Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)** ▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

**A For the 2022 calendar year, or tax year beginning 10-01-2022 , and ending 09-30-2023**

**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 645

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

**D Employer identification number**
04-3230035

E Telephone number
(857) 282-0747

**G** Gross receipts $ 2,053,039,249

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

**H(a)** Is this a group return for subordinates? ☐ Yes ☑ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

**H(c)** Group exemption number ▶

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

**J Website:** ▶ 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** | 23 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 14 |
| **5** | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | **5** | 8,968 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 21 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 11,709,672 |
| **b** | Net unrelated business taxable income from Form 990-T, Part I, line 11 | **7b** | 944,808 |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | **8** | Contributions and grants (Part VIII, line 1h) | 494,355,285 | 564,469,432 |
| | **9** | Program service revenue (Part VIII, line 2g) | 1,203,086,883 | 1,302,825,972 |
| | **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 397,305,135 | 184,504,388 |
| | **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,773,505 | 1,239,457 |
| | **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,097,520,808 | 2,053,039,249 |
| Expenses | **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 99,345,063 | 160,962,367 |
| | **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) | 1,074,996,385 | 989,997,574 |
| | **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| | **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 946,579,003 | 995,549,146 |
| | **18** | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 2,120,920,451 | 2,146,509,087 |
| | **19** | Revenue less expenses. Subtract line 18 from line 12 | -23,399,643 | -93,469,838 |

| | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| Net Assets or Fund Balances | **20** | Total assets (Part X, line 16) | 8,691,364,928 | 9,377,106,791 |
| | **21** | Total liabilities (Part X, line 26) | 7,809,927,895 | 7,751,332,198 |
| | **22** | Net assets or fund balances. Subtract line 21 from line 20 | 881,437,033 | 1,625,774,593 |

## Part II Signature Block

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

**Sign Here**

▶ Signature of officer — Date 2024-08-13

▶ 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**

## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

**1** Briefly describe the organization's mission:

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 $ 381,276,247 including grants of $ 160,962,367 ) (Revenue $ 1,297,580,400 )

SEE SCHEDULE O

**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** ▶ 381,276,247

## 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 Rev. Proc. 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 | Yes | |
| 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 | Yes | |
| 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? *If "Yes," complete Schedule I, Parts I and III* | 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? *If "Yes," complete Schedule J* | 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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 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? *If "Yes," complete Schedule L,* Part 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? *If "Yes," complete Schedule L,* Part 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? *If "Yes," complete Schedule L, Part II* | 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? *If "Yes," complete Schedule L,* Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the 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? *If "Yes," complete Schedule L, Part IV* | 28a | Yes | |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | Yes | |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | Yes | |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 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? *If "Yes," complete Schedule R, Part I* | 33 | Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 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)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | Yes | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 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? *If "Yes," complete Schedule R, Part VI* | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations on 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 Compliance

Check 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 | 6,453 | | |
| b | Enter the number of Forms W-2G included on 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)*

| | | | | | |
|---|---|---|---|---|---|
| **2a** | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 8,968 | | |
| **b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | 2b | Yes |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? | | | 3a | Yes |
| **b** | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* | | | 3b | Yes |
| **4a** | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | 4a | No |
| **b** | If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| **5a** | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | No |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | No |
| **c** | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | |
| **6a** | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | 6a | No |
| **b** | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | |
| **7** | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| **a** | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | | 7a | Yes |
| **b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | Yes |
| **c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | No |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | 7h | |
| **8** | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | 8 | |
| **9** | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| **a** | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | |
| **b** | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | |
| **10** | **Section 501(c)(7) organizations.** Enter: | | | | |
| **a** | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| **b** | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| **11** | **Section 501(c)(12) organizations.** Enter: | | | | |
| **a** | Gross income from members or shareholders | 11a | | | |
| **b** | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| **12a** | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | |
| **b** | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | | | |
| **13** | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| **a** | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O. | | | 13a | |
| **b** | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| **c** | Enter the amount of reserves on hand | 13c | | | |
| **14a** | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | No |
| **b** | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | | | 14b | |
| **15** | Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? | | | 15 | Yes |
| **16** | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | | 16 | No |
| **17** | **Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. | | | 17 | |

**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. 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. | 1a | 23 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 14 | | |
| 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? | 2 | | 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? | 3 | | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | No |
| 6 | Did the organization have members or stockholders? | 6 | | 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? | 7a | | 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? | 7b | | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? | 8a | | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | 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* | 9 | | | 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? | 10a | 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? | 10b | Yes | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe on 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* | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done* | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | 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 | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process on 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? | 16a | 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? | 16b | Yes | |

## Section C. Disclosure

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

**18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director | Institutional Trustee; | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| (1) ANNE KLIBANSKI MD<br>PRESIDENT, CEO & DIRECTOR | 50.00<br>0.00 | X | | X | | | | 5,942,832 | 0 | 59,910 |
| (2) YOLONDA LORIG COLSON MD PHD<br>DIRECTOR | 1.00<br>50.00 | X | | | | | | 0 | 935,434 | 62,524 |
| (3) ZARA R COOPER MD<br>DIRECTOR | 1.00<br>50.00 | X | | | | | | 0 | 723,035 | 62,724 |
| (4) ROBERT G ATCHINSON<br>DIRECTOR | 1.00<br>1.00 | X | | | | | | 0 | 0 | 0 |
| (5) MARC N CASPER<br>DIRECTOR | 1.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (6) ANNE M FINUCANE<br>DIRECTOR | 1.00<br>1.00 | X | | | | | | 0 | 0 | 0 |
| (7) JOHN F FISH<br>DIRECTOR | 1.00<br>1.00 | X | | | | | | 0 | 0 | 0 |
| (8) BENJAMIN A GOMEZ<br>DIRECTOR | 1.00<br>1.00 | X | | | | | | 0 | 0 | 0 |
| (9) TIFFANY C GUEYE<br>DIRECTOR | 1.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (10) SUSAN J HOCKFIELD PHD<br>DIRECTOR | 1.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (11) ALBERT A HOLMAN III<br>DIRECTOR | 1.00<br>1.00 | X | | | | | | 0 | 0 | 0 |
| (12) DAVID W IVES<br>DIRECTOR | 1.00<br>1.00 | X | | | | | | 0 | 0 | 0 |
| (13) JONATHAN A KRAFT<br>DIRECTOR | 1.00<br>1.00 | X | | | | | | 0 | 0 | 0 |
| (14) CARL J MARTIGNETTI<br>DIRECTOR | 1.00<br>1.00 | X | | | | | | 0 | 0 | 0 |
| (15) NITIN NOHRIA<br>DIRECTOR | 1.00<br>1.00 | X | | | | | | 0 | 0 | 0 |
| (16) DIANE B PATRICK ESQ<br>DIRECTOR | 1.00<br>1.00 | X | | | | | | 0 | 0 | 0 |
| (17) PHILLIP TERRY RAGON<br>DIRECTOR | 1.00<br>1.00 | X | | | | | | 0 | 0 | 0 |

**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): Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| (18) PAMELA D A REEVE<br>DIRECTOR UNTIL 06/30/23 | 1.00<br>1.00 | X | | | | | | 0 | 0 | 0 |
| (19) PAULA NESS SPEERS<br>DIRECTOR | 1.00<br>1.00 | X | | | | | | 0 | 0 | 0 |
| (20) SCOTT M SPERLING<br>CHAIRMAN | 1.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (21) JAMES D TAICLET<br>DIRECTOR | 1.00<br>1.00 | X | | | | | | 0 | 0 | 0 |
| (22) ALEXANDER L THORNDIKE<br>DIRECTOR | 1.00<br>1.00 | X | | | | | | 0 | 0 | 0 |
| (23) CAROL A VALLONE<br>DIRECTOR | 1.00<br>1.00 | X | | | | | | 0 | 0 | 0 |
| (24) ANNE M WILKINS<br>DIRECTOR 07/01/23 | 1.00<br>1.00 | X | | | | | | 0 | 0 | 0 |
| (25) NIYUM GANDHI<br>CFO & TREASURER | 50.00<br>1.00 | | | X | | | | 1,746,250 | 0 | 40,991 |
| (26) LAURA PEABODY<br>CHIEF LEGAL OFF., SECRETARY 07/01/23 | 50.00<br>1.00 | | | X | | | | 1,740,552 | 0 | 60,819 |
| (27) MAUREEN GOGGIN<br>SECRETARY UNTIL 06/30/23 | 50.00<br>0.00 | | | X | | | | 204,547 | 0 | 19,632 |
| (28) JOHN R BARKER<br>CHIEF INVESTMENT OFFICER | 50.00<br>1.00 | | | | X | | | 3,317,055 | 0 | 62,951 |
| (29) RON M WALLS MD<br>CHIEF OPERATING OFFICER | 50.00<br>1.00 | | | | X | | | 2,831,669 | 0 | 60,668 |
| (30) GREGG S MEYER MD MSC<br>PRESIDENT, COMMUNITY DIVISION | 50.00<br>1.00 | | | | X | | | 2,590,238 | 0 | 62,939 |
| (31) JANE D MORAN<br>CHIEF INFORMATION & DIGITAL OFFICER | 50.00<br>0.00 | | | | X | | | 1,594,233 | 0 | 62,541 |
| (32) ROSEMARY R SHEEHAN<br>CHIEF HUMAN RESOURCES OFFICER | 50.00<br>0.00 | | | | X | | | 1,312,935 | 0 | 68,971 |
| (33) RAVI I THADHANI MD MPH<br>CHIEF ACADEMIC OFFICER | 50.00<br>0.00 | | | | X | | | 1,214,982 | 0 | 68,905 |
| (34) ELIZABETH L BALDWIN<br>PORTFOLIO MANAGER | 50.00<br>0.00 | | | | | X | | 1,773,719 | 0 | 58,761 |
| (35) KATHERINE L KAMM<br>PORTFOLIO MANAGER | 50.00<br>0.00 | | | | | X | | 1,749,472 | 0 | 59,705 |
| (36) O'NEIL BRITTON MD<br>ASSOCIATE CHIEF OPERATING OFFICER | 50.00<br>1.00 | | | | | X | | 1,320,844 | 0 | 70,991 |
| (37) THOMAS DEAN SEQUIST MD<br>CHIEF MEDICAL OFFICER | 50.00<br>1.00 | | | | | X | | 1,313,218 | 0 | 68,490 |
| (38) JEFF A WEISS<br>CHIEF STRATEGY & TRANSFORMATION OFF. | 50.00<br>0.00 | | | | | X | | 1,264,353 | 0 | 54,628 |
| (39) PETER K MARKELL<br>FORMER - EVP, CFO & TREASURER | 0.00<br>0.00 | | | | | | X | 1,950,362 | 0 | 329 |
| (40) KEVIN S SCHLICKE<br>FORMER - INTERIM TREASURER | 50.00<br>1.00 | | | | | | X | 765,169 | 0 | 67,791 |
| (41) ALISTAIR ERSKINE MD<br>FORMER - CHIEF DIGITAL HEALTH OFF. | 50.00<br>0.00 | | | | | | X | 954,467 | 0 | 62,564 |
| (42) JAMES W NOGA<br>FORMER - VP & CHIEF INFORMATION OFF. | 50.00<br>0.00 | | | | | | X | 831,912 | 0 | 45,265 |
| **1b Sub-Total** . . . . . ▶ | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** . . ▶ | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** . . . . . ▶ | | | | | | | | 34,418,809 | 1,658,469 | 1,182,099 |

**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 ▶ 2,238

| | | Yes | No |
|---|---|---|---|
| **3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . . | **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? *If "Yes," complete Schedule J for such individual* . . . . . | **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? *If "Yes," complete Schedule J for such person* . . . . . | **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 |
|---|---|---|
| BOATHOUSE GROUP INC<br><br>DEPT 160 PO BOX 4110<br>WOBURN, MA 018884110 | MARKETING SERVICES | 30,063,826 |
| ACCENTURE LLP<br><br>PO BOX 70629<br>CHICAGO, IL 606730629 | CONSULTING SERVICES | 21,974,894 |
| KPMG LLP<br><br>DEPT 0511 PO BOX 120511<br>DALLAS, TX 753120511 | CONSULTING SERVICES | 18,563,276 |
| SLALOM CONSULTING<br><br>PO BOX 101416<br>PASADENA, CA 911891416 | CONSULTING SERVICES | 17,108,993 |
| RANDSTAD HEALTHCARE<br><br>PO BOX 2084<br>CAROL STREAM, IL 601322084 | STAFFING SERVICES | 16,073,487 |

**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 ▶ 223

**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 OtherAmt Similar Amounts | 1a Federated campaigns . . | 1a | | | |
| | b Membership dues . . | 1b | | | |
| | c Fundraising events . . | 1c | | | |
| | d Related organizations | 1d | 564,469,432 | | |
| | 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 | | | |
| | h **Total.** Add lines 1a-1f . . . . . ▶ | | 564,469,432 | | |

**Program Service Revenue**

| | Business Code | (A) | (B) | (C) | (D) |
|---|---|---|---|---|---|
| 2a ADMINISTRATIVE FEE | 561000 | 1,302,825,972 | 1,297,580,400 | 5,245,572 | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f All other program service revenue. | | | | | |
| g **Total.** Add lines 2a–2f. . . . . ▶ | 1,302,825,972 | | | | |

**Other Revenue**

| | | | | | |
|---|---|---|---|---|---|
| 3 Investment income (including dividends, interest, and other similar amounts) | | 7,463,524 | | 6,467,305 | 996,219 |
| 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | |
| 5 Royalties . . . . . ▶ | | 54,951 | | | 54,951 |

| | | (i) Real | (ii) Personal | | | | |
|---|---|---|---|---|---|---|---|
| 6a Gross rents | 6a | 798,000 | | | | | |
| b Less: rental expenses | 6b | 0 | | | | | |
| c Rental income or (loss) | 6c | 798,000 | | | | | |
| d Net rental income or (loss) . . . . . ▶ | | | | 798,000 | | -3,205 | 801,205 |

| | | (i) Securities | (ii) Other | | | | |
|---|---|---|---|---|---|---|---|
| 7a Gross amount from sales of assets other than inventory | 7a | 177,040,864 | | | | | |
| b Less: cost or other basis and sales expenses | 7b | 0 | | | | | |
| c Gain or (loss) | 7c | 177,040,864 | | | | | |
| d Net gain or (loss) . . . . . ▶ | | | | 177,040,864 | | | 177,040,864 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 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 . . ▶ | | | | | | |

OtherRevenueMiscAmt

| | Business Code | | | | |
|---|---|---|---|---|---|
| 11a PARKING INCOME | 812930 | 386,506 | | | 386,506 |
| b | | | | | |
| c | | | | | |
| d All other revenue . . . . | | | | | |
| e **Total.** Add lines 11a–11d . . . . . ▶ | | 386,506 | | | |
| 12 **Total revenue.** See instructions . . . . ▶ | | 2,053,039,249 | 1,297,580,400 | 11,709,672 | 179,279,745 |

## 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 | 160,939,602 | 160,939,602 | | |
| 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. | 22,765 | 22,765 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 34,418,809 | | 34,418,809 | |
| 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 | 604,941,694 | | 604,941,694 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 181,219,211 | 29,253,292 | 151,965,919 | |
| 9 Other employee benefits | 106,078,904 | 17,123,776 | 88,955,128 | |
| 10 Payroll taxes | 63,338,956 | 10,224,484 | 53,114,472 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 19,613,175 | 3,166,055 | 16,447,120 | |
| c Accounting | 2,019,250 | 325,957 | 1,693,293 | |
| d Lobbying | 1,447,191 | | 1,447,191 | |
| 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) | 149,847,395 | 24,189,100 | 125,658,295 | |
| 12 Advertising and promotion | 43,559,052 | 7,031,515 | 36,527,537 | |
| 13 Office expenses | 28,655,344 | 4,625,686 | 24,029,658 | |
| 14 Information technology | 179,436,503 | 28,965,518 | 150,470,985 | |
| 15 Royalties | | | | |
| 16 Occupancy | 19,522,233 | 3,151,374 | 16,370,859 | |
| 17 Travel | 1,767,293 | 285,285 | 1,482,008 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 390,718 | 63,072 | 327,646 | |
| 20 Interest | 228,724,494 | 36,921,827 | 191,802,667 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 74,767,689 | 12,069,366 | 62,698,323 | |
| 23 Insurance | 3,706,797 | 598,369 | 3,108,428 | |
| 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 | 153,441,046 | 28,166,097 | 125,274,949 | |
| b UNRELATED BUSINESS TAX | 974,850 | | 974,850 | |
| c PROGRAM SUPPORT/SUBSIDY | 85,160,250 | 13,746,984 | 71,413,266 | |
| d MEALS | 1,545,147 | 249,425 | 1,295,722 | |
| e All other expenses | 970,719 | 156,698 | 814,021 | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 2,146,509,087 | 381,276,247 | 1,765,232,840 | 0 |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). | | | | |

## Part X Balance Sheet

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

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | | 1 | |
| | 2 | Savings and temporary cash investments | | 90,137,477 | 2 | -97,355,614 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 82,841,595 | 4 | 109,877,674 |
| | 5 | Loans and other receivables from 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 | | 3,495,653,254 | 7 | 3,578,204,345 |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 33,270,085 | 9 | 43,935,647 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,076,403,683 | | | |
| | b | Less: accumulated depreciation | 10b 330,447,802 | 688,062,931 | 10c | 745,955,881 |
| | 11 | Investments—publicly traded securities | | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 2,131,841,810 | 12 | 2,185,129,416 |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 2,169,557,776 | 15 | 2,811,359,442 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | | 8,691,364,928 | 16 | 9,377,106,791 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 1,533,572,973 | 17 | 1,671,833,566 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 4,158,531,328 | 20 | 3,973,326,195 |
| | 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 | | 2,117,823,594 | 25 | 2,106,172,437 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 7,809,927,895 | 26 | 7,751,332,198 |
| 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 | | 880,137,694 | 27 | 1,624,414,149 |
| | 28 | Net assets with donor restrictions | | 1,299,339 | 28 | 1,360,444 |
| | | **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 | | 881,437,033 | 32 | 1,625,774,593 |
| | 33 | Total liabilities and net assets/fund balances | | 8,691,364,928 | 33 | 9,377,106,791 |

## Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,053,039,249 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,146,509,087 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -93,469,838 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 881,437,033 |
| 5 | Net unrealized gains (losses) on investments | 5 | 140,479,704 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 697,327,694 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column | 10 | 1,625,774,593 |

## Part XII Financial Statements and Reporting

Check 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 _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| | 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:<br>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | 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:<br>☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis | | | |
| 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? | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | 3a | 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. | 3b | Yes | |

# Additional Data

Return to Form

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

| Special Condition Description |
| --- |

**SCHEDULE A**
**(Form 990)**

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

**2022**

**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).)

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 on 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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") | 205,843,904 | 1,209,696,539 | 497,110,612 | 494,355,285 | 564,469,432 | 2,971,475,772 |
| 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 | 205,843,904 | 1,209,696,539 | 497,110,612 | 494,355,285 | 564,469,432 | 2,971,475,772 |
| 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. | | | | | | 2,971,475,772 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4. | 205,843,904 | 1,209,696,539 | 497,110,612 | 494,355,285 | 564,469,432 | 2,971,475,772 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 10,454,503 | 18,327,008 | 14,112,616 | 12,896,200 | 8,702,981 | 64,493,308 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. | 1,399,583 | 1,961,141 | 3,180,941 | 3,253,753 | 944,808 | 10,740,226 |
| 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 | | | | | | 3,046,709,306 |

12 Gross receipts from related activities, etc. (see instructions) . . . . . **12** 5,615,881,314

13 **First 5 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 2022 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 97.530 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . **15** 97.380 %

16a **33 1/3% support test—2022.** 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—2021.** 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—2022.** 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—2021.** 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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 on 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 5 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 2022 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 |
| 16 | Public support percentage from 2021 Schedule A, Part III, line 15 . . . . . | 16 |

## Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 | Investment income percentage for **2022** (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 |
| 18 | Investment income percentage from **2021** Schedule A, Part III, line 17 . . . . . | 18 |

19a **33 1/3% support tests-2022.** 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—2021.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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) .* | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).* | 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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization? | **11a** | | |
| **b** | A family member of a person described on 11a above? | **11b** | | |
| **c** | A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.*** | **11c** | | |

## Section B. Type I Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| **1** | Did the officers, 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? *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.* | **1** | | |
| **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? *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.* | **2** | | |

## 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)? *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).* | **1** | | |

## 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? | **1** | | |
| **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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).* | **2** | | |
| **3** | By reason of the relationship described in line 2 above, 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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.* | **3** | | |

## 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 lines 2a and 2b below.**

| | | | Yes | No |
|---|---|---|---|---|
| **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? *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.* | **2a** | | |
| **b** | Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.* | **2b** | | |

**3** Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If "Yes" or "No", provide details in* ***Part VI.*** | **3a** | | |
| **b** | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.* | **3b** | | |

## 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 0.015 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 0.035 | 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 | **1** | |
| **2** Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | **2** | |
| **3** Administrative expenses paid to accomplish exempt purposes of supported organizations | **3** | |
| **4** Amounts paid to acquire exempt-use assets | **4** | |
| **5** Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***) | **5** | |
| **6** Other distributions (*describe in* ***Part VI***). See instructions | **6** | |
| **7** **Total annual distributions.** Add lines 1 through 6. | **7** | |
| **8** Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions | **8** | |
| **9** Distributable amount for 2022 from Section C, line 6 | **9** | |
| **10** Line 8 amount divided by Line 9 amount | **10** | |

| **Section E - Distribution Allocations** (see instructions) | **(i) Excess Distributions** | **(ii) Underdistributions Pre-2022** | **(iii) Distributable Amount for 2022** |
|---|---|---|---|
| **1** Distributable amount for 2022 from Section C, line 6 | | | |
| **2** Underdistributions, if any, for years prior to 2022 (reasonable cause required-- *explain in* ***Part VI***). See instructions. | | | |
| **3** Excess distributions carryover, if any, to 2022: | | | |
| **a** From 2017. . . . . | | | |
| **b** From 2018. . . . . | | | |
| **c** From 2019. . . . . | | | |
| **d** From 2020. . . . . | | | |
| **e** From 2021. . . . . | | | |
| **f** **Total** of lines 3a through e | | | |
| **g** Applied to underdistributions of prior years | | | |
| **h** Applied to 2022 distributable amount | | | |
| **i** Carryover from 2017 not applied (see instructions) | | | |
| **j** Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| **4** Distributions for 2022 from Section D, line 7: $ | | | |
| **a** Applied to underdistributions of prior years | | | |
| **b** Applied to 2022 distributable amount | | | |
| **c** Remainder. Subtract lines 4a and 4b from line 4. | | | |
| **5** Remaining underdistributions for years prior to 2022, 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 2022. 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 2023.** Add lines 3j and 4c. | | | |
| **8** Breakdown of line 7: | | | |
| **a** Excess from 2018. . . . . | | | |
| **b** Excess from 2019. . . . . | | | |
| **c** Excess from 2020. . . . . | | | |
| **d** Excess from 2021. . . . . | | | |
| **e** Excess from 2022. . . . . | | | |

**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 |
| --- |
| |

| Return Reference | Explanation |
| --- | --- |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**Schedule B**

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

# Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

**2022**

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

**Employer identification number**
04-3230035

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | ☐ 501(c)( ) (enter number) organization |
| | ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation |
| | ☐ 527 political organization |
| Form 990-PF | ☐ 501(c)(3) exempt private foundation |
| | ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | ☐ 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule.**
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
MASS GENERAL BRIGHAM INCORPORATED

**Employer identification number**
04-3230035

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

**Contributors**

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| RESTRICTED | , | $ RESTRICTED | ☐ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | $ | ☐ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | $ | ☐ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | $ | ☐ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | $ | ☐ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | $ | ☐ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |

Name of organization
MASS GENERAL BRIGHAM INCORPORATED

**Employer identification number**
04-3230035

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|---|---|---|---|
| - | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|---|---|---|---|
| - | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|---|---|---|---|
| - | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|---|---|---|---|
| - | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|---|---|---|---|
| - | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|---|---|---|---|
| - | | $ | |

Name of organization
MASS GENERAL BRIGHAM INCORPORATED

**Employer identification number**
04-3230035

**Part III** ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $ _____**

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |
|---|---|
| | |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**SCHEDULE C**
**(Form 990)**

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

**2022**

**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 | Employer identification number |
|---|---|
| MASS GENERAL BRIGHAM INCORPORATED | 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. | | |
| **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-. | | |

| **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. |

**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)** 2018 | **(b)** 2019 | **(c)** 2020 | **(d)** 2021 | **(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) Yes | (a) No | (b) 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 | | 1,447,191 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | | No | |
| j | Total. Add lines 1c through 1i | | | 1,447,191 |
| 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. |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**SCHEDULE D**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

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

OMB No. 1545-0047
**2022**
**Open to Public Inspection**

**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.

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

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

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

## Part IV Escrow and Custodial Arrangements.

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ **Yes** ☐ **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

| | | Amount |
|---|---|---|
| **c** | Beginning balance | **1c** |
| **d** | Additions during the year | **1d** |
| **e** | Distributions during the year | **1e** |
| **f** | Ending balance | **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 . . . . | 11,758,490 | 14,136,358 | 11,170,715 | 10,550,317 | 10,313,374 |
| **b** Contributions . . . | 392,151 | 350,737 | 290,131 | 299,379 | 297,434 |
| **c** Net investment earnings, gains, and losses | 1,192,293 | -2,216,235 | 3,103,948 | 768,774 | 390,831 |
| **d** Grants or scholarships . . . | | | | | |
| **e** Other expenditures for facilities and programs . . . | 565,366 | 512,370 | 428,436 | 447,755 | 451,322 |
| **f** Administrative expenses . . . . | | | | | |
| **g** End of year balance . . . . . | 12,777,568 | 11,758,490 | 14,136,358 | 11,170,715 | 10,550,317 |

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

- **a** Board designated or quasi-endowment ▶ 89.290 %
- **b** Permanent endowment ▶ 9.000 %
- **c** Term endowment ▶ 1.710 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|---|---|---|
| **(i)** Unrelated organizations . . . . . **3a(i)** | | No |
| **(ii)** Related organizations . . . . . **3a(ii)** | | No |
| **b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . **3b** | | |

**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 . . . . | 36,744,524 | 514,941,531 | 148,978,132 | 402,707,923 |
| **c** Leasehold improvements | | 6,857,706 | 2,684,954 | 4,172,752 |
| **d** Equipment . . . . | | 321,120,738 | 158,526,951 | 162,593,787 |
| **e** Other . . . . . | | 124,971,746 | 20,257,765 | 104,713,981 |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶ | | | | 745,955,881 |

**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 MGB POOLED INVESTMENTS | 39,417,161 | F |
| (B) INV IN MGB POOLED HOLDINGS | 2,145,712,255 | F |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶ | 2,185,129,416 | |

**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 | 2,187,527,831 |
| (2)DUE FROM AFFILIATES | 623,831,611 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶ | 2,811,359,442 |

**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 | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶ | 2,106,172,437 |

**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 |
|---|---|
| PART X, LINE 2: | MASS GENERAL BRIGHAM INCORPORATED DOES NOT HAVE A FIN 48 (ASC 740) FOOTNOTE DISCLOSURE IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS. |
| INTENDED USE OF ENDOWMENT FUNDS | THE ENDOWMENT FUNDS OF MASS GENERAL BRIGHAM INCORPORATED ARE USED IN FURTHERANCE OF THE ORGANIZATION'S TAX-EXEMPT MISSION. |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**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

**2022**

**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 |
|---|---|---|---|---|---|
| (1) CENTRAL AMERICA/CARIBBEAN | | | PROGRAM SERVICES | PAT. CARE, RESEARCH & EDUCATION | 3,800 |
| (2) EAST ASIA AND THE PACIFIC | 1 | | PROGRAM SERVICES | PAT. CARE, RESEARCH & EDUCATION | 14,774 |
| (3) EUROPE | | | PROGRAM SERVICES | PAT. CARE, RESEARCH & EDUCATION | 3,385,150 |
| (4) EUROPE | | | PROGRAM SERVICES | FOREIGN INSURANCE | 55,129 |
| (5) EUROPE | | | PROGRAM SERVICES | INTERNATIONAL GRANTS | 22,765 |
| (6) MIDDLE EAST AND NORTH AFRICA | | | PROGRAM SERVICES | PAT. CARE, RESEARCH & EDUCATION | 796,940 |
| (7) NORTH AMERICA | | | PROGRAM SERVICES | PAT. CARE, RESEARCH & EDUCATION | 1,784,992 |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| **3a** Sub-total . . . . | 1 | 0 | | | 6,063,550 |
| **b** Total from continuation sheets to Part I . . . | 0 | 0 | | | 0 |
| **c Totals** (add lines 3a and 3b) | 1 | 0 | | | 6,063,550 |

**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) |
|---|---|---|---|---|---|---|---|---|
| (1) | | EUROPE | PAT. CARE, RESEARCH & EDUCATION | 22,765 | WIRE | 0 | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |
| (13) | | | | | | | | |
| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |

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 . . . . . ▶ 1

**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.

| **(a)** Type of grant or assistance | **(b)** Region | **(c)** Number of recipients | **(d)** Amount of cash grant | **(e)** Manner of cash disbursement | **(f)** Amount of noncash assistance | **(g)** Description of noncash assistance | **(h)** Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

## 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.

| ReturnReference | Explanation |
|---|---|
| PART III ACCOUNTING METHOD: | |
| 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:**

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

**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

# 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

**2022**

**Open to Public Inspection**

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) LYNN COMMUNITY HEALTH CENTER INC<br>269 MADISON AVE ROOM 9<br>LYNN,MA 01901 | 04-2525066 | 501(C)(3) | 1,001,364 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (2) BOSTON HEALTH CARE FOR THE HOMELESS<br>780 ALBANY ST<br>BOSTON,MA 02118 | 04-3160480 | 501(C)(3) | 240,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (3) NORTH SHORE COMMUNITY HEALTH INC<br>47 CONGRESS ST<br>SALEM,MA 01970 | 04-2610447 | 501(C)(3) | 232,500 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (4) BOSTON PUBLIC HEALTH COMMISSION<br>1010 MASSACHUSETTS AVE<br>BOSTON,MA 02118 | | 501(C)(1) | 200,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (5) HEALTH CARE FOR ALL INC<br>ONE FEDERAL STREET 5TH FLOOR<br>BOSTON,MA 02110 | 04-3071598 | 501(C)(3) | 183,855 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (6) CENTERBOARD<br>16 CITY HALL SQUARE<br>LYNN,MA 01901 | 04-3019658 | 501(C)(3) | 100,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (7) EAST BOSTON NEIGHBORHOOD HEALTH CENTER<br>10 GOVE ST 20 MAVERICK SQ<br>EAST BOSTON,MA 02128 | 23-7425849 | 501(C)(3) | 100,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (8) FAMILYAID<br>3815 WASHINGTON ST<br>BOSTON,MA 02130 | 04-2105756 | 501(C)(3) | 100,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (9) HARVARD UNIVERSITY - LEGAL SERVICES CENTER<br>122 BOYLSTON STREET<br>JAMAICA PLAIN,MA 02130 | 04-2103580 | 501(C)(3) | 100,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (10) IMMIGRANT FAMILY SERVICES INSTITUTE INC<br>1626 BLUE HILL AVE<br>BOSTON,MA 02126 | 47-4400495 | 501(C)(3) | 100,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (11) INTERNATIONAL INSTITUTE OF NEW ENGLAND INC (IINE)<br>2 BOYLSTON ST<br>BOSTON,MA 02116 | 04-2104325 | 501(C)(3) | 100,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (12) HEALTH LAW ADVOCATES<br>ONE FEDERAL STREET 5TH FLOOR<br>BOSTON,MA 02110 | 04-3298116 | 501(C)(3) | 50,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (13) WHITTIER STREET HEALTH CENTER<br>1290 TREMONT ST<br>BOSTON,MA 02120 | 04-2619517 | 501(C)(3) | 49,835 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (14) MATTAPAN COMMUNITY HEALTH CENTER<br>1425 BLUE HILL AVE<br>BOSTON,MA 02126 | 04-2544151 | 501(C)(3) | 45,096 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (15) COMMUNITY SERVICE CARE INC<br>36 PERKINS ST<br>JAMAICA PLAIN,MA 02130 | 04-2754281 | 501(C)(3) | 41,517 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (16) MASS LEAGUE OF COMMUNITY HEALTH CENTERS<br>40 COURT ST<br>BOSTON,MA 02108 | 04-2507409 | 501(C)(3) | 27,500 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (17) DIMOCK COMMUNITY HEALTH CENTER<br>55 DIMOCK ST<br>ROXBURY,MA 02119 | 04-3487835 | 501(C)(3) | 25,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (18) SOUTH SHORE HEALTH SYSTEM INC<br>55 FOGG RD<br>SOUTH WEYMOUTH,MA 02190 | 04-2105926 | 501(C)(3) | 25,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (19) WALTHAM PARTNERSHIP FOR YOUTH<br>617 LEXINGTON ST<br>WALTHAM,MA 02452 | 04-3399437 | 501(C)(3) | 25,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (20) NEW ENGLAND COUNCIL INC<br>98 N WASHINGTON ST STE 201<br>BOSTON,MA 02114 | 04-1661090 | 501(C)(3) | 20,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (21) AMERICAN HEART ASSOCIATION<br>7272 GREENVILLE AVE<br>DALLAS,TX 75231 | 13-5613797 | 501(C)(3) | 15,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (22) BIOMEDICAL SCIENCE CAREERS<br>460 LONGWOOD AVE 204<br>BOSTON,MA 02115 | 04-3241307 | 501(C)(3) | 15,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (23) FRACTURED ATLAS INC<br>248 W 35TH ST 10TH FL<br>NEW YORK,NY 10001 | 11-3451703 | 501(C)(3) | 10,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (24) MASSACHUSETTS TAXPAYER FOUNDATION INC<br>333 WASHINGTON ST<br>BOSTON,MA 02108 | 04-1590310 | 501(C)(3) | 10,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (25) GREATER BOSTON CHAMBER OF COMMERCE<br>265 FRANKLIN ST STE 1216<br>BOSTON,MA 02118 | 04-1103090 | 501(C)(6) | 7,750 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (26) REACH BEYOND DOMESTIC VIOLENCE<br>PO BOX 540924<br>WALTHAM,MA 02454 | 04-2735449 | 501(C)(3) | 7,500 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (27) UNIVERSITY OF MASSACHUSETTS BOSTON<br>100 MORRISSEY BLVD<br>BOSTON,MA 02125 | 04-3167352 | 501(C)(1) | 51,500 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (28) UASPIRE INC<br>6 LIBERTY SQUARE PMB 98549<br>BOSTON,MA 02109 | 46-1314848 | 501(C)(3) | 46,025 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (29) SIMMONS UNIVERSITY<br>300 THE FENWAY<br>BOSTON,MA 02115 | 04-2103629 | 501(C)(3) | 34,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (30) NORTHEASTERN UNIVERSITY<br>360 HUNTINGTON AVE<br>BOSTON,MA 02115 | 04-1679980 | 501(C)(3) | 25,500 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (31) SUFFOLK UNIVERSITY<br>73 TREMONT ST<br>BOSTON,MA 02108 | 04-2132255 | 501(C)(3) | 21,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (32) BOSTON UNIVERSITY<br>ONE SILBER WAY<br>BOSTON,MA 02215 | 04-2103547 | 501(C)(3) | 19,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (33) BENTLEY UNIVERSITY<br>175 FOREST ST<br>WALTHAM,MA 02452 | 04-1081650 | 501(C)(3) | 15,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (34) BUNKER HILL COMMUNITY COLLEGE<br>250 NEW RUTHERFORD AVE<br>BOSTON,MA 02129 | 04-2710011 | 501(C)(1) | 12,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (35) BROWN UNIVERSITY<br>13 BROWN ST<br>PROVIDENCE,RI 02912 | 05-0258809 | 501(C)(3) | 11,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (36) MASSACHUSETTS COLLEGE OF PHARMACY AND HEALTH SCIENCES<br>179 LONGWOOD AVE<br>BOSTON,MA 02115 | 04-2104700 | 501(C)(3) | 10,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (37) UNIVERSITY OF MASSACHUSETTS DARTMOUTH<br>285 OLD WESTPORT RD<br>NORTH DARTMOUTH,MA 02747 | 04-3167352 | 501(C)(1) | 10,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (38) EMMANUEL COLLEGE<br>400 THE FENWAY<br>BOSTON,MA 02115 | 04-2105769 | 501(C)(3) | 9,500 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (39) BRIDGEWATER STATE UNIVERSITY<br>131 SUMNER ST<br>BRIDGEWATER,MA 02325 | 22-2678005 | 501(C)(1) | 7,500 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (40) HARVARD UNIVERSITY<br>1350 MASSACHUSETTS AVE<br>CAMBRIDGE,MA 02138 | 04-2103580 | 501(C)(3) | 7,000 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (41) INSTITUTE OF CULINARY EDUCATION<br>225 LIBERTY ST 3RD FLOOR<br>NEW YORK,NY 10281 | 13-2847478 | 501(C)(3) | 5,500 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (42) ROXBURY COMMUNITY COLLEGE<br>1234 COLUMBUS AVE<br>ROXBURY,MA 02120 | 04-2726857 | 501(C)(1) | 5,500 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (43) SAINT ANSELM COLLEGE<br>100 ST ANSELM DR<br>GOFFSTOWN,NH 03102 | 02-0222182 | 501(C)(3) | 5,500 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (44) SOUTHERN NEW HAMPSHIRE UNIVERSITY<br>2500 N RIVER RD<br>MANCHESTER,NH 03106 | 02-0274509 | 501(C)(3) | 5,500 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (45) TRUSTEES OF BOSTON COLLEGE<br>140 COMMONWEALTH AVE<br>CHESTNUT HILL,MA 02467 | 04-2103545 | 501(C)(3) | 5,500 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (46) WAGNER COLLEGE<br>1 CAMPUS RD<br>STATEN ISLAND,NY 10301 | 13-5604699 | 501(C)(3) | 5,500 | 0 | | | COMMUNITY BENEFIT PROGRAM |
| (47) THE GENERAL HOSPITAL CORPORATION<br>55 FRUIT ST<br>BOSTON,MA 02114 | 04-2697983 | 501(C)(3) | 29,890,284 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (48) MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION INC<br>55 FRUIT ST<br>BOSTON,MA 02114 | 04-2807148 | 501(C)(3) | 16,658,388 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (49) THE SPAULDING REHABILITATION HOSPITAL CORPORATION<br>300 FIRST AVE<br>CHARLESTOWN,MA 02129 | 27-0273715 | 501(C)(3) | 1,302,705 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (50) MASS GENERAL BRIGHAM HOME CARE INC<br>95 WELLS AVE<br>NEWTON,MA 02459 | 04-2918280 | 501(C)(3) | 639,090 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (51) SPAULDING NURSING AND THERAPY CENTER<br>BRIGHTON INC<br>100 NORTH BEACON ST<br>BRIGHTON,MA 02134 | 22-2632121 | 501(C)(3) | 87,021 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (52) SPAULDING HOSPITAL-CAMBRIDGE INC<br>1575 CAMBRIDGE ST<br>CAMBRIDGE,MA 02138 | 27-0273715 | 501(C)(3) | 325,674 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (53) SPAULDING REHABILITATION INC<br>800 BOYLSTON ST<br>BOSTON,MA 02199 | 26-0003495 | 501(C)(3) | 48,000,000 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (54) REHABILITATION HOSPITAL OF THE CAPE AND ISLANDS CORPORATION<br>311 SERVICE RD<br>EAST SANDWICH,MA 02537 | 04-3071419 | 501(C)(3) | 195,579 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (55) THE MCLEAN HOSPITAL CORPORATION<br>115 MILL ST<br>BELMONT,MA 02478 | 04-2697981 | 501(C)(3) | 4,149,560 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (56) THE BRIGHAM AND WOMEN'S HOSPITAL INC<br>75 FRANCIS ST<br>BOSTON,MA 02115 | 04-2312909 | 501(C)(3) | 77,890 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (57) BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION INC<br>75 FRANCIS ST<br>BOSTON,MA 02115 | 04-3466314 | 501(C)(3) | 11,208,604 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (58) BRIGHAM AND WOMEN'S FAULKNER HOSPITAL INC<br>1153 CENTRE ST<br>BOSTON,MA 02130 | 04-2768256 | 501(C)(3) | 526,876 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (59) NORTH SHORE MEDICAL CENTER INC<br>81 HIGHLAND AVE<br>SALEM,MA 01970 | 04-3399616 | 501(C)(3) | 543,448 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (60) NORTH SHORE PHYSICIANS GROUP INC<br>81 HIGHLAND AVE<br>SALEM,MA 01970 | 04-3080484 | 501(C)(3) | 5,888,325 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (61) NEWTON-WELLESLEY MEDICAL GROUP INC<br>2014 WASHINGTON ST<br>NEWTON,MA 02462 | 22-2560501 | 501(C)(3) | 467,986 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (62) NANTUCKET COTTAGE HOSPITAL<br>57 PROSPECT ST<br>NANTUCKET,MA 02554 | 04-2103823 | 501(C)(3) | 141,206 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (63) MARTHA'S VINEYARD HOSPITAL INC<br>LINTON LN PO BOX 1477<br>OAK BLUFFS,MA 02557 | 04-2104691 | 501(C)(3) | 2,946,736 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (64) WNR INC<br>LINTON LN<br>OAK BLUFFS,MA 02557 | 04-3419920 | 501(C)(3) | 6,480 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (65) COOLEY DICKINSON HOSPITAL INC<br>30 LOCUST ST<br>NORTHAMPTON,MA 01060 | 22-2617175 | 501(C)(3) | 338,322 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (66) VNA & HOSPICE OF COOLEY DICKINSON INC<br>168 INDUSTRIAL DR<br>NORTHAMPTON,MA 01060 | 04-2104788 | 501(C)(3) | 19,170 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (67) MASS GENERAL BRIGHAM COMMUNITY PHYSICIANS INC<br>800 BOYLSTON ST<br>BOSTON,MA 02199 | 04-3236175 | 501(C)(3) | 25,680,557 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (68) THE MGH INSTITUTE OF HEALTH PROFESSIONS INC<br>36 FIRST AVE<br>CHARLESTOWN,MA 02129 | 04-2868893 | 501(C)(3) | 15,825 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (69) WENTWORTH-DOUGLASS HOSPITAL<br>789 CENTRAL AVE<br>DOVER,NH 03820 | 02-0260334 | 501(C)(3) | 1,517,130 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (70) WENTWORTH-DOUGLASS PHYSICIAN CORPORATION<br>789 CENTRAL AVE<br>DOVER,NH 03820 | 02-0497927 | 501(C)(3) | 1,006,858 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (71) MASSACHUSETTS EYE & EAR INFIRMARY<br>243 CHARLES STREET<br>BOSTON,MA 02114 | 04-2103591 | 501(C)(3) | 1,391,040 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (72) MASSACHUSETTS EYE & EAR ASSOCIATES INC<br>243 CHARLES STREET<br>BOSTON,MA 02114 | 22-2658209 | 501(C)(3) | 514,810 | 0 | | | EXEMPT AFFILIATE SUPPORT |
| (73) MASS GENERAL BRIGHAM MEDICAL GROUP INC<br>800 BOYLSTON ST<br>BOSTON,MA 02199 | 84-1908707 | 501(C)(3) | 4,256,096 | 0 | | | EXEMPT AFFILIATE SUPPORT |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 66

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 7

**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

Return to Form

**Software ID:**

**Software Version:**

**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

**2022**

**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 appropiate 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** | Yes | |
| **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 accured 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** | | |

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC | | | (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 | | | | |
| **1** ANNE KLIBANSKI MD<br>PRESIDENT, CEO & DIRECTOR | (i) | 2,389,133 | 3,374,653 | 179,046 | 33,550 | 26,360 | 6,002,742 | 1,400,000 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **2** JOHN R BARKER<br>CHIEF INVESTMENT OFFICER | (i) | 719,500 | 2,536,466 | 61,089 | 27,450 | 35,501 | 3,380,006 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **3** RON M WALLS MD<br>CHIEF OPERATING OFFICER | (i) | 2,002,600 | 413,300 | 415,769 | 33,550 | 27,118 | 2,892,337 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **4** GREGG S MEYER MD MSC<br>PRESIDENT, COMMUNITY DIVISION | (i) | 1,555,420 | 2,012 | 1,032,806 | 33,550 | 29,389 | 2,653,177 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **5** PETER K MARKELL<br>FORMER - EVP, CFO & TREASURER | (i) | 0 | 0 | 1,950,362 | 0 | 329 | 1,950,691 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **6** ELIZABETH L BALDWIN<br>PORTFOLIO MANAGER | (i) | 610,309 | 1,111,556 | 51,854 | 21,350 | 37,411 | 1,832,480 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **7** KATHERINE L KAMM<br>PORTFOLIO MANAGER | (i) | 610,682 | 1,086,670 | 52,120 | 21,350 | 38,355 | 1,809,177 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **8** LAURA PEABODY<br>CHIEF LEGAL OFF., SECRETARY<br>07/01/23 | (i) | 1,155,365 | 488,172 | 97,015 | 33,550 | 27,269 | 1,801,371 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **9** NIYUM GANDHI<br>CFO & TREASURER | (i) | 1,459,480 | 100,000 | 186,770 | 18,300 | 22,691 | 1,787,241 | 100,000 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **10** JANE D MORAN<br>CHIEF INFORMATION & DIGITAL OFFICER | (i) | 1,223,000 | 196,000 | 175,233 | 27,450 | 35,091 | 1,656,774 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **11** O'NEIL BRITTON MD<br>ASSOCIATE CHIEF OPERATING OFFICER | (i) | 1,114,237 | 143,687 | 62,920 | 33,550 | 37,441 | 1,391,835 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **12** ROSEMARY R SHEEHAN<br>CHIEF HUMAN RESOURCES OFFICER | (i) | 930,000 | 289,587 | 93,348 | 33,550 | 35,421 | 1,381,906 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **13** THOMAS DEAN SEQUIST MD<br>CHIEF MEDICAL OFFICER | (i) | 1,009,561 | 216,040 | 87,617 | 33,550 | 34,940 | 1,381,708 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **14** JEFF A WEISS<br>CHIEF STRATEGY & TRANSFORMATION OFF. | (i) | 872,504 | 294,256 | 97,593 | 27,450 | 27,178 | 1,318,981 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **15** RAVI I THADHANI MD MPH<br>CHIEF ACADEMIC OFFICER | (i) | 858,650 | 266,771 | 89,561 | 33,550 | 35,355 | 1,283,887 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **16** ALISTAIR ERSKINE MD<br>FORMER - CHIEF DIGITAL HEALTH OFF. | (i) | 823,737 | 48,009 | 82,721 | 24,400 | 38,164 | 1,017,031 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **17** YOLONDA LORIG COLSON MD PHD<br>DIRECTOR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 705,000 | 105,000 | 125,434 | 36,600 | 25,924 | 997,958 | 0 |
| **18** JAMES W NOGA<br>FORMER - VP & CHIEF INFORMATION OFF. | (i) | 319,277 | 0 | 512,635 | 33,550 | 11,715 | 877,177 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **19** KEVIN S SCHLICKE<br>FORMER - INTERIM TREASURER | (i) | 543,803 | 163,448 | 57,918 | 33,550 | 34,241 | 832,960 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **20** ZARA R COOPER MD<br>DIRECTOR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 580,500 | 96,400 | 46,135 | 36,600 | 26,124 | 785,759 | 0 |
| **21** MAUREEN GOGGIN<br>SECRETARY UNTIL 06/30/23 | (i) | 179,332 | 0 | 25,215 | 4,067 | 15,565 | 224,179 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## 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: | HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES WERE PROVIDED TO A CERTAIN KEY EMPLOYEE LISTED ON FORM 990, PART VII. THIS BENEFIT WAS PROVIDED PURSUANT TO A WRITTEN POLICY. THE HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES WERE TREATED AS TAXABLE COMPENSATION. |
| PART I, LINES 4A-B: | RECEIPT OF SEVERANCE PAYMENT PETER K. MARKELL - $1,913,100 JAMES W. NOGA - $472,653 NONQUALIFIED RETIREMENT PLAN PARTICIPATION IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THESE AMOUNTS ARE ALREADY INCLUDED IN THE COMPENSATION DISCLOSED ON SCHEDULE J, PART II GREGG S. MEYER, M.D - $926,551 RON M. WALLS, M.D. - $289,455 |
| 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

Return to Form

**Software ID:**

**Software Version:**

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

# 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

**2022**

**Open to Public Inspection**

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

**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 | 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 |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 183,275,000 | 305,000,000 | 14,540,000 | 323,165,000 |
| 2 | Amount of bonds legally defeased | | | | |
| 3 | Total proceeds of issue | 419,448,101 | 386,190,828 | 171,320,000 | 436,030,814 |
| 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 | 3,523,063 |
| 8 | Credit enhancement from proceeds | 2,650,000 | 4,696,147 | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | 326,493,380 | 358,239,054 | | 201,342,457 |
| 11 | Other spent proceeds | 69,234,694 | | 170,900,000 | 231,165,294 |
| 12 | Other unspent proceeds | | | | |
| 13 | Year of substantial completion | 2007 | 2009 | 2009 | 2011 |

| | | A Yes | A No | B Yes | B No | C Yes | C No | D Yes | D No |
|---|---|---|---|---|---|---|---|---|---|
| 14 | Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, 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 2020, 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 |
| 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 | |

**Part IV** **Arbitrage** (Continued)

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 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 | |
| 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 | 180.0000000000 % | | 170.0000000000 % | | 80.0000000000 % | | | |
| 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 LEASED SPACE; CONSTRUCTION AND RENOVATION OF OPERATING ROOMS AT AN AMBULATORY SURGERY CENTER; RENOVATIONS TO VARIOUS CLINICAL AREAS. FINANCING A PORTION OF THE FOLLOWING PROJECTS: ACQUISITION 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 IMPROVEMENTS AND RENOVATIONS TO VARIOUS EXISTING FACILITIES. FINANCING A PORTION OF THE CONSTRUCTION AND RENOVATION OF FACILITIES. FINANCING THE ACQUISITION AND IMPROVEMENTS OF A PORTION OF A BUILDING AND INSTALLATION OF CAPITAL EQUIPMENT THEREIN. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, NEWTON-WELLESLEY HOSPITAL ISSUE, SERIES 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 RECEIVING DOCK; A PORTION OF THE COST OF ACQUISITION OF CONDOMINIUM UNITS; AND RENOVATIONS TO CLINICAL SPACE. FINANCING RENOVATIONS AND IMPROVEMENTS TO INPATIENT CLINICAL AREAS. FINANCING A PORTION OF THE FOLLOWING PROJECTS: CONSTRUCTION AND EQUIPPING OF AN AMBULATORY CARE CENTER; THE ACQUISITION AND INSTALLATION OF A SYSTEM-WIDE REVENUE MANAGEMENT SYSTEM. (C) REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES G-1 AND G-3, ISSUED 6/28/07. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY VARIABLE RATE DEMAND REVENUE BONDS, NEWTON-WELLESLEY HOSPITAL ISSUE, SERIES F, ISSUED 11/16/1995. (D) FINANCING RENOVATIONS AND IMPROVEMENTS TO AN EMERGENCY DEPARTMENT. FINANCING A PORTION OF THE FOLLOWING PROJECTS: 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 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. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES C. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES D-1, D-2 & D-4. |
| PART I BOND ISSUES (F) DESCRIPTION OF PURPOSE (CONTINUE) | (E) 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. (F) 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. (G) 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. |
| 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. 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. (I) 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. (J) 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. (K) 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. (L) REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES R-1. REFINANCING MASS GENERAL BRIGHAM TAXABLE COMMERCIAL PAPER NOTES, SERIES B-1, THAT REFINANCED ON AN INTERIM BASIS, MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES S-5. |
| PART II PROCEEDS (3) | TOTAL PROCEEDS INCLUDE INVESTMENT EARNINGS. |
| 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. |
| PART IV ARBITRAGE (1) | FORM 8038-T HAS NOT BEEN FILED AS ARBITRAGE REBATE PAYMENTS HAVE NOT BEEN REQUIRED. A 7/16/2020 B 7/7/2022 C 5/16/2023 D 2/24/2021 E 1/25/2019 F 10/11/2019 G 3/5/2020 H 2/2/2021 I 11/11/2022 |
| PART IV ARBITRAGE, LINE 4E | ONE OF THE ORIGINAL TWO QUALIFIED HEDGES WAS AMENDED AND DEEMED TERMINATED IN 2020. (A) 2020 |

## Additional Data

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**Schedule K (Form 990)**

Department of the Treasury
Internal Revenue Service

# 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

**2022**

**Open to Public Inspection**

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

**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 INC SERIES M | 04-3431814 | 57583UG77 | 01-30-2014 | 510,376,675 | SERIES M - SEE SCHEDULE K PART VI | | X | | X | | X |
| B | 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 |
| C | 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 |
| D | 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 |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 486,705,000 | 17,100,000 | 89,685,000 | 29,070,000 |
| 2 | Amount of bonds legally defeased | | | 58,100,000 | |
| 3 | Total proceeds of issue | 510,376,950 | 141,350,000 | 359,440,557 | 492,608,063 |
| 4 | Gross proceeds in reserve funds | | | | |
| 5 | Capitalized interest from proceeds | | | | |
| 6 | Proceeds in refunding escrows | | | | |
| 7 | Issuance costs from proceeds | 4,042,015 | | 2,813,646 | 3,731,911 |
| 8 | Credit enhancement from proceeds | | | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | 360,854,935 | | 214,703,942 | 402,774,737 |
| 11 | Other spent proceeds | 145,480,000 | 141,350,000 | 141,922,969 | 86,101,415 |
| 12 | Other unspent proceeds | | | | |
| 13 | Year of substantial completion | 2014 | 2009 | 2015 | 2016 |

| | | A Yes | A No | B Yes | B No | C Yes | C No | D Yes | D No |
|---|---|---|---|---|---|---|---|---|---|
| 14 | Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, 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 2020, 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 |
| 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 |

## Part IV Arbitrage (Continued)

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 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 | | BANK OF AMERICA N A | | BEAR STEARNS CAPITAL MARKETS | | | |
| 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 | | |
| 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).

| Return Reference | Explanation |
|---|---|

## Additional Data

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**Schedule K (Form 990)**

Department of the Treasury
Internal Revenue Service

# 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

**2022**

**Open to Public Inspection**

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

**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 Yes | (g) Defeased No | (h) On behalf of issuer Yes | (h) On behalf of issuer No | (i) Pool financing Yes | (i) Pool financing 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 |
| D | MDFA MASS GENERAL BRIGHAM INCORPORATED SERIES 2022 B | 04-3431814 | | 10-03-2022 | 100,230,000 | SERIES B - SEE SCHEDULE K PART VI | | X | | X | | X |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 219,360,000 | 35,000,000 | 28,355,000 | |
| 2 | Amount of bonds legally defeased | | | | |
| 3 | Total proceeds of issue | 1,218,798,835 | 158,250,000 | 384,146,531 | 100,230,000 |
| 4 | Gross proceeds in reserve funds | | | | |
| 5 | Capitalized interest from proceeds | | | | |
| 6 | Proceeds in refunding escrows | | | | |
| 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 | 1,212,877,857 | 158,250,000 | 138,765,169 | 100,230,000 |
| 12 | Other unspent proceeds | | | | |
| 13 | Year of substantial completion | 2016 | 2014 | 2019 | 2016 |

| | | A Yes | A No | B Yes | B No | C Yes | C No | D Yes | D No |
|---|---|---|---|---|---|---|---|---|---|
| 14 | Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, 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 2020, 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 |
| 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 | |

## Part IV Arbitrage (Continued)

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 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 N A | | JPMORGAN CHASE BANK N A | | | | BANK OF AMERICA N A | |
| c | Term of hedge | 2700.0000000000 % | | 2940.0000000000 % | | | | 2970.0000000000 % | |
| d | Was the hedge superintegrated? | | X | | X | | | | X |
| e | Was the hedge terminated? | | X | | X | | | | X |
| 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).

| Return Reference | Explanation |
|---|---|

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**Schedule L**
**(Form 990)**

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

**2022**

**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? To | From | **(e)** Original principal amount | **(f)** Balance due | **(g)** In default? Yes | No | **(h)** Approved by board or committee? Yes | No | **(i)** Written agreement? 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 |
|---|---|---|---|---|---|
| (1) T BYRNE | FAMILY - HOCKFIELD | 20,000 | SALARY-MGPO | | No |
| (2) E BYRNE | FAMILY - HOCKFIELD | 77,837 | SALARY-MGPO | | No |
| (3) K HOLMAN | FAMILY - HOLMAN | 48,261 | SALARY-GHC | | No |
| (4) R SOBERMAN | FAMILY - KLIBANSKI | 130,000 | SALARY-MGPO | | No |
| (5) A THORNDIKE | FAMILY - THORNDIKE | 213,728 | SALARY-MGPO | | No |
| (6) A WALLS | FAMILY - WALLS | 356,080 | SALARY-BWPO | | No |
| (7) SUFFOLK CONSTRUCTION | DIRECTOR - FISH | 27,128,876 | CONSTR SVCS | | No |
| (8) NPP DEVELOPMENT | DIRECTOR - KRAFT | 8,303,375 | LEASE | | No |
| (9) NPS LLC | DIRECTOR - KRAFT | 1,500,000 | MARKETING | | No |
| (10) INTERSYSTEMS | DIRECTOR - RAGON | 708,539 | PROD & SVCS | | No |

## Part V Supplemental Information

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

| Return Reference | Explanation |
|---|---|

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**SCHEDULE O**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**
**▶ Attach to Form 990 or 990-EZ.**
**▶ Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

**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, INC. THE MASSACHUSETTS GENERAL HOSPITAL, NSMC HEALTHCARE, INC., NEWTON-WELLESLEY HEALTH CARE SYSTEM, INC., SPAULDING REHABILITATION, INC., MASS GENERAL BRIGHAM HEALTH PLAN, INC., AND THE FOUNDATION OF THE MASSACHUSETTS EYE AND EAR INFIRMARY, INC. MASS 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 INCLUDES PRIMARY CARE PHYSICIANS AND SPECIALISTS, COMMUNITY HOSPITALS, THE TWO FOUNDING ACADEMIC 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 COORDINATED BETWEEN AND AMONG PROVIDERS AND FACILITIES. MASS GENERAL BRIGHAM IMPROVES THE QUALITY OF HEALTH CARE AND FURTHER SERVES THE PUBLIC AT LARGE BY SUPPORTING ITS MEMBER ORGANIZATIONS SO THAT THEY MAY PURSUE THEIR PATIENT CARE, TEACHING AND RESEARCH MISSIONS. THE MEMBER 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 GENERAL 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 INCREASE 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 MAKING A DIFFERENCE IN THE COMMUNITIES IN WHICH WE LIVE AND WORK THROUGH INITIATIVES ON WORKFORCE DEVELOPMENT, PREVENTION AND ACCESS TO HEALTH CARE. IN ADDITION, MASS GENERAL BRIGHAM HOSPITALS 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 IMPROVEMENTS IN THE HEALTH STATUS OF UNDERSERVED POPULATIONS. WE SEEK TO INCREASE ACCESS TO QUALITY CARE REGARDLESS OF PATIENTS' ABILITY TO PAY, INSURANCE STATUS, OR OTHER POTENTIAL BARRIERS TO CARE. - MASS GENERAL BRIGHAM LICENSED AND AFFILIATED HEALTH CENTERS PROVIDE CARE TO 325,000 PATIENTS. - SINCE 1998, MASS GENERAL BRIGHAM HAS COMMITTED A TOTAL OF MORE THAN $83 MILLION TO ENSURE THAT HEALTH CENTERS HAVE THE SPACE AND TECHNOLOGY THEY NEED TO PROVIDE THEIR PATIENTS WITH EXCELLENT CARE. - MASS GENERAL BRIGHAM INVESTS MORE THAN $27 MILLION ANNUALLY IN OPERATING FUNDS TO STRENGTHEN COMMUNITY HEALTH CENTERS. BUILDING TOMORROW'S HEALTH CARE WORKFORCE - MASS 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 NORTH 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. |
| FORM 990, PART VI, SECTION A, LINE 2 | BUSINESS AND FAMILY RELATIONSHIPS MARC CASPER & SCOTT SPERLING - BUSINESS RELATIONSHIP NIYUM GANDHI & GREGG MEYER - BUSINESS RELATIONSHIP SUSAN HOCKFIELD & PHILLIP RAGON - BUSINESS RELATIONSHIP SUSAN HOCKFIELD & DIANE PATRICK - BUSINESS RELATIONSHIP DIANE PATRICK & SCOTT SPERLING - BUSINESS RELATIONSHIP |
| 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 |

| Return Reference | Explanation |
| --- | --- |
| | 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. |
| FORM 990, PART VI, SECTION A, LINE 7A | EXECUTIVE COMMITTEE UNLESS THE DIRECTORS OTHERWISE DETERMINE, ANY EXECUTIVE COMMITTEE APPOINTED BY THE DIRECTORS SHALL HAVE ALL OF THE POWERS OF THE DIRECTORS DURING INTERVALS BETWEEN MEETINGS OF THE DIRECTORS, EXCEPT FOR THE POWERS SPECIFIED IN SECTION 55 OF CHAPTER 156B OF THE MASSACHUSETTS GENERAL LAWS. |
| FORM 990, PART VI, SECTION A, LINE 7B | SEE STATEMENT ON QUESTION 6 |
| 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 CHIEF LEGAL OFFICER. THE CFO AND TREASURER REVIEWED AND SIGNED THE FORM 990. THE PROCESS FOR PREPARING AND REVIEWING FORM 990 WAS DISCUSSED AT THE MAY 2, 2024 MEETING OF THE AUDIT AND COMPLIANCE COMMITTEE OF THE MASS GENERAL BRIGHAM BOARD OF DIRECTORS. THE COMPENSATION DISCLOSURES WERE PROVIDED TO THE MASS GENERAL BRIGHAM COMPENSATION COMMITTEE WHICH MET ON MAY 7, 2024. THE FINAL FILING VERSION OF THE FORM 990 WAS PROVIDED TO EACH VOTING BOARD MEMBER PRIOR TO FILING. |
| 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. |
| 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 AT LEAST ON AN ANNUAL AND PROSPECTIVE BASIS. |
| FORM 990, PART VI, SECTION C, LINE 18 | N/A |
| 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. |
| FORM 990, PART XI, LINE 9: | CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PLANS 463,500,598. NON-SERVICE RELATED PENSION INCOME 233,827,096. |
| FORM 990, PART XII, LINE 2C: | NO CHANGES FROM PRIOR YEAR. |

| Return Reference | Explanation |
| --- | --- |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**SCHEDULE R (Form 990)**

Department of the Treasury
Internal Revenue Service

# 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

**2022**

**Open to Public Inspection**

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

**Employer identification number**
04-3230035

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| **(1)** PARTNERS HEALTHCARE INTERNATIONAL LLC<br>800 BOYLSTON STREET<br>BOSTON, MA 02199<br>20-5281203 | GLOBAL HEALTH CARE | MA | 7,117 | 542,775 | MGB |
| **(2)** MERRIMACK VALLEY ENDOSCOPY LLC<br>ONE PARKWAY<br>HAVERHILL, MA 01830<br>04-3578297 | MEDICAL SERVICES | MA | 5,215,932 | 230,516 | MGBCP |
| **(3)** PARTNERS INNOVATION II LLC<br>800 BOYLSTON STREET<br>BOSTON, MA 02199<br>81-4444790 | INVESTMENTS | MA | 0 | 67,488,283 | MGB |
| **(4)** MASS GENERAL BRIGHAM VENTURES LLC<br>800 BOYLSTON STREET<br>BOSTON, MA 02199<br>81-4631654 | INVESTMENTS | MA | 0 | 0 | MGB |
| **(5)** MASSACHUSETTS EYE & EAR ASSOCIATES LLC<br>243 CHARLES STREET<br>BOSTON, MA 02114<br>47-4262843 | BILLING SERVICES | MA | 486 | 0 | MEEA |
| **(6)** PORTLAND INVESTMENTS-PSA LLC<br>101 MERRIMAC STREET<br>BOSTON, MA 02114 | INVESTMENTS | ME | 0 | 18,423,825 | MGBPI |
| **(7)** PORTLAND INVESTMENTS-EP LLC<br>101 MERRIMAC STREET<br>BOSTON, MA 02114 | INVESTMENTS | ME | 0 | 16,631,906 | MGBPI |
| **(8)** MASS GENERAL INTERNATIONAL LLC<br>55 FRUIT STREET<br>BOSTON, MA 02114<br>83-1131073 | GLOBAL HEALTH CARE | MA | 2,051,752 | 9,868 | MGPO |
| **(9)** CODAMETRIX LLC<br>55 FRUIT STREET<br>BOSTON, MA 02114<br>82-3924135 | MEDICAL CODING SOFTWARE | MA | 0 | 0 | MGPO |
| **(10)** BRIGHAM HEALTH INTERNATIONAL LLC<br>75 FRANCIS STREET<br>BOSTON, MA 02115<br>83-1118331 | GLOBAL HEALTH CARE | MA | 1,384,347 | 7,209,937 | BH |
| **(11)** SPAULDING INTERNATIONAL LLC<br>300 FIRST AVENUE<br>CHARLESTOWN, MA 02129<br>83-1146009 | GLOBAL HEALTH CARE | MA | 16,672 | 397,399 | SRH |
| **(12)** MCLEAN INTERNATIONAL LLC<br>399 REVOLUTION DRIVE<br>SOMERVILLE, MA 02145<br>37-1930840 | GLOBAL HEALTH CARE | MA | 0 | 0 | MCLEAN |
| **(13)** MEEA - CAPE COD PHO LLC<br>243 CHARLES STREET<br>BOSTON, MA 02114<br>83-3091607 | BILLING SERVICES | MA | 31 | 0 | MEEA |
| **(14)** MEEA - WINCHESTER PHO LLC<br>243 CHARLES STREET<br>BOSTON, MA 02114<br>83-3077580 | BILLING SERVICES | MA | 0 | 0 | MEEA |
| **(15)** HOUSTON OCD PROPERTIES LLC<br>708 E 19TH STREET<br>HOUSTON, TX 77008 | OWNS THE PROPERTY OF MCLEAN HOUSTON | TX | 0 | 0 | MCLEAN |
| **(16)** MASS GENERAL BRIGHAM HEALTH PLAN SELECT LLC<br>399 REVOLUTION DRIVE<br>SOMERVILLE, MA 02145<br>84-4317115 | INSURANCE COMPANY - HMO | MA | -37,720 | 1,101,869 | MGBHP |
| **(17)** MASS GENERAL BRIGHAM GP III LLC<br>215 FIRST STREET SUITE 500<br>CAMBRIDGE, MA 02142<br>86-1874441 | INVESTMENTS | MA | 0 | 33,224,433 | MGB |
| **(18)** MASSACHUSETTS EYE & EAR ASSOCIATES NORTH SUBURBAN<br>243 CHARLES STREET<br>BOSTON, MA 02114<br>30-0976066 | BILLING SERVICES | MA | 926,019 | 0 | MEEA |
| **(19)** NSPG BILLING<br>2 CORPORATION WAY SUITE 180<br>PEABODY, MA 01960<br>87-4097366 | BILLING SERVICES | MA | 0 | 0 | NSPG |

## 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.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|
| **(1)** THE MASSACHUSETTS GENERAL HOSPITAL (MGH)<br>55 FRUIT STREET<br>BOSTON, MA 02114<br>04-1564655 | HEALTHCARE | MA | 501(C)(3) | 7 | MGB | Yes | |
| **(2)** THE GENERAL HOSPITAL CORPORATION (GHC)<br>55 FRUIT STREET<br>BOSTON, MA 02114<br>04-2697983 | HOSPITAL | MA | 501(C)(3) | 3 | MGH | Yes | |
| **(3)** MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION INC (MGPO)<br>55 FRUIT STREET<br>BOSTON, MA 02114<br>04-2807148 | PROVIDES PHYSICIAN SERVICES | MA | 501(C)(3) | 10 | MGH | Yes | |
| **(4)** THE MGH INSTITUTE OF HEALTH PROFESSIONS INC (IHP)<br>36 FIRST AVENUE<br>CHARLESTOWN, MA 02129<br>04-2868893 | MED EDUCATION | MA | 501(C)(3) | 2 | MGH | Yes | |
| **(5)** THE MCLEAN HOSPITAL CORPORATION (MCL)<br>115 MILL STREET<br>BELMONT, MA 02478<br>04-2697981 | HOSPITAL | MA | 501(C)(3) | 3 | MGB | Yes | |
| **(6)** MARTHA'S VINEYARD HOSPITAL INC (MVH)<br>LINTON LANE PO BOX 1477<br>OAK BLUFFS, MA 02557<br>04-2104691 | HEALTHCARE | MA | 501(C)(3) | 3 | MGH | Yes | |
| **(7)** WNR INC (WNR)<br>1 LINTON LANE<br>OAK BLUFFS, MA 02557<br>04-3419920 | NURSING SVCS. | MA | 501(C)(3) | 10 | MVH | Yes | |
| **(8)** NANTUCKET COTTAGE HOSPITAL (NCH)<br>57 PROSPECT STREET<br>NANTUCKET, MA 02554<br>04-2103823 | HOSPITAL | MA | 501(C)(3) | 3 | MGH | Yes | |
| **(9)** BRIGHAM INC (BH)<br>75 FRANCIS STREET<br>BOSTON, MA 02115<br>04-2921338 | ADMIN SUPPORT | MA | 501(C)(3) | 7 | MGB | Yes | |
| **(10)** THE BRIGHAM AND WOMEN'S HOSPITAL INC (BWH)<br>75 FRANCIS STREET<br>BOSTON, MA 02115<br>04-2312909 | HOSPITAL | MA | 501(C)(3) | 3 | BH | Yes | |
| **(11)** BIOSCIENCES RESEARCH FOUNDATION INC (BRF)<br>75 FRANCIS STREET<br>BOSTON, MA 02115<br>22-2483849 | PROMOTE RES. | MA | 501(C)(3) | 12A | BH | Yes | |
| **(12)** WH RESEARCH INC (BWHR)<br>75 FRANCIS STREET<br>BOSTON, MA 02115<br>04-3011445 | MED RESEARCH | MA | 501(C)(3) | 12A | BH | Yes | |
| **(13)** BRIGHAM COMMUNITY PRACTICES INC (BCP)<br>75 FRANCIS STREET<br>BOSTON, MA 02115<br>22-2588069 | PROVIDES PHYSICIAN SERVICES | MA | 501(C)(3) | 10 | BH | Yes | |
| **(14)** BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION INC (BWPO)<br>75 FRANCIS STREET<br>BOSTON, MA 02115<br>04-3466314 | PROVIDES PHYSICIAN SERVICES | MA | 501(C)(3) | 10 | BH | Yes | |
| **(15)** BRIGHAM AND WOMEN'S FAULKNER HOSPITAL INC (BWFH)<br>1153 CENTRE STREET<br>BOSTON, MA 02130<br>04-2768256 | HOSPITAL | MA | 501(C)(3) | 3 | BH | Yes | |
| **(16)** SPAULDING REHABILITATION INC (SR)<br>PRUDENTIAL TOWER 800 BOYLSTON STREE<br>BOSTON, MA 02199<br>26-0003695 | ADMIN SUPPORT | MA | 501(C)(3) | 12A | MGB | Yes | |
| **(17)** THE SPAULDING REHABILITATION HOSPITAL CORPORATION (SRH)<br>300 FIRST AVENUE<br>CHARLESTOWN, MA 02129<br>04-2551124 | HOSPITAL | MA | 501(C)(3) | 3 | SR | Yes | |
| **(18)** REHABILITATION HOSPITAL OF THE CAPE & ISLANDS CORPORATION (RHCI)<br>311 SERVICE ROAD<br>EAST SANDWICH, MA 02537<br>04-3071419 | HOSPITAL | MA | 501(C)(3) | 3 | SR | Yes | |
| **(19)** SHAUGHNESSY-KAPLAN REHABILITATION HOSPITAL INC (SKRH)<br>DOVE AVENUE<br>SALEM, MA 01970<br>04-3067082 | HEALTHCARE | MA | 501(C)(3) | 3 | SR | Yes | |
| **(20)** MASS GENERAL BRIGHAM HOME CARE INC (MGBHC)<br>95 WELLS AVENUE<br>NEWTON, MA 02459<br>04-2918280 | HOME HEALTH | MA | 501(C)(3) | 10 | MGB | Yes | |
| **(21)** SPAULDING NURSING AND THERAPY CENTER BRIGHTON INC (SNTCB)<br>101 MERRIMAC STREET<br>BOSTON, MA 02114<br>22-2632121 | HEALTHCARE | MA | 501(C)(3) | 3 | SR | Yes | |
| **(22)** NORTH SHORE MEDICAL CENTER INC (NSMC)<br>81 HIGHLAND AVENUE<br>SALEM, MA 01970<br>04-3399616 | HOSPITAL | MA | 501(C)(3) | 3 | MGBCD | Yes | |
| **(23)** NORTH SHORE PHYSICIANS GROUP INC (NSPG)<br>81 HIGHLAND AVENUE<br>SALEM, MA 01970<br>04-3080484 | PROVIDES PHYSICIAN SERVICES | MA | 501(C)(3) | 12A | MGBCD | Yes | |
| **(24)** NEWTON-WELLESLEY HOSPITAL (NWH)<br>2014 WASHINGTON STREET<br>NEWTON, MA 02462<br>04-2103611 | HOSPITAL | MA | 501(C)(3) | 3 | MGBCD | Yes | |
| **(25)** NEWTON-WELLESLEY MEDICAL GROUP INC (NWMG)<br>2014 WASHINGTON STREET<br>NEWTON, MA 02462<br>22-2560501 | PROVIDES PHYSICIAN SERVICES | MA | 501(C)(3) | 10 | MGBCD | Yes | |
| **(26)** PARTNERS MEDICAL INTERNATIONAL INC (PMI)<br>100 CAMBRIDGE STREET<br>BOSTON, MA 02114<br>04-3197711 | MED. TRAINING | MA | 501(C)(3) | 12A | MGB | Yes | |
| **(27)** SPAULDING HOSPITAL-CAMBRIDGE INC (SHC)<br>1575 CAMBRIDGE STREET<br>CAMBRIDGE, MA 02138<br>27-0273715 | HOSPITAL | MA | 501(C)(3) | 3 | SR | Yes | |
| **(28)** NANTUCKET PHYSICIAN ORGANIZATION INC(NPO)<br>57 PROSPECT STREET<br>NANTUCKET, MA 02554<br>26-4349357 | PROVIDES PHYSICIAN SERVICES | MA | 501(C)(3) | 10 | MGH | Yes | |
| **(29)** MASS GENERAL BRIGHAM HEALTH PLAN INC (MGBHP)<br>253 SUMMER STREET<br>BOSTON, MA 02210<br>04-2932021 | INSURANCE | MA | 501(C)(4) | NONE | MGB | Yes | |
| **(30)** COOLEY DICKINSON HOSPITAL INC (CDH)<br>30 LOCUST STREET<br>NORTHAMPTON, MA 01060<br>22-2617175 | HOSPITAL | MA | 501(C)(3) | 3 | CDHC | Yes | |
| **(31)** VNA & HOSPICE OF COOLEY DICKINSON INC (VHCD)<br>168 INDUSTRIAL DRIVE<br>NORTHAMPTON, MA 01060<br>04-2104788 | HOME HEALTH | MA | 501(C)(3) | 10 | CDHC | Yes | |
| **(32)** COOLEY DICKINSON HEALTH CARE CORPORATION (CDHC)<br>30 LOCUST STREET<br>NORTHAMPTON, MA 01060<br>04-2103561 | ADMIN SUPPORT | MA | 501(C)(3) | 12B | MGH | Yes | |
| **(33)** CD PRACTICE ASSOCIATES INC (CDPA)<br>POBOX 911<br>NORTHAMPTON, MA 01060<br>04-3194547 | PROVIDES PHYSICIAN SERVICES | MA | 501(C)(3) | 10 | CDHC | Yes | |
| **(34)** WENTWORTH-DOUGLASS HOSPITAL (WDH)<br>789 CENTRAL AVE<br>DOVER, NH 03820<br>02-0260334 | HOSPITAL | NH | 501(C)(3) | 3 | MGH | Yes | |
| **(35)** WENTWORTH-DOUGLASS PHYSICIAN CORPORATION (WDPC)<br>789 CENTRAL AVE<br>DOVER, NH 03820<br>02-0497927 | PROVIDES PHYSICIAN SERVICES | NH | 501(C)(3) | 3 | WDH | Yes | |
| **(36)** WENTWORTH-DOUGLASS HOSPITAL & HEALTH FOUNDATION (WDHF)<br>789 CENTRAL AVE<br>DOVER, NH 03820<br>51-0491062 | SUPPORT | NH | 501(C)(3) | 12B | WDH | Yes | |
| **(37)** FOUNDATION OF THE MASSACHUSETTS EYE AND EAR INFIRMARY INC (FMMEI)<br>243 CHARLES STREET<br>BOSTON, MA 02114<br>04-2785453 | SUPPORT | MA | 501(C)(3) | 7 | MGB | Yes | |
| **(38)** MASSACHUSETTS EYE & EAR INFIRMARY (MEEI)<br>243 CHARLES STREET<br>BOSTON, MA 02114<br>04-2103591 | HOSPITAL | MA | 501(C)(3) | 3 | FMEEI | Yes | |
| **(39)** MASSACHUSETTS EYE & EAR ASSOCIATES INC (MEEA)<br>243 CHARLES STREET<br>BOSTON, MA 02114<br>22-2658209 | PROVIDES PHYSICIAN SERVICES | MA | 501(C)(3) | 10 | FMEEI | Yes | |
| **(40)** MGB POOLED HOLDINGS LLC (MGBPH)<br>800 BOYLSTON STREET<br>BOSTON, MA 02199<br>82-1713859 | SUPPORT ORGANIZATION - HOLDS INTERESTS IN MGBPI | MA | 501(C)(3) | 12A | MGB | Yes | |
| **(41)** MASS GENERAL BRIGHAM SPECIALTY PHARMACY INC (MGBSP)<br>800 BOYLSTON STREET<br>BOSTON, MA 02199<br>82-1707493 | SPECIALTY PHARMACY | MA | 501(C)(3) | 12A | MGB | Yes | |
| **(42)** MASS GENERAL BRIGHAM URGENT CARE LLC (MGRUC)<br>920 WINTER STREET<br>WALTHAM, MA 02451<br>47-1683619 | URGENT CARE CENTERS | MA | 501(C)(3) | 10 | MGB | Yes | |
| **(43)** HARBOR MEDICAL ASSOCIATES INC (HMA)<br>541 MAIN STREET SUITE 400<br>SO WEYMOUTH, MA 02190<br>04-2702579 | PROVIDES PHYSICIAN SERVICES | MA | 501(C)(3) | 10 | BH | Yes | |
| **(44)** SOUTH SHORE ENDOSCOPY CENTER INC (SSEC)<br>541 MAIN STREET SUITE 400<br>SO WEYMOUTH, MA 02190<br>04-3306443 | PROVIDES PHYSICIAN SERVICES | MA | 501(C)(3) | 10 | BH | Yes | |
| **(45)** MASS GENERAL BRIGHAM COMMUNITY PHYSICIANS INC (MGBCP)<br>800 BOYLSTON STREET<br>BOSTON, MA 02199<br>04-3236175 | ORGANIZE AND OPERATE PHYSICIAN NETWORK | MA | 501(C)(3) | 10 | MGB | Yes | |
| **(46)** SCHWENS EYE RESEARCH INSTITUTE INC (SERI)<br>20 STANIFORD STREET<br>BOSTON, MA 02114<br>04-3129889 | RESEARCH | MA | 501(C)(3) | 7 | FMEEI | Yes | |
| **(47)** MASS GENERAL BRIGHAM MEDICAL GROUP INC (MGBMG)<br>800 BOYLSTON STREET<br>BOSTON, MA 02199<br>84-1908707 | PROVIDES PHYSICIAN SERVICES | MA | 501(C)(3) | 10 | MGB | Yes | |
| **(48)** FRIENDS OF MASS GENERAL CANADA INC<br>495 ELGIN STREET SUITE 2600<br>OTTAWA, ONTARIO<br>CA | ADVANCE EDUCATION THROUGH RESEARCH AT MGH | CA | | 12A | MGH | Yes | |
| **(49)** MASS GENERAL BRIGHAM HEALTH PLAN HOLDING COMPANY INC (MGBHPHC)<br>399 REVOLUTION DRIVE<br>SOMERVILLE, MA 02145<br>83-1039882 | HOLDING COMPANY | MA | 501(C)(3) | 12B | MGB | Yes | |
| **(50)** MASS GENERAL BRIGHAM AMSURG INC (MGBAS)<br>399 REVOLUTION DRIVE<br>SOMERVILLE, MA 02145<br>85-4372153 | HOLDS THE CLINIC LICENSE FOR MGBMG | MA | 501(C)(3) | 12B | MGB | Yes | |
| **(51)** MASS GENERAL BRIGHAM COMMUNITY DIVISION INC (MGBCD)<br>399 REVOLUTION DRIVE<br>SOMERVILLE, MA 02145<br>84-2115204 | SUPPORT ORGANIZATION | MA | 501(C)(3) | 12B | MGB | Yes | |

**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) Disproprtionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **(1)** MGB POOLED INVESTMENTS LLC<br>101 MERRIMAC STREET<br>BOSTON, MA 02114<br>04-3268842 | INVESTMENTS | MA | MGB | EXCLUDED | 273,620,288 | 13,948,188,473 | | No | | Yes | | 100.000 % |
| **(2)** PARTNERS INNOVATION FUND LLC<br>101 HUNTINGTON AVENUE<br>BOSTON, MA 02199<br>26-2899986 | INVESTMENTS | MA | MGB | EXCLUDED | | 79,764,323 | | No | | Yes | | 100.000 % |
| **(3)** RADIATION THERAPY OF SOUTHEASTERN MA LLC<br>375 LONGWOOD AVENUE<br>BOSTON, MA 02115<br>01-0873580 | RADIATION THERAPY SERVICES | MA | BH | EXCLUDED | 3,480,961 | 3,092,628 | | No | | Yes | | 51.000 % |
| **(4)** MASS GENERAL BRIGHAM ACO LLC<br>399 REVOLUTION DRIVE<br>SOMERVILLE, MA 02145<br>81-2762122 | ACCOUNTABLE CARE ORGANIZATION | MA | MGB | EXCLUDED | 12,193,656 | | | No | | Yes | | 100.000 % |
| **(5)** MCLEAN HOUSTON OCD PROGRAM LLC<br>115 MILL STREET<br>BELMONT, MA 02478<br>84-3042963 | PSYCHIATRIC TREATMENT FACILLITY | TX | MCLEAN | EXCLUDED | 1,060,167 | | | No | | Yes | | 60.000 % |
| **(6)** WENTWORTH SURGERY CENTER LLC<br>6 WORKS WAY<br>SOMERSWORTH, NH 03878<br>90-0975583 | SURGICAL CENTER | NH | WDH | EXCLUDED | 7,237,773 | 3,233,978 | | No | | Yes | | 98.000 % |
| **(7)** MASS GENERAL BRIGHAM GLOBAL ADVISORY LLC<br>399 REVOLUTION DRIVE<br>SOMERVILLE, MA 02145<br>86-2788781 | HEALTH CARE EDUCATION AND CONSULTING | MA | MGB | EXCLUDED | 3,086,286 | 1,379,670 | | No | | Yes | | 100.000 % |

**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 | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| **(1)**NEWTON-WELLESLEY PHYSICIAN HOSPITAL ORG<br>2014 WASHINGTON STREET<br>NEWTON, MA 02462<br>04-3209749 | HEALTHCARE | MA | NWH | C | 4,925,691 | 9,266,055 | 100.000 % | | No |
| **(2)**MASS GENERAL BRIGHAM HEALTH INSURANCE COMPANY<br>399 REVOLUTION DRIVE<br>SOMERVILLE, MA 02145<br>83-0970929 | INSURANCE COMPANY | MA | MGB | C | 70,206,402 | 60,558,144 | 100.000 % | | No |
| **(3)**HEALTH PARTNERS OF NEW HAMPSHIRE INC<br>789 CENTRAL AVENUE<br>DOVER, NH 03820<br>03-0443397 | MANAGEMENT SERVICES | NH | WDH | C | 724,969 | 1,867,324 | 50.000 % | | No |
| **(4)**WENTWORTH HOMECARE AND HOSPICE LLC<br>121 BROADWAY SUITE 115<br>DOVER, NH 03820<br>87-2100049 | HOMECARE & HOSPICE SERVICES | NH | WDH | C | 5,519,240 | 1,598,187 | 50.000 % | | No |
| **(5)**CODAMETRIX INC<br>31 ST JAMES AVENUE<br>BOSTON, MA 02116<br>87-2100049 | MEDICAL CODING SOFTWARE | MA | MGPO | C | 1,909,864 | 4,308,852 | 100.000 % | | No |
| **(6)**MGBV TH HOLDCO INC<br>ONE MAIN STREET SUITE 510<br>CAMBRIDGE, MA 02142<br>93-2163190 | INVESTMENTS | DE | MGBF III | C | | | 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.

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| **(1)**BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION INC | A | 762,213 | FMV |
| **(2)**MARTHA'S VINEYARD HOSPITAL | A | 27,808 | FMV |
| **(3)**THE BRIGHAM AND WOMEN'S HOSPITAL INC | A | 56,223,645 | FMV |
| **(4)**THE GENERAL HOSPITAL CORPORATION | A | 16,449,030 | FMV |
| **(5)**THE MASSACHUSETTS GENERAL HOSPITAL | A | 17,650,126 | FMV |
| **(6)**THE MCLEAN HOSPITAL CORPORATION | A | 5,117,940 | FMV |
| **(7)**THE SPAULDING REHABILITATION HOSPITAL CORPORATION | A | 215,863 | FMV |
| **(8)**REHABILITATION HOSPITAL OF THE CAPE AND ISLANDS CORPORATION | A | 69,127 | FMV |
| **(9)**BRIGHAM AND WOMEN'S FAULKNER HOSPITAL INC | A | 495,034 | FMV |
| **(10)**NORTH SHORE MEDICAL CENTER INC | A | 8,079,368 | FMV |
| **(11)**NEWTON-WELLESLEY HOSPITAL | A | 9,428,421 | FMV |
| **(12)**SPAULDING NURSING AND THERAPY CENTER BRIGHTON INC | A | 24,932 | FMV |
| **(13)**SPAULDING REHABILITATION INC | A | 293,316 | FMV |
| **(14)**MASS GENERAL BRIGHAM COMMUNITY PHYSICIANS INC | A | 32,865 | FMV |
| **(15)**WENTWORTH-DOUGLASS HOSPITAL | A | 3,918,401 | FMV |
| **(16)**MASSACHUSETTS EYE & EAR INFIRMARY | A | 5,339,813 | FMV |
| **(17)**COOLEY DICKINSON HOSPITAL INC | A | 1,168,799 | FMV |
| **(18)**MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION INC | A | 629,796 | FMV |
| **(19)**MASS GENERAL BRIGHAM MEDICAL GROUP INC | B | 3,999,819 | FMV |
| **(20)**SPAULDING REHABILITATION INC | B | 48,000,000 | FMV |
| **(21)**THE GENERAL HOSPITAL CORPORATION | B | 29,887,984 | FMV |
| **(22)**MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION INC | B | 13,735,614 | FMV |
| **(23)**THE SPAULDING REHABILITATION HOSPITAL CORPORATION | B | 1,302,705 | FMV |
| **(24)**REHABILITATION HOSPITAL OF THE CAPE AND ISLANDS CORPORATION | B | 195,579 | FMV |
| **(25)**THE MCLEAN HOSPITAL CORPORATION | B | 4,149,560 | FMV |
| **(26)**COOLEY DICKINSON HOSPITAL INC | B | 338,322 | FMV |
| **(27)**MASS GENERAL BRIGHAM HOME CARE INC | B | 639,090 | FMV |
| **(28)**SPAULDING HOSPITAL-CAMBRIDGE INC | B | 325,674 | FMV |
| **(29)**MARTHA'S VINEYARD HOSPITAL | B | 2,946,736 | FMV |
| **(30)**NANTUCKET COTTAGE HOSPITAL | B | 141,206 | FMV |
| **(31)**WENTWORTH-DOUGLASS HOSPITAL | B | 1,517,130 | FMV |
| **(32)**BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION INC | B | 9,811,731 | FMV |
| **(33)**BRIGHAM AND WOMEN'S FAULKNER HOSPITAL INC | B | 526,876 | FMV |
| **(34)**NORTH SHORE MEDICAL CENTER INC | B | 531,688 | FMV |
| **(35)**NORTH SHORE PHYSICIANS GROUP INC | B | 731,970 | FMV |
| **(36)**NEWTON-WELLESLEY PHYSICIAN HOSPITAL ORGANIZATION INC | B | 467,986 | FMV |
| **(37)**MASSACHUSETTS EYE & EAR INFIRMARY | B | 1,391,040 | FMV |
| **(38)**MASSACHUSETTS EYE & EAR ASSOCIATES INC | B | 484,560 | FMV |
| **(39)**MASS GENERAL BRIGHAM COMMUNITY PHYSICIANS INC | B | 17,208,608 | FMV |
| **(40)**SPAULDING NURSING AND THERAPY CENTER BRIGHTON INC | B | 87,021 | FMV |
| **(41)**THE MASSACHUSETTS GENERAL HOSPITAL | C | 24,672,000 | FMV |
| **(42)**THE BRIGHAM AND WOMEN'S HOSPITAL INC | C | 8,796,189 | FMV |
| **(43)**NEWTON-WELLESLEY HOSPITAL | C | 2,572,474 | FMV |
| **(44)**MASS GENERAL BRIGHAM HEALTH PLAN INC | C | 948,000 | FMV |
| **(45)**BRIGHAM INC | C | 62,651,960 | FMV |
| **(46)**COOLEY DICKINSON HEALTH CARE CORPORATION | C | 3,739,858 | FMV |
| **(47)**FOUNDATION OF THE MASSACHUSETTS EYE AND EAR INFIRMARY INC | C | 5,278,587 | FMV |
| **(48)**THE MCLEAN HOSPITAL CORPORATION | C | 4,744,060 | FMV |
| **(49)**MASS GENERAL BRIGHAM HOME CARE INC | C | 1,709,017 | FMV |
| **(50)**THE MASSACHUSETTS GENERAL HOSPITAL | C | 78,670,839 | FMV |
| **(51)**MARTHA'S VINEYARD HOSPITAL | C | 1,947,648 | FMV |
| **(52)**NANTUCKET COTTAGE HOSPITAL | C | 1,089,857 | FMV |
| **(53)**NORTH SHORE MEDICAL CENTER INC | C | 8,219,407 | FMV |
| **(54)**NEWTON-WELLESLEY HOSPITAL | C | 9,827,950 | FMV |
| **(55)**SPAULDING REHABILITATION INC | C | 4,639,283 | FMV |
| **(56)**WENTWORTH-DOUGLASS HOSPITAL | C | 7,912,583 | FMV |
| **(57)**THE BRIGHAM AND WOMEN'S HOSPITAL INC | D | 109,470,000 | FMV |
| **(58)**THE GENERAL HOSPITAL CORPORATION | D | 7,570,000 | FMV |
| **(59)**THE MCLEAN HOSPITAL CORPORATION | D | 41,800,000 | FMV |
| **(60)**BRIGHAM AND WOMEN'S FAULKNER HOSPITAL INC | D | 112,110,000 | FMV |
| **(61)**NORTH SHORE MEDICAL CENTER INC | D | 45,230,000 | FMV |
| **(62)**NEWTON-WELLESLEY HOSPITAL | D | 46,500,000 | FMV |
| **(63)**COOLEY DICKINSON HOSPITAL INC | D | 1,620,000 | FMV |
| **(64)**MASSACHUSETTS EYE & EAR INFIRMARY | D | 19,180,000 | FMV |
| **(65)**THE MASSACHUSETTS GENERAL HOSPITAL | K | 1,396,978 | FMV |
| **(66)**MASS GENERAL BRIGHAM URGENT CARE LLC | L | 1,065,162 | FMV |
| **(67)**MASS GENERAL BRIGHAM MEDICAL GROUP INC | L | 4,661,943 | FMV |
| **(68)**THE MASSACHUSETTS GENERAL HOSPITAL | L | 86,015,788 | FMV |
| **(69)**THE GENERAL HOSPITAL CORPORATION | L | 370,874,949 | FMV |
| **(70)**MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION INC | L | 30,675,753 | FMV |
| **(71)**THE SPAULDING REHABILITATION HOSPITAL CORPORATION | L | 20,182,222 | FMV |
| **(72)**MASS GENERAL BRIGHAM HOME CARE INC | L | 8,267,451 | FMV |
| **(73)**SPAULDING NURSING AND THERAPY CENTER BRIGHTON INC | L | 2,302,136 | FMV |
| **(74)**SPAULDING HOSPITAL-CAMBRIDGE INC | L | 5,495,655 | FMV |
| **(75)**SPAULDING REHABILITATION INC | L | 12,487,743 | FMV |
| **(76)**REHABILITATION HOSPITAL OF THE CAPE AND ISLANDS CORPORATION | L | 3,793,104 | FMV |
| **(77)**NANTUCKET COTTAGE HOSPITAL | L | 3,753,077 | FMV |
| **(78)**THE MCLEAN HOSPITAL CORPORATION | L | 25,614,257 | FMV |
| **(79)**THE MGH INSTITUTE OF HEALTH PROFESSIONS INC | L | 1,371,420 | FMV |
| **(80)**WENTWORTH-DOUGLASS HOSPITAL | L | 33,621,754 | FMV |
| **(81)**COOLEY DICKINSON HOSPITAL INC | L | 12,460,603 | FMV |
| **(82)**BRIGHAM INC | L | 62,652,909 | FMV |
| **(83)**THE BRIGHAM AND WOMEN'S HOSPITAL INC | L | 294,725,580 | FMV |
| **(84)**BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION INC | L | 11,367,210 | FMV |
| **(85)**BRIGHAM AND WOMEN'S FAULKNER HOSPITAL INC | L | 22,609,016 | FMV |
| **(86)**NORTH SHORE MEDICAL CENTER INC | L | 58,009,927 | FMV |
| **(87)**NEWTON-WELLESLEY HOSPITAL | L | 60,282,130 | FMV |
| **(88)**NEWTON-WELLESLEY MEDICAL GROUP INC | L | 540,047 | FMV |
| **(89)**MASSACHUSETTS EYE & EAR INFIRMARY | L | 33,622,438 | FMV |
| **(90)**MASS GENERAL BRIGHAM COMMUNITY PHYSICIANS INC | L | 13,540,848 | FMV |
| **(91)**MASS GENERAL BRIGHAM HEALTH PLAN INC | L | 6,557,461 | FMV |

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| **(a)** Name, address, and EIN of entity | **(b)** Primary activity | **(c)** Legal domicile (state or foreign country) | **(d)** Predominant income (related, unrelated, excluded from tax under sections 512-514) | **(e)** Are all partners section 501(c)(3) organizations? | | **(f)** Share of total income | **(g)** Share of end-of-year assets | **(h)** Disproportionate allocations? | | **(i)** Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | **(j)** General or managing partner? | | **(k)** Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | **Yes** | **No** | | | **Yes** | **No** | | **Yes** | **No** | |
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## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

| Return Reference | Explanation |
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Schedule R (Form 990) 2021

## Additional Data

Return to Form

**Software ID:**

**Software Version:**