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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 black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization
Partners HealthCare System Inc
Doing Business As
Number and street (or P O box if mail is not delivered to street address)
Prudential Tower
800 Boylston Street
Room/suite
City or town, state or country, and ZIP + 4
Boston, MA 02199

D Employer identification number
04-3230035

E Telephone number
(617) 724-9841

G Gross receipts \$ 593,506,017

F Name and address of Principal Officer
Gary L Gottlieb MD
800 Boylston Street
Boston, MA 02199

H(a) Is this a group return for affiliates?
☐ Yes ☒ No

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

H(c) Group Exemption Number

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

J Web site: http www partners org

K Type 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
PARTNERS IS DEVELOPING AN INTEGRATED HEALTH CARE DELIVERY SYSTEM THROUGHOUT THE REGION THAT OFFERS PATIENTS A CONTINUUM OF COORDINATED, HIGH-QUALITY CARE

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 16

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

5 Total number of employees (Part V, line 2a) 5 5,908

6 Total number of volunteers (estimate if necessary) 6 0

7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . 7a 11,328,360

7b Net unrelated business taxable income from Form 990-T, line 34 . . . 7b -218,860

Revenue

8 Contributions and grants (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g)
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
Prior Year Current Year
117,293,782 131,286,751
404,261,481 440,368,049
15,990,701 -40,569,252
13,495,983 14,372,318
551,041,947 545,457,866

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14 Benefits paid to or for members (Part IX, column (A), line 4)
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
16a Professional fundraising fees (Part IX, column (A), line 11e)
b (Total fundraising expenses, Part IX, column (D), line 25 2,598,172)
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)
18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))
19 Revenue less expenses Subtract line 18 from line 12
287,462,600 333,735,565
109,161
265,208,103 260,747,629
595,178,800 647,248,133
-44,136,853 -101,790,267

Net Assets or Fund Balances

20 Total assets (Part X, line 16)
21 Total liabilities (Part X, line 26)
22 Net assets or fund balances Subtract line 21 from line 20
Beginning of Year End of Year
2,950,889,948 3,042,275,384
2,882,972,198 3,117,778,975
67,917,750 -75,503,591

Part II Signature Block

Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
Signature of officer Date 2010-08-05
PETER K MARKELL V.P. of Finance
Type or print name and title

Paid Preparer's Use Only Preparer's signature Date Check if self-employed Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 EIN Phone no

Part II

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission
PARTNERS IS DEVELOPING AN INTEGRATED HEALTH CARE DELIVERY SYSTEM THROUGHOUT THE REGION THAT OFFERS PATIENTS A CONTINUUM OF COORDINATED, HIGH-QUALITY CARE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting or make significant changes in how it conducts any program services? ☐ Yes ☒ No
If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 193,723,951 including grants of \$ 52,655,778) (Revenue \$ 440,996,617)
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 \$ 193,723,951 Must equal Part IX, Line 25, column (B).

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	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? <i>If "Yes," complete Schedule C, Part I</i> 	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> 	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 	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? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10	Yes
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 	12	No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i> 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> 	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> 	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> 	17	Yes
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 	18	No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 	19	No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	21	Yes
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> 	22	No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> 	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25</i> 	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> 	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> 	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> 	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> 	27	No

Part IV

Checklist of Required Schedules (Continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	Yes	
36	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		No
37	Did the organization conduct more than 5 percent 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		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	3,983	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	5,908	
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
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 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	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 provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	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, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the 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		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	Yes	
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	The organization's CEO, Executive Director, or top management official?	Yes	
15b	Other officers or key employees of the organization? Describe the process in Schedule O	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		No

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed MA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. PARTNERS FIN-TAX DIR 529 MAIN STREET 5TH FLOOR Charlestown, MA 02129 (617) 724-9841

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

Form 990 (2008)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								12,361,031	2,355,375	2,005,238

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

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ACCENTURE LLP PO Box 70629 CHICAGO, IL 60673	Consulting Services	10,670,720
Huron Consulting Services Inc 4795 Paysphere Circle CHICAGO, IL 60674	Consulting Services	4,393,075
NetVersant New England Inc 100 Franklin Street BOSTON, MA 02110	Technological Svcs	2,046,888
Blue Cross Blue Shield of Massachus 41 Park Drive BOSTON, MA 02215	Medical Claims Svcs	1,888,761
PriceWaterHouseCoopers LLP PO Box 7247-8001 PHILADELPHIA, PA 19170	Audit Services	1,834,537
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		138

Part VIII

Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues					
			1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	124,558,682			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above		6,728,069			
			1f				
	g	Noncash contributions included in lines 1a-1f \$ 1,015,000					
h	Total (Add lines 1a-1f)		131,286,751				
Program Service Revenue			Business Code				
	2a	ADMINISTRATIVE FEE	561,000	440,368,049	440,368,049		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f \$ 440,368,049					
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		7,005,574		7,005,574	
	4	Income from investment of tax-exempt bond proceeds		473,325		473,325	
	5	Royalties		0			
	6a	(i) Real		866,651			866,651
		(ii) Personal					
		Gross Rents 866,651					
		Less rental expenses					
	b	Rental income or (loss) 866,651					
	c	Net rental income or (loss)					
	7a	(i) Securities		-48,048,151		-195,368	-47,852,783
		(ii) Other					
		Gross amount from sales of assets other than inventory					
		Less cost or other basis and sales expenses 48,048,151					
	b	Gain or (loss) -48,048,151					
	c	Net gain or (loss)					
	d						
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000		0			
		a					
		Less direct expenses					
	b	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000		0			
		a					
		Less direct expenses					
b	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances		0				
	a						
	Less cost of goods sold						
b	Net income or (loss) from sales of inventory						
c							
Miscellaneous Revenue		Business Code					
11a	MANAGEMENT SERVICE	561,000	5,264,726		5,264,726		
b	PARTNERSHIP INCOME	621,400	628,568	628,568			
c	CHILD CARE REVENUE	624,410	1,353,371			1,353,371	
d	All other revenue		6,259,002		6,259,002		
e	Total. Add lines 11a-11d \$ 13,505,667						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		545,457,866	440,996,617	11,328,360	-38,153,862	

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) but are not required to complete columns (B), (C), and (D).					
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 governments and organizations in the U S See Part IV, line 21	52,655,778	52,655,778		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	10,426,468		10,426,468	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	253,696,940			1,275,717
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,032,230		18,032,230	
9	Other employee benefits	31,332,136		30,981,944	350,192
10	Payroll taxes	20,247,791		20,247,791	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	23,611,596		23,611,596	
c	Accounting	1,363,000		1,363,000	
d	Lobbying	942,055		942,055	
e	Professional fundraising See Part IV, line 17	109,161			109,161
f	Investment management fees	0			
g	Other	28,085,862		27,746,125	339,737
12	Advertising and promotion	4,156,869		4,152,807	4,062
13	Office expenses	21,890,508		21,819,117	71,391
14	Information technology	24,734,191		24,734,191	
15	Royalties	0			
16	Occupancy	23,926,997		23,626,154	300,843
17	Travel	1,356,926		1,328,661	28,265
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	621,626		611,787	9,839
20	Interest	74,122,361		74,122,361	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	28,768,305		28,768,305	
23	Insurance	526,686		526,686	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	MEALS	1,493,623		1,442,981	50,642
b	NON-CAPITAL EQUIPMENT	715,422		715,422	
c	COMM BENEFIT EXP - SEE SCH O	4,800,173	4,800,173		
d	OTHER RESEARCH EXPENSES	11,421,033		11,421,033	
e	SYSTEM DEVELOPMENT FUNDING		136,268,000	-136,268,000	
f	All other expenses	8,210,396		8,152,073	58,323
25	Total functional expenses. Add lines 1 through 24f	647,248,133	193,723,951	450,926,010	2,598,172
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

		(A)		(B)			
		Beginning of year		End of year			
Assets	1	Cash—non-interest-bearing		1			
	2	Savings and temporary cash investments	57,436,645	2	46,225,112		
	3	Pledges and grants receivable, net	2,734,983	3	294,336		
	4	Accounts receivable, net	8,418,459	4	10,968,305		
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5			
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6			
	7	Notes and loans receivable, net	1,620,513,607	7	1,720,269,309		
	8	Inventories for sale or use		8			
	9	Prepaid expenses and deferred charges	4,797,543	9	5,654,086		
	10a	Land, buildings, and equipment cost basis	10a	323,349,299			
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	78,281,598	218,612,932	10c	245,067,701
	11	Investments—publicly traded securities		11			
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	499,315,334	12	557,475,170		
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	539,060,445	15	456,321,365		
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,950,889,948	16	3,042,275,384			
Liabilities	17	Accounts payable and accrued expenses	448,010,312	17	671,292,386		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities	2,063,257,382	20	2,262,921,786		
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>		21			
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities <i>Complete Part X of Schedule D</i>	371,704,504	25	183,564,803		
	26	Total liabilities. Add lines 17 through 25	2,882,972,198	26	3,117,778,975		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets	66,259,619	27	-76,947,927		
	28	Temporarily restricted net assets	508,131	28	294,336		
	29	Permanently restricted net assets	1,150,000	29	1,150,000		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds		30			
	31	Paid-in or capital surplus, or land, building or equipment fund		31			
	32	Retained earnings, endowment, accumulated income, or other funds		32			
	33	Total net assets or fund balances	67,917,750	33	-75,503,591		
	34	Total liabilities and net assets/fund balances	2,950,889,948	34	3,042,275,384		

Part XI

Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b		No
c	If "Yes" to lines 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		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Partners HealthCare System Inc	Employer identification number 04-3230035
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Part I	Reason for Public Charity Status (to be completed by all organizations) (See Instructions)
The organization is not a private foundation because it is (Please check only one organization)	
1	<input type="checkbox"/> A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i) .
2	<input type="checkbox"/> A school described in Section 170(b)(1)(A)(ii) . (Attach Schedule E)
3	<input type="checkbox"/> A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii) . (Attach Schedule H)
4	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v) .
7	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/> 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)
10	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety See Section 509(a)(4) . (See instructions)
11	<input type="checkbox"/> 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 that describes the type of supporting organization and complete lines 11e through 11h <div><input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III - Functionally Integrated <input type="checkbox"/> Type III - Other</div>
e	<input type="checkbox"/> By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box <input type="checkbox"/>
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div>(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?</div>
h	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	89,575,403	90,625,412	109,485,748	117,293,782	131,286,751	538,267,096
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 line 1 -3	89,575,403	90,625,412	109,485,748	117,293,782	131,286,751	538,267,096
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						538,267,096

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	89,575,403	18,398,788	109,485,748	117,293,782	131,286,751	538,267,096
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,860,923	18,398,788	25,473,554	26,851,546	21,851,217	105,436,028
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						643,703,124
12 Gross receipts from related activities, etc (See instructions)					12	1,846,157,861
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	83.62 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	82.351 %
16a 33 1/3% Test - 2008. 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	<input checked="" type="checkbox"/>	
b 33 1/3% Test - 2007. If the organization did not check the 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	<input type="checkbox"/>	
17a 10% Facts and Circumstances Test - 2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% Facts and Circumstances Test - 2007. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>	

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15		
16Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16		

Computation of Investment Income Percentage			
17Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17		
18Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18		
19a33 1/3% Tests - 2008. 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			
b33 1/3% Tests - 2007. 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			
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- 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,” to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- 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,” to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization
Partners HealthCare System Inc

Employer identification number

04-3230035

Part I-A

To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

\$
- 3

Volunteer hours

Part I-B

To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 in 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

To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 internal funds contributed to other organizations for section 527 exempt funtion activities

\$
- 3

Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b

\$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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 internal 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-

Part II-A

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c Enter -0- if line f is more than line c		
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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,070,493
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			1,070,493
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

		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 carryover lobbying and political expenditures from the prior year?	3	

Part III-B

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 \$
2	Section 162(e) non-deductible 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 (line 2c total minus 3 and 4)	5 \$

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Lobbying Expnses	Part II-B	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.

Explanation

[illegible]

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Partners HealthCare System Inc	Employer identification number 04-3230035
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Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate 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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)<input type="checkbox"/> Preservation of an historically importantly land area<input type="checkbox"/> Protection of natural habitat<input type="checkbox"/> Preservation of certified historic structure<input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><th></th><th>Held at the End of the Year</th></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>											
6	Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>											
9	In Part XIV, 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" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in 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 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 XIV

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

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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	4,556,070			
b	Contributions	166,083			
c	Investment earnings or losses	231,385			
d	Grants or scholarships				
e	Other expenditures for facilities and programs	213,163			
f	Administrative expenses				
g	End of year balance	4,740,375			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 76 %

b

Permanent endowment ▶ 24 %

c

Term endowment ▶

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes☐ No

(ii)

related organizations

3a(ii)

☐ Yes☐ No

b

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

3b

☐ Yes☐ No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		17,530,658		17,530,658
b Buildings		27,863,869	5,143,158	22,720,711
c Leasehold improvements		24,605,080	8,053,877	16,551,203
d Equipment		162,807,351	65,076,899	97,730,452
e Other		90,542,341	7,664	90,534,677
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				245,067,701

Part VII Investments—Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other INVESTED CASH EQUIVALENTS	92,896,768	F
Other EQUITIES	12,355,512	F
Other U S GOV'T & FIXED INCOME SEC	6,387,281	F
Other PRIVATE PARTNERSHIPS & OTHER	51,873,641	F
Other INV IN PARTNERS POOLED INV ACC	393,961,968	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	557,475,170	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DEFERRED FINANCING COSTS	21,272,420
INVESTMENT IN PARTNERSHIP	2,092,739
INVESTMENT IN PD PRODUCTIONS	5,077,357
OTHER ASSETS	24,943,247
CASH SURRENDER LIFE INSURANCE	5,799,374
DUE FROM AFFILIATES	213,800,228
SECURITIES LENDING ARRANGEMENT	183,336,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	456,321,365

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
OTHER LIABILITIES	228,803
SECURITIES LENDING ARRANGEMENT	183,336,000
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	183,564,803

In Part XIV, 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

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Intended Use of Endowment Funds	Part V, Line 4	The endowment funds of Partners HealthCare System, Inc are used in furtherance of the organization's tax-exempt mission

OMB No 1545-0047

**Open to Public
Inspection**

04-3230035

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Schedule F (Form 990) 2008

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐ ☐
Use Schedule F-1 if additional space is needed.

[illegible]

2 Enter total number of organizations that are recognized as charities by the foreign country 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 ►

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule F (Form 990) 2008

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

Name of the organization Partners HealthCare System Inc	Employer identification number 04-3230035
--	--

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☒ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
PG Calc Inc	Fundraising Strategy		No	0	108,000	0
Total ▶						

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
- MA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts			
	2	Less Charitable contributions			
	3	Gross revenue (line 1 minus line 2)			
Direct Expenses	4	Cash Prizes			
	5	Non-cash Prizes			
	6	Rent/Facility costs			
	7	Other direct expenses			
	8	Direct expense summary Add lines 4 through 7 in column (d) ▶			
	9	Net income summary Combine lines 3 and 8 in column (d). ▶			

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

	Yes	No
13 Indicate the percentage of gaming activity operated in		
a The organization's facility 13a		
b An outside facility 13b		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Partners HealthCare System Inc

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public
Inspection

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

2

3

Enter total number of other organizations

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
See Additional Data Table

Identifier	Return Reference	Explanation
Schedule I, Part I, Line 2		Partners HealthCare System, Inc. makes donations to various tax-exempt organizations. These donations can be used by the recipient only in furtherance of their tax-exempt mission.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Partners HealthCare System Inc

Employer identification number
04-3230035

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div></div>		No
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a</div><div><div>a</div><div>Receive a severance payment or change of control payment?</div></div><div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div><div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div><div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div></div></div>		No
<div><div>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</div></div>		
<div><div>5</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div><div><div>a</div><div>The organization?</div></div><div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 5a or 5b, describe in Part III</div></div></div>		No
<div><div>6</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div><div><div>a</div><div>The organization?</div></div><div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 6a or 6b, describe in Part III</div></div></div>		No
<div><div>7</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>		No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Mary C LaLonde	(i)	111,444	5,000	4,425	4,742	27,420	153,031	0
	(ii)	0	0	0	0	0	0	0
Thomas P Glynn PhD	(i)	768,822	82,157	2,023,995	31,702	43,085	2,949,761	1,025,757
	(ii)	0	0	0	0	0	0	0
Peter K Markell	(i)	942,405	98,318	412,701	617,809	26,903	2,098,136	318,585
	(ii)	0	0	0	0	0	0	0
Michael A Gimbrone Jr MD	(i)	0	0	0	0	0	0	0
	(ii)	341,781	99,259	5,533	31,703	27,827	506,103	0
Maury E McGough MD	(i)	0	0	0	0	0	0	0
	(ii)	505,585	28,234	17,591	14,131	21,064	586,605	0
Katharine K Treadway MD	(i)	0	0	0	0	0	0	0
	(ii)	178,170	53,148	16,380	31,700	16,575	295,973	0
Andrew L Warshaw MD	(i)	0	0	0	0	0	0	0
	(ii)	515,785	271,733	129,745	31,700	40,143	989,106	0
Beverly Woo MD	(i)	0	0	0	0	0	0	0
	(ii)	148,643	26,468	17,320	25,699	18,165	236,295	0
James J Mongan MD	(i)	939,716	1,248,509	1,230,238	181,701	20,863	3,621,027	750,000
	(ii)	0	0	0	0	0	0	0
John P Glaser	(i)	549,864	59,772	57,986	108,663	30,718	807,003	0
	(ii)	0	0	0	0	0	0	0
Jay B Pieper	(i)	533,640	122,167	87,726	31,701	22,276	797,510	0
	(ii)	0	0	0	0	0	0	0
Kathryn West	(i)	386,353	41,369	299,677	31,704	18,636	777,739	0
	(ii)	0	0	0	0	0	0	0
Dennis Colling	(i)	437,204	48,254	237,893	129,178	27,529	880,058	149,406
	(ii)	0	0	0	0	0	0	0
Brent L Henry Esq	(i)	533,670	58,116	62,039	174,650	15,248	843,723	0
	(ii)	0	0	0	0	0	0	0
Joseph Kvedar MD	(i)	390,332	44,445	54,514	31,703	17,959	538,953	0
	(ii)	0	0	0	0	0	0	0
G Allen Peckham	(i)	403,188	43,192	41,900	131,209	21,132	640,621	0
	(ii)	0	0	0	0	0	0	0

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

Schedule J (Form 990) 2008

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

Department of the Treasury
Internal Revenue Service

**To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.**

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization
Partners HealthCare System Inc

Employer identification number
04-3230035

Part I

Bond Issues (Required for 2008)

	(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	
							Yes	No	Yes	No
A	MHEFA Partners HealthCare System Inc Series D	04-2456011	57585K3N6	05-28-2003	346,300,000	Series D - See Schedule O		X		X
B	MHEFA Partners HealthCare System Inc Series E	04-2456011	57585K4Q8	06-12-2003	62,476,437	Series E - See Schedule O		X		X
C	MHEFA Partners HealthCare System Inc Series F	04-2456011	57586CGW9	06-10-2005	411,566,153	Series F - See Schedule O		X		X
D	MHEFA Partners HealthCare System Inc Series G-5	04-2456011	57586CZL2	06-07-2007	326,508,722	Series G-5 - See Schedule O		X		X
E	MHEFA Partners HealthCare Ser G-1G-2G-3G-4G-6	04-2456011	57586CZW8	06-07-2007	380,000,000	Ser G-1,G-2,G-3,G-4,G-6-See Sch O		X		X

Part II

Proceeds (Optional for 2008)

	A		B		C		D		E	
1	Total Proceeds of Issue		357,828,401		64,682,969		419,448,101		329,345,063	
2	Gross Proceeds in Reserve Funds		0		0		0		0	
3	Proceeds in Refunding or Defeasance Escrows		90,608,469		64,125,529		69,234,694		153,496,369	
4	Other Unspent Proceeds		0		0		0		0	
5	Issuance Costs from Proceeds		2,026,416		557,439		5,321,595		2,338,149	
6	Working Capital Expenditures from Proceeds		0		0		0		0	
7	Capital Expenditures from Proceeds		265,193,515		0		344,891,812		173,510,545	
8	Year of Substantial Completion		2005		1994		2007		2009	
			Yes	No	Yes	No	Yes	No	Yes	No
	9 Were the bonds issued as part of a current refunding issue?		X		X		X		X	
10	Were the bonds issued as part of an advance refunding issue?			X		X	X			X
11	Has the final allocation of proceeds been made?		X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X		X		X	

Part III

Private Business Use (Optional for 2008)

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

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		X
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		X
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X		X		X
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government	0 %				0 %		0 %		0 %	
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 501(c)(3) organization, or a state or local government	0 %				0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %				0 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV

Arbitrage (Optional for 2008)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?	X			X	X			X	X	
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?	X			X	X			X	X	
b	Name of provider	B StearnsJP Morgan				B StearnsJP Morgan				GoldmanSachsCitibnk	
c	Term of hedge	32 2				35				35	
4a	Were gross proceeds invested in a GIC?	X			X	X		X		X	
b	Name of provider	Trinity Plus				XL Asset Funding		Citigroup Financial		Citigroup Financial	
c	Term of GIC	2 4				1 8		1 7		1 7	
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X				X		X		X	
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X		X	

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2008

Open to Public Inspection

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization
Partners HealthCare System Inc

Employer identification number

04-3230035

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that 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) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on 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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that 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 grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

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

SCHEDULE M
(Form 990)

Non-Cash Contributions

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Partners HealthCare System Inc

Employer identification number
04-3230035

Part I

Types of Property

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

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

29

1

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	No
b If "Yes", describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	No
b If "Yes", describe in Part II		
33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

[illegible]

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493228024070	
SCHEDULE O (Form 990)		Supplemental Information to Form 990			OMB No 1545-0047
					2008
Department of the Treasury Internal Revenue Service		▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.			Open to Public Inspection
Name of the organization Partners HealthCare System Inc				Employer identification number 04-3230035	

Identifier	Return Reference	Explanation
Statement of Program Service Accomplishments	Form 990, Part III, Line 4a	<p>Partners HealthCare System, Inc , (Partners) established in March 1994, is the corporation overseeing the affiliation of The Brigham and Women's/Faulkner Hospitals, The Massachusetts General Hospital, The North Shore Medical Center, and New ton-Wellesley Hospital Partners 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 tw o founding academic medical centers (MGH and BWH) and other health-related entities Partners is creating a framew ork in w hich all aspects of the health care delivery system are coordinated betw een and among providers and facilities Partners improves the quality of health care and further serves the public at large by supporting its member organizations so that they may pursue their teaching and research missions The member organizations of Partners 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 Please visit http //w w w partners org/about/about_giving.html for more information about specific Partners' programs and initiatives including the follow ing Center for Integration of Medicine and Innovative Technology, Dana-Farber/Partners CancerCare, Harvard-Partners Center for Genetics & Genomics, Partners AIDS Research Center, Partners Radiology, Partners Asthma Center, Partners Department of Orthopedic Surgery, Partners Telemedicine, Research Accelerator Program In addition, please see the full-text version of the 2009 report on community benefit activities as filed w ith the Office of the Attorney General of the Commonw ealth of Mass (w w w ago state ma us) Below is a summary of community benefits activities carried on during the fiscal year Community Benefits Mission Statement Partners is committed to w orking w ith community residents and organizations to make measurable, sustainable improvements in the health status of underserved populations Program Organization and Management Each of the hospitals that comprise the Partners netw ork has a community benefit planning and service delivery structure Each of these entities has filed a separate community benefit report Coordinating activities on a systemw ide basis is Matt Fishman, Vice President for Community Health for Partners HealthCare Key Collaborations and Partnerships American Cancer Society, American Heart Association, Blue Cross/Blue Shield Foundation of Massachusetts, Boston EDIC, Boston Foundation, Boston Health Care for the Homeless, Boston Private Industry Council, Boston Public Health Commisssion, Boston Public Schools, Brookside Community Health Center, Cambridge Health Alliance, Camp Harbor View , Chelsea Domestic Violence Task Force, Codman Square Health Center, Dana Farber/Partners CancerCare, Dorchester House Multi-Service Center, East Boston Neighborhood Health Center, Geiger-Gibson Community Health Center, Greater Boston Interfaith Organization, Harbor Family Health Center, Health Care For All, Health Care for the Homeless Program, Help for Abused Women and Children (HAWC), Jew ish Vocational Services, Lynn Community Health Center, Martha Eliot Health Center, Mass Coalition of School-Based Health Centers, Massachusetts Department of Public Health, Massachusetts Department of Social Services, Massachusetts Department of Transitional Assistance, Massachusetts Division of Health Care, Finance and Policy, Massachusetts League of Community Health Centers, Massachusetts Office of MassHealth, Massachusetts Public Health Association, Mattapan Community Health Center, MGH Charlestown HealthCare Center, MGH Chelsea HealthCare Center, MGH Revere HealthCare Center, Neponset Health Center, North End Community Health Center, Pine Street Inn, Project Hope, Revere Public Schools, SAGE Boston, Salem Family Health Center, The Second Step, South Boston Community Health Center, South End Community Health Center, Southern Jamaica Plain Health Center, Torigian Family Health Center in Peabody, Upham's Corner Health Center, Whittier Street Health Center Community Health Needs Assessment A range of data and community input inform the community benefit programs of Partners hospitals and health centers At Union Hospital in Lynn, actively engaged community residents have provided consistent input and accountability for the community benefit programs of NSMC At MGH, outreach in the communities of Revere, Chelsea and Charlestown has created a process for needs assessment that also involves deciding upon priority areas to address Longstanding community involvement at the BWH has resulted in strong partnerships w ith local schools and community organizations providing solid community feedback resources Similarly, each Partners hospital and health center has a unique approach to outreach in its communities Community Benefits Plan Planning for community benefit activities occurs annually, w ith Boards at each hospital and Board of Trustees budget review for Partners hospital specific and systemw ide community benefit programs Key Accomplishments of Reporting Year In FY2006, the number of patients w ithout health insurance served at Partners hospitals had reached an all time high, at nearly 30,000 In FY2008, as a consequence of health reform, that number declined by more than half to 13,000 Although there was an increase to 15,000 in FY2009, there were just too many patients covered by Commonw ealth Care health insurance Each organization continued to refine and expand its initiatives to reach out and w ork w ith community residents to help them get health insurance and to make measurable, sustainable improvements in health status These programs, from MGH w ork w ith Revere and Charlestown residents to prevent underage drinking and substance abuse to BWH interventions to address the infant mortality rate in Roxbury, number in the hundreds and span a diverse range of community needs Plans for Next Reporting Year Partners hospitals and health centers w ill remain committed to community benefit programs and health care equity for community residents regardless of their ability to pay This community w ork is at the heart of the values of the hospitals, health centers, physicians and staff that make up Partners HealthCare Community Benefits Programs Addressing Health Care Disparities Efforts to eliminate racial and ethnic disparities in health care access and quality Community Health Center Affiliations Increasing access to quality health care in underserved communities Partners in Career and Workforce To develop innovative w ays to help people advance to skilled professional jobs in nursing, radiology technology, surgical technology, and respiratory therapy Domestic Violence Intervention To improve and enhance the response to and coordination of services for w omen experiencing domestic violence Preventing and Responding to Substance Abuse Among Young People in Charlestown and Revere Community coalitions to prevent and reduce underage drinking and substance abuse among local youth</p>

Identifier	Return Reference	Explanation
Form 990 Review	Form 990, Part VI, Section A, Line 10	The Form 990 was prepared and reviewed by the Partners HealthCare System, Inc. (PHS) Tax Department. Certain key sections were also reviewed by the PHS Vice President of Finance, the PHS Vice President of Human Resources and by the PHS General Counsel. The Vice President of Finance reviewed and signed the Form 990. The compensation disclosures were presented to and discussed with the PHS Compensation Committee at the April 30, 2010 meeting. The process for preparing and reviewing Form 990 was discussed at the May 11, 2010 meeting of the Audit Committee of the PHS Board of Directors. The final filing version of the Form 990 was provided to each voting Board member prior to filing.

Identifier	Return Reference	Explanation
Audited Financial Statements	Form 990, Part XI, Line 2	The Organization's financial statements are audited by an independent auditor as a part of a consolidated audit of Partners HealthCare System, Inc. and Affiliates. The Partners HealthCare System audit committee of the board assumes oversight for the financial statement audit.

Identifier	Return Reference	Explanation
Public Availability of Financial Statements and Governing Documents	Part VI, Section C, Line 19	The Organization's governing documents are filed with Massachusetts Secretary of State and the Financial Statements are filed with Massachusetts Attorney General, all of which are open to public inspection.

Identifier	Return Reference	Explanation
Supplemental Tax-Exempt Bond Information	Form 990, Schedule K	<p>Part I Bond Issues (f) Description of Purpose A. Financing a portion of the construction of new space in an ambulatory care building and a portion of the construction of a parking garage, and the acquisition and installation of capital equipment and construction of improvements and renovations to existing facilities. Refinancing Massachusetts Health & Educational Facilities Authority Variable Rate Demand Revenue Bonds, Brigham and Women's Hospital Issue, Series A, issued 12/31/85. Refinancing Massachusetts Health & Educational Facilities Authority Revenue Bonds, Massachusetts General Hospital Issue, Series F, issued 12/2/92. Refinancing Massachusetts Health & Educational Facilities Authority Revenue Bonds, Brigham and Women's Hospital Issue, Series E, issued 10/12/93. B. Refinancing Massachusetts Health & Educational Facilities Authority Revenue Bonds, Massachusetts General Hospital Issue, Series G, issued 8/31/93. C. 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. D, E. 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. Refinancing Massachusetts Health & Educational Facilities Authority Revenue Bonds, Partners HealthCare System Issue, Series A, issued 9/18/97. Refinancing Massachusetts Health & Educational Facilities Authority Revenue Bonds, Partners HealthCare System Issue, Series B, issued 4/28/99. Refinancing Massachusetts Health & Educational Facilities Authority Revenue Bonds, Newton-Wellesley Hospital Issue, Series G, issued 2/6/97. Part I Bond Issues (f) Description of Purpose F. 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. G. Financing a portion of the fit-out and equipping of an ambulatory care center. Financing a portion of the following projects: the construction of a building and a receiving dock, construction and equipping of a multi-specialty ambulatory care center, and renovations to clinical space. Financing renovations and improvements to inpatient clinical areas. Financing a portion of the cost of renovations, equipping and furnishing of clinical space to house a cancer center. Financing a portion of the following projects: the acquisition and installation of a system-wide revenue management system and an acute care documentation management system. Part II Proceeds (5) Issuance Costs from Proceeds. C: \$5,321,595.07; costs of issuance includes \$2,650,000.00 for credit enhancement. E: \$7,472,698.00; includes \$4,696,146.55 for credit enhancement. G: \$2,672,151.71; includes \$116,071.23 for credit enhancement. Part III Private Business Use. B: Not applicable pursuant to the instructions, as the bond issue consisted of the refunding of a pre-January 1, 2003 issue. Part III Private Business Use 3(a), 3(b), 3(c). Partners has no management or service contracts or research agreements relating to financed property. Part IV Arbitrage (1). Form 8038-T has not been filed as arbitrage rebate payments have not been required.</p>

Identifier	Return Reference	Explanation
Process for Determining Compensation	Form 990, Part VI, Line 15a&b	The organization has a board-level compensation committee that reviews and approves the compensation for all listed officers and key employees except the Secretary. The committee is comprised of members of the board who are not employed by the organization, and no member may participate in the review and approval of compensation if the member has a conflict of interest with respect to that compensation arrangement. The committee relies on data, provided by an independent compensation consultant, which includes comparable compensation for similarly qualified persons, in functionally comparable positions, at similarly situated organizations. The deliberations and decisions of the committee are documented in minutes of the meeting. This review process occurs on an annual basis.

Identifier	Return Reference	Explanation
Conflict of Interest Policy	Form 990, Part VI, Section B, Line 12c	For purposes of its annual tax filing, Partners HealthCare 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 Partners' Conflict of Interest Policy, the Partners office of Compliance and Business Integrity and Office of 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, the entity's President/CEO, and the General Counsel or attorney representatives of his office). In addition, under the Partners Conflict of Interest Policy, any time an officer, director, trustee, or key employee is aware of a transaction in which his/her interest may create a conflict, he/she is required to provide full disclosure of the interest, and may not be involved in the institutional decision-making about the transaction. In addition, with respect to such transactions, 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 the Partners Board for appropriate action, which review is also documented.

Identifier	Return Reference	Explanation
Joint Venture Policy	Form 990, Part VI, Section B, Line 16b	Partners HealthCare System, Inc. and affiliates are currently drafting a written joint venture policy which will safeguard the exempt mission of the organization in any joint venture with taxable entities. The written policy will be implemented during 2010.

Identifier	Return Reference	Explanation
Decisions of Governing Body Subject to Member Approval	Form 990, Part VI, Section A, Lines 7a&b	Pursuant to the corporate bylaws of the organization, the authority for the following actions is reserved to the members of the organization: - Members shall determine the number of PHS Directors and shall elect PHS Directors. Members may, by a vote, increase the number of PHS directors. Members may decrease the number of PHS Directors, but only to eliminate vacancies existing by reason of the death, resignation or removal of one or more elected PHS Directors. - Members may remove a PHS Director with or without cause by vote. - Members may amend PHS 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.

Identifier	Return Reference	Explanation
Business and Family Relationships	Form 990, Part VI, Section A, Line 2	Carol McMullen & Peter Markell - Business Relationship Cathy Minehan & Jay Pieper - Business Relationship G Moriarty, Cathy Minehan & Jay B Pieper - Business Relationship Charles Gifford & Anne Finucane - Business Relationship

Identifier	Return Reference	Explanation
Independent Voting Board Members	Part VI, Line 1b	Partners HealthCare System, Inc seeks to have a Board that is composed of individuals with the requisite expertise and community representation so that it may effectively govern During this reporting period, some members of the Board, who contribute important expertise and diverse perspective, may have been affiliated with an organization that was involved in a transaction reported on Schedule L In some instances, these transactions involved essential products and services for which the vendor chosen was a leading national or regional source Two such vendors are nationally-known suppliers of health-care and/or research-related products, another is a primary regional supplier of electricity In addition, multiple Board members sit on the Board of our jointly-owned captive liability insurance company As described on this Schedule O, Partners HealthCare System, Inc has a conflict of interest policy to address instances where Partners HealthCare System, Inc may be involved, directly or indirectly, in a transaction with a member of the Board This policy protects against undue influence by Board members and assists the Board in making decisions that are in the best interests of Partners HealthCare System, Inc

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

Name of the organization
Partners HealthCare System Inc

Employer identification number
04-3230035

Part I

Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Partners International Med Services LLC 800 Boylston Street Boston, MA 02199 20-5281203	Patient Care	MA	1,774,358	3,234,160	NA
PD Production LLC 101 Merrimac Street 3rd Floor Boston, MA 02114 56-2383458	Med Education	MA	222,063	493,736	NA
Partners Private Care LLC 1101 Worcester Road Framingham, MA 01701 26-3871702	Home Health	MA	0	0	PHC

Part II

Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III

Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(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
BSC Inc 75 Francis Street Boston, MA02115 04-2987478	Communications	MA	BWF	C	0	0	0 %
Partners Community HealthCare Inc 800 Boylston Street Boston, MA02199 04-3236175	Healthcare	MA	NA	C	201,429,000	110,321,000	100 %
Newton-Wellesley Physician Hospital Org 2014 Washington Street Newton, MA02462 04-3209749	Healthcare	MA	NWHC	C	0	0	0 %

Part V

Transactions with Related Organizations

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b Yes

1c Yes

1d Yes

1e

1f

1g

1h

1i Yes

1j Yes

1k Yes

1l

1m Yes

1n Yes

1o

1p Yes

1q

1r

No

No

No

No

No

No

No

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 other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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

[illegible]

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
The Massachusetts General Hospital (MGH) 55 Fruit Street Boston, MA 02114 04-1564655	Healthcare	MA	501(c)(3)	7	NA
The General Hospital Coporation 55 Fruit Street Boston, MA 02114 04-2697983	Healthcare	MA	501(c)(3)	3	MGH
Massachusetts General Physicians Org 55 Fruit Street Boston, MA 02114 04-2807148	Healthcare	MA	501(c)(3)	9	MGH
The MGH Health Services Corporation 55 Fruit Street Boston, MA 02114 22-2717383	Healthcare	MA	501(c)(3)	11a	MGH
The MGH Institute of Health Professions 36 First Avenue Charlestown, MA 02129 04-2868893	Med Education	MA	501(c)(3)	2	MGH
McLean HealthCare Inc (MHC) 115 Mill Street Belmont, MA 02478 20-4572876	Admin Support	MA	501(c)(3)	11a	MGH
The McLean Hospital Corporation 115 Mill Street Belmont, MA 02478 04-2697981	Healthcare	MA	501(c)(3)	3	MHC
Martha's Vineyard Hospital Inc (MVH) Linton Lane PO Box 1477 Oak Bluffs, MA 02557 04-2104691	Healthcare	MA	501(c)(3)	3	MGH
WNR Inc 1 Linton Lane Oak Bluffs, MA 02557 04-3419920	Nursing Svcs	MA	501(c)(3)	9	MVH
Nantucket Cottage Hospital (NCH) 57 Prospect Street Nantucket, MA 02554 04-2103823	Healthcare	MA	501(c)(3)	3	MGH
Nantucket Cottage Hospital Foundation 57 Prospect Street Nantucket, MA 02554 04-3829745	Admin Support	MA	501(c)(3)	11a	NCH
The Brigham & Women'sFaulkner Hos (BWF) 75 Francis Street Boston, MA 02115 04-2921338	Admin Support	MA	501(c)(3)	7	NA
The Brigham and Women's Hospital (BWH) 75 Francis Street Boston, MA 02115 04-2312909	Healthcare	MA	501(c)(3)	3	BWF
Biosciences Research Foundation Inc 75 Francis Street Boston, MA 02115 22-2483849	Promote Res	MA	501(c)(3)	11a	BWF
BWH Research Inc 75 Francis Street Boston, MA 02115 04-3011445	Med Research	MA	501(c)(3)	11a	BWF
Brigham Community Practices Inc 75 Francis Street Boston, MA 02115 22-2588069	Healthcare	MA	501(c)(3)	9	BWF
Brigham and Women's Phys Org (BWPO) 75 Francis Street Boston, MA 02115 04-3466314	Healthcare	MA	501(c)(3)	9	BWF
BWH Anesthesia Res & Educ Foundation 75 Francis Street Boston, MA 02115 04-3492603	Med Edu & Res	MA	501(c)(3)	7	BWPO
Brigham Medical Res & Edu Foundation 75 Francis Street Boston, MA 02115 04-3539249	Med Res & Edu	MA	501(c)(3)	11a	BWPO
Brigham & Women's Ob-Gyn Res & Edu 75 Francis Street Boston, MA 02115 04-3494863	Med Res & Edu	MA	501(c)(3)	7	BWPO
Brigham Pathology Res & Edu Foundation 75 Francis Street Boston, MA 02115 04-3541111	Med Res & Edu	MA	501(c)(3)	11a	BWPO
Brigham Radiology Res & Edu Foundation 75 Francis Sreet Boston, MA 02115 04-3425905	Med Res & Edu	MA	501(c)(3)	11a	BWPO
BWH Radiation Oncology Res & Edu Found 75 Francis Street Boston, MA 02115 03-0411731	Med Res & Edu	MA	501(c)(3)	7	BWPO
Faulkner Hospital Inc (FH) 1153 Centre Street Boston, MA 02130 04-2768256	Healthcare	MA	501(c)(3)	3	BWF
West Roxbury Medical Group Inc 1828 Centre Street Boston, MA 02132 04-3148310	Healthcare	MA	501(c)(3)	11a	FH
Faulkner Breast Centre Inc 1153 Centre Street Boston, MA 02130 04-3195325	Healthcare	MA	501(c)(3)	11a	FH
Faulkner Community Medical Corporation 1153 Centre Street Boston, MA 02130 04-3235613	Healthcare	MA	501(c)(3)	11a	FH
Village Manor Nursing Home Inc 1153 Centre Street Boston, MA 02130 04-2775265	Nursing Home	MA	501(c)(3)	3	FH
Partners Continuing Care Inc (PCC) Prudential Tower 800 Boylston Stre Boston, MA 02199 26-0003495	Admin Support	MA	501(c)(3)	11a	NA
Spaulding Rehabilitation Hospital Corp 125 Nashua Street Boston, MA 02114 04-2551124	Healthcare	MA	501(c)(3)	3	PCC

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Rehab Hospital of the Cape & Islands 311 Service Road East Sandwich, MA 02537 04-3071419	Healthcare	MA	501(c)(3)	3	PCC
Shaughnessy-Kaplan Rehabilitation Hosp Dove Avenue Salem, MA 01970 04-3067082	Healthcare	MA	501(c)(3)	3	PCC
Partners Home Care Inc (PHC) 281 Winter Street Waltham, MA 02451 04-2918280	Home Health	MA	501(c)(3)	9	PCC
Partners Hospice Inc 48 Woerd Avenue 102 Waltham, MA 02453 04-2730504	Home Health	MA	501(c)(3)	7	PHC
FRC Inc 101 Merrimac Street Boston, MA 02114 22-2632121	Healthcare	MA	501(c)(3)	3	PCC
NSMC HealthCare Inc (NSHC) 81 Highland Avenue Salem, MA 01970 04-3294420	Admin Support	MA	501(c)(3)	11 a	NA
North Shore Medical Center Inc 81 Highland Avenue Salem, MA 01970 04-3399616	Healthcare	MA	501(c)(3)	3	NSHC
North Shore Physicians Group Inc 81 Highland Avenue Salem, MA 01970 04-3080484	Healthcare	MA	501(c)(3)	11 a	NSHC
Newton-Wellesley HealthCare System(NWHC) 2014 Washington Street Newton, MA 02462 20-4295282	Admin Support	MA	501(c)(3)	11 a	NA
Newton-Wellesley Hospital 2014 Washington Street Newton, MA 02462 04-2103611	Healthcare	MA	501(c)(3)	3	NWHC
Newton-Wellesley Ambulatory Services 2014 Washington Street Newton, MA 02462 22-2560501	Healthcare	MA	501(c)(3)	11 a	NWHC
Newton-Wellesley Hosp Charitable Found 2014 Washington Street Newton, MA 02462 04-3455952	Fundraising	MA	501(c)(3)	7	NWHC
Newton-Wellesley Children's Corner Inc 2014 Washington Street Newton, MA 02462 04-2650246	Child Care	MA	501(c)(3)	9	NWHC
Partners Harvard Medical International 131 Dartmouth Street Boston, MA 02116 04-3197711	Med Training	MA	501(c)(3)	11 a	NA
The Friends of The Brigham & Women's Hos 75 Francis Street Boston, MA 02115 04-2239449	Fundraising	MA	501(c)(3)	11 a	BWF
Spaulding Hospital - Cambridge Inc 1575 Cambridge Street Cambridge, MA 02138 27-0273715	Hospital	MA	501(c)(3)	3	PCC

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

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	The Massachusetts General Hospital	a	11,260,498
(2)	Nantucket Cottage Hospital	a	242,294
(3)	The Brigham and Women's Hospital	a	26,393,790
(4)	The General Hospital Corporation	a	11,061,227
(5)	The McLean Hospital Corporation	a	919,740
(6)	The Spaulding Rehabilitation Hospital Corp	a	1,000,218
(7)	Rehabilitation Hospital of the Cape & Islands	a	529,431
(8)	Faulkner Hospital Inc	a	1,260,520
(9)	North Shore Medical Center Inc	a	7,365,901
(10)	Newton-Wellesley Hospital	a	5,254,235
(11)	FRC Inc	a	289,795
(12)	Partners Home Care Inc	a	23,843
(13)	Partners Continuing Care Inc	a	249,748
(14)	The MGH Institue of Health Professions	a	261,423
(15)	North Shore Physicians Group Inc	a	24,771
(16)	Sahughnessy-Kaplan Rehabilitation Hospital	a	281,299
(17)	Partners Continuing Care Inc	b	47,900,000
(18)	The Brigham and Women's Hospital	b	458,375
(19)	The Massachusetts General Hospital	c	54,058,202
(20)	Newton-Wellesley Hospital	c	480,065
(21)	The Brigham and Women'sFaulkner Hospital	c	42,742,352
(22)	Faulkner Hospital Inc	c	2,328
(23)	McLean HealthCare Inc	c	3,049,500
(24)	The MGH Institute of Health Professions Inc	c	26,028
(25)	NSMC Healthcare Inc	c	10,493,532
(26)	Partners Continuing Care Inc	c	4,528,024
(27)	Newton-Wellesley Health Care System Inc	c	8,032,732
(28)	Partners Home Care Inc	c	1,143,728
(29)	Nantucket Cottage Hospital	d	4,100,000
(30)	The MGH Institute of Health Professions Inc	d	3,000,000

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

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(31)	Newton-Wellesley Hospital	d	41,954,184
(32)	North Shore Medical Center Inc	d	42,763,004
(33)	The General Hospital Corporation	d	36,800,000
(34)	The Brigham and Women's Hospital	d	56,222,631
(35)	The Massachusetts General Hospital	k	7,710,861
(36)	The General Hospital Corporation	k	148,873,926
(37)	Massachusetts General Physicians Organization	k	4,208,589
(38)	The Spaulding Rehabilitation Hospital Corp	k	7,500,125
(39)	Partners Home Care Inc	k	2,237,185
(40)	FRC Inc	k	679,626
(41)	Rehabilitation Hospital of the Cape & Islands	k	1,050,274
(42)	Partners Continuing Care Inc	k	499,041
(43)	The McLean Hospital Corporation	k	7,828,033
(44)	The MGH Institute of Health Professions Inc	k	634,774
(45)	The MGH Health Services Corporation	k	70,208
(46)	The Brigham and Women'sFaulkner Hospital	k	645,404
(47)	The Brigham and Women's Hospital	k	117,475,798
(48)	Brigham and Women's Physicians Organization	k	2,841,326
(49)	Faulkner Hospital Inc	k	6,098,016
(50)	North Shore Medical Center Inc	k	20,747,882
(51)	Sahughnessy-Kaplan Rehabilitation Hospital	k	1,145,747
(52)	Newton-Wellesley Hospital	k	8,777,149
(53)	Partners Community HealthCare Inc	k	5,264,726

Additional Data

Software ID:
Software Version:
EIN: 04-3230035
Name: Partners HealthCare System Inc

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jack Connors Jr , Chairman	1 0	X						0	0	0
Anne M Finucane , Trustee	1 0	X						0	0	0
Charles K Gifford , Trustee	1 0	X						0	0	0
Michael A Gimbrone Jr MD , Trustee	1 0	X						0	446,573	59,530
Edward P Lawrence Esq , Trustee	1 0	X						0	0	0
Jay O Light , Trustee	1 0	X						0	0	0
Maury E McGough MD , Treasurer	1 0	X						0	551,410	35,195
Carol C McMullen , Trustee	1 0	X						0	0	0
Cathy E Minehan , Trustee	1 0	X						0	0	0
G Marshall Moriarty Esq , Trustee	1 0	X						0	0	0
Gary A Spiess Esq , Trustee	1 0	X						0	0	0
Henri A Termeer , Trustee	1 0	X						0	0	0
Dorothy A Terrell , Trustee	1 0	X						0	0	0
David A Thomas , Trustee	1 0	X						0	0	0
Katharine K Treadway MD , Trustee	1 0	X						0	247,698	48,275
Andrew L Warshaw MD , Trustee	1 0	X						0	917,263	71,843
Beverly Woo MD , Trustee	1 0	X						0	192,431	43,864
James J Mongan MD , President & CEO/Trustee	50 0	X		X				3,418,463	0	202,564
Albert A Holman III , Treasurer/Trustee	1 0	X		X				0	0	0
Mary C LaLonde , Secretary	1 0			X				120,869	0	32,162
Peter K Markell , V P of Finance	50 0			X				1,453,424	0	644,712
Thomas P Glynn PhD , COO	50 0				X			2,874,974	0	74,787
John P Glaser , Vice President	50 0				X			667,622	0	139,381
Jay B Pieper , Vice President	50 0				X			743,533	0	53,977
Kathryn West , Vice President	50 0					X		727,399	0	50,340
Dennis Colling , Vice President	50 0					X		723,351	0	156,707
Brent L Henry Esq , General Counsel	50 0					X		653,825	0	189,898
Joseph Kvedar MD , Director	50 0					X		489,291	0	49,662
G Allen Peckham , Vice President	50 0					X		488,280	0	152,341

Software ID:
Software Version:
EIN: 04-3230035
Name: Partners HealthCare System Inc

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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Software ID:

Software Version:

EIN: 04-3230035

Name: Partners HealthCare System Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERS CONTINUING CARE INCPRUDENTIAL TOWER 800 BOYLSTON STRE Boston, MA 02199	26-0003495	501(c)(3)	47,900,000				TO SUPPORT ITS TAX EXEMPT AFFILIATES
THE BRIGHAM AND WOMEN'S HOSPITAL INC 75 Francis Street Boston, MA 02115	04-2312909	501(c)(3)	458,375				PAT CARE RESEARCH & MEDICAL EDUCATION
Boston Center for Independent Living60 TEMPLE PLACE Boston, MA 02111	04-2546595	501(c)(3)	32,500				Community Benefit Program
Community Works25 WEST STREET Boston, MA 02111	04-2762623	501(c)(3)	31,000				Community Benefit Program
Partners In Health641 Huntington Avenue Boston, MA 02115	04-3567502	501(c)(3)	31,000				Community Benefit Program
Health Care for All30 WINTER STREET Boston, MA 02108	04-3071598	501(c)(3)	30,000				Community Benefit Program
Kenneth B Schwartz Center 55 Fruit Street Boston, MA 02114	04-2697983	501(c)(3)	28,500				Community Benefit Program
Whittier Street Health Center 1125 TREMONT STREET Roxbury, MA 02120	04-2619517	501(c)(3)	27,500				Community Benefit Program
American Heart Association 7272 GREENVILLE AVENUE Dallas, TX 75231	13-5613797	501(c)(3)	25,000				Community Benefit Program
Boston Red Sox Foundation4 Yawkey Way Boston, MA 02215	33-1007984	501(c)(3)	25,000				Community Benefit Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Charlestown Recovery house400 BLUE HILL DRIVE Westwood, MA 02090	04-3505037	501(c)(3)	25,000				Community Benefit Program
Health Law Advocates30 WINTER STREET Boston, MA 02108	04-3298116	501(c)(3)	25,000				Community Benefit Program
Mattapan Community Health Center1425 BLUE HILL AVENUE Mattapan, MA 02126	04-2544151	501(c)(3)	65,016				Community Benefit Program
South End Community Health Center1601 WASHINGTON STREET Boston, MA 02118	04-2456134	501(c)(3)	25,000				Community Benefit Program
Massachusetts Association for Mental Health Inc130 Bowdoin St Suite 309 Boston, MA 02108	04-2104711	501(c)(3)	20,000				Community Benefit Program
Mass Health Council73 OAK STREET Newton, MA 02464	04-2296739	501(c)(3)	20,000				Community Benefit Program
Pine Street Inn444 HARRISON AVENUE Boston, MA 02118	04-2516093	501(c)(3)	20,000				Community Benefit Program
Mass League of Community Health Centers40 COURT STREE Boston, MA 02108	04-2507409	501(c)(3)	288,346				Community Benefit Program
ABCD178 Tremont Street Boston, MA 02111	23-7225337	501(c)(3)	15,000				Community Benefit Program
Big Sister Association161 MASSACHUSETTS AVENUE Boston, MA 02115	04-2150651	501(c)(3)	15,000				Community Benefit Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Disability Law Center11 Beacon Street Boston, MA 02108	04-2741869	501(c)(3)	15,000				Community Benefit Program
Public Policy Institute30 WINTER ST Boston, MA 02108	20-1903398	501(c)(3)	15,000				Community Benefit Program
Codman Square Health Center637 WASHINGTON STREET Dorchester, MA 02124	04-2678774	501(c)(3)	25,000				Community Benefit Program
National Alliance for the Mentally Ill400 WEST CUMMINGS PARK Woburn, MA 01801	04-2777012	501(c)(3)	11,000				Community Benefit Program
AIDS Action Committee 294 WASHINGTON STREET Boston, MA 02108	22-2707246	501(c)(3)	10,000				Community Benefit Program
Arthritis Foundation29 CRAFT STREET CHATHAM CENTER Newton, MA 02458	04-2113261	501(c)(3)	10,000				Community Benefit Program
Camp Harbor View Foundation200 Clarendon Street Boston, MA 02116	75-3235491	501(c)(3)	110,000				Community Benefit Program
Catholic CharitiesSixty-Six Canal Center Plaza Alexandria, VA 22314	54-0505877	501(c)(3)	10,000				Community Benefit Program
Centro Latino de Chelsea 267 BROADWAY Chelsea, MA 02150	22-2966645	501(c)(3)	10,000				Community Benefit Program
Fund for Boston Neighborhoods IncCity Hall PO BOX 961555 Boston, MA 02196	04-6185609	501(c)(3)	10,000				Community Benefit Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Harvard Medical School Continuing Education 1350 Massachusetts Avenue Cambridge, MA 02138	53-0199180	501(c)(3)	10,000				Community Benefit Program
Hospitality HomesPO BOX 15265 Boston, MA 02215	04-3204112	501(c)(3)	10,000				Community Benefit Program
MGH Institute of Health Professions36 First Avenue Charlestown, MA 02129	04-2868893	501(c)(3)	10,000				Community Benefit Program
North End Community Health Center332 HANOVER STREET Boston, MA 02113	23-7089746	501(c)(3)	10,000				Community Benefit Program
Project Bread- The Walk for Hunger145 Border Street East Boston, MA 02128	04-2931195	501(c)(3)	10,000				Community Benefit Program
Roca101 Park street Chelsea, MA 02150	22-3223641	501(c)(3)	10,000				Community Benefit Program
Urban League of Eastern Massachusetts88 WARREN STREET Roxbury, MA 02119	23-7349132	501(c)(3)	10,000				Community Benefit Program
American Diabetes Association1701 N Beauregard Street Alexandria, VA 22311	13-1623888	501(c)(3)	8,000				Community Benefit Program
Center for Community Health Education420 WASHINGTON STREET Dorchester, MA 02124	04-3112225	501(c)(3)	7,500				Community Benefit Program
South Boston Community Health Center409 West Broadway Street South Boston, MA 02127	04-2682152	501(c)(3)	100,000				Community Benefit Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Institute for Community Health101 Station Landing Medford, MA 02155	04-3543853	501(c)(3)	220,000				Community Benefit Program
Uphams Corner Community Health500 COLUMBIA ROAD Dorchester, MA 02125	04-2708670	501(c)(3)	187,500				Community Benefit Program
WHITTIER STREET HEALTH CENTER COMMITTEE INC1125 TREMONT STREET Roxbury, MA 02120	04-2619517	501(c)(3)	50,000				Community Benefit Program
Lynn Community Health Center269 Union Street Lynn, MA 01901	04-2525066	501(c)(3)	1,181,744				Community Benefit Program
Childrens Hospital300 Longwood Avenue Boston, MA 02115	04-2774441	501(c)(3)	62,335				Community Benefit Program
East Boston Health Center10 Gove Street East Boston, MA 02128	23-7425849	501(c)(3)	1,070,000				Community Benefit Program
Boston Foundation75 Arlington Street Boston, MA 02116	04-2104021	501(c)(3)	30,000				Community Benefit Program
Youth Workers Alliance PO BOX 180923 Boston, MA 02118	04-2610775	501(c)(3)	100,000				Community Benefit Program
MASS COALITION OF SCHOOL BASED HEALTH CENTERS40 COURT STREET Boston, MA 02108	04-3527138	501(c)(3)	10,000				Community Benefit Program
One Family Inc186 SOUTH STREET Boston, MA 02111	54-2076936	501(c)(3)	25,000				Community Benefit Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Women of Means148 LINDEN STREET Wellesley, MA 02482	04-3487205	501(c)(3)	25,000				Community Benefit Program
Boston Health Care for the Homeless729 Massachusetts Avenue Boston, MA 02118	04-3160480	501(c)(3)	175,462				Community Benefit Program

Software ID:
Software Version:
EIN: 04-3230035
Name: Partners HealthCare System Inc

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Mary C LaLonde	(i)	111,444	5,000	4,425	4,742	27,420	153,031	0
	(ii)	0	0	0	0	0	0	0
Thomas P Glynn PhD	(i)	768,822	82,157	2,023,995	31,702	43,085	2,949,761	1,025,757
	(ii)	0	0	0	0	0	0	0
Peter K Markell	(i)	942,405	98,318	412,701	617,809	26,903	2,098,136	318,585
	(ii)	0	0	0	0	0	0	0
Michael A Gimbrone Jr MD	(i)	0	0	0	0	0	0	0
	(ii)	341,781	99,259	5,533	31,703	27,827	506,103	0
Maury E McGough MD	(i)	0	0	0	0	0	0	0
	(ii)	505,585	28,234	17,591	14,131	21,064	586,605	0
Katharine K Treadway MD	(i)	0	0	0	0	0	0	0
	(ii)	178,170	53,148	16,380	31,700	16,575	295,973	0
Andrew L Warshaw MD	(i)	0	0	0	0	0	0	0
	(ii)	515,785	271,733	129,745	31,700	40,143	989,106	0
Beverly Woo MD	(i)	0	0	0	0	0	0	0
	(ii)	148,643	26,468	17,320	25,699	18,165	236,295	0
James J Mongan MD	(i)	939,716	1,248,509	1,230,238	181,701	20,863	3,621,027	750,000
	(ii)	0	0	0	0	0	0	0
John P Glaser	(i)	549,864	59,772	57,986	108,663	30,718	807,003	0
	(ii)	0	0	0	0	0	0	0
Jay B Pieper	(i)	533,640	122,167	87,726	31,701	22,276	797,510	0
	(ii)	0	0	0	0	0	0	0
Kathryn West	(i)	386,353	41,369	299,677	31,704	18,636	777,739	0
	(ii)	0	0	0	0	0	0	0
Dennis Colling	(i)	437,204	48,254	237,893	129,178	27,529	880,058	149,406
	(ii)	0	0	0	0	0	0	0
Brent L Henry Esq	(i)	533,670	58,116	62,039	174,650	15,248	843,723	0
	(ii)	0	0	0	0	0	0	0
Joseph Kvedar MD	(i)	390,332	44,445	54,514	31,703	17,959	538,953	0
	(ii)	0	0	0	0	0	0	0
G Allen Peckham	(i)	403,188	43,192	41,900	131,209	21,132	640,621	0
	(ii)	0	0	0	0	0	0	0

Additional Data

Software ID:
Software Version:
EIN: 04-3230035
Name: Partners HealthCare System Inc

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
L Connors	Family - Connors	97,477	Salary-Brigham & Women's Hosp		No
A Moriarty	Family - Moriarty	130,625	Salary-Brigham & Women's Hosp		No
B Miller	Family - Spiess	61,975	Salary-North Shore Medical Ctr		No
J Cunningham	Family - Woo	181,984	Salary-Brigham & Women's Hosp		No
E Woo	Family - Woo	194,721	Salary-General Hospital Corp		No
B Woo	Family - Woo	214,657	Salary-General Hospital Corp		No
Boathouse Group Inc	Connors - Son Owns	203,000	Advertising		No
Covidien	Connors - Director	25,038,019	Health Products		No
Bank of America	Finucane - Officer	334,784	Banking		No
Bank of America	Gifford - Director	334,784	Banking		No
NSTAR	Gifford - Trustee	11,300,696	Utilities		No
Medicalis	Holman - Director	614,125	Decision Support		No
CRICO	Moriarty - Director	64,400,000	Insurance		No
CRICO	Minehan - Director	64,400,000	Insurance		No
CRICO	Pieper - Director	64,400,000	Insurance		No
Becton Dickinson Company	Minehan - Director	16,886,179	Medical Supplies		No
Eclipsys	Pieper - Director	2,443,582	Information Tech		No
Abiomed	Termeer - Director	335,150	Products & Services		No
Genzyme	Termeer - Director	4,853,127	Products		No