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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

C Name of organization
MASS GENERAL BRIGHAM INCORPORATED

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
399 REVOLUTION DRIVE NO 645

City or town, state or province, country, and ZIP or foreign postal code
SOMERVILLE, MA 02145

F Name and address of principal officer:
ANNE KLIBANSKI MD
800 BOYLSTON STREET
BOSTON, MA 02199

D Employer identification number
04-3230035

E Telephone number
(857) 282-0747

G Gross receipts \$ 2,268,328,876

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

J Website: ▶ [HTTPS://WWW.MASSGENERALBRIGHAM.ORG/](https://www.massgeneralbrigham.org/)

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

L Year of formation: 1993

M State of legal domicile: MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
PATIENT CARE, TEACHING, RESEARCH AND SERVING THE COMMUNITY.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 19

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 7,726

6 Total number of volunteers (estimate if necessary) 6 16

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 9,935,223

7b Net unrelated business taxable income from Form 990-T, line 39 7b 1,961,141

Revenue

8 Contributions and grants (Part VIII, line 1h) 205,843,904 1,209,696,539

9 Program service revenue (Part VIII, line 2g) 899,331,514 1,040,305,329

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -190,413,284 -75,604,148

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9,087,717 7,026,069

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 923,849,851 2,181,423,789

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 530,144,805 652,391,156

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 584,284,056 880,305,910

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶998,908

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 553,014,511 767,535,336

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,667,443,372 2,300,232,402

19 Revenue less expenses. Subtract line 18 from line 12 -743,593,521 -118,808,613

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 6,381,428,341 7,885,097,202

21 Total liabilities (Part X, line 26) 8,916,598,390 9,837,702,742

22 Net assets or fund balances. Subtract line 21 from line 20 -2,535,170,049 -1,952,605,540

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.

Signature of officer

2021-08-13
Date

NIYUM GANDHI CFO & TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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 \$ 763,162,992 including grants of \$ 652,391,156) (Revenue \$ 1,038,983,629)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶ 763,162,992

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	Yes
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	Yes
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>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	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>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	Yes
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>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	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>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	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.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6,570
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form **990** (2019)

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	19	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ DE, ID, IN, LA, MA, MT, NE, NH, NV, TX, WY

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶ MASS GENERAL BRIGHAM FINANCE - TAX DIRECTOR 399 REVOLUTION DRIVE SUITE 645 SOMERVILLE, MA 02145 (857) 282-0747

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

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

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

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

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

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								28,015,552	1,129,803	820,892

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1,482**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RANDSTAD HEALTHCARE PO BOX 7247-6655 PHILADELPHIA, PA 191706655	STAFFING SERVICES	12,807,727
ACCENTURE LLP PO BOX 70629 CHICAGO, IL 60673	CONSULTING SERVICES	11,183,251
VEE TECHNOLOGIES PO BOX 732709 DALLAS, TX 753732709	CONSULTING SERVICES	5,308,370
WALSH BROTHERS 210 COMMERCIAL STREET BOSTON, MA 02109	CONSTRUCTION SERVICES	5,282,170
QUARLES AND BRADY LLP BIN 88895 MILWAUKEE, WI 532880895	LEGAL SERVICES	3,788,113

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 133**

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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		1,209,696,539											
		e Government grants (contributions)		1e													
		f All other contributions, gifts, grants, and similar amounts not included above		1f													
		g Noncash contributions included in lines 1a - 1f:\$		1g		110,000											
		h Total. Add lines 1a-1f				1,209,696,539											
Program Service Revenue				Business Code													
		2a ADMINISTRATIVE FEE		561000		1,040,305,329											
		b															
		c															
		d															
		e															
		f All other program service revenue															
		g Total. Add lines 2a-2f.				1,040,305,329											
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)				11,285,786				6,262,807		5,022,979					
		4 Income from investment of tax-exempt bond proceeds				15,153						15,153					
		5 Royalties				1,158,759						1,158,759					
				(i) Real		(ii) Personal											
		6a Gross rents		6a		636,741											
		b Less: rental expenses		6b		0											
		c Rental income or (loss)		6c		636,741											
		d Net rental income or (loss)				636,741				-2,650		639,391					
				(i) Securities		(ii) Other											
		7a Gross amount from sales of assets other than inventory		7a													
		b Less: cost or other basis and sales expenses		7b		86,905,087											
		c Gain or (loss)		7c		-86,905,087											
		d Net gain or (loss)				-86,905,087						-86,905,087					
		8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a													
		b Less: direct expenses		8b													
		c Net income or (loss) from fundraising events															
		9a Gross income from gaming activities. See Part IV, line 19		9a													
		b Less: direct expenses		9b													
		c Net income or (loss) from gaming activities															
		10a Gross sales of inventory, less returns and allowances		10a													
b Less: cost of goods sold		10b															
c Net income or (loss) from sales of inventory																	
Miscellaneous Revenue				Business Code													
11a CFC INSURANCE INCOME				900099		2,350,716				2,350,716							
b CHILD CARE REVENUE				624410		1,479,276				1,479,276							
c PARKING INCOME				812930		1,155,528				1,155,528							
d All other revenue						245,049				245,049							
e Total. Add lines 11a-11d						5,230,569											
12 Total revenue. See instructions						2,181,423,789		1,038,983,629		9,932,573							
										-77,188,952							
Form 990 (2019)																	

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	652,391,156	652,391,156		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	17,031,334		17,031,334	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	506,726,749		506,379,356	347,393
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	234,455,272	22,933,525	211,521,747	
9 Other employee benefits	81,840,863	8,005,362	73,727,464	108,037
10 Payroll taxes	40,251,692	3,937,268	36,314,424	
11 Fees for services (non-employees):				
a Management				
b Legal	10,749,586	1,051,484	9,698,102	
c Accounting	1,576,886	154,245	1,422,641	
d Lobbying	1,535,281		1,535,281	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	91,246,440	8,925,380	81,980,733	340,327
12 Advertising and promotion	841,073	82,271	755,372	3,430
13 Office expenses	59,731,830	5,842,741	53,752,726	136,363
14 Information technology	117,759,567	11,518,794	106,240,773	
15 Royalties				
16 Occupancy	15,172,880	1,484,153	13,633,685	55,042
17 Travel	1,955,171	191,247	1,763,833	91
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	243,057	23,775	219,083	199
20 Interest	239,371,465	23,414,408	215,957,057	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	70,353,044	6,881,668	63,471,376	
23 Insurance	1,814,065	177,445	1,636,620	
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 MISCELLANEOUS EXPENSES	117,632,390	12,579,820	105,052,570	
b UNRELATED BUSINESS TAX	1,073,466		1,073,466	
c PROGRAM SUPPORT/SUBSIDY	32,319,617	3,161,382	29,158,235	
d NON CAPITAL EQUIPMENT	2,154,342	210,730	1,943,612	
e All other expenses	2,005,176	196,138	1,801,012	8,026
25 Total functional expenses. Add lines 1 through 24e	2,300,232,402	763,162,992	1,536,070,502	998,908
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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		
	2	Savings and temporary cash investments		-81,102,507	2	295,855,917	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		77,649,064	4	39,015,569	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net		3,877,972,708	7	3,830,128,726	
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		25,604,828	9	30,223,864	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	909,613,297			
	b	Less: accumulated depreciation	10b	209,631,986	715,497,677	10c	699,981,311
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		1,455,967,943	12	2,212,712,462	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		309,838,628	15	777,179,353	
16	Total assets. Add lines 1 through 15 (must equal line 34)		6,381,428,341	16	7,885,097,202		
Liabilities	17	Accounts payable and accrued expenses		3,122,442,890	17	2,701,569,102	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		3,603,717,554	20	4,572,912,586	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		2,190,437,946	25	2,563,221,054	
	26	Total liabilities. Add lines 17 through 25		8,916,598,390	26	9,837,702,742	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		-2,536,440,982	27	-1,983,150,319	
	28	Net assets with donor restrictions		1,270,933	28	30,544,779	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		-2,535,170,049	32	-1,952,605,540	
33	Total liabilities and net assets/fund balances		6,381,428,341	33	7,885,097,202		

Part XI Reconciliation of Net AssetsCheck 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	2,181,423,789
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,300,232,402
3	Revenue less expenses. Subtract line 2 from line 1	3	-118,808,613
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-2,535,170,049
5	Net unrealized gains (losses) on investments	5	191,420,005
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	509,953,117
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-1,952,605,540

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Software ID:

Software Version:

EIN: 04-3230035

Name: MASS GENERAL BRIGHAM INCORPORATED

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE 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			
ANNE KLIBANSKI MD PRESIDENT, CEO & DIRECTOR	50.00 1.00	X		X				4,044,895	0	91,230
ALI SALIM MD DIRECTOR	1.00	X						0	715,378	47,518
ROCHELLE P WALENSKY MD MPH DIRECTOR 10/22/19	50.00 1.00	X						0	414,425	59,093
ROBERT G ATCHINSON DIRECTOR 07/28/20	1.00 1.00	X						0	0	0
ANNE M FINUCANE DIRECTOR	1.00 1.00	X						0	0	0
JOHN F FISH DIRECTOR	1.00 1.00	X						0	0	0
WYCLIFFE K GROUSBECK DIRECTOR UNTIL 05/21/20	1.00 1.00	X						0	0	0
SUSAN J HOCKFIELD PHD DIRECTOR	1.00 0.00	X						0	0	0
RICHARD E HOLBROOK DIRECTOR UNTIL 06/30/20	1.00 1.00	X						0	0	0
ALBERT A HOLMAN III DIRECTOR	1.00 1.00	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	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GWILL YORK DIRECTOR	1.00 1.00	X						0	0	0
PETER K MARKELL EXEC. VP, CFO & TREASURER	50.00 1.00			X				3,610,203	0	79,701
MAUREEN GOGGIN SECRETARY	50.00 0.00			X				191,949	0	41,005
GREGG S MEYER MD MSC CHIEF CLINICAL OFFICER	50.00 1.00				X			4,139,802	0	62,209
JOHN R BARKER CHIEF INVESTMENT OFFICER	50.00 0.00				X			2,879,562	0	29,170
JAMES W NOGA VP & CHIEF INFORMATION OFFICER	50.00 0.00				X			1,199,205	0	62,509
ROSEMARY R SHEEHAN CHIEF HUMAN RESOURCES OFFICER	50.00 0.00				X			965,718	0	62,769
LAURA PEABODY CHIEF LEGAL OFFICER & GEN. COUNS.	50.00 0.00					X		1,512,877	0	48,965
ELIZABETH L BALDWIN PORTFOLIO MANAGER	50.00 0.00					X		1,300,108	0	65,110
KATHERINE L KAMM PORTFOLIO MANAGER	50.00 0.00					X		971,916	0	32,442

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			
CHRISTOPHER M COBURN CHIEF INNOVATION OFFICER	50.00 1.00					X		986,309	0	53,374
JEFF A WEISS CHIEF STRATEGY & TRANSF. OFFICER	50.00 0.00					X		968,909	0	46,032
DAVID F TORCHIANA MD FORMER PRESIDENT & CEO	50.00 0.00						X	5,244,099	0	39,765

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	225,341,569	268,658,863	284,715,358	205,843,904	1,209,696,539	2,194,256,233
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	225,341,569	268,658,863	284,715,358	205,843,904	1,209,696,539	2,194,256,233
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.						2,194,256,233

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	225,341,569	268,658,863	284,715,358	205,843,904	1,209,696,539	2,194,256,233
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,775,055	903,879	3,344,453	10,454,503	18,327,008	39,804,898
9	Net income from unrelated business activities, whether or not the business is regularly carried on		429,083	3,382,175	1,399,583	1,961,141	7,171,982
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						2,241,233,113
12	Gross receipts from related activities, etc. (see instructions)					12	4,375,607,163

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 2019 (line 6, column (f) divided by line 11, column (f))	14	97.900 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	92.940 %

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (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>		
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** ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 04-3230035
Name: MASS GENERAL BRIGHAM INCORPORATED

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization MASS GENERAL BRIGHAM INCORPORATED	Employer identification number 04-3230035
---	--

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) 2016	(b) 2017	(c) 2018	(d) 2019	(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)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
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?	Yes		1,169,631
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			1,169,631
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?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
LOBBYING EXPENSES	THE CORPORATION MAY ON OCCASION CONTACT ITS EMPLOYEES WITH A VOLUNTARY OPPORTUNITY TO PARTICIPATE IN THE CONVERSATION TO PROTECT AGAINST CUTS IN FEDERAL FUNDING THAT WOULD HAVE AN ADVERSE IMPACT ON THE CORPORATION AND ITS AFFILIATES AS WELL AS THE PACE OF MEDICAL ADVANCES, THE ECONOMY, AND THE GLOBAL COMPETITIVENESS OF THE CORPORATION. THE CORPORATION MAY ON OCCASION REVIEW PROPOSED LEGISLATION FOR THE PURPOSE OF DETERMINING THE EFFECT UPON ITS TAX-EXEMPT PURPOSES. THE CORPORATION MAY ON OCCASION ALSO APPEAR BEFORE A LEGISLATIVE COMMITTEE, CONFER WITH LEGISLATORS OR OTHERWISE ATTEMPT TO INFLUENCE LEGISLATION. HOWEVER, IT WILL NOT PARTICIPATE, IN ANY WAY, IN POLITICAL CAMPAIGNS. THE CORPORATION'S INVOLVEMENT IN LEGISLATIVE ACTIVITIES CONSTITUTES AN INSUBSTANTIAL PART OF ITS ACTIVITIES.

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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

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.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes

No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes

No

Part II

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

1

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

a

Total number of conservation easements

2a

b

Total acreage restricted by conservation easements

2b

c

Number of conservation easements on a certified historic structure included in (a)

2c

d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

2d

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes

No

9

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

Part III

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

1a

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

b

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

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

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

2

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

a

Revenue included on Form 990, Part VIII, line 1 ► \$

b

Assets included in Form 990, Part X ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2019

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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,550,317	10,313,374	9,793,133	18,832,078	11,088,489
b Contributions	299,379	297,434	276,966	-9,637,179	7,313,016
c Net investment earnings, gains, and losses	768,774	390,831	669,855	1,760,903	977,078
d Grants or scholarships					
e Other expenditures for facilities and programs	447,755	451,322	426,580	1,162,669	546,505
f Administrative expenses					
g End of year balance	11,170,715	10,550,317	10,313,374	9,793,133	18,832,078

2

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

a

Board designated or quasi-endowment ▶ 88.400 %

b

Permanent endowment ▶ 10.290 %

c

Temporarily restricted endowment ▶ 1.310 %

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:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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	13,601,826	58,165,612		71,767,438
b Buildings	32,749,406	514,680,290	94,034,910	453,394,786
c Leasehold improvements		8,456,731	3,269,368	5,187,363
d Equipment		262,382,087	108,718,092	153,663,995
e Other		19,577,345	3,609,616	15,967,729
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				699,981,311

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) INV IN PARTNERS POOLED INV ACC	31,085,890	F
(B) INV IN PARTNERS POOLED INV HOLDING LLC	2,181,626,572	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,212,712,462	

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER ASSETS	438,554,488
(2) DUE FROM AFFILIATES	338,624,865
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	777,179,353

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SETTLEMENTS - THIRD PARTY PAYORS	-11,506,082
(3) TAXABLE BONDS	1,878,644,000
(4) INTEREST RATE SWAPS LIABILITY	662,383,613
(5) OTHER LIABILITIES	33,699,523
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	2,563,221,054

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

Additional Data

Software ID:
Software Version:
EIN: 04-3230035
Name: MASS GENERAL BRIGHAM INCORPORATED

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	MASS GENERAL BRIGHAM INCORPORATED DOES NOT HAVE A FIN 48 (ASC 740) FOOTNOTE DISCLOSURE IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS.

Supplemental Information	
Return Reference	Explanation
INTENDED USE OF ENDOWMENT FUNDS	THE ENDOWMENT FUNDS OF MASS GENERAL BRIGHAM INCORPORATED ARE USED IN FURTHERANCE OF THE ORGANIZATION'S TAX-EXEMPT MISSION.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			3,323,988
b Total from continuation sheets to Part I	0	0			9,704
c Totals (add lines 3a and 3b)	0	0			3,333,692

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3 Enter total number of other organizations or entities ► _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* ☒ Yes ☐ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

990 Schedule F, Supplemental Information

Return Reference	Explanation
ACCOUNTING METHOD	THE ORGANIZATION USES THE ACCRUAL METHOD TO REPORT FOREIGN EXPENDITURES TO BE CONSISTENT WITH THE REPORTING USED FOR THE FINANCIAL STATEMENTS.

Additional Data

Software ID:

Software Version:

EIN: 04-3230035

Name: MASS GENERAL BRIGHAM INCORPORATED

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA/CARIBBEAN	0	0	PROGRAM SERVICES	PAT. CARE, RESEARCH & EDUCATION	63,103
CENTRAL AMERICA/CARIBBEAN	0	0	PROGRAM SERVICES	JOINTLY OWNED FOREIGN INSURANCE	666,862

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PAT. CARE, RESEARCH & EDUCATION	134,443
EUROPE	0	0	PROGRAM SERVICES	PAT. CARE, RESEARCH & EDUCATION	930,533

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	PAT. CARE, RESEARCH & EDUCATION	30,685
NORTH AMERICA	0	0	PROGRAM SERVICES	PAT. CARE, RESEARCH & EDUCATION	1,176,742

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	PROGRAM SERVICES	INTERNATIONAL GRANTS	698
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	PAT. CARE, RESEARCH & EDUCATION	320,922

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	PROGRAM SERVICES	PAT. CARE, RESEARCH & EDUCATION	8,429
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PAT. CARE, RESEARCH & EDUCATION	1,275

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

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number

04-3230035

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 55

3 Enter total number of other organizations listed in the line 1 table 10

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	MASS GENERAL BRIGHAM INCORPORATED MAKES DONATIONS TO VARIOUS TAX-EXEMPT ORGANIZATIONS. THESE DONATIONS CAN BE USED BY THE RECIPIENT ONLY IN FURTHERANCE OF THEIR TAX-EXEMPT MISSION.

Additional Data

Software ID:
Software Version:
EIN: 04-3230035
Name: MASS GENERAL BRIGHAM INCORPORATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON CHARITABLE TRUST FUND 1 CITY HALL SQUARE SUITE 550 BOSTON, MA 02201	04-6528581	501(C)(1)	1,000,000				COMMUNITY BENEFIT PROGRAM
LYNN COMMUNITY HEALTH CENTER INC 269 UNION STREET LYNN, MA 01906	04-2525066	501(C)(3)	821,364				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASS LEAGUE OF COMMUNITY HEALTH CENTERS 40 COURT STREET BOSTON, MA 02108	04-2507409	501(C)(3)	242,230				COMMUNITY BENEFIT PROGRAM
UPHAMS CORNER HEALTH CENTER 415 COLUMBIA ROAD BOSTON, MA 02125	23-7211732	501(C)(3)	230,500				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP HARBORVIEW FOUNDATION 200 CLARENDON STREET 60TH FLOOR BOSTON, MA 02116	75-3235491	501(C)(3)	200,000				COMMUNITY BENEFIT PROGRAM
HEALTH CARE FOR ALL ONE FEDERAL STREET 5TH FLOOR BOSTON, MA 02110	04-3071598	501(C)(3)	183,855				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATTAPAN COMMUNITY HEALTH CENTER INC 1575 BLUE HILL AVENUE BOSTON, MA 02126	04-2544151	501(C)(3)	158,000				COMMUNITY BENEFIT PROGRAM
ROXBURY PRESBYTERIAN CHURCH 328 WARREN STREET BOSTON, MA 02119	04-3506648	501(C)(3)	70,000				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH BOSTON COMMUNITY HEALTH CENTER INC 409 W BROADWAY BOSTON, MA 02127	04-2682152	501(C)(3)	60,500				COMMUNITY BENEFIT PROGRAM
DIMOCK COMMUNITY HEALTH CENTER INC 45 DIMOCK STREET BOSTON, MA 02119	04-3487835	501(C)(3)	60,000				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH LAW ADVOCATES INC 1 FEDERAL STREET 5TH FLOOR BOSTON, MA 02110	04-3298116	501(C)(3)	50,000				COMMUNITY BENEFIT PROGRAM
HILLTOWN COMMUNITY HEALTH CENTERS INC 9 RUSSELL ROAD HUNTINGTON, MA 01050	04-2161484	501(C)(3)	50,000				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH CAREER CONNECTION INC PO BOX 398731 SAN FRANCISCO, CA 94139	25-1904312	501(C)(3)	32,250				COMMUNITY BENEFIT PROGRAM
GREATER BOSTON CHAMBER OF COMMERCE 265 FRANKLIN STREET 12TH FLOOR BOSTON, MA 02110	04-1103090	501(C)(6)	27,000				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHOLAR ATHLETES 57 MAGAZINE STREET ROXBURY, MA 02119	27-3987854	501(C)(3)	25,000				COMMUNITY BENEFIT PROGRAM
SOMERVILLE EDUCATION FOUNDATION INC 17 KIDDER AVENUE SOMERVILLE, MA 02144	81-4505509	501(C)(3)	25,000				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS HEALTH QUALITY PARTNERS INC 42 PLEASANT STREET WATERTOWN, MA 02472	04-3542817	501(C)(3)	22,500				COMMUNITY BENEFIT PROGRAM
ACTION FOR BOSTON COMMUNITY DEVELOPMENT INC 178 TREMONT ST 2ND FLOOR BOSTON, MA 02111	04-2304133	501(C)(3)	20,000				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW ENGLAND COUNCIL INC 98 NORTH WASHINGTON ST SUITE 303 BOSTON, MA 02114	04-1661090	501(C)(3)	20,000				COMMUNITY BENEFIT PROGRAM
THE SCHWARTZ CENTER FOR COMPASSIONATE HEALTHCARE 100 CAMBRIDGE STREET SUITE 2100 BOSTON, MA 02114	04-1564655	501(C)(3)	20,000				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH RESOURCES IN ACTION INC 95 BERKELEY STREET BOSTON, MA 02116	04-2229839	501(C)(3)	16,668				COMMUNITY BENEFIT PROGRAM
FOUNDATION FOR BCYF 1483 TREMONT STREET BOSTON, MA 02120	04-2602576	501(C)(3)	15,000				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS LGBT CHAMBER OF COMMERCE 50 MILK STREET BOSTON, MA 02109	82-3342211	501(C)(6)	15,000				COMMUNITY BENEFIT PROGRAM
UNITED WAY MASS BAY AND MERRIMACK VALLEY 9 CHANNEL STREET UNIT 500 BOSTON, MA 02210	04-2382233	501(C)(3)	15,000				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON CENTER FOR INDEPENDENT LIVING 60 TEMPLE PLACE 5TH FLOOR BOSTON, MA 02111	04-2546595	501(C)(3)	12,500				COMMUNITY BENEFIT PROGRAM
BOSTON FOUNDATION INC 75 ARLINGTON STREET SUITE 1000 BOSTON, MA 02116	04-2104021	501(C)(3)	11,111				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CODMAN SQUARE HEALTH CENTER 637 WASHINGTON STREET BOSTON, MA 02124	04-2678774	501(C)(3)	10,500				COMMUNITY BENEFIT PROGRAM
MUSEUM OF AFRICAN AMERICAN HISTORY INC 14 BEACON STREET SUITE 401 BOSTON, MA 02108	04-2429556	501(C)(3)	10,500				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JANE DOE INC 745 ATLANTIC AVENUE BOSTON, MA 02111	04-2676138	501(C)(3)	10,000				COMMUNITY BENEFIT PROGRAM
LEARN TO COPE INC 4 COURT STREET TAUNTON, MA 02780	26-0236431	501(C)(3)	10,000				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS BUSINESS ALLIANCE FOR EDUCATION 400 ATLANTIC AVENUE BOSTON, MA 02110	04-3274599	501(C)(3)	10,000				COMMUNITY BENEFIT PROGRAM
YW BOSTON INC 140 CLARENDON STREET SUITE 403 BOSTON, MA 02116	04-2103548	501(C)(3)	10,000				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST HUMAN RESOURCES ASSOCIATION PO BOX 151 WALPOLE, MA 02081	04-2901371	501(C)(3)	9,000				COMMUNITY BENEFIT PROGRAM
COMMUNITY SERVINGS INC 18 MARBURY TERRACE JAMAICA PLAIN, MA 02130	22-3154028	501(C)(3)	8,334				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIMMONS UNIVERSITY 300 FENWAY BOSTON, MA 02115	04-2103629	501(C)(3)	6,750				COMMUNITY BENEFIT PROGRAM
HARBOR HEALTH SERVICES INC 1135 MORTON STREET MATTAPAN, MA 02126	23-7100550	501(C)(3)	6,000				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOTHOUSE HEALTH INC 1353 DORCHESTER AVENUE DORCHESTER, MA 02122	23-7125970	501(C)(3)	5,500				COMMUNITY BENEFIT PROGRAM
WHITTIER STREET HEALTH CENTER INC 1290 TREMONT STREET ROXBURY, MA 02120	04-2619517	501(C)(3)	5,500				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UASPIRE 31 MILK STREET SUITE 900 BOSTON, MA 02109	04-3564307	501(C)(3)	390,350				COMMUNITY BENEFIT PROGRAM
ACCELERATED COLLEGE EXPERIENCES INC 251 HEATH STREET APT 207 JAMAICA PLAIN, MA 02130	45-4101866	501(C)(3)	159,645				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS BOSTON 100 MORRISSEY BOULEVARD BOSTON, MA 02125	04-3167352	STATE OF MA	48,500				COMMUNITY BENEFIT PROGRAM
SIMMONS UNIVERSITY 300 FENWAY BOSTON, MA 02115	04-2103629	501(C)(3)	40,000				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH RESOURCES IN ACTION (HRIA) 95 BERKELEY STREET BOSTON, MA 02116	04-2229839	501(C)(3)	36,620				COMMUNITY BENEFIT PROGRAM
HORIZON EDUCATION CONSULTATION 168 POND STREET RANDOLPH, MA 02368	47-4999752	501(C)(3)	27,940				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON UNIVERSITY ONE SILBER WAY BOSTON, MA 02215	04-2103547	501(C)(3)	27,000				COMMUNITY BENEFIT PROGRAM
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115	04-1679980	501(C)(3)	24,000				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS DARTMOUTH 285 OLD WESTPORT ROAD NORTH DARTMOUTH, MA 02747	04-3167352	STATE OF MA	24,000				COMMUNITY BENEFIT PROGRAM
UNIVERSITY OF MASSACHUSETTS AMHERST 181 PRESIDENTS DRIVE AMHERT, MA 01003	54-2084125	STATE OF MA	23,500				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS LOWELL 1 UNIVERSITY AVENUE LOWELL, MA 01854	04-3167352	STATE OF MA	20,500				COMMUNITY BENEFIT PROGRAM
BUNKER HILL COMMUNITY COLLEGE 250 NEW RUTHERFORD AVENUE BOSTON, MA 02129	04-2710011	STATE OF MA	18,500				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUFTS UNIVERSITY 419 BOSTON AVENUE MEDFORD, MA 02155	04-2103634	501(C)(3)	16,500				COMMUNITY BENEFIT PROGRAM
MASSBAY COMMUNITY COLLEGE 50 OAKLAND STREET WELLESLEY HILLS, MA 02481	22-2581930	STATE OF MA	16,000				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALEM STATE UNIVERSITY 352 LAFAYETTE STREET SALEM, MA 01970	04-2325342	STATE OF MA	15,500				COMMUNITY BENEFIT PROGRAM
LESLEY UNIVERSITY 29 EVERETT STREET CAMBRIDGE, MA 02138	04-2103589	501(C)(3)	15,000				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS COLLEGE OF PHARMACY AND HEALTH SCIENCES 179 LONGWOOD AVENUE BOSTON, MA 02115	04-2104700	501(C)(3)	15,000				COMMUNITY BENEFIT PROGRAM
CURRY COLLEGE 1071 BLUE HILL AVENUE MILTON, MA 02186	04-2199867	501(C)(3)	12,500				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMMANUEL COLLEGE 400 THE FENWAY BOSTON, MA 02115	04-2105769	501(C)(3)	8,500				COMMUNITY BENEFIT PROGRAM
HOWARD UNIVERSITY 2400 6TH STREET NW WASHINGTON, DC 20059	53-0204707	501(C)(3)	5,500				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILLS COLLEGE 5000 MACARTHUR BOULEVARD OAKLAND, CA 94613	94-1156566	501(C)(3)	5,500				COMMUNITY BENEFIT PROGRAM
WHEATON COLLEGE 26 E MAIN STREET NORTON, MA 02766	04-2103638	501(C)(3)	5,500				COMMUNITY BENEFIT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPAULDING REHABILITATION INC 399 REVOLUTION DRIVE SUITE 645 SOMERVILLE, MA 02145	26-0003495	501(C)(3)	38,419,200				EXEMPT AFFILIATE SUPPORT
NORTH SHORE MEDICAL CENTER INC 399 REVOLUTION DRIVE SUITE 645 SOMERVILLE, MA 02145	04-3399616	501(C)(3)	601,607,418				EXEMPT AFFILIATE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASS GENERAL BRIGHAM COMMUNITY PHYSICIANS INC 399 REVOLUTION DRIVE SUITE 645 SOMERVILLE, MA 02145	04-3236175	501(C)(3)	3,752,921				EXEMPT AFFILIATE SUPPORT
MASS GENERAL BRIGHAM URGENT CARE LLC 399 REVOLUTION DRIVE SUITE 645 SOMERVILLE, MA 02145	47-1683619	501(C)(3)	4,150,000				EXEMPT AFFILIATE SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

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

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

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

[illegible]

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
TRUSTEE COMPENSATION	TRUSTEES RECEIVE NO COMPENSATION OR CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS FOR SERVICE ON THE BOARD OR ITS COMMITTEES. BOARD MEMBERS WHO ARE ALSO EMPLOYED BY THE CORPORATION OR A MASS GENERAL BRIGHAM INCORPORATED AFFILIATE RECEIVE COMPENSATION ONLY FOR THEIR SERVICES AS EMPLOYEES.
PART I, LINE 1A	FIRST CLASS TRAVEL FIRST CLASS TRAVEL WAS PROVIDED TO AN OFFICER LISTED ON FORM 990, PART VII. THIS BENEFIT WAS PROVIDED PURSUANT TO A WRITTEN POLICY AND TREATED AS NON-TAXABLE BUSINESS EXPENSES. THE BENEFIT WAS REVIEWED AND APPROVED BY THE MASS GENERAL BRIGHAM INCORPORATED COMPENSATION COMMITTEE.
PART I, LINES 4A-B:	RECEIPT OF SEVERANCE PAYMENT DAVID F. TORCHIANA, M.D. - \$3,519,000 NONQUALIFIED RETIREMENT PLAN PARTICIPATION IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THESE AMOUNTS ARE ALREADY INCLUDED IN THE COMPENSATION DISCLOSED ON SCHEDULE J, PART II PETER K. MARKELL - \$137,443 GREGG S. MEYER, M.D - \$2,601,574 JAMES W. NOGA - \$251,010
PART I, LINE 7	CERTAIN EMPLOYEES RECEIVED INCENTIVE COMPENSATION BASED ON ACHIEVEMENT OF ORGANIZATIONAL AND INDIVIDUAL GOALS. THE COMPENSATION COMMITTEE OF MASS GENERAL BRIGHAM INCORPORATED OR THE COMPENSATION COMMITTEES OF MASS GENERAL BRIGHAM INCORPORATED SUBORDINATE ENTITIES HAVE THE FINAL AUTHORITY FOR SUCH PAYMENTS.

Additional Data

Software ID:

Software Version:

EIN: 04-3230035

Name: MASS GENERAL BRIGHAM INCORPORATED

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ANNE KLIBANSKI MD PRESIDENT, CEO & DIRECTOR	(i)	1,970,030	1,968,976	105,889	68,011	23,219	4,136,125	0
	(ii)	0	0	0	0	0	0	0
1ALI SALIM MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	590,000	89,700	35,678	25,200	22,318	762,896	0
2ROCHELLE P WALENSKY MD MPH DIRECTOR 10/22/19	(i)	0	0	0	0	0	0	0
	(ii)	346,336	32,673	35,416	38,155	20,938	473,518	0
3PETER K MARKELL EXEC. VP, CFO & TREASURER	(i)	1,888,100	1,493,600	228,503	56,000	23,701	3,689,904	0
	(ii)	0	0	0	0	0	0	0
4MAUREEN GOGGIN SECRETARY	(i)	171,494	500	19,955	21,594	19,411	232,954	0
	(ii)	0	0	0	0	0	0	0
5GREGG S MEYER MD MSC CHIEF CLINICAL OFFICER	(i)	1,154,400	291,370	2,694,032	30,800	31,409	4,202,011	2,522,209
	(ii)	0	0	0	0	0	0	0
6JOHN R BARKER CHIEF INVESTMENT OFFICER	(i)	605,600	2,186,078	87,884	22,400	6,770	2,908,732	0
	(ii)	0	0	0	0	0	0	0
7JAMES W NOGA VP & CHIEF INFORMATION OFFICER	(i)	748,321	118,575	332,309	30,800	31,709	1,261,714	0
	(ii)	0	0	0	0	0	0	0
8ROSEMARY R SHEEHAN CHIEF HUMAN RESOURCES OFFICER	(i)	728,107	160,146	77,465	30,800	31,969	1,028,487	0
	(ii)	0	0	0	0	0	0	0
9LAURA PEABODY CHIEF LEGAL OFFICER & GEN. COUNS.	(i)	978,126	353,000	181,751	25,200	23,765	1,561,842	0
	(ii)	0	0	0	0	0	0	0
10ELIZABETH L BALDWIN PORTFOLIO MANAGER	(i)	369,682	901,750	28,676	19,600	45,510	1,365,218	0
	(ii)	0	0	0	0	0	0	0
11KATHERINE L KAMM PORTFOLIO MANAGER	(i)	311,442	618,500	41,974	16,800	15,642	1,004,358	0
	(ii)	0	0	0	0	0	0	0
12CHRISTOPHER M COBURN CHIEF INNOVATION OFFICER	(i)	630,651	279,440	76,218	30,800	22,574	1,039,683	0
	(ii)	0	0	0	0	0	0	0
13JEFF A WEISS CHIEF STRATEGY & TRANSF. OFFICER	(i)	806,000	0	162,909	22,400	23,632	1,014,941	0
	(ii)	0	0	0	0	0	0	0
14DAVID F TORCHIANA MD FORMER PRESIDENT & CEO	(i)	749,048	900,000	3,595,051	30,800	8,965	5,283,864	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

04-3230035

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	MHEFA PARTNERS HEALTHCARE SYSTEM INC SERIES F	04-2456011	57586CGW9	06-10-2005	411,566,153	SERIES F - SEE SCHEDULE K PART VI		X		X		X
B	MHEFA PARTNERS HEALTHCARE SER G-1G-2G-3G-4G-6	04-2456011	57586CZW8	06-07-2007	380,000,000	SERIES G - SEE SCHEDULE K PART VI		X		X		X
C	MHEFA PARTNERS HEALTHCARE SYSTEM INC SERIES H	04-2456011	57586CW27	04-01-2008	171,320,000	SERIES H - SEE SCHEDULE K PART VI		X		X		X
D	MHEFA PARTNERS HEALTHCARE SYSTEM INC SERIES I	04-2456011	57586EHR5	05-14-2009	229,977,036	SERIES I - SEE SCHEDULE K PART VI		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	177,875,000		305,000,000		6,125,000		225,000,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	419,448,101		386,190,828		171,320,000		229,981,250	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	18,398,432		20,479,076					
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	2,671,595		2,776,551		420,000		2,556,080	
8	Credit enhancement from proceeds	2,650,000		4,696,147				116,071	
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	326,493,380		358,239,054				227,309,098	
11	Other spent proceeds	69,234,694				170,900,000			
12	Other unspent proceeds								
13	Year of substantial completion	2007		2009		2009		2009	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X	X			X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		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		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		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		X		X		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		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		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		X		X		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		X		X		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		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X		X	
c	No rebate due?	X		X		X		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?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X	X	
b	Name of provider	BEAR STEARNS CAPITAL MARKETS		GOLDMAN SACHS CAPITAL MARKETS				MERRILL LYNCH CAPITAL SERVICES	
c	Term of hedge	3500.0000000000 %		3500.0000000000 %				3500.0000000000 %	
d	Was the hedge superintegrated?		X		X				X
e	Was the hedge terminated?		X		X				X

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		X		X			X
b Name of provider	XL ASSET FUNDING COMPANY I LLC		CITIGROUP FINANCIAL PRODUCTS INC		CITIGROUP FINANCIAL PRODUCTS INC			
c Term of GIC	180.000000000000 %		170.000000000000 %		80.000000000000 %			
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X		X			
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		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		X		X		X	

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

Return Reference	Explanation
PART I BOND ISSUES (F) DESCRIPTION OF PURPOSE	(A) FINANCING A PORTION OF THE FOLLOWING PROJECTS: TENANT IMPROVEMENTS AND FIT OUT OF LEAS ED SPACE; CONSTRUCTION AND RENOVATION OF OPERATING ROOMS AT AN AMBULATORY SURGERY CENTER; RENOVATIONS TO VARIOUS CLINICAL AREAS. FINANCING A PORTION OF THE FOLLOWING PROJECTS: ACQU ISITION OF A FACILITY AND A SMALL PARCEL OF VACANT LAND; CONSTRUCTION OF A CARDIOVASCULAR CENTER; THE ACQUISITION AND INSTALLATION OF CAPITAL EQUIPMENT AND CONSTRUCTION OF IMPROVEM ENTS AND RENOVATIONS TO VARIOUS EXISTING FACILITIES. FINANCING A PORTION OF THE CONSTRUCTI ON AND RENOVATION OF FACILITIES. FINANCING THE ACQUISITION AND IMPROVEMENTS OF A PORTION O F A BUILDING AND INSTALLATION OF CAPITAL EQUIPMENT THEREIN. REFINANCING MASSACHUSETTS HEAL TH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, NEWTON-WELLESLEY HOSPITAL ISSUE, SERI ES E, ISSUED 9/20/95. (B) FINANCING A PORTION OF CONSTRUCTION OF A CARDIOVASCULAR CENTER. FINANCING THE FOLLOWING PROJECTS: A PORTION OF THE CONSTRUCTION OF A BUILDING AND A RECEIV ING DOCK; A PORTION OF THE COST OF ACQUISITION OF CONDOMINIUM UNITS; AND RENOVATIONS TO CL INICAL SPACE. FINANCING RENOVATIONS AND IMPROVEMENTS TO INPATIENT CLINICAL AREAS. FINANCIN G A PORTION OF THE FOLLOWING PROJECTS: CONSTRUCTION AND EQUIPPING OF AN AMBULATORY CARE CE NTER; THE ACQUISITION AND INSTALLATION OF A SYSTEM-WIDE REVENUE MANAGEMENT SYSTEM. (C) REF INANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS H HEALTHCARE SYSTEM ISSUE, SERIES G-1 AND G-3, ISSUED 6/28/07. REFINANCING MASSACHUSETTS HEAL TH & EDUCATIONAL FACILITIES AUTHORITY VARIABLE RATE DEMAND REVENUE BONDS, NEWTON-WELLESLEY HOSPITAL ISSUE, SERIES F, ISSUED 11/16/1995. (D) FINANCING A PORTION OF THE FIT-OUT AND E QUIPPING OF AN AMBULATORY CARE CENTER. FINANCING A PORTION OF THE FOLLOWING PROJECTS: THE CONSTRUCTION OF A BUILDING AND A RECEIVING DOCK; CONSTRUCTION AND EQUIPPING OF A MULTI-SPE CIALTY AMBULATORY CARE CENTER; AND RENOVATIONS TO CLINICAL SPACE. FINANCING RENOVATIONS AND IMPROVEMENTS TO INPATIENT CLINICAL AREAS. FINANCING A PORTION OF THE COST OF RENOVATIONS , EQUIPPING AND FURNISHING OF CLINICAL SPACE TO HOUSE A CANCER CENTER. FINANCING A PORTION OF THE FOLLOWING PROJECTS: THE ACQUISITION AND INSTALLATION OF A SYSTEM-WIDE REVENUE MANA GEMENT SYSTEM AND AN ACUTE CARE DOCUMENTATION MANAGEMENT SYSTEM. (E) FINANCING A PORTION O F THE FOLLOWING PROJECTS: THE CONSTRUCTION OF A BUILDING AND A RECEIVING DOCK; CONSTRUCTIO N AND EQUIPPING OF A MULTI-SPECIALTY AMBULATORY CARE CENTER; AND RENOVATIONS TO CLINICAL S PACE. FINANCING RENOVATIONS AND IMPROVEMENTS TO INPATIENT CLINICAL AREAS. FINANCING A PORT ION OF THE FOLLOWING PROJECTS: THE ACQUISITION AND INSTALLATION OF A SYSTEM-WIDE REVENUE M ANAGEMENT SYSTEM AND AN ACUTE CARE DOCUMENTATION MANAGEMENT SYSTEM. FINANCING RENOVATIONS AND IMPROVEMENTS TO AN EMERGENCY DEPARTMENT. FINANCING THE ACQUISITION OF AND IMPROVEMENTS TO A HOSPITAL FACILITY. FINANCING PLANNING COSTS INCLUDING ENVIRONMENTAL REMEDIATION COST S ASSOCIATED WITH THE DEVELOPM

Return Reference	Explanation
PART I BOND ISSUES (F) DESCRIPTION OF PURPOSE	ENT OF A NEW REHABILITATION HOSPITAL FACILITY. REFINANCING MASSACHUSETTS HEALTH & EDUCATIO NAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES G-4. REFI NANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HE ALTHCARE SYSTEM ISSUE, SERIES A. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES B. (F) FINANCING RENOVA TIONS AND IMPROVEMENTS TO AN EMERGENCY DEPARTMENT. FINANCING A PORTION OF THE FOLLOWING PR OJECTS: THE CONSTRUCTION OF A BUILDING AND A RECEIVING DOCK; CONSTRUCTION AND EQUIPPING OF A MULTI-SPECIALTY AMBLUATORY CARE CENTER; AND RENOVATIONS TO CLINICAL SPACE. FINANCING PL ANNING COSTS INCLUDING ENVIRONMENTAL REMEDIATION COSTS ASSOCIATED WITH THE DEVELOPMENT OF A NEW REHABILITATION HOSPITAL FACILITY. FINANCING A PORTION OF THE FOLLOWING PROJECTS: THE ACQUISITION AND INSTALLATION OF A SYSTEM-WIDE REVENUE MANAGEMENT SYSTEM AND AN ACUTE CARE DOCUMENTATION MANAGEMENT SYSTEM. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIE S AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES C. REFINANCING MASSACH USETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES D-1, D-2 & D-4. (G) FINANCING RENOVATIONS AND IMPROVEMENTS TO AN EMERGENCY DEPARTMENT. FINANCING PLANNING COSTS INCLUDING ENVIRONMENTAL REMEDIATION COSTS ASSOCIATED WITH THE DEVELOPMENT OF A NEW REHABILITATION HOSPITAL FACILITY. FINANCING A PORTION OF THE FOLLOWING PROJECTS: THE ACQUISITION AND INSTALLATION OF A SYSTEM-WIDE REVENUE MANAGEMENT SYSTEM AND AN ACUTE CARE DOCUMENTATION MANAGEMENT SYSTEM. FINANCING PLANNING COSTS AND CON STRUCTION OF BUILDING TO HOUSE CLINICAL AND RESEARCH SPACE AND UNDERGROUND PARKING SPACES. FINANCING THE CONSTRUCTION OF AN UNDERGROUND PARKING FACILITY. FINANCING THE ACQUISITION OF LAND AND BUILDING TO HOUSE WET AND DRY RESEARCH SPACE, AND PARKING GARAGE. FINANCING TH E ACQUISITION, RENOVATION, EQUIPPING AND FURNISHING OF AN OUTPATIENT SURGICAL CENTER. REFI NANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HE ALTHCARE SYSTEM ISSUE, SERIES B. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES C. REFINANCING MASSACHU SETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES E.

Return Reference	Explanation
PART I BOND ISSUES (F) DESCRIPTION OF PURPOSE (CONTINUE)	(H) FINANCING THE CONSTRUCTION OF A NEW BUILDING AT BRIGHAM AND WOMEN'S HOSPITAL'S MAIN CAMPUS AND A NEW BUILDING TO HOUSE A 132-BED REPLACEMENT FACILITY FOR SPAULDING REHABILITATION HOSPITAL. FINANCING THE CONSTRUCTION OF AN UNDERGROUND PARKING FACILITY. FINANCING THE ACQUISITION AND INSTALLATION OF A SYSTEM-WIDE REVENUE MANAGEMENT AND CLINICAL APPLICATION SYSTEM. FINANCING THE CONSTRUCTION OF A TWO STORY DATA CENTER AND A NEW POWER PLANT. FINANCING THE RENOVATION, EQUIPPING AND FURNISHING OF VARIOUS FACILITIES. REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES K-3. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES D-3. (I) REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES F-4. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES I-1. (J) FINANCING THE CONSTRUCTION OF A NEW BUILDING AT BRIGHAM AND WOMEN'S HOSPITAL'S MAIN CAMPUS. FINANCING THE CONSTRUCTION OF AN UNDERGROUND PARKING FACILITY. FINANCING THE CONSTRUCTION OF A TWO STORY DATA CENTER AND A NEW POWER PLANT. FINANCING THE ACQUISITION AND INSTALLATION OF A SYSTEM-WIDE REVENUE MANAGEMENT AND CLINICAL APPLICATION SYSTEM. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES F-5. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES G-5. (K) FINANCING THE CONSTRUCTION OF A NEW BUILDING AT BRIGHAM AND WOMEN'S HOSPITAL'S MAIN CAMPUS. FINANCING THE RENOVATION OF A NEONATAL INTENSIVE CARE UNIT AND CONSTRUCTION OF A SPECIAL CARE NURSERY. FINANCING THE CONSTRUCTION OF A TWO STORY DATA CENTER. FINANCING THE ACQUISITION AND INSTALLATION OF A SYSTEM-WIDE REVENUE MANAGEMENT AND CLINICAL APPLICATION SYSTEM. REFINANCING INTERIM BORROWING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES K-4. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES F-5. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES G-5. (L) FINANCING THE CONSTRUCTION OF A NEW BUILDING AT BRIGHAM AND WOMEN'S HOSPITAL'S MAIN CAMPUS. FINANCING THE CONSTRUCTION OF AN UNDERGROUND PARKING FACILITY. FINANCING THE CONSTRUCTION OF A TWO STORY DATA CENTER.

Return Reference	Explanation
PART I BOND ISSUES (F) DESCRIPTION OF PURPOSE (CONTINUE)	(M) REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES G-5. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES G-6. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES I-2 & I-3. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES J-1. REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES K-5. REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES L. REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES M-3 & M-5. REFINANCING NEW HAMPSHIRE HEALTH AND EDUCATION FACILITIES AUTHORITY REVENUE BONDS, WENTWORTH-DOUGLAS HOSPITAL ISSUE, SERIES 2011 A. REFINANCING NEW HAMPSHIRE HEALTH AND EDUCATION FACILITIES AUTHORITY REVENUE BONDS, WENTWORTH-DOUGLAS HOSPITAL ISSUE, SERIES 2016 A & B. (N) REFINANCING LINE OF CREDIT DRAW, WHICH WAS USED TO FINANCE A PORTION OF THE COSTS OF CONSTRUCTION, IMPROVEMENT, RENOVATION AND EQUIPPING OF CERTAIN MASSACHUSETTS EYE AND EAR (MEE) FACILITIES. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, MASSACHUSETTS EYE AND EAR INFIRMARY ISSUE, SERIES D. REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES M-2.

Return Reference	Explanation
PART I BOND ISSUES (F) DESCRIPTION OF PURPOSE (CONTINUE)	(O) CONSTRUCTION OF A BUILDING AND RENOVATION OF AN EXISTING BUILDING, ON THE MAIN CAMPUS OF NORTH SHORE MEDICAL CENTER, INC.'S SALEM HOSPITAL. RENOVATION AND EQUIPPING OF THE BRIGHAM AND WOMEN'S HEALTH CARE CENTER IN WESTWOOD. ACQUISITION, RENOVATION AND EQUIPPING OF 830 AND 850 BOYLSTON STREET IN BOSTON. RENOVATION AND EQUIPPING OF THE BRIGHAM AND WOMEN'S/MASS GENERAL HEALTH CARE CENTER AT FOXBOROUGH. REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES O-3. REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES M-1. REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES J-2.

Return Reference	Explanation
PART II PROCEEDS (3)	TOTAL PROCEEDS INCLUDE INVESTMENT EARNINGS.

Return Reference	Explanation
PART III, LINE 9	WITH RESPECT TO PROPERTY FOR WHICH POTENTIAL PRIVATE USE HAS BEEN IDENTIFIED AT THE TIME OF ISSUANCE OR MAY BE ANTICIPATED, MASS GENERAL BRIGHAM INCORPORATED DOES NOT UTILIZE TAX-EXEMPT BOND FINANCING FOR THAT PORTION OF THE PROPERTY. MASS GENERAL BRIGHAM INCORPORATED HAS PROCEDURES IN PLACE THAT PERMITS MONITORING OF ANY PRIVATE USES ARISING POST-ISSUANCE.

Return Reference	Explanation
PART IV ARBITRAGE (1)	FORM 8038-T HAS NOT BEEN FILED AS ARBITRAGE REBATE PAYMENTS HAVE NOT BEEN REQUIRED. A 9/9/2010 B 8/3/2012 C 5/8/2013 D 6/19/2014 E 2/9/2015 F 2/19/2016 G 2/9/2017 H 1/25/2019 I 10/11/2019 J 3/5/2020

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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

04-3230035

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 MHEFA PARTNERS HEALTHCARE SYSTEM INC SERIES J	04-2456011	57586ENK3	01-05-2010	509,178,736	SERIES J - SEE SCHEDULE K PART VI		X		X		X
B MDFA PARTNERS HEALTHCARE SYSTEM INC SERIES K	04-3431814	57583R6W0	01-13-2011	436,019,104	SERIES K - SEE SCHEDULE K PART VI		X		X		X
C MDFA PARTNERS HEALTHCARE SYSTEM INC SERIES L	04-3431814	57583UMV7	01-04-2012	353,501,227	SERIES L - SEE SCHEDULE K PART VI	X			X		X
D MDFA PARTNERS HEALTHCARE SYSTEM INC SERIES M	04-3431814	57583UG77	01-30-2014	510,376,675	SERIES M - SEE SCHEDULE K PART VI	X			X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	499,410,000		312,445,000		54,920,000		253,540,000	
2	Amount of bonds legally defeased					260,630,000		215,665,000	
3	Total proceeds of issue	509,258,319		436,030,814		353,570,173		510,376,950	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	5,151,067		3,523,063		3,056,210		4,042,015	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	249,983,765		201,342,457		260,903,277		360,854,935	
11	Other spent proceeds	254,123,487		231,165,294		89,610,686		145,480,000	
12	Other unspent proceeds								
13	Year of substantial completion	2010		2011		2012		2014	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X	X		X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		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		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		X		X		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		X		X		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		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		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		X		X		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		X		X		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		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?	X		X		X		X	
c No rebate due?	X		X		X		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?		X	X			X	X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X			X	X	
b Name of provider			MERRILL LYNCH CAPITAL SERVICES				BEAR STEARNS CAPITAL MARKETS	
c Term of hedge			3500.0000000000 %				3500.0000000000 %	
d Was the hedge superintegrated?				X				X
e Was the hedge terminated?				X				X

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		X		X		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		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		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		X		X		X	

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

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

04-3230035

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 MDFA PARTNERS HEALTHCARE SYSTEM SERIES N-1 AND N-2	04-3431814		08-27-2014	141,350,000	SERIES N - SEE SCHEDULE K PART VI		X		X		X
B MDFA PARTNERS HEALTHCARE SYSTEM SERIES O	04-3431814	57583UW20	01-29-2015	357,583,529	SERIES O - SEE SCHEDULE K PART VI	X			X		X
C MDFA PARTNERS HEALTHCARE SYSTEM SERIES Q	04-3431814	57584XJG7	01-28-2016	491,625,624	SERIES Q - SEE SCHEDULE K PART VI		X		X		X
D MDFA PARTNERS HEALTHCARE SYSTEM SERIES R-1 AND R-2	04-3431814		03-31-2016	100,000,000	SERIES R - SEE SCHEDULE K PART VI		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	11,700,000		65,970,000		6,145,000			
2	Amount of bonds legally defeased			58,100,000					
3	Total proceeds of issue	141,350,000		359,440,557		492,608,063		100,000,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds			2,813,646		3,731,911			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			214,703,942		402,774,737		100,000,000	
11	Other spent proceeds	141,350,000		141,922,969		86,101,415			
12	Other unspent proceeds								
13	Year of substantial completion	2009		2015		2016		2016	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X	X			X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X	X		X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		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		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		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		X		X		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		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		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		X		X		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		X		X		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		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X		X	
b	Exception to rebate?	X		X			X		X
c	No rebate due?	X		X			X		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?	X		X			X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X	X	
b	Name of provider	BANK OF AMERICA NA		BEAR STEARNS CAPITAL MARKETS				BANK OF AMERICA NA	
c	Term of hedge	3500.0000000000 %		3500.0000000000 %				3600.0000000000 %	
d	Was the hedge superintegrated?		X		X				X
e	Was the hedge terminated?		X		X				X

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		X		X		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		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		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		X		X		X	

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

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

04-3230035

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 MDFA PARTNERS HEALTHCARE SYSTEM SERIES S	04-3431814	57584X8W4	12-28-2017	1,187,892,482	SERIES S - SEE SCHEDULE K PART VI		X		X		X
B MDFA PARTNERS HEALTHCARE SYSTEM SERIES T-1 AND T-2	04-3431814	57584YPF0	01-29-2019	158,250,000	SERIES T - SEE SCHEDULE K PART VI		X		X		X
C MDFA MASS GENERAL BRIGHAM INCORPORATED SERIES 2020 A	04-3431814	57584YWK1	01-29-2020	384,146,531	SERIES A - SEE SCHEDULE K PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	12,380,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	1,211,688,937		158,250,000		384,146,531			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	292,779,265							
7	Issuance costs from proceeds	5,920,978				1,510,330			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds					243,871,031			
11	Other spent proceeds	912,988,693		158,250,000		138,795,169			
12	Other unspent proceeds								
13	Year of substantial completion	2016		2014		2019			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X		X			X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		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		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?					X		X		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		X		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		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test? . . .		X		X		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		X		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		X		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		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X			
b Exception to rebate?		X		X		X		
c No rebate due?		X		X		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?	X		X			X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		
b Name of provider	BANK OF AMERICA NA		JPMORGAN CHASE BANK NA					
c Term of hedge	2700.0000000000 %		2940.0000000000 %					
d Was the hedge superintegrated?		X		X				
e Was the hedge terminated?		X		X				

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		X		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		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		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		X		X			

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

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 04-3230035
Name: MASS GENERAL BRIGHAM INCORPORATED

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) T BYRNE	FAMILY - HOCKFIELD	38,340	SALARY-MGPO		No
(1) R SOBERMAN	FAMILY - KLIBANSKI	130,499	SALARY-MGPO		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(3) A THORNDIKE	FAMILY - THORNDIKE	209,032	SALARY-MGPO		No
(1) SUFFOLK CONSTRUCTION	DIRECTOR - FISH	29,560,967	CONSTR SVCS		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(5) BANNER SEVENTEEN	DIRECTOR GROUSBECK	140,000	PROD & SVCS		No
(1) NPP DEVELOPMENT	DIRECTOR - KRAFT	9,615,711	LEASE		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) INTERSYSTEMS	DIRECTOR - RAGON	673,899	PROD & SVCS		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	1	0	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>COMPUTER EQUIPMENT</u>)	X	1	110,000	FMV
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II.

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 51227J

Schedule M (Form 990) (2019)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493225019021
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No. 1545-0047
			2019
Department of the Treasury Internal Revenue Service	Name of the organization MASS GENERAL BRIGHAM INCORPORATED		Open to Public Inspection
		Employer identification number 04-3230035	

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	MASS GENERAL BRIGHAM INCORPORATED ESTABLISHED IN MARCH 1994, IS THE CORPORATION OVERSEEING THE AFFILIATION OF BRIGHAM HEALTH, THE MASSACHUSETTS GENERAL HOSPITAL, NSMC HEALTHCARE, I NC., NEWTON-WELLESLEY HEALTH CARE SYSTEM, INC., SPAULDING REHABILITATION, INC., ALWAYS HE ALTH PARTNERS, INC., AND THE FOUNDATION OF THE MASSACHUSETTS EYE AND EAR INFIRMARY, INC. M ASS GENERAL BRIGHAM IS DEVELOPING AN INTEGRATED HEALTH CARE DELIVERY SYSTEM THROUGHOUT THE REGION THAT OFFERS PATIENTS A CONTINUUM OF COORDINATED, HIGH-QUALITY CARE. THE SYSTEM INC LUDS PRIMARY CARE PHYSICIANS AND SPECIALISTS, COMMUNITY HOSPITALS, THE TWO FOUNDING ACADE MIC MEDICAL CENTERS (MGH AND BWH) AND OTHER HEALTH-RELATED ENTITIES. MASS GENERAL BRIGHAM IS CREATING A FRAMEWORK IN WHICH ALL ASPECTS OF THE HEALTH CARE DELIVERY SYSTEM ARE COORDI NATED BETWEEN AND AMONG PROVIDERS AND FACILITIES. MASS GENERAL BRIGHAM IMPROVES THE QUALIT Y OF HEALTH CARE AND FURTHER SERVES THE PUBLIC AT LARGE BY SUPPORTING ITS MEMBER ORGANIZAT IONS SO THAT THEY MAY PURSUE THEIR PATIENT CARE, TEACHING AND RESEARCH MISSIONS. THE MEMBE R ORGANIZATIONS OF MASS GENERAL BRIGHAM HAVE JOINED TOGETHER IN A COMMITMENT TO SERVE THE COMMUNITY. TOGETHER, THESE ORGANIZATIONS ARE DEDICATED TO ENHANCING PATIENT CARE, TEACHING AND RESEARCH, AND TO TAKING A LEADERSHIP ROLE AS AN INTEGRATED HEALTH CARE SYSTEM. MASS G ENERAL BRIGHAM IS COMMITTED TO LEADING THE WAY IN DESIGNING INTEGRATED PATIENT AND FAMILY- CENTERED CARE WITH THE GOALS OF ENHANCING THE QUALITY OF PATIENT CARE AND SLOWING THE INCR EASE IN HEALTH CARE COSTS. MASS GENERAL BRIGHAM INCORPORATED IS COMMITTED TO WORKING WITH COMMUNITY RESIDENTS AND ORGANIZATIONS TO MAKE MEASURABLE, SUSTAINABLE IMPROVEMENTS IN THE HEALTH STATUS OF UNDERSERVED POPULATIONS. MASS GENERAL BRIGHAM AND ITS HOSPITALS ARE MAKIN G A DIFFERENCE IN THE COMMUNITIES IN WHICH WE LIVE AND WORK THROUGH INITIATIVES ON WORKFOR CE DEVELOPMENT, PREVENTION AND ACCESS TO HEALTH CARE. IN ADDITION, MASS GENERAL BRIGHAM HO SPITALS HAVE PROVIDED CARE TO MORE THAN 100,000 UNINSURED AND MEDICAID PATIENTS ANNUALLY. MASS GENERAL BRIGHAM COMMUNITY BENEFIT PROGRAMS AND GRANTS FOCUS ON THREE IMPORTANT AREAS: ENHANCING ACCESS TO HEALTH CARE - MASS GENERAL BRIGHAM AND ITS HOSPITALS ARE COMMITTED TO WORKING WITH COMMUNITY RESIDENTS AND ORGANIZATIONS TO MAKE MEASURABLE AND SUSTAINABLE IMP ROVEMENTS IN THE HEALTH STATUS OF UNDERSERVED POPULATIONS. WE SEEK TO INCREASE ACCESS TO Q UALITY CARE REGARDLESS OF PATIENTS' ABILITY TO PAY, INSURANCE STATUS, OR OTHER POTENTIAL B ARRIERS TO CARE. - MASS GENERAL BRIGHAM LICENSED AND AFFILIATED HEALTH CENTERS PROVIDE CAR E TO 325,000 PATIENTS. - SINCE 1998, MASS GENERAL BRIGHAM HAS COMMITTED A TOTAL OF MORE TH AN \$83 MILLION TO ENSURE THAT HEALTH CENTERS HAVE THE SPACE AND TECHNOLOGY THEY NEED TO PR OVIDE THEIR PATIENTS WITH EXCELLENT CARE. - MASS GENERAL BRIGHAM INVESTS MORE THAN \$27 MIL LION ANNUALLY IN OPERATING FUNDS TO STRENGTHEN COMMUNITY HEALTH CENTERS. BUILDING TOMORROW 'S HEALTH CARE WORKFORCE - MAS

990 Schedule O, Supplemental Information

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	S GENERAL BRIGHAM INCORPORATED'S COMMITMENT TO PROVIDING ACCESS TO JOBS WITH FAMILY-SUSTAINING WAGES, EXCELLENT BENEFITS, AND OPPORTUNITIES FOR ADVANCEMENT IS A FOUNDATIONAL PRINCIPLE FOR MASS GENERAL BRIGHAM'S WORKFORCE DEVELOPMENT PROGRAMS. THROUGH CAREER PIPELINES FOR YOUTH, ADULT COMMUNITY RESIDENTS, AND CURRENT WORKERS, MBG CREATES EMPLOYMENT, TRAINING, AND EDUCATIONAL OPPORTUNITIES FOR INDIVIDUALS AND CONTRIBUTES TO THE ECONOMIC HEALTH OF COMMUNITIES IN WHICH THEY LIVE. - THOUSANDS OF MASS GENERAL BRIGHAM EMPLOYEES HAVE PARTICIPATED IN INTERNAL SKILL DEVELOPMENT OPPORTUNITIES. - MORE THAN 600 ADULT COMMUNITY RESIDENTS HAVE GRADUATED FROM OUR HEALTH CARE TRAINING AND EDUCATION PROGRAM OVER THE PAST 14 YEARS. - MORE THAN 400 STUDENTS EACH YEAR ARE EMPLOYED BY BRIGHAM AND WOMEN'S HOSPITAL (BWH), BRIGHAM AND WOMEN'S FAULKNER HOSPITAL (BWFH), MASSACHUSETTS GENERAL HOSPITAL (MGH), AND NORFOLK SHORE MEDICAL CENTER (NSMC) DURING THE SUMMER. MASS GENERAL BRIGHAM OFFERS MENTORING, ACADEMIC TUTORING, CAREER EXPOSURE, AND SCHOLARSHIP PROGRAMS TO AREA HIGH SCHOOL STUDENTS IMPROVING HEALTH THROUGH PREVENTION - MASS GENERAL BRIGHAM AND ITS HOSPITALS PROVIDE EFFECTIVE, COORDINATED, AND MEASURABLE LOCAL SUPPORT TO ADDRESS AND PREVENT SOCIO-MEDICAL PROBLEMS THAT FACE OUR COMMUNITIES. WE RAISE AWARENESS, ADVOCATE FOR PUBLIC POLICY CHANGES, IMPLEMENT PREVENTION PROGRAMS, AND SUCCESSFULLY DEVELOP ADDITIONAL TREATMENT RESOURCES TO HELP COMMUNITY RESIDENTS STAY HEALTHY. - MASS GENERAL BRIGHAM HOSPITALS' DOMESTIC VIOLENCE PROGRAMS HAVE SERVED 17,000 CLIENTS SINCE 1997. - OVER THE PAST 13 YEARS THE REVERE CARES SUBSTANCE ABUSE PREVENTION PROGRAM HAS HELPED REDUCE BINGE DRINKING BY 39% AND SMOKING BY 32 % AMONG REVERE HIGH SCHOOL STUDENTS. CLINICIAN-LED INITIATIVES MASS GENERAL BRIGHAM'S PEOPLE SHARE A PASSIONATE COMMITMENT TO HEAL AND TO CARE FOR THOSE IN NEED. MASS GENERAL BRIGHAM SUPPORTS THE PASSION OF DEDICATED CLINICIANS BOTH DIRECTLY AND BY "SEEDING" THEIR START-UP INITIATIVES SO THEY CAN TACKLE COMPLEX HEALTH CARE CHALLENGES AND HELP MEET THE EVOLVING MEDICAL NEEDS OF THE GLOBAL COMMUNITY. FROM RESEARCH ON INFECTIOUS DISEASES INCLUDING HIV/AIDS AND TUBERCULOSIS AND BUILDING COMMUNITY-BASED TREATMENT PROGRAMS FOR THESE DISEASES, TO BUILDING CARDIAC SURGERY CENTERS IN RWANDA AND TRAINING PHYSICIANS IN UGANDA, INITIATIVES FUNDED BY MASS GENERAL BRIGHAM HAVE GROWN INTO WORLD-CLASS INSTITUTES SUPPORTED BY MAJOR PHILANTHROPISTS AND FOUNDATIONS. PLEASE VISIT: HTTPS://WWW.MASSGENERALBRIGHAM.ORG/WHO-WE-ARE FOR MORE INFORMATION ABOUT SPECIFIC MASS GENERAL BRIGHAM'S PROGRAMS AND INITIATIVES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS AND FAMILY RELATIONSHIPS PETER MARKELL, & RICHARD HOLBROOK - BUSINESS RELATIONSHIP DAVID TORCHIANA, PETER MARKELL & GREGG MEYER - BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	DECISIONS OF GOVERNING BODY SUBJECT TO MEMBER APPROVAL PURSUANT TO THE CORPORATE BYLAWS OF THE ORGANIZATION, THE AUTHORITY FOR THE FOLLOWING ACTIONS IS RESERVED TO THE MEMBERS OF THE ORGANIZATION: - MEMBERS SHALL DETERMINE THE NUMBER OF MASS GENERAL BRIGHAM DIRECTORS AND SHALL ELECT MASS GENERAL BRIGHAM DIRECTORS. MEMBERS MAY, BY A VOTE, INCREASE THE NUMBER OF MASS GENERAL BRIGHAM DIRECTORS. - MEMBERS MAY DECREASE THE NUMBER OF MASS GENERAL BRIGHAM DIRECTORS, BUT ONLY TO ELIMINATE VACANCIES EXISTING BY REASON OF THE DEATH, RESIGNATION OR REMOVAL OF ONE OR MORE ELECTED MASS GENERAL BRIGHAM DIRECTORS. - MEMBERS MAY REMOVE A MASS GENERAL BRIGHAM DIRECTOR WITH OR WITHOUT CAUSE BY VOTE. - MEMBERS MAY AMEND MASS GENERAL BRIGHAM BYLAWS IN WHOLE OR IN PART OR MAY REPEAL AND ADOPT NEW BYLAWS. MEMBERS MAY ADOPT, AMEND OR REPEAL ANY BYLAW, INCLUDING ANY BYLAWS ADOPTED, AMENDED OR REPEALED BY THE DIRECTORS. PURSUANT TO THE LAWS OF MASSACHUSETTS, THE AUTHORITY FOR THE FOLLOWING ACTIONS IS RESERVED TO THE MEMBER OF THE ORGANIZATION: - AMEND OR RESTATE THE ARTICLES OF ORGANIZATION - CONSOLIDATION OR MERGER - SALE, LEASE, EXCHANGE OR DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATIONS PROPERTY OR ASSETS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE HAS ALL OF THE RESPONSIBILITIES AND AUTHORITY OF THE DIRECTORS DURING INTERVALS BETWEEN MEETINGS OF THE DIRECTORS EXCEPT FOR THE POWERS SPECIFIED IN SECTION 55 OF MASSACHUSETTS GENERAL LAWS, CHAPTER 156B. THE COMMITTEE CONSISTS OF THREE TO FIVE DIRECTORS OF THE CORPORATION APPOINTED ANNUALLY BY THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	SEE STATEMENT ON QUESTION 6

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW THE FORM 990 WAS PREPARED AND REVIEWED BY THE MASS GENERAL BRIGHAM TAX DEPARTMENT. CERTAIN KEY SECTIONS WERE ALSO REVIEWED BY THE MASS GENERAL BRIGHAM CFO AND TREASURER; AND BY THE MASS GENERAL BRIGHAM GENERAL COUNSEL. THE CFO AND TREASURER REVIEWED AND SIGNED THE FORM 990. THE COMPENSATION DISCLOSURES WERE PRESENTED TO AND DISCUSSED WITH THE MASS GENERAL BRIGHAM COMPENSATION COMMITTEE AT THE APRIL 28, 2021 MEETING. THE PROCESS FOR PREPARING AND REVIEWING FORM 990 WAS DISCUSSED AT THE MAY 6, 2021 MEETING OF THE AUDIT AND COMPLIANCE COMMITTEE OF THE MASS GENERAL BRIGHAM BOARD OF DIRECTORS. THE FINAL FILING VERSION OF THE FORM 990 WAS PROVIDED TO EACH VOTING BOARD MEMBER PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY FOR PURPOSES OF ITS ANNUAL TAX FILING, MASS GENERAL BRIGHAM INCORPORATED HAS AN ANNUAL QUESTIONNAIRE PROCESS FOR OBTAINING INFORMATION ON INTERESTS THAT MAY GIVE RISE TO CONFLICTS FROM ALL OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES. IN ADDITION, IN CONNECTION WITH MASS GENERAL BRIGHAM'S CONFLICT OF INTEREST POLICY, THE MASS GENERAL BRIGHAM OFFICE FOR INTERACTIONS WITH INDUSTRY AND OFFICE OF THE GENERAL COUNSEL WORK TOGETHER TO PERIODICALLY DISTRIBUTE, COLLECT AND REVIEW DISCLOSURE STATEMENTS FROM THESE INDIVIDUALS. THE INFORMATION ON EACH SUCH DISCLOSURE IS REVIEWED BY EACH INDIVIDUAL'S SUPERVISOR (WHO IN THE CASE OF DIRECTORS AND TRUSTEES IS DEEMED TO CONSIST OF THE CHAIRMAN OF THE BOARD AND THE ENTITY'S PRESIDENT/CEO, WHO REVIEW THE DISCLOSURES WITH THE ASSISTANCE OF THE GENERAL COUNSEL OR ATTORNEY REPRESENTATIVES OF HER OFFICE). MASS GENERAL BRIGHAM HAS A CONFLICT OF INTEREST POLICY THAT APPLIES TO ALL ENTITIES IN THE SYSTEM*, AND WHICH IS DESIGNED TO: (1) IDENTIFY RELATIONSHIPS AND CONDUCT THAT CREATE EITHER CONFLICTS OF INTEREST OR CONFLICTS OF COMMITMENT; (2) ESTABLISH A SYSTEM FOR DISCLOSING AND RESOLVING POTENTIAL CONFLICTS; AND (3) ENSURE THAT TRANSACTIONS ARE NEGOTIATED AT ARM'S LENGTH AND THAT PAYMENTS ARE AT FAIR MARKET VALUE. UNDER OUR POLICY, WHEN A CONFLICT ARISES, THE INDIVIDUAL ASSOCIATED WITH THE OUTSIDE ENTITY IN QUESTION MUST PROVIDE FULL DISCLOSURE AND COMPLETELY RECUSE HIM/HERSELF FROM ANY INSTITUTIONAL DECISION-MAKING ABOUT THE TRANSACTION. IN APPROPRIATE CIRCUMSTANCES, (I) THE CORPORATION MUST CONSIDER AT LEAST TWO ALTERNATIVE DISINTERESTED COMPETITIVE PROPOSALS; OR MUST DETERMINE THAT TWO SUCH COMPETITIVE PROPOSALS DO NOT EXIST OR THAT IT WOULD BE IMPRACTICAL TO ELICIT OR CONSIDER SUCH COMPETITIVE PROPOSALS; AND (II) THE CORPORATION MUST DETERMINE THAT, NOTWITHSTANDING THE APPARENT CONFLICT, THE TRANSACTION IS FAIR AND REASONABLE TO THE CORPORATION AND IS IN THE BEST INTERESTS OF THE CORPORATION. A WRITTEN RECORD MUST BE MADE OF THESE DETERMINATIONS. FURTHERMORE, TRANSACTIONS THAT PRESENT PARTICULARLY SIGNIFICANT CONFLICTS ARE REVIEWED BY AN INDEPENDENT COMMITTEE OF MASS GENERAL BRIGHAM, WHICH REVIEW IS ALSO DOCUMENTED. CONFLICTS OF COMMITMENT BY THE MASS GENERAL BRIGHAM PRESIDENT AND CEO ARE ADDRESSED BY REQUIRING OUTSIDE ACTIVITIES TO BE APPROVED BY THE MASS GENERAL BRIGHAM BOARD CHAIR. * AS INSTITUTIONS ARE ADDED TO MASS GENERAL BRIGHAM INCORPORATED THERE IS A TRANSITION PERIOD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	PROCESS FOR DETERMINING COMPENSATION THE ORGANIZATION HAS A BOARD LEVEL COMPENSATION COMMITTEE THAT REVIEWS AND APPROVES THE COMPENSATION FOR ALL LISTED OFFICERS AND KEY EMPLOYEES EXCEPT THE SECRETARY. THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD WHO ARE NOT EMPLOYED BY THE ORGANIZATION, AND NO MEMBER MAY PARTICIPATE IN THE REVIEW AND APPROVAL OF COMPENSATION IF THE MEMBER HAS A CONFLICT OF INTEREST WITH RESPECT TO THAT COMPENSATION ARRANGEMENT. THE COMMITTEE RELIES ON DATA, PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT, WHICH INCLUDES COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS, IN FUNCTIONALLY COMPARABLE POSITIONS, AT SIMILARLY SITUATED ORGANIZATIONS. THE DELIBERATIONS AND DECISIONS OF THE COMMITTEE ARE DOCUMENTED IN MINUTES OF THE MEETING. THIS REVIEW PROCESS OCCURS ON AN ANNUAL BASIS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	N/A

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	PUBLIC AVAILABILITY OF FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS THE ORGANIZATION'S GOVERNING DOCUMENTS ARE FILED WITH THE MASSACHUSETTS SECRETARY OF STATE AND THE FINANCIAL STATEMENTS ARE FILED WITH THE MASSACHUSETTS ATTORNEY GENERAL, ALL OF WHICH ARE OPEN TO PUBLIC INSPECTION. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PLANS 387,888,733. RETURN OF RISK BASED CAPITAL GUARANTY 50,000,000. HOLDING CO. ASSETS 13,747,384. NON-SERVICE RELATED PENSION INCOME 58,317,000.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	NO CHANGES FROM PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

04-3230035

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

See Additional Data Table

(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) PHS BAY COLONY FUND LP 245 PARK AVENUE NEW YORK, NY 10167 13-3887448	INVESTMENTS	DE	PPIA	EXCLUDED	-592,755			No			No	93.760 %
(2) PARTNERS HEALTHCARE SYSTEM POOLED INVESTMENT ACCOUNTS LLC 101 MERRIMAC STREET BOSTON, MA 02114 04-3268842	INVESTMENTS	MA	MGB	EXCLUDED	516,430,690	13,993,784,118		No		Yes		100.000 %
(3) PARTNERS INNOVATION FUND LLC 101 HUNTINGTON AVENUE BOSTON, MA 02199 26-2899986	INVESTMENTS	MA	MGB	EXCLUDED	27,231,119	74,819,947		No		Yes		100.000 %
(4) RADIATION THERAPY OF SOUTHEASTERN MA LLC 375 LONGWOOD AVENUE BOSTON, MA 02115 01-0873580	RADIATION THERAPY SERVICES	MA	BH	EXCLUDED	-743,980	4,772,711		No		Yes		51.000 %
(5) MASS GENERAL BRIGHAM ACO LLC 399 REVOLUTION DRIVE SOMERVILLE, MA 02145 81-2762122	ACCOUNTABLE CARE ORGANIZATION	MA	MGB	EXCLUDED	-3,520,449	21,184,282		No		Yes		100.000 %
(6) MCLEAN HOUSTON OCD PROGRAM LLC 115 MILL STREET BELMONT, MA 02478 84-3042963	PSYCHIATRIC TREATMENT FACILITY	TX	MCLEAN	EXCLUDED	-5,663	6,740,348		No		Yes		60.000 %
(7) WENTWORTH SURGERY CENTER LLC 6 WORKS WAY SOMERSWORTH, NH 03878 90-0975583	SURGICAL CENTER	NH	WDH	EXCLUDED	251,938	1,244,694		No		Yes		98.000 %

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) NEWTON-WELLESLEY PHYSICIAN HOSPITAL ORGANIZATION INC 2014 WASHINGTON STREET NEWTON, MA 02462 04-3209749	HEALTHCARE	MA	NWHC	C	4,805,237	6,286,819	100.000 %		No
(2) ALLWAYS HEALTH PARTNERS INSURANCE COMPANY 399 REVOLUTION DRIVE SOMERVILLE, MA 02145 83-0970929	INSURANCE COMPANY	MA	MGB	C	32,018,742	32,983,381	100.000 %		No

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

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

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

No

1q

No

1r

No

1s

No

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 04-3230035
Name: MASS GENERAL BRIGHAM INCORPORATED

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
PARTNERS HEALTHCARE INTERNATIONAL LLC 800 BOYLSTON STREET BOSTON, MA 02199 20-5281203	GLOBAL HEALTH CARE	MA	10,030,835	11,728,877	MGB
MERRIMACK VALLEY ENDOSCOPY LLC ONE PARKWAY HAVERHILL, MA 01830 04-3578297	MEDICAL SERVICES	MA	0	0	MGBCP
PARTNERS INNOVATION II LLC 800 BOYLSTON STREET BOSTON, MA 02199 81-4444790	INVESTMENTS	MA	2,385,003	28,939,028	MGB
MASS GENERAL BRIGHAM VENTURES LLC 800 BOYLSTON STREET BOSTON, MA 02199 81-4431654	INVESTMENTS	MA	0	0	MGB
MASSACHUSETTS EYE & EAR ASSOCIATES LLC 243 CHARLES STREET BOSTON, MA 02114 47-4262843	BILLING SERVICES	MA	0	0	MEEA
WDPC ORTHOPEDICS LLC 789 CENTRAL AVENUE DOVER, NH 03820 82-4754998	BILLING SERVICES	NH	0	0	WDH
PORTLAND INVESTMENTS-PIA LLC 101 MERRIMAC STREET BOSTON, MA 02114	INVESTMENTS	ME	0	0	PIA
PORTLAND INVESTMENTS-EP LLC 101 MERRIMAC STREET BOSTON, MA 02114	INVESTMENTS	ME	0	0	PIA
MASS GENERAL INTERNATIONAL LLC 55 FRUIT STREET BOSTON, MA 02114 83-1131673	GLOBAL HEALTH CARE	MA	2,287,000	5,652,000	MGPO
CODAMETRIX LLC 55 FRUIT STREET BOSTON, MA 02114 82-3924135	MEDICAL CODING SOFTWARE	MA	4,906,000	307,000	MGPO
COCHECO DEVELOPMENT LLC 95 MARKET STREET MANCHESTER, NH 03101	ACQUISITION ENTITY	NH	0	0	WDH
BRIGHAM HEALTH INTERNATIONAL LLC 75 FRANCIS STREET BOSTON, MA 02115 83-1118331	GLOBAL HEALTH CARE	MA	4,623,000	5,248,000	BH
SPAULDING INTERNATIONAL LLC 300 FIRST AVENUE CHARLESTOWN, MA 02129 83-1146009	GLOBAL HEALTH CARE	MA	547,000	873,000	SRH
MCLEAN INTERNATIONAL LLC 399 REVOLUTION DRIVE SOMERVILLE, MA 02145 37-1930840	GLOBAL HEALTH CARE	MA	978,000	728,000	MCLEAN
MEEA - CAPE COD PHO LLC 243 CHARLES STREET BOSTON, MA 02114 83-3091607	BILLING SERVICES	MA	0	0	MEEA
MEEA - WINCHESTER PHO LLC 243 CHARLES STREET BOSTON, MA 02114 83-3077580	BILLING SERVICES	MA	0	0	MEEA
ALLWAYS HEALTH PARTNERS SELECT LLC 399 REVOLUTION DRIVE SOMERVILLE, MA 02145 84-4317115	INSURANCE COMPANY - HMO	MA	0	0	AHP

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
55 FRUIT STREET BOSTON, MA 02114 04-1564655	HEALTHCARE	MA	501(C)(3)	7	MGB	Yes	
55 FRUIT STREET BOSTON, MA 02114 04-2697983	HOSPITAL	MA	501(C)(3)	3	MGH	Yes	
55 FRUIT STREET BOSTON, MA 02114 04-2807148	HEALTHCARE	MA	501(C)(3)	10	MGH	Yes	
55 FRUIT STREET BOSTON, MA 02114 22-2717383	HEALTHCARE	MA	501(C)(3)	12A	MGH	Yes	
36 FIRST AVENUE CHARLESTOWN, MA 02129 04-2868893	MED EDUCATION	MA	501(C)(3)	2	MGH	Yes	
115 MILL STREET BELMONT, MA 02478 20-4572876	ADMIN SUPPORT	MA	501(C)(3)	12A	MGH	Yes	
115 MILL STREET BELMONT, MA 02478 04-2697981	HOSPITAL	MA	501(C)(3)	3	MHC	Yes	
LINTON LANE PO BOX 1477 OAK BLUFFS, MA 02557 04-2104691	HEALTHCARE	MA	501(C)(3)	3	MGH	Yes	
1 LINTON LANE OAK BLUFFS, MA 02557 04-3419920	NURSING SVCS.	MA	501(C)(3)	10	MVH	Yes	
57 PROSPECT STREET NANTUCKET, MA 02554 04-2103823	HOSPITAL	MA	501(C)(3)	3	MGH	Yes	
57 PROSPECT STREET NANTUCKET, MA 02554 04-3829745	ADMIN SUPPORT	MA	501(C)(3)	12A	NCH	Yes	
75 FRANCIS STREET BOSTON, MA 02115 04-2921338	ADMIN SUPPORT	MA	501(C)(3)	7	MGB	Yes	
75 FRANCIS STREET BOSTON, MA 02115 04-2312909	HOSPITAL	MA	501(C)(3)	3	BH	Yes	
75 FRANCIS STREET BOSTON, MA 02115 22-2483849	PROMOTE RES.	MA	501(C)(3)	12A	BH	Yes	
75 FRANCIS STREET BOSTON, MA 02115 04-3011445	MED RESEARCH	MA	501(C)(3)	12A	BH	Yes	
75 FRANCIS STREET BOSTON, MA 02115 22-2588069	HEALTHCARE	MA	501(C)(3)	10	BH	Yes	
75 FRANCIS STREET BOSTON, MA 02115 04-3466314	HEALTHCARE	MA	501(C)(3)	10	BH	Yes	
75 FRANCIS STREET BOSTON, MA 02115 04-3539249	MED RES & EDU	MA	501(C)(3)	12A	BWPO	Yes	
1153 CENTRE STREET BOSTON, MA 02130 04-2768256	HOSPITAL	MA	501(C)(3)	3	BH	Yes	
PRUDENTIAL TOWER 800 BOYLSTON STREE BOSTON, MA 02199 26-0003495	ADMIN SUPPORT	MA	501(C)(3)	12A	MGB	Yes	

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
300 FIRST AVENUE CHARLESTOWN, MA 02129 04-2551124	HOSPITAL	MA	501(C)(3)	3	SR	Yes	
311 SERVICE ROAD EAST SANDWICH, MA 02537 04-3071419	HOSPITAL	MA	501(C)(3)	3	SR	Yes	
DOVE AVENUE SALEM, MA 01970 04-3067082	HEALTHCARE	MA	501(C)(3)	3	SR	Yes	
281 WINTER STREET WALTHAM, MA 02451 04-2918280	HOME HEALTH	MA	501(C)(3)	10	SR	Yes	
101 MERRIMAC STREET BOSTON, MA 02114 22-2632121	HEALTHCARE	MA	501(C)(3)	3	SR	Yes	
81 HIGHLAND AVENUE SALEM, MA 01970 04-3294420	ADMIN SUPPORT	MA	501(C)(3)	12A	MGB	Yes	
81 HIGHLAND AVENUE SALEM, MA 01970 04-3399616	HOSPITAL	MA	501(C)(3)	3	NSHC	Yes	
81 HIGHLAND AVENUE SALEM, MA 01970 04-3080484	HEALTHCARE	MA	501(C)(3)	12A	NSHC	Yes	
2014 WASHINGTON STREET NEWTON, MA 02462 20-4295282	ADMIN SUPPORT	MA	501(C)(3)	12A	MGB	Yes	
2014 WASHINGTON STREET NEWTON, MA 02462 04-2103611	HOSPITAL	MA	501(C)(3)	3	NWHC	Yes	
2014 WASHINGTON STREET NEWTON, MA 02462 22-2560501	HEALTHCARE	MA	501(C)(3)	12A	NWHC	Yes	
100 CAMBRIDGE STREET BOSTON, MA 02114 04-3197711	MED. TRAINING	MA	501(C)(3)	12A	MGB	Yes	
1575 CAMBRIDGE STREET CAMBRIDGE, MA 02138 27-0273715	HOSPITAL	MA	501(C)(3)	3	SR	Yes	
57 PROSPECT STREET NANTUCKET, MA 02554 26-4349357	HEALTHCARE	MA	501(C)(3)	10	MGH	Yes	
253 SUMMER STREET BOSTON, MA 02210 04-2932021	INSURANCE	MA	501(C)(4)	NONE	MGB	Yes	
30 LOCUST STREET NORTHAMPTON, MA 01060 22-2617175	HOSPITAL	MA	501(C)(3)	3	CDHC	Yes	
168 INDUSTRIAL DRIVE NORTHAMPTON, MA 01060 04-2104788	HOME HEALTH	MA	501(C)(3)	10	CDHC	Yes	
30 LOCUST STREET NORTHAMPTON, MA 01060 04-2103561	ADMIN SUPPORT	MA	501(C)(3)	12B	MGH	Yes	
POBOX 911 NORTHAMPTON, MA 01060 04-3194547	HEALTHCARE	MA	501(C)(3)	10	CDHC	Yes	
789 CENTRAL AVE DOVER, NH 03820 02-0260334	HOSPITAL	NH	501(C)(3)	3	MGH	Yes	

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
789 CENTRAL AVE DOVER, NH 03820 02-0497927	HEALTHCARE	NH	501(C)(3)	3	WDH	Yes	
789 CENTRAL AVE DOVER, NH 03820 51-0491062	SUPPORT	NH	501(C)(3)	12B	WDH	Yes	
243 CHARLES STREET BOSTON, MA 02114 04-2785453	SUPPORT	MA	501(C)(3)	7	MGB	Yes	
243 CHARLES STREET BOSTON, MA 02114 04-2103591	HOSPITAL	MA	501(C)(3)	3	FMEEI	Yes	
243 CHARLES STREET BOSTON, MA 02114 22-2658209	HEALTHCARE	MA	501(C)(3)	10	FMEEI	Yes	
800 BOYLSTON STREET BOSTON, MA 02199 82-1715859	SUPPORT ORGANIZATION - HOLDS INTERESTS IN PPIA	MA	501(C)(3)	12A	MGB	Yes	
800 BOYLSTON STREET BOSTON, MA 02199 82-1707493	SPECIALTY PHARMACY	MA	501(C)(3)	12A	MGB	Yes	
920 WINTER STREET WALTHAM, MA 02451 47-1683619	URGENT CARE CENTERS	MA	501(C)(3)	10	MGB	Yes	
541 MAIN STREET SUITE 400 SO WEYMOUTH, MA 02190 04-2702579	PROVIDES PHYSICIAN SERVICES TO PATIENTS	MA	501(C)(3)	10	BH	Yes	
541 MAIN STREET SUITE 400 SO WEYMOUTH, MA 02190 04-3306443	PROVIDES PHYSICIAN SERVICES TO PATIENTS	MA	501(C)(3)	10	BH	Yes	
800 BOYLSTON STREET BOSTON, MA 02199 04-3236175	ORGANIZE AND OPERATE PHYSICIAN NETWORK	MA	501(C)(3)	10	MGB	Yes	
14 DAVID MUGAR WAY BOSTON, MA 02114 04-3272965	SUPPORT ORGANIZATION	MA	501(C)(3)	12A	FMEEI	Yes	
243 CHARLES STREET BOSTON, MA 02114 04-2801797	TITLE HOLDING COMPANY	MA	501(C)(25)	NONE	FMEEI	Yes	
20 STANIFORD STREET BOSTON, MA 02114 04-2129889	RESEARCH	MA	501(C)(3)	7	FMEEI	Yes	
800 BOYLSTON STREET BOSTON, MA 02199 84-1908707	AMBULATORY CARE CENTERS	MA	501(C)(3)	10	MGB	Yes	
160 ELGIN STREET SUITE 2600 OTTAWA, ONTARIO CA	ADVANCE EDUCATION THROUGH RESEARCH AT MGH	CA		12A	MGH	Yes	
399 REVOLUTION DRIVE SOMERVILLE, MA 02145 83-1039882	HOLDING COMPANY	MA	501(C)(3)	12B	MGB	Yes	
200 ROUTE 108 NO 3 SOMERSWORTH, NH 03878 02-0389434	PHYSICAL THERAPY & BREAST IMAGING SERVICES	NH	501(C)(3)	10	WDH	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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	
PHS BAY COLONY FUND LP 245 PARK AVENUE NEW YORK, NY 10167 13-3887448	INVESTMENTS	DE	PPIA	EXCLUDED	-592,755			No			No	93.760 %
PARTNERS HEALTHCARE SYSTEM POOLED INVESTMENT ACCOUNTS LLC 101 MERRIMAC STREET BOSTON, MA 02114 04-3268842	INVESTMENTS	MA	MGB	EXCLUDED	516,430,690	13,993,784,118		No		Yes		100.000 %
PARTNERS INNOVATION FUND LLC 101 HUNTINGTON AVENUE BOSTON, MA 02199 26-2899986	INVESTMENTS	MA	MGB	EXCLUDED	27,231,119	74,819,947		No		Yes		100.000 %
RADIATION THERAPY OF SOUTHEASTERN MA LLC 375 LONGWOOD AVENUE BOSTON, MA 02115 01-0873580	RADIATION THERAPY SERVICES	MA	BH	EXCLUDED	-743,980	4,772,711		No		Yes		51.000 %
MASS GENERAL BRIGHAM ACO LLC 399 REVOLUTION DRIVE SOMERVILLE, MA 02145 81-2762122	ACCOUNTABLE CARE ORGANIZATION	MA	MGB	EXCLUDED	-3,520,449	21,184,282		No		Yes		100.000 %
MCLEAN HOUSTON OCD PROGRAM LLC 115 MILL STREET BELMONT, MA 02478 84-3042963	PSYCHIATRIC TREATMENT FACILITY	TX	MCLEAN	EXCLUDED	-5,663	6,740,348		No		Yes		60.000 %
WENTWORTH SURGERY CENTER LLC 6 WORKS WAY SOMERSWORTH, NH 03878 90-0975583	SURGICAL CENTER	NH	WDH	EXCLUDED	251,938	1,244,694		No		Yes		98.000 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION INC	A	179,156	FMV
MARTHA'S VINEYARD HOSPITAL INC	A	6,535	FMV
THE MGH INSTITUTE OF HEALTH PROFESSIONS INC	A	28,125	FMV
THE BRIGHAM AND WOMEN'S HOSPITAL INC	A	71,173,902	FMV
THE GENERAL HOSPITAL CORPORATION	A	17,359,459	FMV
THE MASSACHUSETTS GENERAL HOSPITAL	A	42,420,350	FMV
THE MCLEAN HOSPITAL CORPORATION	A	3,219,197	FMV
THE SPAULDING REHABILITATION HOSPITAL CORPORATION	A	279,610	FMV
REHABILITATION HOSPITAL OF THE CAPE AND ISLANDS CORPORATION	A	188,529	FMV
BRIGHAM AND WOMEN'S FAULKNER HOSPITAL INC	A	408,053	FMV
NORTH SHORE MEDICAL CENTER INC	A	7,139,258	FMV
NEWTON-WELLESLEY HOSPITAL	A	7,509,391	FMV
SPAULDING NURSING AND THERAPY CENTER BRIGHTON INC	A	82,580	FMV
SPAULDING REHABILITATION INC	A	75,740	FMV
MASS GENERAL BRIGHAM COMMUNITY PHYSICIANS INC	A	7,725	FMV
WENTWORTH-DOUGLASS HOSPITAL	A	4,228,509	FMV
MASSACHUSETTS EYE & EAR INFIRMARY	A	5,565,155	FMV
COOLEY DICKINSON HOSPITAL INC	A	1,722,080	FMV
MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION INC	A	148,033	FMV
MASS GENERAL BRIGHAM URGENT CARE LLC	B	4,150,000	FMV
SPAULDING REHABILITATION INC	B	38,419,200	FMV
NORTH SHORE MEDICAL CENTER INC	B	601,607,418	FMV
NEWTON-WELLESLEY PHYSICIAN HOSPITAL ORGANIZATION INC	B	3,213,718	FMV
MASS GENERAL BRIGHAM COMMUNITY PHYSICIANS INC	B	3,752,921	FMV
MASS GENERAL BRIGHAM INTEGRATED CARE INC	C	1,318,481	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
THE MASSACHUSETTS GENERAL HOSPITAL	C	333,810,079	FMV
THE GENERAL HOSPITAL CORPORATION	C	94,261,238	FMV
MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION INC	C	15,577,969	FMV
THE SPAULDING REHABILITATION HOSPITAL CORPORATION	C	4,391,699	FMV
REHABILITATION HOSPITAL OF THE CAPE AND ISLANDS CORPORATION	C	549,075	FMV
THE MCLEAN HOSPITAL CORPORATION	C	9,176,500	FMV
COOLEY DICKINSON HOSPITAL INC	C	1,179,372	FMV
MASS GENERAL BRIGHAM HOME CARE INC	C	2,195,397	FMV
SPAULDING HOSPITAL-CAMBRIDGE INC	C	1,412,037	FMV
MARTHA'S VINEYARD HOSPITAL INC	C	917,667	FMV
WENTWORTH-DOUGLASS HOSPITAL	C	5,425,300	FMV
THE BRIGHAM AND WOMEN'S HOSPITAL INC	C	305,505,342	FMV
BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION INC	C	13,489,814	FMV
BRIGHAM AND WOMEN'S FAULKNER HOSPITAL INC	C	2,009,060	FMV
NORTH SHORE PHYSICIANS GROUP INC	C	1,921,160	FMV
NEWTON-WELLESLEY HOSPITAL	C	53,392,131	FMV
MASSACHUSETTS EYE & EAR INFIRMARY	C	5,903,587	FMV
SPAULDING NURSING AND THERAPY CENTER BRIGHTON INC	C	314,791	FMV
ALLWAYS HEALTH PARTNERS INC	C	1,812,000	FMV
BRIGHAM HEALTH INC	C	54,963,051	FMV
COOLEY DICKINSON HEALTH CARE CORPORATION	C	3,832,959	FMV
FOUNDATION OF THE MASSACHUSETTS EYE AND EAR INFIRMARY INC	C	4,370,237	FMV
MCLEAN HEALTHCARE INC	C	3,496,208	FMV
THE MASSACHUSETTS GENERAL HOSPITAL	C	63,389,393	FMV
MARTHA'S VINEYARD HOSPITAL	C	1,221,614	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
NANTUCKET COTTAGE HOSPITAL	C	890,057	FMV
NSMC HEALTHCARE INC	C	8,688,358	FMV
NEWTON-WELLESLEY HEALTH CARE SYSTEM INC	C	10,170,140	FMV
SPAULDING REHABILITATION INC	C	7,293,455	FMV
WENTWORTH-DOUGLASS HOSPITAL	C	7,133,751	FMV
THE BRIGHAM AND WOMEN'S HOSPITAL INC	D	37,040,000	FMV
THE GENERAL HOSPITAL CORPORATION	D	2,420,000	FMV
THE MCLEAN HOSPITAL CORPORATION	D	21,560,000	FMV
NORTH SHORE MEDICAL CENTER INC	D	32,100,000	FMV
NEWTON-WELLESLEY HOSPITAL	D	15,500,000	FMV
MASSACHUSETTS EYE & EAR INFIRMARY	D	6,500,000	FMV
THE MASSACHUSETTS GENERAL HOSPITAL	K	1,347,946	FMV
THE MASSACHUSETTS GENERAL HOSPITAL	L	69,559,917	FMV
THE GENERAL HOSPITAL CORPORATION	L	288,156,128	FMV
MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION INC	L	17,090,603	FMV
THE SPAULDING REHABILITATION HOSPITAL CORPORATION	L	14,175,653	FMV
MASS GENERAL BRIGHAM HOME CARE INC	L	5,421,075	FMV
SPAULDING NURSING AND THERAPY CENTER BRIGHTON INC	L	1,989,962	FMV
SPAULDING HOSPITAL-CAMBRIDGE INC	L	4,684,575	FMV
SPAULDING REHABILITATION INC	L	8,532,616	FMV
REHABILITATION HOSPITAL OF THE CAPE AND ISLANDS CORPORATION	L	3,060,501	FMV
MARTHA'S VINEYARD HOSPITAL INC	L	4,999,805	FMV
NANTUCKET COTTAGE HOSPITAL	L	2,941,137	FMV
THE MCLEAN HOSPITAL CORPORATION	L	19,742,729	FMV
THE MGH INSTITUTE OF HEALTH PROFESSIONS INC	L	1,222,059	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
WENTWORTH-DOUGLASS HOSPITAL	L	23,265,800	FMV
COOLEY DICKINSON HOSPITAL INC	L	8,223,529	FMV
BRIGHAM HEALTH INC	L	49,136,537	FMV
THE BRIGHAM AND WOMEN'S HOSPITAL INC	L	230,408,502	FMV
BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION INC	L	12,848,249	FMV
BRIGHAM AND WOMEN'S FAULKNER HOSPITAL INC	L	22,431,298	FMV
NORTH SHORE MEDICAL CENTER INC	L	37,624,471	FMV
NORTH SHORE PHYSICIANS GROUP INC	L	10,932,383	FMV
NEWTON-WELLESLEY HOSPITAL	L	46,951,443	FMV
NEWTON-WELLESLEY MEDICAL GROUP INC	L	185,572	FMV
MASSACHUSETTS EYE & EAR INFIRMARY	L	30,130,865	FMV
MASS GENERAL BRIGHAM COMMUNITY PHYSICIANS INC	L	10,964,634	FMV
ALLWAYS HEALTH PARTNERS INC	L	6,912,101	FMV