, net | | 7 | 0 |
| | 8 Inventories for sale or use | 257,210 | 8 | 189,335 |
| | 9 Prepaid expenses and deferred charges | 2,132,116 | 9 | 2,360,560 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 73,818,993 | | |
| | b Less accumulated depreciation | 34,383,297 | | |
| | | 38,964,809 | 10c | 39,435,696 |
| | 11 Investments—publicly traded securities | 11,674,686 | 11 | 11,311,852 |
| | 12 Investments—other securities See Part IV, line 11 | 4,662,284 | 12 | 5,089,938 |
| | 13 Investments—program-related See Part IV, line 11 | 18,500,000 | 13 | 21,854,211 |
| | 14 Intangible assets | | 14 | 0 |
| 15 Other assets See Part IV, line 11 | 35,871,906 | 15 | 34,774,865 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 122,709,788 | 16 | 126,967,712 | |
| Liabilities | 17 Accounts payable and accrued expenses | 4,993,669 | 17 | 4,635,314 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | 23,390,376 | 20 | 21,725,243 |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 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 | 10,696,671 | 25 | 8,840,609 |
| | 26 Total liabilities. Add lines 17 through 25 | 39,080,716 | 26 | 35,201,166 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 23,790,749 | 27 | 29,527,474 |
| | 28 Temporarily restricted net assets | 7,597,383 | 28 | 7,172,159 |
| | 29 Permanently restricted net assets | 52,240,940 | 29 | 55,066,913 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 83,629,072 | 33 | 91,766,546 | |
| 34 Total liabilities and net assets/fund balances | 122,709,788 | 34 | 126,967,712 | |

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 | 79,913,378 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 76,854,942 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 3,058,436 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 83,629,072 |
| 5 | Net unrealized gains (losses) on investments | 5 | 2,847,222 |
| 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 | 2,231,816 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 91,766,546 |

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 checked="" type="checkbox"/> Consolidated basis <input 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 | Yes | |
| <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 | Yes | |

Additional Data

Software ID: 17005038

Software Version: 2017v2.2

EIN: 05-0258806

Name: Emma Pendleton Bradley Hospital

Form 990 (2017)

Form 990, Part III, Line 4a:

EPBH provides inpatient treatment for children ages 2 to 18 years suffering from serious behavioral disorders and/or developmental conditions such as mental retardation or autism who are in need of stabilization, assessment, and treatment for suicidal, destructive, self-injurious, or other dangerous or aggressive behaviors. EPBH also offers residential treatment providing intensive, family-centered services to children with emotional and behavioral problems which prevent them from living safely at home. (See also Schedule O)

Form 990, Part III, Line 4b:

The Bradley Hasbro Children's Research Center is devoted to the study and treatment of children at risk for serious mental disorders and behavior processes that support the intergenerational transmission of illness. The research areas are broad and include Child and Adolescent Psychiatric Disorders, Pediatric Behavioral Health, Biological Basis of Psychiatric Disorders, Prevention and Early Intervention, Health Services Research, Pediatric Mood, Imaging & Neurodevelopment, Developmental Disorders Genetics Research, and Neuroplasticity/Autism Disorders. Included in the totals are approximately \$400,000 of research grants from for-profit organizations that are not reported in Schedule H.

Form 990, Part III, Line 4c:

Home-based intensive behavioral treatment is for children who have been diagnosed with Autism Spectrum Disorder (ASD) and have varying degrees of chronic behavior disorders that, if left untreated, would worsen and require more intensive treatment, including psychiatric hospitalization or out-of-home residential placement. Staff members visit a family's home and deliver clinical services to the child on a one-on-one basis. The treatment plan is family-oriented, as it includes all family members in the treatment process. (See also Schedule O)

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Lawrence A Aubin Sr Chair | 0 50 29 50 | X | | X | | | | 0 | 0 | 0 |
| Timothy J Babineau MD Trustee | 2 00 38 00 | X | | | | | | 0 | 2,217,856 | 527,817 |
| Emanuel Barrows Trustee | 0 50 2 50 | X | | | | | | 0 | 0 | 0 |
| Roger Begin Trustee | 0 50 9 50 | X | | | | | | 0 | 0 | 0 |
| Peter Capodilupo Vice Chair | 0 50 8 50 | X | | X | | | | 0 | 0 | 0 |
| Jonathan D Fain Trustee | 0 09 0 91 | X | | | | | | 0 | 0 | 0 |
| Edward D Feldstein Esq Trustee | 1 00 12 00 | X | | | | | | 0 | 0 | 0 |
| Michael L Hanna Trustee | 0 50 5 10 | X | | | | | | 0 | 0 | 0 |
| Pamela Harrop MD Trustee | 0 25 7 75 | X | | | | | | 0 | 35,000 | 0 |
| Alan H Litwin Vice Chair | 0 50 9 50 | X | | 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 | | | |
| Joseph MarcAurele Trustee | 0 25 | X | | | | | | 0 | 0 | 0 |
| Steven Pare Trustee | 2 00 | X | | | | | | 0 | 0 | 0 |
| Lawrence Sadwin Trustee | 4 25 | X | | | | | | 0 | 0 | 0 |
| Shivan Subramaniam Trustee | 9 50 | X | | | | | | 0 | 0 | 0 |
| Jane Williams MD Trustee | 0 10 | X | | | | | | 0 | 0 | 0 |
| Brian J Zink MD Trustee- 12/17 | 0 25 | X | | | | | | 0 | 0 | 0 |
| Paul J Adler Secretary | 2 50 | | | X | | | | 0 | 532,564 | 99,156 |
| Mary A Wakefield Treasurer | 2 50 | | | X | | | | 0 | 1,022,911 | 282,563 |
| Daniel J Wall President | 25 00 | | | X | | | | 0 | 497,224 | 35,024 |
| Vareen C O'Keefe-Domaleski Chief Nursing Officer | 15 00 | | | | X | | | 246,145 | 0 | 25,082 |

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 | | | |
| Henry T Sachs III MD Chief Medical Officer | 40 00 0 00 | | | | X | | | 395,365 | 0 | 72,679 |
| Mary A Carskadon PhD Physician | 40 00 0 00 | | | | | X | | 211,322 | 0 | 19,532 |
| Lisa Mollo BSN MA RN NE-BC Dir CADD | 40 00 0 00 | | | | | X | | 173,052 | 0 | 35,957 |
| Margaret Paccione PhD Dir Behav Ed | 40 00 0 00 | | | | | X | | 157,957 | 0 | 28,859 |
| Ronald Serfer PhD Physician | 40 00 0 00 | | | | | X | | 203,074 | 0 | 28,118 |
| Carolyn K Welch PharmD Physician | 40 00 0 00 | | | | | X | | 149,710 | 0 | 30,445 |
| Dale F Radka MD Physician | 0 00 40 00 | | | | | | X | 0 | 350,578 | 42,617 |

SCHEDULE A
(Form 990 or 990EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Emma Pendleton Bradley Hospital

Employer identification number

05-0258806

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 **section 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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|--|----------|----------|----------|----------|-----------|-----------|
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 14 | Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 | Public support percentage for 2016 Schedule A, Part II, line 14 | 15 | |

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| 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 2017 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-2017 | (iii) Distributable Amount for 2017 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013. | | | |
| c From 2014. | | | |
| d From 2015. | | | |
| e From 2016. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2017 from Section D, line 7 | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2017, 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 2017 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 2018. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2013. | | | |
| b Excess from 2014. | | | |
| c Excess from 2015. | | | |
| d Excess from 2016. | | | |
| e Excess from 2017. | | | |

Additional Data

Software ID: 17005038

Software Version: 2017v2.2

EIN: 05-0258806

Name: Emma Pendleton Bradley 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 C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2017

Open to Public Inspection

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

| | |
|---|--|
| Name of the organization Emma Pendleton Bradley Hospital | Employer identification number 05-0258806 |
|---|--|

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

| | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a Volunteers? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c Media advertisements? | | No | |
| d Mailings to members, legislators, or the public? | | No | |
| e Publications, or published or broadcast statements? | | No | |
| f Grants to other organizations for lobbying purposes? | | No | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i Other activities? | Yes | | 1,700 |
| j Total Add lines 1c through 1i | | | 1,700 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | No | |

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

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

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

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

Part IV Supplemental Information

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

| Return Reference | Explanation |
|---|--|
| Part II-B, Line 1i - Other Activities Description | EPBH participates in a Graduate Medical Education program through The Children's Hospital Association A portion of program expenses paid to this organization is allocated to lobbying efforts |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
Emma Pendleton Bradley Hospital

Employer identification number
05-0258806

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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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 8/17/06, 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 ▶ \$ _____, 8,140

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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 | 68,789,160 | 64,900,265 | 63,691,354 | 68,998,044 | 69,980,810 |
| b Contributions | 7,684,105 | 7,347,959 | 7,490,796 | 6,436,278 | 5,977,572 |
| c Net investment earnings, gains, and losses | 3,607,791 | 4,894,415 | 1,927,021 | -2,826,151 | 1,128,548 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 8,548,633 | 8,353,479 | 8,208,906 | 8,926,817 | 8,088,886 |
| f Administrative expenses | | | | | |
| g End of year balance | 71,532,423 | 68,789,160 | 64,900,265 | 63,681,354 | 68,998,044 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 15 200 %
 - b** Permanent endowment ▶ 76 900 %
 - c** Temporarily restricted endowment ▶ 7 900 %
- 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 | | 4,000 | | 4,000 |
| b Buildings | | 51,058,192 | 21,426,774 | 29,631,418 |
| c Leasehold improvements | | | | |
| d Equipment | | 19,605,335 | 12,884,523 | 6,720,812 |
| e Other | | 3,151,466 | 72,000 | 3,079,466 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 39,435,696 |

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) Commodities-Various | 242,576 | F |
| (B) Limited Ptr'ships held inside Pool | 915,015 | F |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ | | |

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) ▶ | 21,854,211 | |

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) Deferred Financing Costs | 144,094 |
| (2) Donated Art | 8,140 |
| (3) Interest in NA of Bradley Foundation | 1,299,309 |
| (4) Participation in HBCS Net Assets | 46,900 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶ | 34,774,865 |

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.

| (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| Accrued Pension Liability | 5,029,300 |
| Health Care Benefit Self-insurance | 777,946 |
| Intercompany Liabilities | 420,599 |
| Lease Payable | 2,069,782 |
| Other Long-term Liabilities | 115,400 |
| Third Party-Payor Settlements | 427,582 |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 8,840,609 |

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 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 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 | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | | 5 | |

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 | |
| 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 | |
| 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 | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | | 5 | |

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 |
|------------------|-------------|
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Additional Data

Software ID: 17005038

Software Version: 2017v2.2

EIN: 05-0258806

Name: Emma Pendleton Bradley Hospital

Supplemental Information

| Return Reference | Explanation |
|--|--|
| Part III, Line 4 Description of organization's collections and how it furthers its purpose | EPBH's collection of artwork consists of paintings, a sculpture, and a vase. The works of art are displayed throughout the hospital for the viewing pleasure of patients, visitors, and employees. |

Supplemental Information

| Return Reference | Explanation |
|--|---|
| Part V, Line 4 Intended uses of the endowment fund | <p>EPBH's endowment funds consist of both donor-restricted endowment funds and funds designated by EPBH to function as endowments. EPBH receives support from various irrevocable trusts within its endowment funds, most notably The Helen Bradley Trust and The George L. Bradley Trust (the Trusts), which were established under the wills of the late Helen and George L. Bradley. At September 30, 2018, the market value of the Trusts was approximately \$33.2 million (not including land and the original Laufer Building in East Providence, Rhode Island where EPBH is located). As a result of a court order in 2007, the Trusts were authorized to make annual distributions to EPBH based on the trailing twelve-quarter average fair market value of the Trusts' investment assets in amounts equal to 7% of the average market value of the Trusts in 2007, decreasing by one-quarter of one percent per year to 4.5% in 2017 and beyond. Two of the largest temporarily restricted funds held by EPBH support the Pedi-MIND (Pediatric Mood, Imaging, & Neurodevelopment) Program and research for bipolar disorder, including equipment needs. The goal of the Pedi-MIND Program is to identify biological and behavioral markers of psychiatric illness in children and adolescents in order to improve diagnosis, treatment, and prevention of these conditions. Another large fund supports the operations and capital needs of EPBH's Compass Residential Program, which provides comprehensive mental health services guided by Dialectical Behavior Therapy for adolescents who are struggling with severe mood problems and/or behavior dysregulations. EPBH provides outpatient treatment for patients with co-occurring substance addiction and mental health disorders. Finally, the OCD Intensive Program Fund provides funding for the needs of EPBH's intensive program for children with obsessive compulsive disorders.</p> |

Supplemental Information

| Return Reference | Explanation |
|-----------------------|--|
| Part X FIN48 Footnote | EPBH and its affiliate, Lifespan School Solutions, Inc , are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and are exempt from Federal income taxes pursuant to Section 501(a) of the Code EPBH 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 EPBH did not recognize the effect of any income tax positions in either 2018 or 2017 |

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 Emma Pendleton Bradley Hospital

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Employer identification number
 05-0258806

OMB No 1545-0047
2017
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 | No |
| 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 | |

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|--|--------------------------------------|--|--------------------------------------|--|-------------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 17,801 | 5,714 | 12,087 | 0.020 % |
| b Medicaid (from Worksheet 3, column a) | | | 39,879,491 | 35,581,243 | 4,298,248 | 5.630 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 39,897,292 | 35,586,957 | 4,310,335 | 5.650 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 238,708 | 32,372 | 206,336 | 0.270 % |
| f Health professions education (from Worksheet 5) | | | 2,488,557 | 290,000 | 2,198,557 | 2.880 % |
| g Subsidized health services (from Worksheet 6) | | | 4,768,731 | 3,586,877 | 1,181,854 | 1.550 % |
| h Research (from Worksheet 7) | | | 6,706,942 | 5,921,942 | 785,000 | 1.030 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 12,652 | | 12,652 | 0.020 % |
| j Total. Other Benefits | | | 14,215,590 | 9,831,191 | 4,384,399 | 5.750 % |
| k Total. Add lines 7d and 7j | | | 54,112,882 | 45,418,148 | 8,694,734 | 11.400 % |

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 | 2 287,904 | |
| 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 | |
| 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 | |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | |
| 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 |
|---------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| | | | | | | | | | | |
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| | | | | | | | | | | |

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)
 Emma Pendleton BradleyHospital

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>16</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>Please refer to Schedule O</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 checked="" 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>16</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>Please refer to Schedule O supplement info for full URL</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 |
| 12b | 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)

Emma Pendleton BradleyHospital

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 | |
| | <ul style="list-style-type: none"> 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 | |
| | <ul style="list-style-type: none"> 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 | |
| | <ul style="list-style-type: none"> a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>Please refer to Schedule O</u> b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>Please refer to Schedule O</u> c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>Please refer to Schedule O</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**

Emma Pendleton BradleyHospital

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 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 | 19 | No |
| 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) | | |
| 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 | | |
| b | <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process | | |
| c | <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications | | |
| d | <input checked="" type="checkbox"/> Made presumptive eligibility determinations | | |
| 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 | 21 | Yes |
| 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) | | |

Part V Facility Information *(continued)*

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

Emma Pendleton BradleyHospital

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 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 Bradley Research Center 1 Hoppin Street Providence, RI 02903 | Research Facility |
| 2 Heritage House Proprietary Warwick, RI 02888 | Residential Program |
| 3 Exeter House Proprietary North Providence, RI 02911 | Residential Program |
| 4 Hill House Proprietary Exeter, RI 02911 | Residential Program |
| 5 Rumford House Proprietary East Providence, RI 02916 | Residential Program |
| 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>EPBH uses a dual system for determining financial aid eligibility - federal poverty guidelines and an asset test. The financial screening process at EPBH is intended to define probable eligibility for public assistance (Medicaid or Community Free Care ("CFS")) for those patients who do not have the means to pay for hospital services rendered, as follows:</p> <ol style="list-style-type: none"> 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 any supporting W-2 form(s) - copies of most recent savings and/or checking account statements - two most recently received payroll check stubs 3 If the patient's financial situation falls within the guidelines for eligibility for Medicaid or CFS, the appropriate application process is completed. (Assistance to complete such applications is available from the Patient Financial Advocates (PFA) Office at EPBH) 4 Uninsured patients receive an automatic deduction at EPBH equal to the amount calculated using the prospective method, referred to as amounts generally billed 5 Eligibility for CFS above amounts generally billed 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 may 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, a charity care discount equal to or more favorable than Amounts Generally Billed (AGB), which is the maximum amount EPBH would bill a patient qualifying for assistance under EPBH's Financial Assistance Policy (FAP) 6 For patients who qualify for less than 100% of the financial assistance program, a payment schedule is determined and agreed upon (discussed further below). Payment arrangements are established prior to service for non-urgent care 7 In either case, the final results of the financial screening are recorded in the comments section of EPBH'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 charges (net of the AGB discount) if the balance is under \$5,000 and 50% to 100% of estimated charges (net of the AGB discount) if the estimated bill equals or exceeds \$5,000. Patients who do not qualify for total or partial CFS, but who have difficulty in paying their bills after services are rendered, may request to enroll in a payment plan. Eligibility for the payment plan includes the following guidelines: <ol style="list-style-type: none"> 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-three months. The Customer Service staff will set up the payment plan using the above guidelines as well as complete the necessary information on the "Payment Agreement" form and mail to the patient for signature. Account documentation will be done online. The pre-collect agency will be sent a copy of the payment agreement and all forms will be scanned into the PFS Optical Imaging System. |
| Part I, Line 6a - Related Organization Community Benefit Report | <p>The community benefit report maintained for all Lifespan affiliated hospitals (EPBH, The Miriam Hospital, Rhode Island Hospital, and Newport Hospital) is maintained by Lifespan Corporation and included in Lifespan's annual report. The annual report for the year ended September 30, 2018 is available at the following link: https://issuu.com/lifespanmc/docs/2018-annual-report-final-190419?e=28083767/69263174 Please see pages 5 and 23-24 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>EPBH's costing methodology used to calculate the amounts reported in Part I, Line 7 is as follows a) Financial assistance at cost- involves utilization of a ratio derived from dividing patient costs, as defined, by patient charges, as defined, and applying that percentage to total charity care charges Patient costs reported in the cost accounting system are calculated based on Medicare principles of reimbursement by reducing total operating expenses (as calculated per Form 990 requirements) by items such as bad debt expense, the cost of medical education, internally funded research, subsidized health services, community services, charitable contributions, and other operating revenue Patient costs are then divided by patient charges to determine a ratio of cost to charges (RCC) This RCC is applied as the costing methodology for determining charity care expense e) Community health improvement services and community benefit operations- Community benefit operations expense is recorded as direct expenses incurred as reported by EPBH's Community Health Services Department Revenue received for these services is reported as direct offsetting revenue f) Health professions education- Health professions education expenses represent direct costs related to amounts associated with resident and intern programs utilized at EPBH g) Subsidized health services- Subsidized health services' community benefit expense is determined by EPBH's internally developed allocation model based on the general ledger whereby overhead costs are applied to all direct care departments using a historically determined basis 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 h) Research- EPBH conducts extensive medical research focused on child and adolescent mental health concerns and brain science For all internal and external research conducted, the costs associated with these activities are calculated by combining the direct and indirect costs as calculated by EPBH's internally derived methodology Revenue received for these services is reported as direct offsetting revenue i) Cash and in-kind contributions for community benefit- Expenses for cash and in-kind contributions for community benefit are made by EPBH, including an allocation of contributions made by Lifespan Corporation on EPBH's behalf</p> |
| Part I, Line 7, Column F - Explanation of Bad Debt Expense | The calculation of percentages disclosed for Schedule H, Part I, Line 7, column (f) "percent of total expense", does not include bad debt expense Form 990, Part IX, Line 25 includes provision for bad debts of \$644,224 |

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 the Hospital's cost accounting system and is adjusted for medical education, internally funded research, subsidized health services, community services, and charitable contributions. Discounts and payments are applied to patient accounts before such account balances are transferred to bad debt. |
| Part III, Line 3 - Methodology of Estimated Amount & Rationale for Including in Community Benefit | Accounts pending transfer to bad debt are reviewed by EPBH's patient advocate staff to determine qualification for financial assistance under EPBH'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. During the year ended September 30, 2018, there was no bad debt attributable to patients whose eligibility for financial assistance could not be determined. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Part III, Line 4 - Bad Debt Expense | <p>Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectibility of accounts receivable, EPBH analyzes its history and identifies its revenue trends for each of its major payors to estimate the appropriate allowance for doubtful accounts and the associated provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, EPBH analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), EPBH records an allowance for doubtful accounts and provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates, if applicable) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts. EPBH's allowance for doubtful accounts increased from \$1,164,000 at September 30, 2017 to \$1,362,000 at September 30, 2018. EPBH's self-pay write-offs for the years ended September 30, 2018 and 2017 amounted to \$446,000 and \$570,000, respectively. EPBH did not change its charity care or uninsured discount policies during the years ended September 30, 2018 and 2017.</p> |
| Part III, Line 9b - Provisions On Collection Practices For Qualified Patients | <p>EPBH 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 bad debts. EPBH 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. EPBH 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, primarily Medicaid. 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> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Part VI, Line 2 - Needs Assessment | <p>EPBH is the nation's first children's psychiatric hospital, providing services for children and adolescents not only from Rhode Island, but also from all over the country. The Hospital is designated as a major teaching affiliate for The Warren Alpert Medical School of Brown University, with a focus in areas of child and adolescent psychiatric treatment. In recent years, EPBH has increased the number of physicians on staff in response to a heightened demand for outpatient services. As a psychiatric and behavioral health center, EPBH offers specialized services for children and adolescents. Such care begins with an evaluation designed to meet the unique needs of each child and family. This initial assessment provides an understanding of the problem, identifies the child's needs, and determines the best and least restrictive treatment approach. Once a child is admitted, a treatment plan is tailored to the child's needs. EPBH actively participates with community mental health centers and the Rhode Island Department of Health to understand the mental health needs of children and families in Rhode Island and its surrounding communities. EPBH is also a participant in "Kids Count", which is a publicly funded agency that uses questionnaires with pediatricians, schools, and other providers to identify the mental health needs of the population that it serves. In addition, EPBH staff work collaboratively with administration and staff at various schools throughout the State of Rhode Island. There is a multidisciplinary team at each school site, led by a clinical psychologist. This team guides the treatment and education plan for each student. Each classroom is staffed by a teacher certified in special education and a classroom behavior specialist, both professionals with degrees in their fields. EPBH respects the roles of parents/guardians as partners in their child's care. EPBH's Family Liaison Program helps parents with questions, problems, or special concerns regarding their child's treatment by appointment or via telephone. The Family Liaison Program sponsors support groups and educational meetings on a regular schedule. Notices are posted in EPBH's main lobby, outpatient waiting room, and at the various unit entrances. The RI 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> |
| Part VI, Line 3 - Patient Education of Eligibility for Assistance | <p>EPBH provides each patient with a "Patient and Family Information" booklet which includes information on patient rights and responsibilities. There is also multilingual signage in EPBH's main lobby and waiting area which provides information on financial aid contacts. The Registration Department meets with the patient's family at the outset of care to discuss eligibility for assistance, which is also summarized on EPBH's website.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Part VI, Line 4 - Community Information | <p>EPBH, whose primary location is in East Providence, Rhode Island, is a 70-bed, nonprofit teaching hospital with university affiliation providing for the psychiatric treatment of adolescents and children, including some with severe developmental disabilities EPBH operates several major programs including acute, partial hospitalization, residential, and outpatient EPBH also operates five other secondary sites which furnish residential and research services EPBH is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) EPBH currently participates as a provider in Rhode Island Medicaid, various out-of-state Medicaid programs, and the State of Rhode Island's Department of Children, Youth and Families programs, as well as providing care for patients covered by private health insurers EPBH is also a member of the formerly-named Voluntary Hospitals of America, Inc , which has partnered with UHC Alliance NewCo, Inc to become Vizient, Inc , is the largest member-owned health care company in the United States In 1969, EPBH and certain other Rhode Island hospitals entered into an affiliation agreement to participate jointly in various clinical training programs and research activities with The Warren Alpert Medical School of Brown University (Brown) In 2010, Brown named Rhode Island Hospital its Principal Teaching Hospital EPBH and The Miriam Hospital continue to be designated as major teaching affiliates The goals of the partnership are to facilitate the expansion of joint educational and research programs in order to compete both clinically and academically EPBH participates in the Child and Adolescent Psychiatry Fellowship as well as the Triple Board Residency Program (Pediatrics/Psychiatry/Child and Adolescent Psychiatry) EPBH has a diverse service area which is not defined solely by a contiguous geographic grouping of municipalities The combined service area of EPBH includes all of the cities and towns in Rhode Island and the neighboring states of New England EPBH, which receives referrals from all regions of the United States, has established itself as the national center for training and research in child and adolescent psychiatry</p> |
| Part VI, Line 5 - Promotion of Community Health | <p>EPBH is governed by a Board of Trustees, which is composed of leaders of the local community elected by Lifespan Corporation EPBH's purpose is to be staffed, equipped, and ready to serve the hospital needs of the community and its people from all walks of life EPBH works collaboratively with physicians, its employees, other health care organizations, and the community to create a measurably healthier community through the provision of high quality, cost-effective, customer-focused health care services in an environment that promotes patient safety EPBH monitors the healthcare needs of its service area to ensure alignment of its resources with its mission EPBH 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 the Hospital EPBH 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 15,000 people. The Lifespan system has approximately 3,500 physicians on the medical staffs of its affiliated hospitals, operates 1,165 licensed beds in four hospital complexes, and in 2018 generated approximately \$2.3 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, are teaching affiliates of The Warren Alpert Medical School of Brown University, with 76 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, 2018, Lifespan Corporation employed approximately 1,020 full-time and part-time personnel, most of whom are located in Providence, RI. 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 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 EPBH confer certain reserved powers upon 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 EPBH 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 EPBH website which makes the hospital's CHNA report widely available is located at the following URL https://www.lifespan.org/centers-services/lifespan-community-health-institute/community-health-reports-and-resources</p> <p>Schedule H, Part V, Line 10a The URL to view EPBH's most recently adopted implementation strategy is below https://www.lifespan.org/sites/default/files/lifespan-files/documents/centers/lifespan-community-health/Bradley-Hospital-2016-CHNA.pdf Please refer to page 15 of the CHNA to view details of the implementation strategy</p> <p>Form 990, Schedule H, Part V, Line 16b The URL to view and download EPBH's Financial Assistance Policy application form is below https://www.lifespan.org/uploadedFiles/Lifespan/Content/Patient_Financial_Services/Lifespan-FAF-ENG.pdf</p> <p>Form 990, Schedule H, Part V, Line 16c The URL to view EPBH's plain language summary of the Financial Assistance Policy is below https://www.lifespan.org/sites/default/files/lifespan-files/documents/lifespan-main/pfs/Lifespan-Financial-Assistance-Summary.pdf</p> |

Schedule H (Form 990) 2017

Additional Data**Software ID:** 17005038**Software Version:** 2017v2.2**EIN:** 05-0258806**Name:** Emma Pendleton Bradley Hospital**Form 990 Schedule H, Part V Section A. Hospital Facilities**

| Section A. Hospital Facilities | | 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 |
|---|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u> | | | | | | | | | | | |
| Name, address, primary website address, and state license number | | | | | | | | | | | |
| 1 | Emma Pendleton BradleyHospital 1011 Veterans Memorial Pkwy East Providence, RI 02915 https //www bradleyhospital or HOS00123 | 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 |
|---|--|
| Part V, Line 3j - Description of Other Needs Assessment | Part V, Line 3e- The significant needs identified in EPBH's 9/30/2016 CHNA have been prioritized in order of significant needs of the community, as determined by the organization |
| Part V, Line 5 - Account Input from Persons Who Represent the Community | <p>The CHNA encompassed intensive data collection and analysis, as well as qualitative research in the form of interviews with internal and external stakeholders, including hospital-based physicians, nurses, social workers, administrators, and other professionals, as well as community-based stakeholders representing constituencies served by EPBH and Lifespans three other hospitals EPBH also conducted five Community Health Forums (CHF's) between April-June 2016 which are a qualitative social science data collection method used in community-based or participatory action research These CHF's were held in EPBH's patient population community in an effort to increase the mix of the participants to better identify the entire community's most significant health needs The CHF's were open to the public and provided opportunities for residents to share their health concerns and needs with Lifespan staff EPBH's leadership team shaped the CHNA by recommending institutional and community leaders for participation, offering observations about community needs, and providing insight about existing and planned programs Qualitative data collected during the course of 2015-2016 related to the preparation of the CHNA consist of (1) interviews completed with internal stakeholders (i.e., hospital-based and Lifespan-based), (2) interviews with key informant community leaders, representing an array of constituencies, and (3) five Community Health Forums held within the community of the EPBH patient population Interviews with leaders of organizations encompassed a wide range of issues and populations, including historically underserved communities, such as minority populations, children and youth, and immigrant/refugee populations To ensure representation from a broad cross-section of the community, CHF's were held in the following locations - Lincoln Public Library- located at 145 Old River Road, Lincoln, RI 02865, - Bradley School South County, located at 4781 Tower Hill Road, South Kingstown, RI 02879, -Met School/College Unbound, an organization created to assist underrepresented adult learners in gaining the skills needed to be successful in their lives, located at 325 Public Street, Providence, RI 02905, -Riverside Public Library- located at 475 Bullocks Point Avenue, Riverside, RI 02915, and- Rhode Island Parent Information Network- located at 1210 Pontiac Avenue, Cranston, RI 02920</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 |
|--|---|
| Part V, Line 6a - List Other Hospital Facilities that Jointly Conducted Needs Assessment | Newport Hospital Rhode Island Hospital The Miriam Hospital |
| Part V, Line 7d - Description of Making Needs Assessment Widely Available | A copy of the Community Health Needs Assessment report issued for EPBH as of September 30, 2016 can be obtained by visiting https://www.lifespan.org/sites/default/files/lifespan-files/documents/centers/lifespan-community-health/Bradley-Hospital-2016-CHNA.pdf |

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 |
|---|---|
| Part V, Line 16j - Other Means Hospital Facility Publicized the Policy | An abbreviated version of EPBH's Financial Assistance Policy is posted in various admitting and outpatient areas of EPBH. 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. |
| Part V, Line 22d - Other Billing Determination of Individuals Without Insurance | EPBH uses the prospective method in determining amounts generally billed. Internal Revenue Code Section 501(r) defines the prospective method as the amount that Medicare or Medicaid would reimburse EPBH for billed care (including both the amount that would be reimbursed by Medicare or Medicaid and the amount the beneficiary would be personally responsible for paying in the form of copayments, coinsurance, and deductibles) if the patient was a Medicare fee-for-service beneficiary or a Medicaid beneficiary. EPBH did not treat any Medicare patients during FY 2018. Therefore, Medicaid reimbursement rates are most applicable when calculating amounts generally billed using the prospective method. |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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.**
▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Emma Pendleton Bradley Hospital

Employer identification number
05-0258806

Part I Questions Regarding Compensation

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

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. |

**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Emma Pendleton Bradley Hospital

Employer identification number
05-0258806

Part I Bond Issues

| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|----------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | Yes | No | Yes | No | Yes | No |
| A RIHEBC Series 2016 | 52-1300173 | 762244FP1 | 08-11-2016 | 24,032,741 | Refund 2009 Bond | | X | | X | X | |

Part II Proceeds

| | | A | B | C | D |
|-----------|--|------------|-----------|------------|-----------|
| 1 | Amount of bonds retired | 1,147,770 | | | |
| 2 | Amount of bonds legally defeased | | | | |
| 3 | Total proceeds of issue | 24,032,741 | | | |
| 4 | Gross proceeds in reserve funds | | | | |
| 5 | Capitalized interest from proceeds | | | | |
| 6 | Proceeds in refunding escrows | | | | |
| 7 | Issuance costs from proceeds | 176,876 | | | |
| 8 | Credit enhancement from proceeds | | | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | | | | |
| 11 | Other spent proceeds | 23,855,865 | | | |
| 12 | Other unspent proceeds | | | | |
| 13 | Year of substantial completion | 2016 | | | |
| | | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | X | | | |
| 15 | Were the bonds issued as part of an advance refunding issue? | X | | | |
| 16 | Has the final allocation of proceeds been made? | X | | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | |

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

| Return Reference | Explanation |
|------------------|--|
| Part VI | Schedule K, Part I, Line A(f) On August 11, 2016, the Rhode Island Health and Educational Building Corporation (RIHEBC) issued, on behalf of the Lifespan Obligated Group, which consists of EPBH, Rhode Island Hospital, The Miriam Hospital, Rhode Island Hospital Foundation, and The Miriam Hospital Foundation, \$265,470,000 of tax-exempt fixed rate serial and term bonds (the 2016 Bonds) used for the purpose of refunding existing bonds issued to the Lifespan Obligated Group, as well as to pay certain expenses of issuance with respect to the 2016 Bonds. The portion of the 2016 Bonds' proceeds allocable to EPBH is \$24,032,741. For purposes of EPBH, the 2016 issuance resulted in the complete refinancing of its RIHEBC Series 2009A Bonds. Schedule K, Part I, Line 3 The bond proceeds listed in line 3 differ from the bond issue price disclosed per IRS Form 8038 due to the fact that EPBH is part of the Lifespan Obligated Group previously mentioned in Part I, line A(f). Of the \$308,112,067 disclosed in Form 8038, EPPB was allocated \$24,032,741 of the total issuance. |

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Emma Pendleton Bradley Hospital

Employer identification number

05-0258806

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, President & CEO, and Mary A Wakefield, 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, 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 Lawrence A Aubin, Sr , Chair, and Shivan Subramaniam, Trustee, are Directors of the same for-profit organization |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder | Lifespan is the sole corporate member of EPBH |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body | Effective October 23, 2012, the Board of Directors of Lifespan and the Boards of Trustees of Rhode Island Hospital, The Miriam Hospital, Newport Health Care Corporation, Newport Hospital, and EPBH approved a restructuring of their 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 EPBH 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 EPBH trustees and to approve the election of and to remove certain officers. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders | The EPBH 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 Executive Vice President & Chief Financial Officer (EVP/CFO) and Lifespan's Finance Department, with review by Lifespan's tax advisors, KPMG LLP (KPMG) The Form 990 is prepared by the accounting staff upon completion of Lifespan's annual independent audit and reviewed by the Corporate Services Tax Compliance Manager, the Director of Finance, and the Vice President of Finance - Corporate Services The Form 990 is forwarded to KPMG for further review KPMG provides the Tax Compliance Manager with any recommended changes which are reviewed, and if agreed upon, are incorporated into the return The draft Form 990 is then provided to the EVP/CFO for final management review Prior to filing the return with the Internal Revenue Service, a copy of the entire form, along with a video presentation detailing form highlights, are posted to EPBH's Board of Trustees' website portal in advance of the 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 and the Lifespan Obligated Group, which consists of EPBH, Rhode Island Hospital, The Miriam Hospital, Rhode Island Hospital Foundation, and The Miriam Hospital Foundation, currently make their annual and quarterly consolidated financial statements available to the public via DAC (Digital Assurance Certification, LLC), a disclosure dissemination agent for issuers of tax-exempt bonds which electronically posts and transmits Lifespan's financial information to repositories and investors alike. In addition, copies of EPBH'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 Increases | Change in Funded Status of Pension Plan = \$2629000 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Other Changes In Net Assets Or Fund Balances - Other Decreases | Interest in Net Assets of Bradley Hospital Foundation = -\$397184 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------|--|
| Form 990, Part I, Line 7b | The amount reported on Part I, Line 7b includes certain fringe benefit expenses subject to unrelated business taxable income under IRC Section 512(A)(7). Such amounts are not considered revenue, and therefore, are not reported as such on Form 990, Part VIII. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|--|
| Form 990, Part III, Line 4a | Inpatient treatment for children ages 2 to 18 years suffering from serious behavioral disorders and/or developmental conditions such as mental retardation or autism who are in need of stabilization, assessment, and treatment for suicidal, destructive, self-injurious, or other dangerous or aggressive behaviors Residential treatment providing intensive, family-centered services to children with emotional and behavioral problems which prevent them from living safely at home Partial programs furnish treatment alternatives to inpatient hospitalization or traditional outpatient services for children from infancy to adolescence with serious emotional, behavioral, eating, sleeping, anxiety, obsessive-compulsive disorders, relationship problems or wide variety of mental health co-occurring with substance use issues The Center for Autism and Developmental Disabilities (CADD) has a highly specialized day program for children and adolescents who have autism or developmental disabilities with co-existing emotional and/or behavioral disorders |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|---|
| Form 990, Part III, Line 4c | <p>Home-based intensive behavioral treatment is for children who have been diagnosed with autism spectrum disorder and have varying degrees of chronic behavior disorders that, if left untreated, would worsen and require more intensive treatment, including psychiatric hospitalization or out-of-home residential placement. Staff members visit a family's home and deliver clinical services to the child on a one-on-one basis. The treatment plan is family-oriented, as it includes all family members in the treatment process. The Mindful Teen Program, a six-month outpatient treatment program for adolescents who display signs of suicidality, nonsuicidal self-injury, or other self-destructive behaviors, offers dialectical behavior therapy for adolescents (DBT-A), an empirically validated treatment designed to help eliminate life-threatening and self-destructive behaviors by developing alternative skills to manage emotions and tolerate distress. EPBH also offers a hospital diversion program to children and adolescents with mental retardation. Those admitted to this home-based program present with chronic mild to moderate behavior disorders that, if left untreated, would worsen and require more intensive treatment, including hospitalization or residential placement. This service, which is also a resource for children recently discharged from EPBH, is used as a preventive measure against the future need for an out-of-home placement. EPBH's outpatient treatment programs are administered by a multidisciplinary staff of psychiatrists, psychologists, nurses, and qualified trainees, who provide comprehensive mental health evaluation and treatment to children, adolescents, and families for a wide range of clinical conditions. Patients may be treated with a variety of modalities including individual, group and family therapy, and psychopharmacologic management. Treatment is often coordinated with other agencies such as mental health centers, schools, or community-based organizations.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| Form 990, Part VI, Section A, Line 1b | *Lawrence A Aubin, Sr , Chair, is the owner of Lawrence Investments, LLC, with which Lifespan entered into a ten-year operating lease of certain health care facilities in July 2015 During fiscal year 2018, Lifespan paid rent to Lawrence Investments, LLC under the terms of this lease |

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 EPBH, 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. This requirement shall be acknowledged as part of the annual performance evaluation process. 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 |
|--|---|
| Form 990, Part VI, Section B, Lines 15 a&b | <p>The following applies to Lifespan and all of its affiliates, including EPBH EXECUTIVE COMPENSATIONLifespan's executive compensation philosophy balances appropriate stewardship of resources and the need to be competitive in recruiting and retaining talented individuals. It incorporates market-competitive and performance-related principles, and covers the President and CEO of Lifespan as well as other officers, senior management, and key employees. Lifespan's executive compensation program complies both with law and with contemporary ethical norms, and is administered consistent with the organization's tax-exempt status under Section 501(c)(3) of the Internal Revenue Code (IRC) and the avoidance of transactions subject to intermediate sanctions under Section 4958 of the IRC. Executive compensation is also administered consistent with Lifespan's Corporate Compliance Policy on Excess Benefit Transactions. The Compensation Committee of the Lifespan Corporation Board of Directors (the Committee), comprised of disinterested Lifespan Board members, is responsible for diligent oversight of executive compensation to ensure compliance with IRC requirements. Its duties include:</p> <ul style="list-style-type: none"> * Approving eligibility for participation in the executive compensation program * Approving changes in compensation for existing executive participants * Approving guidelines, such as salary ranges and contract terms, on appropriate levels of compensation for other key employees * Approving new, and modifying or terminating existing, executive compensation plans including, but not limited to, annual incentive and executive benefit plans * Approving performance objectives associated with Lifespan's annual incentive plan, including measuring points, and using audited actual performance relative to these objectives as a precondition to approving the payment of any awards under the plan * Authorizing periodic performance benchmark studies to be conducted for purposes of assessing Lifespan's performance within the healthcare industry and the degree to which total remuneration levels at Lifespan are generally commensurate with Lifespan performance relative to healthcare industry performance * Conducting an annual performance review of Lifespan's Chief Executive Officer. The Chair of the Committee conducts and documents this review, based on his/her observations and interpretation of feedback from members of the Board of Directors * Selecting and engaging qualified, independent, third-party compensation valuation consultants that the Committee charges with rendering opinions with respect to the reasonableness and comparability of compensation as well as the comparative organizations against which compensation is assessed, in accordance with relevant sections of the IRC and Lifespan's executive compensation philosophy. Lifespan's Chief Executive Officer works closely with the Committee to make recommendations on the above topics and keep the Committee informed about contemplated compensation change. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Section B, Lines 15 a&b | <p>s 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.</p> <p>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.</p> <p>New Participants to 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> |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**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.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
Emma Pendleton Bradley Hospital

Employer identification number

05-0258806

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 | Account Care Org | RI | N/A | | | | | No | | | No | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) Lifespan MSO Inc 167 Point Street Providence, RI 02903 05-0508717 | Mgmnt Svcs | RI | Lifespan Corp | C corp | | | | | No |
| (2) Lifespan Risk Services 167 Point Street Providence, RI 02903 05-0459767 | Risk Mgmnt | RI | Lifespan Corp | C corp | | | | | No |
| (3) VNA Technicare Inc 200 Corliss Street Providence, RI 02904 05-0472710 | DME Sales | RI | LDS Inc | C corp | | | | | No |
| (4) CRUT 2 c/o Bank of America PO Box 830269 Dallas, TX 75283 | Philanthropic | CT | N/A | Trust | 1,319,729 | 52,808,517 | 100 000 % | Yes | |
| (5) CRUT 2 c/o Bank of America PO Box 830269 Dallas, TX 75283 | Philanthropic | RI | N/A | Trust | 75,828 | 2,197,396 | 100 000 % | Yes | |
| | | | | | | | | | |
| | | | | | | | | | |

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

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

| | Yes | No |
|--|---------------|----|
| 1 During the tax year, did the 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 | 1a | No |
| b Gift, grant, or capital contribution to related organization(s) | 1b Yes | |
| c Gift, grant, or capital contribution from related organization(s) | 1c Yes | |
| d Loans or loan guarantees to or for related organization(s) | 1d | No |
| e Loans or loan guarantees by related organization(s) | 1e | No |
| f Dividends from related organization(s) | 1f | No |
| g Sale of assets to related organization(s) | 1g | No |
| h Purchase of assets from related organization(s) | 1h | No |
| i Exchange of assets with related organization(s) | 1i | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k Yes | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l Yes | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m Yes | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n Yes | |
| o Sharing of paid employees with related organization(s) | 1o Yes | |
| p Reimbursement paid to related organization(s) for expenses | 1p Yes | |
| q Reimbursement paid by related organization(s) for expenses | 1q Yes | |
| r Other transfer of cash or property to related organization(s) | 1r | No |
| s Other transfer of cash or property from related organization(s) | 1s Yes | |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) Lifespan School Solutions Inc | q | 1,897,500 | Accrual |
| (2) Lifespan School Solutions Inc | s | 2,641,819 | Fair Value |
| (3) CRUT 2 | c | 1,319,729 | Fair Value |
| (4) CRUT 2 | c | 75,828 | Fair Value |
| | | | |
| | | | |

Part VII **Supplemental Information**

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

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 05-0258806
Name: Emma Pendleton Bradley 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 |
| 249 Roosevelt Avenue Pawtucket, RI 02860 05-0442015 | Housing for Elderly and Mentally Ill | RI | 501(c)(3) | 10 | Gateway Healthcare Inc | | No |
| 249 Roosevelt Avenue Pawtucket, RI 02860 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 |
| 249 Roosevelt Avenue Pawtucket, RI 02860 05-0259090 | Daycare Services | RI | 501(c)(3) | 7 | Gateway Healthcare Inc | | No |
| 249 Roosevelt Avenue Pawtucket, RI 02860 05-0504841 | Bereavement Services for Children | RI | 501(c)(3) | 7 | Gateway Healthcare Inc | | No |
| 249 Roosevelt Avenue Pawtucket, RI 02860 46-4002163 | Philanthropic Activities | RI | 501(c)(3) | 7 | Lifespan Corporation | | No |
| 249 Roosevelt Avenue Pawtucket, RI 02860 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 |
| 249 Roosevelt Avenue Pawtucket, RI 02860 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) | NA | | No |
| 167 Point Street Providence, RI 02903 05-0258935 | Holding Company/ Mgmt Services | RI | 501(c)(3) | 10 | Lifespan Corporation | | No |
| 167 Point Street Providence, RI 02903 05-0493219 | Philanthropic Activities | RI | 501(c)(3) | 7 | Lifespan Corporation | | No |
| c/o Archstone Law 245 Winter St Waltham, MA 02451 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 | Education Services | RI | 501(c)(3) | 2 | Emma Pendleton Bradley Hospital | Yes | |
| 249 Roosevelt Avenue Pawtucket, RI 02860 03-0508346 | Housing for Elderly and Mentally Ill | RI | 501(c)(3) | 10 | Gateway Healthcare Inc | | No |
| 249 Roosevelt Avenue Pawtucket, RI 02860 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 05-0258914 | Health Care Services | RI | 501(c)(3) | 3 | Lifespan Corporation | | No |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|--|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| 11 Friendship Street Newport, RI 02840 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 |
| 249 Roosevelt Avenue Pawtucket, RI 02860 05-0422771 | Housing for Elderly and Mentally Ill | RI | 501(c)(3) | 10 | Gateway Healthcare Inc | | No |
| 249 Roosevelt Avenue Pawtucket, RI 02860 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 |
| 249 Roosevelt Avenue Pawtucket, RI 02860 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 |
| 249 Roosevelt Avenue Pawtucket, RI 02860 04-3742771 | Housing for Elderly and Mentally Ill | RI | 501(c)(3) | 10 | Gateway Healthcare Inc | | No |
| 249 Roosevelt Avenue Pawtucket, RI 02860 05-0488520 | Housing for Elderly and Mentally Ill | RI | 501(c)(3) | 10 | Gateway Healthcare Inc | | No |
| 249 Roosevelt Avenue Pawtucket, RI 02860 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 | NA | | No |