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Form 990   Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>  ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		<b>2010</b>
		<b>Open to Public Inspection</b>

<b>A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011</b>		
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Partners HealthCare System Inc	<b>D Employer identification number</b>  04-3230035
	Doing Business As	<b>E Telephone number</b>  (617) 724-9841
	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	
	<b>F</b> Name and address of principal officer Gary L Gottlieb MD MBA 800 Boylston Street Boston, MA 02199	
		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
		<b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ http www partners org		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1993
		<b>M</b> State of legal domicile MA

Part I		Summary			
Activities & Governance	<b>1</b> 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				
	<b>2</b> Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	17		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	5		
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	<b>5</b>	6,224		
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	0			
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	11,535,170			
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	-157,499			
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	291,715,447	Current Year	222,666,904
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .		455,804,083		520,288,807
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .		-22,270,388		-10,859,247
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,359,084		12,401,675
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .		739,608,226		744,498,139
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .		101,477,353		68,315,649
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		341,564,708		365,446,055
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		108,000		211,185
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 2,495,425				
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .		245,108,715		296,334,449
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		688,258,776		730,307,338
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .		51,349,450		14,190,801
Net Assets or Fund Balances		Beginning of Current Year		End of Year	
	<b>20</b> Total assets (Part X, line 16) . . . . .		3,349,320,793		3,583,614,453
	<b>21</b> Total liabilities (Part X, line 26) . . . . .		3,395,258,241		3,704,631,101
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .		-45,937,448		-121,016,648

<b>Part II Signature Block</b>					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	▶ Signature of officer			2012-08-10	
				Date	
Paid Preparer Use Only	▶ PETER K MARKELL CFO & Treasurer				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no ▶

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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?

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?

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 501(c)(4) organizations and section 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 \$ 238,005,140 including grants of \$ 6,831,569 ) (Revenue \$ 520,288,807 )

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 \$ 238,005,140

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

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

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b>	4,089
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes
<b>2a</b>	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.	<b>2a</b>	6,224
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	Yes
<b>4a</b>	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)?	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	Yes
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	Yes
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	Yes	
10b	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	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
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	Yes	
15c	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
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

Check if Schedule O contains a response to any question in this Part VII ☐

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b Sub-Total . . . . .										
c Total from continuation sheets to Part VII, Section A . . . . .										
d Total (add lines 1b and 1c) . . . . .								14,229,271	1,673,048	1,186,904

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶844

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . .

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* . . . . .

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . .

YesNo

3Yes

4Yes

5No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Accenture LLP PO Box 70629 CHICAGO, IL 60673	Consulting Services	10,737,486
Netversant New England Inc 100 Franklin Drive BOSTON, MA 02110	technological Svcs	2,654,807
blue cross blue shield of massachus 41 park drive BOSTON, MA 02215	medical claims svcs	2,618,418
Solaris Development Inc 63 Drumlin Road NEWTON, MA 02459	Consulting Services	2,440,146
Hill Holliday Connors Cosmopulos I Lockbox 6939 PHILADELPHIA, PA 191706939	Advertising Services	2,248,593
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶106		

Form 990 (2010)

Part VIII

Statement of Revenue

					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 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	204,290,996				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	18,375,908				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f . . . . .			222,666,904			
Program Service Revenue	2a				Business Code			
		ADMINISTRATIVE FEE		561000	520,288,807	520,288,807		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			520,288,807			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .				6,963,457		6,963,457
	4	Income from investment of tax-exempt bond proceeds . . .				12,244		12,244
	5	Royalties . . . . .				6,337		6,337
	6a	Gross Rents	(i) Real	(ii) Personal				
			1,090,872					
	b	Less rental expenses						
	c	Rental income or (loss)	1,090,872					
	d	Net rental income or (loss) . . . . .			1,090,872			1,090,872
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses	17,834,948					
	c	Gain or (loss)	-17,834,948					
	d	Net gain or (loss) . . . . .			-17,834,948		-157,499	- 17,677,449
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
	b	Less direct expenses . . . . .	b					
c	Net income or (loss) from fundraising events . . .			0				
9a	Gross income from gaming activities See Part IV, line 19 . . .	a						
b	Less direct expenses . . . . .	b						
c	Net income or (loss) from gaming activities . . .			0				
10a	Gross sales of inventory, less returns and allowances . . . . .	a						
b	Less cost of goods sold . . . . .	b						
c	Net income or (loss) from sales of inventory . . .			0				
Miscellaneous Revenue				Business Code				
11a	MANAGEMENT SERVICE		561000	5,433,669		5,433,669		
b	PARTNERSHIP INCOME		621400	-1,616,724	-1,616,724			
c	CHILD CARE REVENUE		624410	1,228,521			1,228,521	
d	All other revenue . . . . .			6,259,000		6,259,000		
e	Total. Add lines 11a-11d . . . . .			11,304,466				
12	Total revenue. See Instructions . . . . .			744,498,139				
					518,672,083	11,535,170	- 8,376,018	

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	68,315,649	68,315,649		
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 . . . . .	8,164,043		8,164,043	
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	271,720,783		270,722,781	998,002
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	24,463,718		24,463,718	
9	Other employee benefits . . . . .	39,482,729		39,182,594	300,135
10	Payroll taxes . . . . .	21,614,782		21,614,782	
a	Fees for services (non-employees) Management . . . . .	0			
b	Legal . . . . .	16,159,797		16,159,797	
c	Accounting . . . . .	1,523,004		1,523,004	
d	Lobbying . . . . .	1,300,902		1,300,902	
e	Professional fundraising services See Part IV, line 17 . . . . .	211,185			211,185
f	Investment management fees . . . . .	0			
g	Other . . . . .	46,262,983		45,771,793	491,190
12	Advertising and promotion . . . . .	5,873,368		5,873,368	
13	Office expenses . . . . .	19,412,494		19,349,652	62,842
14	Information technology . . . . .	34,775,685		34,775,685	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	23,950,747		23,659,941	290,806
17	Travel . . . . .	1,653,469		1,639,716	13,753
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	422,340		418,686	3,654
20	Interest . . . . .	81,843,216		81,843,216	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	37,495,488		37,495,488	
23	Insurance . . . . .	736,260		736,260	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	MEALS	1,667,275		1,638,448	28,827
b	NON CAPITAL EQUIPMENT	303,876		303,876	
c	OTHER RESEARCH EXPENSES	3,602,248		3,602,248	
d	SYSTEM DEVELOPMENT FUNDING		162,701,000	-162,701,000	
e	MISCELLANEOUS EXPENSES	12,362,806		12,267,775	95,031
f	All other expenses	6,988,491	6,988,491		
25	Total functional expenses. Add lines 1 through 24f	730,307,338	238,005,140	489,806,773	2,495,425
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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 . . . . .			76,436,684	2	37,467,376
	3	Pledges and grants receivable, net . . . . .			86,000	3	19,482,310
	4	Accounts receivable, net . . . . .			23,091,431	4	43,560,045
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			1,880,977,125	7	1,958,167,209
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			3,714,681	9	4,143,483
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	446,588,414			
	b	Less: accumulated depreciation . . . . .	10b	110,711,606	276,714,220	10c	335,876,808
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities. See Part IV, line 11 . . . . .			700,838,540	12	813,918,746
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			387,462,112	15	370,998,476
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			3,349,320,793	16	3,583,614,453	
Liabilities	17	Accounts payable and accrued expenses . . . . .			783,628,336	17	894,980,451
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .			2,488,303,308	20	2,656,808,379
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			123,326,597	25	152,842,271
	26	Total liabilities. Add lines 17 through 25 . . . . .			3,395,258,241	26	3,704,631,101
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 . . . . .			-47,173,448	27	-136,597,591
	28	Temporarily restricted net assets . . . . .			86,000	28	14,430,943
	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 . . . . .			-45,937,448	33	-121,016,648
34	Total liabilities and net assets/fund balances . . . . .			3,349,320,793	34	3,583,614,453	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	744,498,139
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	730,307,338
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	14,190,801
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-45,937,448
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-89,270,001
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	-121,016,648

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII ☐

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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?		No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2010

Open to Public Inspection

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

Name of the organization  
Partners HealthCare System Inc

Employer identification number  
04-3230035

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An 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

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

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  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(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?

h

☐

Provide the following information about the supported organization(s)

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

(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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	109,485,748	117,293,782	131,286,751	291,715,447	222,666,904	872,448,632
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	109,485,748	117,293,782	131,286,751	291,715,447	222,666,904	872,448,632
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						872,448,632

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	109,485,748	117,293,782	131,286,751	291,715,447	222,666,904	872,448,632
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,473,554	26,851,546	21,851,217	21,763,893	19,377,376	115,317,586
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)						987,766,218
12 Gross receipts from related activities, etc (See instructions )					12	2,181,902,489
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 ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	88 325 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	86 623 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. 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 ▶		
17a 10%-facts-and-circumstances test—2010. 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 ▶		
b 10%-facts-and-circumstances test—2009. 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 ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13 Total support (Add lines 9, 10c, 11 and 12 )						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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

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

**If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

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

**If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

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

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

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

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

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

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input 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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(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 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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			
	<b>a</b> Volunteers?		No	
	<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	<b>c</b> Media advertisements?		No	
	<b>d</b> Mailings to members, legislators, or the public?		No	
	<b>e</b> Publications, or published or broadcast statements?		No	
	<b>f</b> Grants to other organizations for lobbying purposes?		No	
	<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
	<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	<b>i</b> Other activities? If "Yes," describe in Part IV		No	
<b>j</b> Total lines 1c through 1i			1,300,902	
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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 (see instructions)	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 1.  
Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Lobbying Expenses	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.

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public  
Inspection

**Name of the organization**  
Partners HealthCare System Inc

**Employer identification number**

04-3230035

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</div> <div><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 for any other purpose conferring impermissible private benefit	
	<div><input type="checkbox"/> Yes</div> <div><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)  

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

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶\_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

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

☐ Yes

☐ No

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

1b

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

▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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

**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 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 the arrangement in Part XIV and complete the following table

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance . . . . .	5,110,800	4,740,375	4,556,070		
<b>b</b> Contributions . . . . .	171,858	157,159	166,083		
<b>c</b> Investment earnings or losses . . . . .	51,596	370,425	231,385		
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	171,858	157,159	213,163		
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	5,162,396	5,110,800	4,740,375		

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 78 000 %
- b** Permanent endowment ▶ 22 000 %
- c** Term endowment ▶

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

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	No
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	No
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**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) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		17,526,693		17,526,693
<b>b</b> Buildings . . . . .		29,702,912	7,807,162	21,895,750
<b>c</b> Leasehold improvements . . . . .		25,394,948	11,270,348	14,124,600
<b>d</b> Equipment . . . . .		182,692,688	91,624,664	91,068,024
<b>e</b> Other . . . . .		191,261,741		191,261,741
<b>Total.</b> Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> . . . . . ▶				335,876,808



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	Other losses . . . . .	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 IV, 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. Also complete this part to provide any additional information.		
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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization Partners HealthCare System Inc	<b>Employer identification number</b>  04-3230035
--	---

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

**1 For grantmakers.** 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 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

**3** Activites per Region (Use Part V if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
East Asia and the Pacific			Program Services	Pat Care, Res & Educ	10,776
Europe (Including Iceland and Greenland)			Program Services	Pat Care, Res & Educ	462,294
Middle East and North Africa		5	Program Services	Pat Care, Res & Educ	1,497
North America			Program Services	Pat Care, Res & Educ	76,103
South Asia			Program Services	Pat Care, Res & Educ	290
Sub-Saharan Africa			Program Services	Pat Care, Res & Educ	25,000
Central America and the Caribbean			Program Services	Jointly Owned For Ins	208,485
<b>3a</b> Sub-total		5			784,445
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)		5			784,445

**1**

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

3 Enter total number of other organizations or entities . . . . . ► \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☒ Yes ☐ No

Part V

**Supplemental Information**  
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
Accounting method	Part I, Line 3	The organization uses the book value method to report foreign expenditures to be consistent with the reporting used for the financial statements

OMB No 1545-0047

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

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

# 2010

## Open to Public Inspection

Name of the organization Partners HealthCare System Inc	<b>Employer identification number</b>  04-3230035
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**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.

<b>a</b>	<input checked="" type="checkbox"/> Mail solicitations	<b>e</b>	<input checked="" type="checkbox"/> Solicitation of non-government grants
<b>b</b>	<input checked="" type="checkbox"/> Internet and e-mail solicitations	<b>f</b>	<input checked="" type="checkbox"/> Solicitation of government grants
<b>c</b>	<input checked="" type="checkbox"/> Phone solicitations	<b>g</b>	<input type="checkbox"/> Special fundraising events
<b>d</b>	<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 services? ☒ **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 and address 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		116,868	
Development Communications Associa	FUNDRAISING STRATEGY		No		94,317	
<b>Total . . . . .</b>					211,185	

**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

[illegible]

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
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .			
	2	Less Charitable contributions . . . .			
	3	Gross income (line 1 minus line 2) . . . .			
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .			
	7	Food and beverages . . . .			
	8	Entertainment . . . .			
	9	Other direct expenses . . . .			
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine lines 3 and 10 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) . . . . . ▶			

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? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

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?

☐ 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?

☐ Yes ☐ No

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 ▶ \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ 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?

☐ Yes ☐ No

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 ▶ \$ \_\_\_\_\_

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
Partners HealthCare System Inc

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" to 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. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (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
See Additional Data Table							

2

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

▶ 64

3

Enter total number of other organizations . . . . .

▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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.

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)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
Partners HealthCare System Inc

Employer identification number  
04-3230035

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	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><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	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		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	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		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	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	7	No
8	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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported 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) Retirement and other 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 reportable compensation				
(1) Maury E McGough MD	(i)	0	0	0	0	0	0	0
	(ii)	430,670	52,143	34,196	39,319	29,125	585,453	0
(2) Andrew L Warshaw MD	(i)	0	0	0	0	0	0	0
	(ii)	539,985	242,576	188,116	33,860	29,250	1,033,787	0
(3) Beverly Woo MD	(i)	0	0	0	0	0	0	0
	(ii)	154,460	13,776	17,126	24,114	17,558	227,034	0
(4) Gary L Gottlieb MD MBA	(i)	1,357,424	138,000	1,567,081	33,860	31,282	3,127,647	1,506,480
	(ii)	0	0	0	0	0	0	0
(5) Maureen GOGGIN	(i)	131,244	0	39,407	21,823	11,892	204,366	0
	(ii)	0	0	0	0	0	0	0
(6) Peter K Markell	(i)	988,168	118,000	1,105,614	333,861	25,045	2,570,688	1,071,265
	(ii)	0	0	0	0	0	0	0
(7) John P Glaser	(i)	347,927	0	219,220	33,863	22,843	623,853	174,844
	(ii)	0	0	0	0	0	0	0
(8) Thomas P Glynn PhD	(i)	784,430	99,000	440,728	33,863	48,332	1,406,353	0
	(ii)	0	0	0	0	0	0	0
(9) Jay B Preper	(i)	546,983	42,000	69,566	33,864	24,224	716,637	0
	(ii)	0	0	0	0	0	0	0
(10) DENNIS D COLLING	(i)	448,036	58,000	627,595	33,863	32,014	1,199,508	361,054
	(ii)	0	0	0	0	0	0	0
(11) MARY FINLAY	(i)	282,030	59,480	283,145	33,864	24,162	682,681	0
	(ii)	0	0	0	0	0	0	0
(12) Brent L Henry Esq	(i)	547,002	70,000	234,737	33,862	14,373	899,974	0
	(ii)	0	0	0	0	0	0	0
(13) Thomas H Lee Jr MD	(i)	709,208	87,350	1,516,853	41,139	30,998	2,385,548	218,387
	(ii)	0	0	0	0	0	0	0
(14) G Allen Peckham	(i)	413,567	52,000	221,544	33,863	22,621	743,595	0
	(ii)	0	0	0	0	0	0	0
(15) James J Mongan MD	(i)	0	0	354,044	0	0	354,044	300,000
	(ii)	0	0	0	0	0	0	0
(16) Mary C LaLonde ESQ	(i)	134,139	7,916	10,699	13,122	23,827	189,703	0
	(ii)	0	0	0	0	0	0	0

Part IIISupplemental Information

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.

Identifier	Return Reference	Explanation
Participation in a supplemental nonqualified retirement plan	Part I, Line 4b	These amounts are already included in the compensation disclosed on Schedule J, Part II: GARY L. GOTTLIEB, MD, MBA - \$1,506,480; THOMAS H. LEE, MD - \$1,466,041; PETER K. MARKELL - \$1,071,265; DENNIS D. COLLING - \$564,127; THOMAS P. GLYNN - \$354,697; Allen Peckham - \$175,586; John Glaser - \$174,844; Brent L. Henry, Esq. - \$169,187; Andrew L. Warshaw, MD - \$34,824.
Trustee Compensation	Part II & Schedule J-2	Trustees receive no compensation or contributions to employee benefit plans for service on the Board or its Committees. Board members who are also employed by the Corporation or a Partners affiliate receive compensation only for their services as employees.

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.										OMB No 1545-0047	
											2010	
	Department of the Treasury Internal Revenue Service											Open to Public Inspection
Name of the organization Partners HealthCare System Inc										Employer identification number 04-3230035		

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MHEFA Partners HealthCare System Inc Series d	04-2456011	57585k3n6	05-28-2003	346,300,000	Series D - See Schedule K Part V		X		X		X
B	MHEFA PARTNERS HEALTHCARE SYSTEM INC SERIES E	04-2456011	57585K4Q8	06-12-2003	62,476,437	Series E - See Schedule K Part V		X		X		X
C	MHEFA pARTNERS HEALTHCARE SYSTEM INC SERIES F	04-2456011	57586CGW9	06-10-2005	411,566,153	Series F - See Schedule K Part V		X		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 K Part V		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	238,975,000		37,495,000		26,315,000		19,190,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	357,828,401		64,682,969		419,448,101		329,345,063	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	15,436,586				18,398,432		9,382,534	
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	2,026,416		557,439		2,671,595		2,338,149	
8	Credit enhancement from proceeds	2,650,000				2,650,000			
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	249,756,929				326,493,380		164,128,012	
11	Other spent proceeds	90,608,469		64,125,529		69,234,694		153,496,369	
12	Other unspent proceeds								
13	Year of substantial completion	2005		1994		2007		2009	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X	X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		X
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
c	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
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	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 section 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	

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?	X			X	X			X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X			X	X			X
b	Name of provider	bear stearns capital				BEAR STEARNS CAPITAL			
c	Term of hedge	3 2 2				3 5			
d	Was the hedge superintegrated?		X				X		
e	Was a hedge terminated?		X				X		
4a	Were gross proceeds invested in a GIC?	X			X	X		X	
b	Name of provider	TRINITY PLUS				XL ASSET FUNDING COM		CITIGROUP FINANCIAL	
c	Term of GIC	2 4				1 8		1 7	
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X				X		X	
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X	

Part VSupplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
Supplemental Tax Exempt Bond Information	Form 990, Schedule K	See Federal Footnote for Schedule K Part V Supplemental information on tax exempt bonds

Department of the Treasury  
Internal Revenue Service

Name of the organization

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

▶ **Attach to Form 990.**

► See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization

PARTNERS HEALTHCARE SYSTEM, INC.

Employer identification number

04-3230035

## Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled Financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MHF2 EFTNHF HEALTH CFE EF 15-1, 15-2, 15-3, 15-4, 15-5	04-__45, 011	505-__000-	01/20/2007	100,000,000	EF 15-1, 15-2, 15-3, 15-4, 15-5 - EE - HEH2						
<b>B</b> MHF2 EFTNHF HEALTH CFE 1 TEL, IN EFIE H	04-__45, 011	505-__000-	04/01/2008	171, 00,000	EFIE H - EE - HEH2ULE 1 EFFT						
<b>C</b> MHF2 EFTNHF HEALTH CFE 1 TEL, IN EFIE I	04-__45, 011	505-__000-	05/14/2008	__4, 400,000	EFIE I - EE - HEH2ULE 1 EFFT						
<b>D</b> MHF2 EFTNHF HEALTH CFE 1 TEL, IN EFIE J	04-__45, 011	505-__000-	01/05/2010	50,017,000	EFIE J - EE - HEH2ULE 1 EFFT						

## Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired . . . . .	225,000,000.							
2 Amount of bonds legally defeased . . . . .								
3 Total proceeds of issue . . . . .	386,190,828.		171,320,000.		229,981,250.		509,258,319.	
4 Gross proceeds in reserve funds . . . . .								
5 Capitalized interest from proceeds . . . . .	20,479,076.							
6 Proceeds in refunding escrows . . . . .								
7 Issuance costs from proceeds . . . . .	2,776,551.		420,000.		2,556,080.		5,151,067.	
8 Credit enhancement from proceeds . . . . .	4,696,147.				116,071.			
9 Working capital expenditures from proceeds . . . . .								
10 Capital expenditures from proceeds . . . . .	358,239,054.				227,309,098.		249,983,765.	
11 Other spent proceeds . . . . .			170,900,000.				254,123,487.	
12 Other unspent proceeds . . . . .								
13 Year of substantial completion . . . . .	2009		2009		2009		2010	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue? . . . . .		X	X			X	X	
15 Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
16 Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III** Private Business Use

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

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

Schedule K (Form 990) 2010

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PARTNERS HEALTHCARE SYSTEM, INC.

**Supplemental Information on Tax-Exempt Bonds**

► **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

► **Attach to Form 990.**

► **See separate instructions.**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

**Employer identification number**

04-3230035

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled Financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> PARTNERS HEALTHCARE SYSTEM, INC. BOND	04-3230035	000000000	01/17/2011	4,000,000.00	BOND - SEE SCHEDULE I DESCRIPTION						
<b>B</b>											
<b>C</b>											
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired . . . . .	295,000.							
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	436,030,814.							
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .								
<b>6</b> Proceeds in refunding escrows . . . . .								
<b>7</b> Issuance costs from proceeds . . . . .	3,523,063.							
<b>8</b> Credit enhancement from proceeds . . . . .								
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .	201,342,457.							
<b>11</b> Other spent proceeds . . . . .	231,165,294.							
<b>12</b> Other unspent proceeds . . . . .								
<b>13</b> Year of substantial completion . . . . .	2011							
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue? . . . . .	X							
<b>15</b> Were the bonds issued as part of an advance refunding issue? . . . . .	X							
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X							
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X							

**Part III Private Business Use**

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

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

Schedule K (Form 990) 2010

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X				X		X
<b>b</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X				X		X
<b>c</b> 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
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0.0000 %				0.0000 %		0.0000 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0.0000 %				0.0000 %		0.0000 %	
<b>6</b> Total of lines 4 and 5 . . . . .	0.0000 %				0.0000 %		0.0000 %	
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .	X				X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .		X		X		X		X
<b>2</b> Is the bond issue a variable rate issue? . . . . .	X			X	X			X
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .	X			X	X			X
<b>b</b> Name of provider . . . . .	EEEF TERFU - AFIT-L				EEEF TERFU - AFIT-L			
<b>c</b> Term of hedge . . . . .	32.200				35.000			
<b>d</b> Was the hedge superintegrated? . . . . .		X				X		
<b>e</b> Was the hedge terminated? . . . . .		X				X		
<b>4a</b> Were gross proceeds invested in a GIC? . . . . .	X			X	X		X	
<b>b</b> Name of provider . . . . .	TFINITL ELU				L - ET FUNDING - N - ITITL OF FINITL			
<b>c</b> Term of GIC . . . . .	2.400				1.800		1.700	
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .	X				X		X	
<b>5</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		X		X		X		X
<b>6</b> Did the bond issue qualify for an exception to rebate? . . . . .	X		X		X		X	

**Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions)**

SUPPLEMENTAL TAX EXEMPT BOND INFORMATION  
FORM 990, SCHEDULE K

SEE FEDERAL FOOTNOTE FOR SCHEDULE K PART V SUPPLEMENTAL INFORMATION ON  
TAX EXEMPT BONDS

JSA

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>b</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>c</b> 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
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0.0000 %		0.0000 %		0.0000 %		0.0000 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0.0000 %		0.0000 %		0.0000 %		0.0000 %	
<b>6</b> Total of lines 4 and 5 . . . . .	0.0000 %		0.0000 %		0.0000 %		0.0000 %	
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .		X		X		X		X
<b>2</b> Is the bond issue a variable rate issue? . . . . .	X		X		X			X
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .	X			X	X			X
<b>b</b> Name of provider . . . . .	GOLDEN RICH REITS				HEFFILL LAMB REITS			
<b>c</b> Term of hedge . . . . .	35.000				35.000			
<b>d</b> Was the hedge superintegrated? . . . . .		X				X		
<b>e</b> Was the hedge terminated? . . . . .		X				X		
<b>4a</b> Were gross proceeds invested in a GIC? . . . . .	X		X			X		X
<b>b</b> Name of provider . . . . .	TRITOF THE FINANCIAL		TRITOF THE FINANCIAL					
<b>c</b> Term of GIC . . . . .	1.700		.800					
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .	X		X					
<b>5</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		X		X		X		X
<b>6</b> Did the bond issue qualify for an exception to rebate? . . . . .	X		X		X		X	

**Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions)**

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
<b>b</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>c</b> 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						
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0.0000 %							
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0.0000 %							
<b>6</b> Total of lines 4 and 5 . . . . .	0.0000 %							
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .		X						
<b>2</b> Is the bond issue a variable rate issue? . . . . .	X							
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .	X							
<b>b</b> Name of provider . . . . .	HEFFILL LLOYD & REITZ							
<b>c</b> Term of hedge . . . . .	35.000							
<b>d</b> Was the hedge superintegrated? . . . . .		X						
<b>e</b> Was the hedge terminated? . . . . .		X						
<b>4a</b> Were gross proceeds invested in a GIC? . . . . .		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>5</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		X						
<b>6</b> Did the bond issue qualify for an exception to rebate? . . . . .	X							

**Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions)**

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V lines 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

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).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) 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.

Complete if the organization 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV**

**Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

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

**Part V**

**Supplemental Information**  
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ****2010****Open to Public  
Inspection****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**Department of the Treasury  
Internal Revenue Service**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 NEWTON-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 TWO FOUNDING ACADEMIC MEDICAL CENTERS (MGH AND BWH) AND OTHER HEALTH-RELATED ENTITIES. PARTNERS IS CREATING A FRAMEWORK IN WHICH ALL ASPECTS OF THE HEALTH CARE DELIVERY SYSTEM ARE COORDINATED BETWEEN 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. Partners is committed to leading the way in designing integrated patient and family-centered care with the goals of enhancing the quality of patient care and slowing the increase in health care costs. Partners has launched a series of strategic initiatives to redesign care with an emphasis on improving quality and affordability. Multi-disciplinary teams from Partners and from Partners HealthCare hospitals were assembled to develop and implement strategies for change, focusing on the following key areas: Care Redesign initiatives that seek improvement in patient quality and outcomes while reducing the cost to deliver those outcomes; Patient Affordability initiatives to manage cost growth and reduce per unit costs in direct patient care and overhead. Additional and ongoing initiatives include the following: Promoting payment systems that support more integrated, patient-centered care; Providing population health management for the sickest patient groups; Delivering safety across the continuum of care; Redesigning primary care; Maximizing the use of new information technology. PLEASE VISIT <a href="http://www.partners.org/about/philanthropy/commitment-to-giving/default">HTTP://WWW.PARTNERS.ORG/ABOUT/PHILANTHROPY/COMMITMENT-TO-GIVING/DEFAULT</a> AS PX FOR MORE INFORMATION ABOUT SPECIFIC PARTNERS' PROGRAMS AND INITIATIVES.</p>

Identifier	Return Reference	Explanation
Form 990 Review	Form 990, Part VI, Section B, Line 11b	<p>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 Executive Vice President of Administration and Finance, CFO and Treasurer, the PHS Vice President of Human Resources and by the PHS General Counsel. The Executive Vice President of Administration and Finance, CFO and Treasurer reviewed and signed the Form 990. The compensation disclosures were presented to and discussed with the PHS Compensation Committee at the May 1, 2012 meeting. The process for preparing and reviewing Form 990 was discussed at the May 9, 2012 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.</p>

Identifier	Return Reference	Explanation
Audited Financial Statements	Form 990, Part XII, Line 2b	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
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	<p>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 for Interactions with Industry 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 and the entity's President/CEO, who review the disclosures with the assistance of 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.</p>

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 2012.

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, STANLEY LUKOWSKI & RICHARD HOLBROOK - BUSINESS RELATIONSHIP G MARSHALL MORIARTY, CATHY MINEHAN & JAY 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.

Identifier	Return Reference	Explanation
Other Changes in Net Assets or Fund Balances	Part XI, Line 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES RELATE TO NET UNREALIZED GAIN/(LOSS) ON INVESTMENTS, CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PLANS, CHANGE IN FAIR VALUE OF HEDGING INTEREST RATE SWAPS, AND OTHER CHANGES IN NET ASSETS

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
Partners HealthCare System Inc

Employer identification number  
04-3230035

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Partners International Med Services LLC 800 Boylston Street Boston, MA 02199 20-5281203	Med Education	MA	9,921,520	10,185,690	NA
(2) PD Production LLC 101 Merrimac Street 3rd Floor Boston, MA 02114 56-2383458	Med Education	MA	0	0	NA
(3) 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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) BSC Inc 75 Francis Street Boston, MA02115 04-2987478	Communication	MA	BWF	C	0	0	0 %
(2) Partners Community HealthCare Inc 800 Boylston Street Boston, MA02199 04-3236175	Healthcare	MA	NA	C	227,086,594	129,828,594	100 000 %
(3) Newton-Wellesley Physician Hospital Org 2014 Washington Street Newton, MA02462 04-3209749	Healthcare	MA	NWHC	C	2,333,418	9,720,819	100 000 %

Part V

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

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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

**Part VII**   **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 04-3230035

Name: Partners HealthCare System Inc

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

(A) Name and Title	(B) Average hours per week	(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			
Jack Connors Jr Chairman	1 0	X						0	0	0
Anne M Finucane Director	1 0	X						0	0	0
Charles K Gifford Director	1 0	X						0	0	0
RICHARD E HOLBROOK Director 07/01/11-9/30/11	1 0	X						0	0	0
Albert A Holman III Director	1 0	X						0	0	0
EDWARD P LAWRENCE ESQ Director 07/01/11-9/30/11	1 0	X						0	0	0
Jay O Light PhD Director	1 0	X						0	0	0
STANLEY J LUKOWSKI Director 07/01/11-9/30/11	1 0	X						0	0	0
Maury E McGough MD Director	1 0	X						0	517,009	68,444
Carol C McMullen Director	1 0	X						0	0	0
Cathy E Minehan Director	1 0	X						0	0	0
G Marshall Moriarty Esq Director	1 0	X						0	0	0
Gary A Spiess Esq Director 10/01/10-6/30/11	1 0	X						0	0	0
Henri A Termeer Director	1 0	X						0	0	0
Dorothy A Terrell Director	1 0	X						0	0	0
David A Thomas Director 10/01/10-7/22/11	1 0	X						0	0	0
Andrew L Warshaw MD Director	1 0	X						0	970,677	63,110
Beverly Woo MD Director	1 0	X						0	185,362	41,672
Gary L Gottlieb MD MBA Pres/CEO/Director	50 0	X						3,062,505	0	65,142
Maureen GOGGIN Secretary (03/22/11-9/30/11)	1 0			X				170,651	0	33,715
Peter K Markell Executive VP, CFO & Treasurer	50 0			X				2,211,782	0	358,906
Patricia M Salamone Secretary (10/1/10-03/22/11)	1 0			X				117,134	0	21,218
Thomas P Glynn PhD COO	50 0				X			1,324,158	0	82,195
Jay B Pieper Vice President	50 0				X			658,549	0	58,088
DENNIS D COLLING Vice President	50 0					X		1,133,631	0	65,877

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

(A) Name and Title	(B) Average hours per week	(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			
MARY FINLAY Vice President	50 0					X		624,655	0	58,026
Brent L Henry Esq General Counsel	50 0					X		851,739	0	48,235
Thomas H Lee Jr MD Network President	50 0					X		2,313,411	0	72,137
G Allen Peckham Vice President	50 0					X		687,111	0	56,484
James J Mongan MD Pres/CEO/Director	50 0						X	354,044	0	0
Mary C LaLonde ESQ Secretary	50 0						X	152,754	0	36,949
John P Glaser Vice President	50 0						X	567,147	0	56,706

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
Alliance for inclusion and Prevention105 Cummins Highway Roslindale,MA 02131	04-3285237	501(c)(3)	25,000				Community Benefits
Mass Law Reform Institute 99 Chauncy Street Boston,MA 02111	04-6004303	501(c)(3)	25,000				Community Benefits

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
Mass Insight18 Tremont Street Boston, MA 02108	04-3369687	501(c)(3)	50,000				Community Benefits
Boston Living Center29 Stanhope Street Boston, MA 02116	04-3088563	501(c)(3)	20,000				Community Benefits

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
Boston Public Health Commission1010 Massachusetts Avenue Boston,MA 02118	43-3166555	501(c)(3)	20,000				Community Benefits Community Benefits
Coalition for School Based Health Centers40 Court Street 10th floor Boston,MA 02108	04-3527138	501(c)(3)	10,000				Community Benefits

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
Community Service Care Inc PO Box 300010 Jamaica Plain, MA 02130	04-2754281	501(c)(3)	6,000				Community Benefits
Boston HealthCare for the Homeless729 Massachusetts Avenue Boston, MA 02118	01-3160480	501(c)(3)	192,954				Community Benefits

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
Mattapan Community Health Center1425 BLUE HILL AVENUE MATTAPAN,MA 02126	04-2544151	501(c)(3)	491,016				Community Benefits
Project Bread - The Walk for Hunger145 Border Street East BOSTON,MA 02128	04-2931195	501(c)(3)	10,000				Community Benefits

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
Mass Public Health Association434 Jamaicaway Jamaica Plain, MA 02130	04-2326503	501(c)(3)	35,000				Community Benefits
Fitz Urban Youth Sports co NEU360 Huntington Avenue Boston, MA 02115	04-1679980	501(c)(3)	100,000				Community Benefits

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)	30,000				Community Benefits
Joint Commission for Children's HealthCare Everett City Hall 484 Broadway Room 27 Everett,MA 02149	10-0001184	501(c)(3)	10,000				Community Benefits

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
Camp Harbor View Foundation200 Clarendon Street Boston,MA 02116	75-3235491	501(c)(3)	150,000				Community Benefits
Uphams Corner Community Health500 COLUMBIA ROAD DORCHESTER,MA 02125	04-2708670	501(c)(3)	475,564				Community Benefits

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
Mass League of Community Health Centers40 COURT STREET BOSTON, MA 02108	04-2507409	501(c)(3)	921,564				Community Benefits
Health Care for All30 WINTER STREET BOSTON, MA 02108	04-3071598	501(c)(3)	199,000				Community Benefits

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
Lynn Community Health Center269 Union Street Lynn, MA 01901	04-2525066	501(c)(3)	854,364				Community Benefits
Institute for Community Health101 Station Landing Medford, MA 02155	04-3543853	501(c)(3)	220,000				Community Benefits

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
South Boston Community Health Center409 W Broadway St South Boston,MA 02127	04-2682152	501(c)(3)	125,000				Community Benefits
DotWell1452 Dorchester Avenue Dorchester,MA 02122		501(c)(3)	12,100				Community Benefits

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
CURE223 West Erie Street Chicago,IL 60654	36-4253176	501(c)(3)	50,000				Community Benefits
Kenneth B Schwartz Center 205 Portland Street Boston,MA 02114	04-1564655	501(c)(3)	40,309				Community Benefits

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
Community Works25 West Street Boston,MA 02111	04-2762623	501(c)(3)	31,000				Community Benefits
Whittier Street Health Center 1125 Tremont Street Roxbury,MA 02120	04-2619517	501(c)(3)	32,500				Community Benefits

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
Health Law Advocates30 Winter Street Boston,MA 02108	04-3298116	501(c)(3)	25,000				Community Benefits
YMCA316 Huntington Avenue Boston,MA 02115	04-2103551	501(c)(3)	25,000				Community Benefits

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
GBIO594 Columbia Road Dorchester,MA 02125	04-3355553	501(c)(3)	25,000				Community Benefits
American Heart Association 7272 Greenville Avenue Dallas,TX 75231	13-5613797	501(c)(3)	25,000				Community Benefits

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
Bridge Over Troubled Waters 47 West Street Boston,MA 02111	04-2472126	501(c)(3)	25,000				Community Benefits
Pine Street Inn434 Harrison Avenue Boston,MA 02118	04-2516093	501(c)(3)	25,000				Community Benefits

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
Mass Association for Mental Health130 Bowdoin Street Boston,MA 02108	04-2104711	501(c)(3)	25,000				Community Benefits
South End CHC1601 Washington Street Boston,MA 02118	04-2456134	501(c)(3)	25,000				Community Benefits

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
Codman Sq CHC637 Washington Street Dorchester,MA 02124	04-2678774	501(c)(3)	25,000				Community Benefits
Health Law Advocates30 WINTER STREET BOSTON,MA 02108	04-3298116	501(c)(3)	25,000				Community Benefits

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
Dimock CHC55 Dimock Street Roxbury, MA 02119	04-3487835	501(c)(3)	27,500				Community Benefits
Boston Municipal Research Bureau333 Washington Street Boston, MA 02108	22-2673755	501(c)(3)	15,000				Community Benefits

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
Mass League of Community Health Centers40 Court Street Boston, MA 02108	04-2507409	501(c)(3)	15,000				Community Benefits
ABCD178 Tremont Street Boston, MA 02111	23-7225337	501(c)(3)	15,000				Community Benefits

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
Belmont Council on Aging 266 Beech Street Belmont, MA 02478	55-0787111	501(c)(3)	15,000				Community Benefits
Boston Municipal Research Bureau 333 Washington Street Boston, MA 02108	22-2673755	501(c)(3)	15,000				Community Benefits

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
BCIL60 Temple Place 5th Floor Boston,MA 02111	04-2546595	501(c)(3)	12,500				Community Benefits
Children's Trust Fund55 Court Street 4th Floor Boston,MA 02108	04-3123184	501(c)(3)	10,000				Community Benefits

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
Association for Behavioral Health251 W Central Street Natick, MA 01760	04-2702037	501(c)(3)	10,000				Community Benefits
The Fund for Boston NeighborhoodsPO Box 961555 Boston, MA 02196	04-6185609	501(c)(3)	10,000				Community Benefits

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
South Boston Community Health Center409 West Broadway South BOSTON,MA 02127	04-2682152	501(c)(3)	10,000				Community Benefits
Mass Eye and Ear Infirmary 243 Charles Street Boston,MA 02114	04-2103591	501(c)(3)	10,000				Community Benefits

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
Rogerson Communities1 Florence Street Boston, MA 02131	04-2104319	501(c)(3)	10,000				Community Benefits
The Boston Foundation75 Arlington Street Boston, MA 02116	04-2104021	501(c)(3)	10,000				Community Benefits

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
Hospitality HomesPO Box 15265 Boston,MA 02215	04-3204112	501(c)(3)	10,000				Community Benefits
Society of Academic Black Surgeons3800 Reservoir Road NW Washington,DC 20007	16-1444395	501(c)(3)	10,000				Community Benefits

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
United WayPO Box 51381 Boston,MA 02205	04-2382233	501(c)(3)	10,000				Community Benefits
National Alliance for the Mentally Ill400 West Cummings Park Woburn,MA 01801	04-2777012	501(c)(3)	10,000				Community Benefits

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
AIDS Action75 Amory Street Boston,MA 02119	22-2707246	501(c)(3)	10,000				Community Benefits
Harvard Street Health Center 632 Blue Hill Avenue Dorchester,MA 02121	04-2600042	501(c)(3)	10,000				Community Benefits

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
Visiting Nurse Association 500 Rutherford Avenue Charlestown, MA 02129	04-2105800	501(c)(3)	10,000				Community Benefits
National Patient Safety Foundation268 Summer Street Boston, MA 02210	36-7166993	501(c)(3)	8,335				Community Benefits

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
American Diabetes Association330 Congress Street Boston, MA 02210	13-1623888	501(c)(3)	8,000				Community Benefits
Cairdes75 Monisa Kay Drive Plymouth, MA 02360	02-0538771	501(c)(3)	7,500				Community Benefits

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
Big Sister Association161 Massachusetts Avenue Boston,MA 02115	04-2150651	501(c)(3)	12,500				Community Benefits
Partners Continuing Care Inc Prudential Tower 800 Boylston Street Boston,MA 02199	26-0003495	501(c)(3)	55,590,000				To Support Its Tax Exempt Affiliates

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
The Spaulding Rehabilitation Hospital Corporation125 Nashua Street Boston, MA 02114	04-2551124	501(c)(3)	1,300,000				To support its tax exempt affiliates

**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				
Maury E McGough MD	(i)	0	0	0	0	0	0	0
	(ii)	430,670	52,143	34,196	39,319	29,125	585,453	0
Andrew L Warshaw MD	(i)	0	0	0	0	0	0	0
	(ii)	539,985	242,576	188,116	33,860	29,250	1,033,787	0
Beverly Woo MD	(i)	0	0	0	0	0	0	0
	(ii)	154,460	13,776	17,126	24,114	17,558	227,034	0
Gary L Gottlieb MD MBA	(i)	1,357,424	138,000	1,567,081	33,860	31,282	3,127,647	1,506,480
	(ii)	0	0	0	0	0	0	0
Maureen GOGGIN	(i)	131,244	0	39,407	21,823	11,892	204,366	0
	(ii)	0	0	0	0	0	0	0
Peter K Markell	(i)	988,168	118,000	1,105,614	333,861	25,045	2,570,688	1,071,265
	(ii)	0	0	0	0	0	0	0
John P Glaser	(i)	347,927	0	219,220	33,863	22,843	623,853	174,844
	(ii)	0	0	0	0	0	0	0
Thomas P Glynn PhD	(i)	784,430	99,000	440,728	33,863	48,332	1,406,353	0
	(ii)	0	0	0	0	0	0	0
Jay B Pieper	(i)	546,983	42,000	69,566	33,864	24,224	716,637	0
	(ii)	0	0	0	0	0	0	0
DENNIS D COLLING	(i)	448,036	58,000	627,595	33,863	32,014	1,199,508	361,054
	(ii)	0	0	0	0	0	0	0
MARY FINLAY	(i)	282,030	59,480	283,145	33,864	24,162	682,681	0
	(ii)	0	0	0	0	0	0	0
Brent L Henry Esq	(i)	547,002	70,000	234,737	33,862	14,373	899,974	0
	(ii)	0	0	0	0	0	0	0
Thomas H Lee Jr MD	(i)	709,208	87,350	1,516,853	41,139	30,998	2,385,548	218,387
	(ii)	0	0	0	0	0	0	0
G Allen Peckham	(i)	413,567	52,000	221,544	33,863	22,621	743,595	0
	(ii)	0	0	0	0	0	0	0
James J Mongan MD	(i)	0	0	354,044	0	0	354,044	300,000
	(ii)	0	0	0	0	0	0	0
Mary C LaLonde ESQ	(i)	134,139	7,916	10,699	13,122	23,827	189,703	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	122,786	Salary-Brigham & Women's Phys		No
D Shtasel	Family - Gottlieb	207,747	Salary-Mass General Phys Org		No
A Moriarty	Family - Moriarty	147,468	Salary-Brigham & Women's Hosp		No
B Miller	Family - Spiess	71,657	Salary-North Shore Medical Ctr		No
J Cunningham	Family - Woo	181,984	Salary-Brigham & Women's Phys		No
J Bryant	Family - Woo	213,342	Salary-Brigham & Women's Hosp		No
E Woo	Family - Woo	263,116	Salary-Mass General Phys Org		No
B Woo	Family - Woo	272,158	Salary-Mass General Phys Org		No
Covidien	Connors - Director	23,133,138	Health Products		No
Bank of America	Finucane - Officer	8,662,319	Banking		No
Bank of America	Gifford - Director	8,662,319	Banking		No
NSTAR	Gifford - Director	19,770,334	Utilities		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Medicalis	Holman - Director	386,250	Decision Support		No
CRICO	Moriarty - Director	87,490,098	Insurance		No
CRICO	Minehan - Director	87,490,098	Insurance		No
CRICO	Pieper - Director	87,490,098	Insurance		No
Becton Dickinson Company	Minehan - Director	15,652,506	Medical Supplies		No
Eclipsys	Pieper - Director	1,648,297	Products & Services		No
Abiomed	Termeer - Director	588,103	Products & Services		No
Genzyme	Termeer - Director	3,409,339	Products		No
Genzyme	Termeer - Director	230,000	Scientific Meeting Revenue		No
MedSim	Termeer - Director	143,345	Products & Services		No

Software ID:

Software Version:

EIN: 04-3230035

Name: Partners HealthCare System Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
The Massachusetts General Hospital (MGH)  55 Fruit Street Boston, MA02114 04-1564655	Healthcare	MA	501(c)(3)	7	NA		
The General Hospital Coporation  55 Fruit Street Boston, MA02114 04-2697983	Healthcare	MA	501(c)(3)	3	MGH		
Massachusetts General Physicians Org  55 Fruit Street Boston, MA02114 04-2807148	Healthcare	MA	501(c)(3)	9	MGH		
The MGH Health Services Corporation  55 Fruit Street Boston, MA02114 22-2717383	Healthcare	MA	501(c)(3)	11a	MGH		
The MGH Institute of Health Professions  36 First Avenue Charlestown, MA02129 04-2868893	Med Education	MA	501(c)(3)	2	MGH		
McLean HealthCare Inc (MHC)  115 Mill Street Belmont, MA02478 20-4572876	Admin Support	MA	501(c)(3)	11a	MGH		
The McLean Hospital Corporation  115 Mill Street Belmont, MA02478 04-2697981	Healthcare	MA	501(c)(3)	3	MHC		
Martha's Vineyard Hospital Inc (MVH)  Linton Lane PO Box 1477 Oak Bluffs, MA02557 04-2104691	Healthcare	MA	501(c)(3)	3	MGH		
WNR Inc  1 Linton Lane Oak Bluffs, MA02557 04-3419920	Nursing Svcs	MA	501(c)(3)	9	MVH		
Nantucket Cottage Hospital (NCH)  57 Prospect Street Nantucket, MA02554 04-2103823	Healthcare	MA	501(c)(3)	3	MGH		
Nantucket Cottage Hospital Foundation  57 Prospect Street Nantucket, MA02554 04-3829745	Admin Support	MA	501(c)(3)	11a	NCH		
The Brigham & Women'sFaulkner Hos (BWF)  75 Francis Street Boston, MA02115 04-2921338	Admin Support	MA	501(c)(3)	7	NA		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
The Brigham and Women's Hospital (BWH)  75 Francis Street Boston, MA02115 04-2312909	Healthcare	MA	501(c)(3)	3	BWF		
Biosciences Research Foundation Inc  75 Francis Street Boston, MA02115 22-2483849	Promote Res	MA	501(c)(3)	11 a	BWF		
BWH Research Inc  75 Francis Street Boston, MA02115 04-3011445	Med Research	MA	501(c)(3)	11 a	BWF		
Brigham Community Practices Inc  75 Francis Street Boston, MA02115 22-2588069	Healthcare	MA	501(c)(3)	9	BWF		
Brigham and Women's Phys Org (BWPO )  75 Francis Street Boston, MA02115 04-3466314	Healthcare	MA	501(c)(3)	9	BWF		
BWH Anesthesia Res & Educ Foundation  75 Francis Street Boston, MA02115 04-3492603	Med Edu & Res	MA	501(c)(3)	7	BWPO		
Brigham Medical Res & Edu Foundation  75 Francis Street Boston, MA02115 04-3539249	Med Res & Edu	MA	501(c)(3)	11 a	BWPO		
Brigham & Women's Ob-Gyn Res & Edu  75 Francis Street Boston, MA02115 04-3494863	Med Res & Edu	MA	501(c)(3)	7	BWPO		
Brigham Pathology Res & Edu Foundation  75 Francis Street Boston, MA02115 04-3541111	Med Res & Edu	MA	501(c)(3)	11 a	BWPO		
Brigham Radiology Res & Edu Foundation  75 Francis Sreet Boston, MA02115 04-3425905	Med Res & Edu	MA	501(c)(3)	11 a	BWPO		
BWH Radiation Oncology Res & Edu Found  75 Francis Street Boston, MA02115 03-0411731	Med Res & Edu	MA	501(c)(3)	7	BWPO		
Faulkner Hospital Inc (FH)  1153 Centre Street Boston, MA02130 04-2768256	Healthcare	MA	501(c)(3)	3	BWF		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
West Roxbury Medical Group Inc  1828 Centre Street Boston, MA02132 04-3148310	Healthcare	MA	501(c)(3)	11a	FH		
Faulkner Breast Centre Inc  1153 Centre Street Boston, MA02130 04-3195325	Healthcare	MA	501(c)(3)	11a	FH		
Faulkner Community Medical Corporation  1153 Centre Street Boston, MA02130 04-3235613	Healthcare	MA	501(c)(3)	11a	FH		
Village Manor Nursing Home Inc  1153 Centre Street Boston, MA02130 04-2775265	Nursing Home	MA	501(c)(3)	3	FH		
Partners Continuing Care Inc (PCC)  Prudential Tower 800 Boylston Stre Boston, MA02199 26-0003495	Admin Support	MA	501(c)(3)	11a	NA		
Spaulding Rehabilitation Hospital Corp  125 Nashua Street Boston, MA02114 04-2551124	Healthcare	MA	501(c)(3)	3	PCC		
Rehab Hospital of the Cape & Islands  311 Service Road East Sandwich, MA02537 04-3071419	Healthcare	MA	501(c)(3)	3	PCC		
Shaughnessy-Kaplan Rehabilitation Hosp  Dove Avenue Salem, MA01970 04-3067082	Healthcare	MA	501(c)(3)	3	PCC		
Partners Home Care Inc (PHC)  281 Winter Street Waltham, MA02451 04-2918280	Home Health	MA	501(c)(3)	9	PCC		
Partners Hospice Inc  48 Woerd Avenue 102 Waltham, MA02453 04-2730504	Home Health	MA	501(c)(3)	7	PHC		
FRC Inc  101 Merrimac Street Boston, MA02114 22-2632121	Healthcare	MA	501(c)(3)	3	PCC		
NSMC HealthCare Inc (NSHC)  81 Highland Avenue Salem, MA01970 04-3294420	Admin Support	MA	501(c)(3)	11a	NA		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
North Shore Medical Center Inc  81 Highland Avenue Salem, MA01970 04-3399616	Healthcare	MA	501(c)(3)	3	NSHC		
North Shore Physicians Group Inc  81 Highland Avenue Salem, MA01970 04-3080484	Healthcare	MA	501(c)(3)	11a	NSHC		
Newton-Wellesley HealthCare System(NWHC)  2014 Washington Street Newton, MA02462 20-4295282	Admin Support	MA	501(c)(3)	11a	NA		
Newton-Wellesley Hospital  2014 Washington Street Newton, MA02462 04-2103611	Healthcare	MA	501(c)(3)	3	NWHC		
Newton-Wellesley Ambulatory Services  2014 Washington Street Newton, MA02462 22-2560501	Healthcare	MA	501(c)(3)	11a	NWHC		
Newton-Wellesley Hosp Charitable Found  2014 Washington Street Newton, MA02462 04-3455952	Fundraising	MA	501(c)(3)	7	NWHC		
Newton-Wellesley Children's Corner Inc  2014 Washington Street Newton, MA02462 04-2650246	Child Care	MA	501(c)(3)	9	NWHC		
Partners Harvard Medical International  131 Dartmouth Street Boston, MA02116 04-3197711	Med Training	MA	501(c)(3)	11a	NA		
The Friends of The Brigham & Women's Hos  75 Francis Street Boston, MA02115 04-2239449	Fundraising	MA	501(c)(3)	11a	BWF		
Spaulding Hospital - Cambridge Inc  1575 Cambridge Street Cambridge, MA02138 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 (\$)	(d) Method of determining amount involved
(1)	The Massachusetts General Hospital	1a(i)	13,452,187	
(2)	The General Hospital Corporation	1a(i)	10,404,833	
(3)	Newton-Wellesley Hospital	1a(i)	7,113,626	
(4)	Nantucket Cottage Hospital	1a(i)	218,189	
(5)	The Brigham and Women's Hospital	1a(i)	28,523,750	
(6)	The McLean Hospital Corporation	1a(i)	626,809	
(7)	The Spaulding Rehabilitation Hospital Corp	1a(i)	715,627	
(8)	Rehabilitation Hospital of the Cape & Islands	1a(i)	478,275	
(9)	Faulkner Hospital	1a(i)	1,017,976	
(10)	North Shore Medical Center	1a(i)	8,410,811	
(11)	FRC Inc	1a(i)	251,474	
(12)	Partners Home Care Inc	1a(i)	4,828	
(13)	Partners Continuing Care	1a(i)	165,656	
(14)	Shaughnessy-Kaplan Rehabilitation Hospital	1a(i)	125,383	
(15)	The MGH Institute of Health Professions	1a(i)	91,141	
(16)	Partners Continuing Care	1b	55,590,000	
(17)	The Spaulding Rehabilitation Hospital Corp	1b	1,300,000	
(18)	The Brigham and Women'sFaulkner Hospitals	1c	53,037,624	
(19)	The Massachusetts General Hospital	1c	90,807,511	
(20)	The Brigham and Women's Hospital	1c	22,180,410	
(21)	McLean HealthCare System	1c	3,501,645	
(22)	NSMC HealthCare	1c	11,166,069	
(23)	Newton-Wellesley Hospital Charitable Found	1c	81,364	
(24)	Newton-Wellesley Hospital	1c	4,673,182	
(25)	Newton-Wellesley Health Care System	1c	10,296,562	
(26)	Partners Continuing Care	1c	8,520,127	
(27)	The Brigham and Women's Hospital	1d	12,200,000	
(28)	The General Hospital Corporation	1d	68,620,000	
(29)	The McLean Hospital Corporation	1d	980,000	
(30)	North Shore Medical Center	1d	53,500,000	

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$ )	(d) Method of determining amount involved
(31)	Newton-Wellesley Hospital	1 d	580,000	
(32)	The Massachusetts General Hospital	1 j	945,375	
(33)	The Massachusetts General Hospital	1 k	14,120,767	
(34)	The General Hospital Corporation	1 k	165,833,572	
(35)	Massachusetts General Physicians Organization	1 k	4,707,756	
(36)	The Spaulding Rehabilitation Hospital Corp	1 k	8,728,661	
(37)	Partners Home Care	1 k	2,871,920	
(38)	FRC Inc	1 k	750,142	
(39)	Spaulding Hospital - Cambridge	1 k	2,185,005	
(40)	Rehabilitation Hospital of the Cape & Islands	1 k	1,456,520	
(41)	Partners Continuing Care	1 k	586,346	
(42)	Marthas Vineyard Hospital	1 k	258,661	
(43)	Nantucket Cottage Hospital	1 k	975,949	
(44)	The McLean Hospital Corporation	1 k	9,711,100	
(45)	The MGH Institute of Health Professions	1 k	672,541	
(46)	The Brigham and Women'sFaulkner Hospitals	1 k	7,119,998	
(47)	The Brigham and Women's Hospital	1 k	135,458,944	
(48)	Brigham and Women's Physicians Organization	1 k	3,491,261	
(49)	Faulkner Hospital	1 k	7,532,824	
(50)	North Shore Medical Center	1 k	31,767,765	
(51)	Shaughnessy-Kaplan Rehabilitation Hospital	1 k	1,782,193	
(52)	Newton-Wellesley Hospital	1 k	20,327,379	
(53)	Partners Community HealthCare	1 k	5,433,669	