


Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015

<b>B</b> Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/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
	% PARTNERS FIN-TAX DIR Doing business as		
	Number and street (or P O box if mail is not delivered to street address) Room/suite 399 REVOLUTION DRIVE SUITE 645		E Telephone number  (857) 282-0747
	City or town, state or province, country, and ZIP or foreign postal code Somerville, MA 02145		<b>G</b> Gross receipts \$ 847,121,743
	<b>F</b> Name and address of principal officer DAVID F TORCHIANA MD 800 BOYLSTON STREET BOSTON,MA 02199		
<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>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>J Website:</b> ▶ http www partners org		<b>H(c)</b> Group exemption number ▶	

<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
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Part I

Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities Partners HealthCare System, Inc is committed to serving the community locally and globally and is dedicated to enhancing patient care, teaching and research		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
Revenue	<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>	13
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	<b>5</b>	7,182
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	13,807,002
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	
Expenses	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b> 159,546,959	<b>Current Year</b> 183,067,721
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	620,406,375	668,849,624
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	-67,117,698	-22,012,219
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,799,463	17,216,617
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	727,635,099	847,121,743
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .	113,461,073	210,726,810
Net Assets or Fund Balances	<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)	423,903,546	448,744,504
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	164,043	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶1,937,479		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	356,825,200	363,620,404
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	894,353,862	1,023,091,718
Signature Block	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	-166,718,763	-175,969,975
		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	4,627,097,938	5,019,256,378
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	4,760,892,912	5,390,400,491
Paid Preparer Use Only	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	-133,794,974	-371,144,113

Part II

Signature Block

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

<b>Sign Here</b>	<div>Signature of officer</div> <div>PETER K MARKELL CFO &amp; TREASURER</div>		<div>2016-08-10</div> <div>Date</div>		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Prnt/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no	

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

Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

1

Briefly describe the organization’s mission

PARTNERS HEALTHCARE SYSTEM, INC (PARTNERS) IS COMMITTED TO SERVING THE COMMUNITY AND IS DEDICATED TO ENHANCING PATIENT CARE, TEACHING AND RESEARCH, AND TO TAKING A LEADERSHIP ROLE AS AN INTEGRATED HEALTH CARE SYSTEM PARTNERS RECOGNIZES THAT INCREASING VALUE AND CONTINUOUSLY IMPROVING QUALITY ARE ESSENTIAL TO MAINTAINING EXCELLENCE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 362,984,302 including grants of \$ 210,726,810 ) (Revenue \$ 668,849,624 )

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 ▶ 362,984,302

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	5,052	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	7,182	
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).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>		14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	17	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL, AR, CA, CO, FL, GA, KS, LA, ME, MA, MN, MS, MO, NH, NJ, NY, NC, OH, PA, SC, TX, VT, VA, WI
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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	PARTNERS FIN-TAX DIR 399 REVOLUTION DRIVE SUITE 645 Somerville, MA 02145 (857) 282-0747

Part VII

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	13,459,912	4,322,519	2,413,467

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1,163

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ACCENTURE LLP, PO BOX 70629 CHICAGO, IL 60673	Consulting Services	65,128,418
Turner Construction Co, 855 Boylston Street BOSTON, MA 02114	Construction Svcs	34,007,422
RANDSTAD, PO Box 7247-6655 PHILADELPHIA, PA 191706655	Staffing Services	26,908,770
SUFFOLK CONSTRUCTION CO, 99 CONIFER HILL DRIVE DANVERS, MA 606895330	CONSTRUCTION SVCS	9,349,257
HURON CONSULTING GROUP INC, 3005 MOMENTUM PLACE CHICAGO, IL 606895330	CONSULTING SERVICES	7,005,477

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 99



Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	871		
	d	Related organizations	1d	176,298,635		
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,768,215		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		183,067,721		
Program Service Revenue	2a	ADMINISTRATIVE FEE	Business Code 561000	668,849,624	668,849,624	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		668,849,624		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		60,263,718	340,204	59,923,514
	4	Income from investment of tax-exempt bond proceeds		12		12
	5	Royalties		427,031		427,031
	6a	Gross rents	(i) Real 1,304,428	(ii) Personal		
	b	Less rental expenses				
	c	Rental income or (loss)	1,304,428	0		
	d	Net rental income or (loss)		1,304,428	41,653	1,262,775
	7a	Gross amount from sales of assets other than inventory	(i) Securities -82,275,949	(ii) Other		
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)	-82,275,949			
	d	Net gain or (loss)		-82,275,949	33,737	-82,309,686
	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	7,132,408	7,132,408	
	b	CHILD CARE REVENUE	624410	2,043,672		2,043,672
	c	INTEREST REVENUE	900003	6,259,000	6,259,000	
	d	All other revenue		50,078	50,078	
	e	Total. Add lines 11a-11d		15,485,158		
	12	Total revenue. See Instructions		847,121,743	668,899,702	13,807,002
						-18,652,682

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	210,726,810	210,726,810		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	11,758,598		11,758,598	
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	329,599,772		328,754,849	844,923
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,092,273		36,092,273	
9	Other employee benefits	39,976,932		39,725,117	251,815
10	Payroll taxes	31,316,929		31,316,929	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	5,451,539		5,447,456	4,083
c	Accounting	1,578,095		1,578,095	
d	Lobbying	1,749,956		1,749,956	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	39,145,466		38,817,954	327,512
12	Advertising and promotion	1,929,439		1,926,051	3,388
13	Office expenses	11,547,951		11,498,426	49,525
14	Information technology	70,147,295		70,147,295	
15	Royalties	0			
16	Occupancy	30,451,679		30,037,938	413,741
17	Travel	3,138,384		3,129,194	9,190
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	528,163		520,025	8,138
20	Interest	132,897,717		132,897,717	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	54,868,136		54,868,136	
23	Insurance	1,088,169		1,088,169	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MEALS	2,549,345		2,525,906	23,439
b	NON CAPITAL EQUIPMENT	136,138		136,138	
c	OTHER RESEARCH EXPENSES	5,305,149		5,305,149	
d	SYSTEM DEVELOPMENT FUNDING		151,001,000	-151,001,000	
e	All other expenses	1,107,783	1,256,492	-150,434	1,725
25	Total functional expenses. Add lines 1 through 24e	1,023,091,718	362,984,302	658,169,937	1,937,479
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		80,221,920	2	109,819,779
	3	Pledges and grants receivable, net		8,007,250	3	9,458,376
	4	Accounts receivable, net		35,235,348	4	48,039,889
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net		3,098,318,345	7	3,314,128,196
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		21,280,525	9	12,777,778
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a695,156,149			
	b	Less: accumulated depreciation	10b145,130,698	398,927,312	10c	550,025,451
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11.		857,925,841	12	781,707,930
	13	Investments—program-related. See Part IV, line 11.		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11.		127,181,397	15	193,298,979
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).		4,627,097,938	16	5,019,256,378
Liabilities	17	Accounts payable and accrued expenses		836,682,439	17	1,000,478,705
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		2,877,459,064	20	3,035,744,542
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D.		1,046,751,409	25	1,354,177,244
	26	<b>Total liabilities.</b> Add lines 17 through 25.		4,760,892,912	26	5,390,400,491
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets		-145,409,687	27	-385,521,288
	28	Temporarily restricted net assets		10,464,713	28	8,389,298
	29	Permanently restricted net assets		1,150,000	29	5,987,877
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	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	<b>Total net assets or fund balances</b>		-133,794,974	33	-371,144,113
	34	<b>Total liabilities and net assets/fund balances</b>		4,627,097,938	34	5,019,256,378

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	847,121,743
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	1,023,091,718
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	-175,969,975
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	-133,794,974
5	Net unrealized gains (losses) on investments . . . . .	5	13,990
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	-61,393,154
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-371,144,113

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	3a	Yes
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

Additional Data

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(1) Nesli Basgoz MD ..... Director	1 0 ..... 50 0	X							288,136	44,011	
(1) CHARLES K GIFFORD ..... DIRECTOR	1 0 ..... 1 0	X						0	0	0	
(2) Richard E Holbrook ..... Director	1 0 ..... 1 0	X						0	0	0	
(3) Albert A Holman III ..... Director	1 0 ..... 1 0	X									
(4) Edward P Lawrence Esq ..... Chairman	1 0 ..... 0 0	X									
(5) Jay O Light PhD ..... Director	1 0 ..... 0 0	X									
(6) Joseph Loscalzo MD PhD ..... Director (10/1/14-6/30/15)	1 0 ..... 50 0	X							683,736	32,205	
(7) JIM MANZI ..... Director (10/1/14-6/30/15)	1 0 ..... 0 0	X									
(8) MAURY E MCGOUGH MD ..... Director	1 0 ..... 50 0	X							594,205	65,860	
(9) CATHY E MINEHAN ..... Director	1 0 ..... 1 0	X									
(10) SCOTT A SCHOEN ..... Director	1 0 ..... 1 0	X									
(11) Henri A Termeer ..... Director	1 0 ..... 1 0	X									
(12) Dorothy A Terrell ..... Director	1 0 ..... 1 0	X									
(13) Gwill York ..... Director	1 0 ..... 1 0	X									
(14) LORI W TISHLER MD MPH ..... DIRECTOR (7/1/15-9/30/15)	1 0 ..... 50 0	X							225,436	54,957	
(15) JERROLD F ROSENBAUM MD ..... DIRECTOR (7/1/15-9/30/15)	1 0 ..... 50 0	X							459,535	54,982	
(16) EARL M COLLIER JR ..... Director	1 0 ..... 1 0	X						0	0	0	
(17) ANNE M FINUCANE ..... Director (7/1/15-9/30/15)	1 0 ..... 1 0	X						0	0	0	
(18) Maureen Goggin ..... Secretary	50 0 ..... 0 0			X				173,167		35,885	
(19) GARY L GOTTLIEB MD MBA ..... PRESIDENT&CEO (10/1/14-3/1/15)	50 0 ..... 1 0			X				3,030,724		61,972	
(20) PETER K MARKELL ..... Executive VP, CFO & Treasurer	50 0 ..... 1 0			X				1,797,253		612,305	
(21) DAVID F TORCHIANAMD ..... PRESIDENT&CEO (3/2/15-9/30/15)	50 0 ..... 1 0			X					1,254,091	157,106	
(22) JOHN R BARKER ..... CHIEF INVESTMENT OFFICER	50 0 ..... 0 0				X			2,071,459		43,752	
(23) JAMES W NOGA ..... VICE PRESIDENT & CIO	50 0 ..... 0 0				X			655,955		368,662	
(24) ANNE KLIBANSKI MD ..... CHIEF ACADEMIC OFFICER	50 0 ..... 0 0				X				817,380	55,070	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) GREGG S MEYER MD ..... CHIEF CLINICAL OFFICER	50 0 ..... 0 0				X			1,033,695		462,572
(1) DENNIS D COLLING ..... Vice President HUMAN RESOURCES	50 0 ..... 0 0					X		702,632		70,292
(2) BRENT L HENRY ESQ ..... GENERAL COUNSEL	50 0 ..... 1 0					X		847,307		53,545
(3) MICHAEL S JELLINEK MD ..... CHIEF OF CLINICAL AFFAIRS	50 0 .....					X		1,120,309		44,170
(4) LYNNE J EICKHOLT ..... CHIEF STRATEGY OFFICER	50 0 ..... 1 0					X		892,401		59,562
(5) CHRISTOPHER MARK COBURN ..... VICE PRESIDENT	50 0 ..... 0 0					X		856,808		68,594
(6) MARY C LALONDE ESQ ..... FORMER OFFICER	50 0 ..... 0 0						X	174,999		45,541
(7) PATRICIA SALAMONE ..... FORMER OFFICER	50 0 ..... 0 0						X	103,203		22,424

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.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations . . . . . \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	222,666,904	197,858,081	295,077,034	159,546,959	183,067,721	1,058,216,699
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	222,666,904	197,858,081	295,077,034	159,546,959	183,067,721	1,058,216,699
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)						0
6 Public support. Subtract line 5 from line 4						1,058,216,699

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	222,666,904	197,858,081	295,077,034	159,546,959	183,067,721	1,058,216,699
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,377,376	19,902,859	20,177,295	14,350,212	61,995,189	135,802,931
9 Net income from unrelated business activities, whether or not the business is regularly carried on					324,178	324,178
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						0
11 Total support Add lines 7 through 10						1,194,343,808
12 Gross receipts from related activities, etc (see instructions)					12	2,267,890,579
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	88 602 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	92 430 %
16a 33 1/3% support test—2014. 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—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		



Part IIIPart 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2013 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . .			
b From 2010. . . . .			
c From 2011. . . . .			
d From 2012. . . . .			
e From 2013. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . .			
b From 2011. . . . .			
c From 2012. . . . .			
d From 2013. . . . .			
e From 2014. . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

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.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

***www.irs.gov/form990.***

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization 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 function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file <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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					



Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,749,956
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			1,749,956
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
Lobbying Expenses	The Corporation may on occasion contact its employees with a voluntary opportunity to participate in the conversation to protect against cuts in Federal funding that would have an adverse impact on the Corporation and its Affiliates as well as the pace of medical advances, the economy, and the global competitiveness of the Corporation. The Corporation may on occasion review proposed legislation for the purpose of determining the effect upon its tax-exempt purposes. The Corporation may on occasion also appear before a legislative committee, confer with legislators or otherwise attempt to influence legislation. However, it will not participate, in any way, in political campaigns. The Corporation's involvement in legislative activities constitutes an insubstantial part of its activities.

[illegible]

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization Partners HealthCare System Inc	Employer identification number  04-3230035
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included 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 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

- 3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? 

☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII 

☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	6,562,989	6,069,859	5,609,796	5,162,396	5,110,800
b Contributions . . . . .	5,072,977	216,931	199,812	189,373	171,858
c Net investment earnings, gains, and losses	-260,929	542,631	507,611	447,400	51,596
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	286,548	266,432	247,360	189,373	171,858
f Administrative expenses . . . . .					
g End of year balance . . . . .	11,088,489	6,562,989	6,069,859	5,609,796	5,162,396

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .

(ii) related organizations . . . . .

	Yes	No
3a(i)		No
3a(ii)		No
3b		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	17,857,811	22,103,914		39,961,724
b Buildings . . . . .	29,092,835	96,743,126	16,541,850	109,294,111
c Leasehold improvements . . . . .		30,176,961	19,408,650	10,768,312
d Equipment . . . . .		268,846,973	109,180,199	159,666,774
e Other . . . . .		230,334,530	0	230,334,530
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				550,025,451



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments . . . . .	2a		
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	2d		
e	Add lines 2a through 2d . . . . .		2e	
3	Subtract line 2e from line 1 . . . . .		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII ) . . . . .	4b		
c	Add lines 4a and 4b . . . . .		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .		5	

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities . . . . .	2a		
b	Prior year adjustments . . . . .	2b		
c	Other losses . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	2d		
e	Add lines 2a through 2d . . . . .		2e	
3	Subtract line 2e from line 1 . . . . .		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII ) . . . . .	4b		
c	Add lines 4a and 4b . . . . .		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .		5	

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Intended Use of Endowment Funds	The endowment funds of Partners HealthCare System, Inc. are used in furtherance of the organization's tax-exempt mission.
FIN 48 Footnote	Partners HealthCare System, Inc. does not have a FIN 48 Footnote disclosure in the consolidated audited financial statements.

[illegible]

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990.  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Partners HealthCare System Inc

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
3a Sub-total	0	7			4,235,071
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	7			4,235,071



**Part II**

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1 )									
( 2 )									
( 3 )									
( 4 )									

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.  
Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ Yes ☒ No
- 3

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

☒ Yes ☐ No
- 4

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

☒ Yes ☐ No
- 5

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

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☒ Yes ☐ No

**Part V**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Accounting method	The organization uses the book value method to report foreign expenditures to be consistent with the reporting used for the financial statements

Additional Data

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	Jointly Owned For Ins	657,959
East Asia and the Pacific	0	0	Program Services	Pat Care, Res & Educ	339,305
Europe (Including Iceland and Greenland)	0	0	Program Services	Pat Care, Res & Educ	791,210

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Middle East and North Africa	0	6	Program Services	Pat Care, Res & Educ	959,576
North America	0	0	Program Services	Pat Care, Res & Educ	674,106
South Asia	0	0	Program Services	Pat Care, Res & Educ	812,915

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	1	Program Services	Pat Care, Res & Educ	

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

Name of the organization  
Partners HealthCare System Inc

Employer identification number  
  
04-3230035

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

**a** ☐ Mail solicitations

**b** ☐ Internet and email solicitations

**c** ☐ Phone solicitations

**d** ☐ In-person solicitations

**e** ☐ Solicitation of non-government grants

**f** ☐ Solicitation of government grants

**g** ☐ Special fundraising events
- 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.

(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			
1 PGCalc	FUNDRAISING STRATEGY		No	0	0	0
2 The Wayland Group	FUNDRAISING STRATEGY		No	0	0	0
3 Maura Callahan GROUP LLC	Fundraising Strategy		No	0	0	0
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶				0	0	0

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



Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts . . . .			
	2	Less Contributions . . .			
	3	Gross income (line 1 minus line 2) . . . .			
Direct Expenses	4	Cash prizes . . . .			
	5	Noncash 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 Subtract line 10 from line 3, 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 . . . . .			
	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . .			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor . . . . .			
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶			

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct 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 conduct 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 activities conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter 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

\$ and the \$

c

If "Yes," enter name and address of the third party

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

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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Schedule G (Form 990 or 990-EZ) 2014

Schedule I  
(Form 990)

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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service  
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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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 listed in the line 1 table . . . . .

▶

3

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

▶

**Part III**

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 60TH FLOOR BOSTON,MA 02119	75-3235491	501(C)(3)	1,200,000				Community Benefit Program
LYNN COMMUNITY HEALTH CENTERPO BOX 526 LYNN,MA 01903	04-2525066	501(c)(3)	872,778				Community Benefit Program
MASS LEAGUE OF COMMUNITY HEALTH CENTERS40 COURT STREET 10TH FLOOR Boston,MA 01903	04-2507409	501(c)(3)	1,449,737				Community Benefit Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
UPHAMS CORNER HEALTH CENTER500 COLUMBIA ROAD DORCHESTER, MA 02125	04-2708670	501(c)(3)	225,000				Community Benefit Program
INSTITUTE FOR COMMUNITY HEALTH163 GORE STREET CAMBRIDGE, MA 02141	04-3543853	501(c)(3)	25,000				Community Benefit Program
HEALTHCARE FOR ALL30 WINTER STREET 10TH FLOOR Boston, MA 02108	04-3071598	501(c)(3)	208,500				Community Benefits Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 HEALTHCARE FOR THE HOMELESS PROGRAM 780 ALBANY STREET Boston, MA 02118	04-3160480	501(c)(3)	210,850				Community Benefits Program
MATTAPAN COMMUNITY HEALTH CENTER 1575 BLUE HILL AVENUE MATTAPAN, MA 02126	04-2544151	501(c)(3)	197,500				Community Benefit Program
NORTH SHORE COMMUNITY HEALTH INC 27 CONGRESS STREET SUITE 504 SALEM, MA 01970	04-2610447	501(c)(3)	37,000				Community Benefit Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 LEADS INC2 OLIVER STREET 10TH FLOOR Boston,MA 02109	45-0484533	501(c)(3)	25,000				Community Benefit Program
SOUTH BOSTON COMMUNITY HEALTH CENTER409 WEST BROADWAY SOUTH BOSTON,MA 02127	04-2682152	501(c)(3)	55,000				Community Benefit Program
THE MASSACHUSETTS GENERAL HOSPITAL205 PORTLAND STREET 6TH FLOOR BOSTON,MA 02114	04-1564655	501(c)(3)	41,666				To Support Its Tax Exempt Affiliates



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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 CENTER FOR INDEPENDENT LIVING60 TEMPLE PLACE 5TH FLOOR Boston,MA 02111	04-2546595	501(c)(3)	12,500				Community Benefit Program
MASSACHUSETTS PUBLIC HEALTH ASSOCIATION101 TREMONT STREET SUITE 1011 Boston,MA 02108	04-2326503	501(c)(3)	15,000				Community Benefit Program
PROJECT BREAD145 BORDER STREET EAST BOSTON,MA 02128	04-2931195	501(c)(3)	35,000				Community Benefit Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 BROTHER BIG SISTER 75 FEDERAL STREET 8TH FLOOR Boston, MA 02110	04-2074462	501(c)(3)	6,000				Community Benefit Program
COMMUNITY WORKS25 WEST STEET BOSTON, MA 02111	04-2762623	501(c)(3)	31,000				Community Benefit Program
HEALTH LAW ADVOCATES 30 WINTER STREET SUITE 1004 Boston, MA 02108	04-3298116	501(c)(3)	30,000				Community Benefit Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
EAST BOSTON NEIGHBORHOOD HEALTH CENTER10 GOVE STREET EAST BOSTON,MA 02128	23-7425849	501(c)(3)	25,000				Community Benefits Program
WHITTIER STREET HEALTH CENTER1290 TREMONT STREET ROXBURY,MA 02120	04-2619517	501(c)(3)	10,000				Community Benefits Program
AMERICAN HEART ASSOCIATION7272 GREENVILLE AVENUE DALLAS,TX 75231	13-5613797	501(c)(3)	20,000				Community Benefits Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLESTOWN RECOVERY HOUSEPO BOX 290175 CHARLESTOWN,MA 02129	04-3505037	501(c)(11)	25,000				Community Benefits Program
GREATER BOSTON CHAMBER OF COMMERCE 265 FRANKLIN STREET 12TH FLOOR BOSTON,MA 02110	04-1103090	501(c)(3)	25,000				Community Benefits Program
INNER-CITY SCHOLARSHIP FUND260 FRANKLIN STREET SUITE 630 Boston,MA 02110	22-2485502	501(c)(3)	10,000				Community Benefits Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 ASSOCIATION 161 MASSACHUSETTS AVENUE BOSTON,MA 02115	04-2150651	501(c)(3)	15,000				Community Benefits Program
THE BOSTON FOUNDATION 75 ARLINGTON STREET 10TH FLOOR BOSTON,MA 02116	04-2104021	501(c)(3)	10,000				Community Benefits Program
MASSACHUSETTS ASSOCIATION FOR MENTAL HEALTH130 BOWDOIN STREET SUITE 309 BOSTON,MA 02108	04-2104711	501(c)(3)	25,000				Community Benefits Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ABCD178 TREMONT STREET 2ND FLOOR BOSTON, MA 02111	04-2304133	501(c)(3)	20,000				Community Benefits Program
DIMOCK CHC55 DIMOCK STREET ROXBURY, MA 02119	04-3487835	501(c)(3)	30,000				Community Benefits Program
NEW ENGLAND HEALTHCARE INSTITUTE ONE BROADWAY 15TH FLOOR CAMBRIDGE, MA 02142	01-0624865	501(c)(3)	15,000				Community Benefits Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 NEW ENGLAND COUNCIL98 NORTH WASHINGTON STREET SUITE 2 BOSTON,MA 02114	04-1661090	501(c)(3)	37,279				Community Benefits Program
MASSACHUSETTS BUSINESS ALLIANCE FOR EDUCATION400 ATLANTIC AVENUE BOSTON,MA 02110	04-3274599	501(c)(1)	10,000				Community Benefits Program
NAMI MA400 WEST CUMMINGS PARK SUITE 6650 WOBURN,MA 01801	04-2777012	501(c)(3)	10,000				Community Benefits Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
VICTORY PROGRAMS965 MASSACHUSETTS AVENUE BOSTON,MA 02118	04-2575322	501(c)(3)	10,000				Community Benefits Program
PARTNERS CONTINUING CARE800 BOYLSTON STREET BOSTON,MA 02199	26-0003495	501(c)(3)	40,449,186				TO SUPPORT ITS TAX EXEMPT AFFILIATES
SPAULDING REHABILITATION HOSPITAL300 FIRST AVENUE CHARLESTOWN,MA 02129	04-2551124	501(c)(3)	746,978				To Support its Tax Exempt Affiliates



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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
REHABILITATION HOSPITAL OF THE CAPE AND ISLANDS311 SERVICE ROAD EAST SANDWICH, MA 02537	04-3071419	501(c)(3)	178,620				To Support Its Tax Exempt Affiliates
PARTNERS HOME CARE281 WINTER STREET WALTHAM,MA 02451	04-2918280	501(c)(3)	2,217,336				To Support Its Tax Exempt Affiliates
SPAULDING HOSPITAL CAMBRIDGE1575 CAMBRIDGE STREET CAMBRIDGE,MA 02138	27-0273715	501(c)(3)	397,904				TO SUPPORT ITS TAX EXEMPT AFFILIATES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SHAUNESSEY-KAPLAN REHABILITATION HOSPITALDOVE AVENUE SALEM,MA 01970	04-3067082	501(C)(3)	250,068				TO SUPPORT ITS TAX EXEMPT AFFILIATES
FRC INC300 FIRST AVENUE CHARLESTOWN,MA 02129	22-2632121	501(C)(3)	178,620				TO SUPPORT ITS TAX EXEMPT AFFILIATES
NEIGHBORHOOD HEALTH PLAN253 SUMMER STREET BOSTON,MA 02210	04-2932021	501(C)(4)	122,100,000				TO SUPPORT ITS TAX EXEMPT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 SYMPHONY ORCHESTRA301 MASSACHUSETTS AVENUE Boston,MA 02115	04-2103550	501(C)(3)	5,500				TO SUPPORT ITS TAX EXEMPT
CURE223 WEST ERIE STREET SUITE 25W CHICAGO,IL 60654	36-4253176	501(C)(3)	25,000				TO SUPPORT ITS TAX EXEMPT AFFILIATES
EDWARD M KENNEDY INSTITUTE FOR THE UNITED STATES400 ATLANTIC AVENUE BOSTON,MA 02125	27-0963869	501(C)(3)	50,000				TO SUPPORT ITS TAX EXEMPT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FRIENDSHIP WORKS105 CHAUNCY STREET BOSTON,MA 02111	04-3140541	501(C)(3)	10,000				TO SUPPORT ITS TAX EXEMPT AFFILIATES
HUMAN RIGHTS CAMPAIGN1640 RHODE ISLAND AVENUE NW WASHINGTON,DC 20036	52-1481896	501(C)(3)	10,000				TO SUPPORT ITS TAX EXEMPT
JOHN F KENNEDY LIBRARY FOUNDATIONCOLUMBIA POINT BOSTON,MA 02125	04-6113130	501(C)(3)	17,500				TO SUPPORT ITS TAX EXEMPT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
JVS29 WINTER STREET 5TH FLOOR BOSTON,MA 02108	04-2104357	501(C)(3)	33,500				COMMUNITY BENEFIT PROGRAM
MASS INSIGHT18 TREMONT STREET SUITE 1010 BOSTON,MA 02108	04-3369687	501(C)(3)	10,000				COMMUNITY BENEFIT PROGRAM
MASSACHUSETTS BUDGET AND POLICY CENTER15 COURT SQUARE BOSTON,MA 02108	04-2967537	501(C)(3)	15,000				COMMUNITY BENEFIT PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MHLA- THE KENNEDY FORUM399 Revolution Drive Somerville, MA 02145	46-5714524	501(C)(3)	100,000				COMMUNITY BENEFIT PROGRAM
NATIONAL ASSOCIATION FO CORPORATE DIRECTORS10 BACK BAY RIVER ROAD AMESBURY,MA 01913	04-3370584	501(C)(3)	15,000				COMMUNITY BENEFIT PROGRAM
REG CTR FOR POISION CONTROL & PREV300 LONGWOOD AVE BOSTON,MA 02115	04-2774441	501(C)(3)	8,400				COMMUNITY BENEFIT PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ROSLINDALE VILLAGE MAIN STREETS2A CORINTH STREET ROSLINDALE,MA 02131	04-2883378	501(C)(3)	10,000				COMMUNITY BENEFIT PROGRAM
ROXBURY PRESBYTERIAN CHURCH328 WARREN STREET ROXBURY,MA 02119	04-3506648	501(C)(3)	10,000				COMMUNITY BENEFIT PROGRAM
THE AMERICAN IRELAND FUND211 CONGRESS STREET BOSTON,MA 02110	25-1306992	501(C)(3)	10,000				COMMUNITY BENEFIT PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 BOSTON FOUNDATION75 ARLINGTON STREET 10TH FLOOR Boston, MA 02116	04-2104021	501(C)(3)	19,167				COMMUNITY BENEFIT PROGRAM
THE FOUNDATION FOR BOSTON CENTERS FOR YOUTH AND FA1483 Tremont St Boston, MA 02120	04-2602576	501(C)(3)	10,000				COMMUNITY BENEFIT PROGRAM
UMASS FINE ARTS CENTER 151 PRESIDENTS DR BOSTON, MA 01003	54-2084125	503(C)(3)	15,500				COMMUNITY BENEFIT PROGRAM



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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 MEANSINC148 LINDEN STREET SUITE 208 WELLESLEY,MA 02482	04-3487205	501(C)(3)	6,000				COMMUNITY BENEFIT PROGRAM
THE GENERAL HOSPITAL CORPORATION55 FRUIT STREET BOSTON,MA 02114	04-2697983	501(C)(3)	5,240,981				TO SUPPORT ITS TAX EXEMPT AFFILIATES
THE MCLEAN HOSPITAL CORPORATION115 MILL STREET BELMONT,MA 02478	04-2697981	501(C)(3)	161,534				TO SUPPORT ITS TAX EXEMPT AFFILIATES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MCLEAN HEALCARE INC 115 MILL STREET BELMONT,MA 02478	20-4572876	501(C)(3)	25,000,000				TO SUPPORT ITS TAX EXEMPT AFFILIATES
BRIGHAM AND WOMEN'S FAULKNER HOSPITAL1153 CENTRE STREET BOSTON,MA 02130	04-2768256	501(C)(3)	125,000				TO SUPPORT ITS TAX EXEMPT AFFILIATES
HARVARD MEDICAL SCHOOL25 SHATTUCK STREET BOSTON,MA 02115	04-2103580	501(C)(3)	8,174,312				COMMUNITY BENEFIT PROGRAM

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Partners HealthCare System Inc

Employer identification number  
04-3230035

Part I

Questions Regarding Compensation

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

**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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Participation in a Supplemental Nonqualified Retirement Plan	These amounts are already included in the compensation disclosed on Schedule J, Part II Gary L. Gottlieb, M.D. M.B.A. - \$965,343 Peter K. Markell - \$436,575 Dennis D. Colling - \$106,207 Brent L. Henry, Esq. - \$55,533 Michael S. Jellinek, M.D. - \$113,991 DAVID F. TORCHIANA, M.D. - \$67,528 JAMES W. NOGA - \$298,430 GREGG S. MEYER, M.D. - \$387,407
Trustee Compensation	Trustees receive no compensation or contributions to employee benefit plans for service on the Board or its Committees. Board members who are also employed by the Corporation or a Partners affiliate receive compensation only for their services as employees.
PAYMENT OR REIMBURSEMENT OF EXPENSES	HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES WERE PROVIDED TO AN OFFICER. THIS PAYMENT WAS MADE PURSUANT TO A WRITTEN POLICY AND WAS TREATED AS TAXABLE COMPENSATION. TRAVEL FOR COMPANIONS WAS PROVIDED TO AN OFFICER LISTED ON FORM 990, PART VII AS THE COMPANIONS ATTENDANCE WAS REQUIRED TO FULFILL A BONA FIDE BUSINESS PURPOSE. THESE PAYMENTS WERE PROVIDED PURSUANT TO A WRITTEN POLICY AND WERE TREATED AS NON-TAXABLE BUSINESS EXPENSES. SEVERANCE PAY INCLUDED IN COMPENSATION DISCLOSED ON SCHEDULE J PART II MICHAEL S. JELLINEK, M.D. - \$730,500

Additional Data

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Nesli Basgoz MD, Director	(i) (ii)	238,651	7,040	42,445	35,753	8,258	332,147	0
Joseph Loscalzo MD PhD, Director (10/1/14-6/30/15)	(i) (ii)	586,663	74,709	22,364	1,938	30,267	715,941	0
MAURY E MCGOUGH MD, Director	(i) (ii)	429,410	107,196	57,599	38,260	27,600	660,065	0
Maureen Goggin, Secretary	(i) (ii)	154,046	0	19,121	15,882	20,003	209,052	0
GARY L GOTTLIEB MD MBA, PRESIDENT&CEO (10/1/14-3/1/15)	(i) (ii)	1,877,616	93,600	1,059,508	35,750	26,222	3,092,696	0
PETER K MARKELL, Executive VP, CFO & Treasurer	(i) (ii)	1,233,502	62,700	501,051	585,752	26,553	2,409,558	0
JOHN R BARKER, CHIEF INVESTMENT OFFICER	(i) (ii)	530,056	1,479,113	62,290	35,751	8,001	2,115,211	0
JAMES W NOGA, VICE PRESIDENT & CIO	(i) (ii)	563,750	30,000	62,205	333,545	35,117	1,024,617	0
DENNIS D COLLING, Vice President HUMAN RESOURCES	(i) (ii)	485,032	26,214	191,386	35,752	34,540	772,924	0
BRENT L HENRY ESQ, GENERAL COUNSEL	(i) (ii)	678,320	35,700	133,287	35,750	17,795	900,852	0
MICHAEL S JELLINEK MD, CHIEF OF CLINICAL AFFAIRS	(i) (ii)	221,751	0	898,558	33,111	11,059	1,164,479	0
ANNE KLIBANSKI MD, CHIEF ACADEMIC OFFICER	(i) (ii)	661,212	47,871	108,297	35,753	19,317	872,450	0
MARY C LALONDE ESQ, FORMER OFFICER	(i) (ii)	147,461	10,000	17,538	16,688	28,853	220,540	0
PATRICIA SALAMONE, FORMER OFFICER	(i) (ii)	81,436	1,000	20,767	11,488	10,936	125,627	0
DAVID F TORCHIANAMD, PRESIDENT&CEO (3/2/15-9/30/15)	(i) (ii)	1,018,250	75,975	159,866	127,751	29,355	1,411,197	0
LORI W TISHLER MD MPH, DIRECTOR (7/1/15-9/30/15)	(i) (ii)	185,232	14,701	25,503	31,100	23,857	280,393	0
GREGG S MEYER MD, CHIEF CLINICAL OFFICER	(i) (ii)	915,501	47,500	70,694	423,158	39,414	1,496,267	0
JERROLD F ROSENBAUM MD, DIRECTOR (7/1/15-9/30/15)	(i) (ii)	371,651	50,224	37,660	35,755	19,227	514,517	0
LYNNE J EICKHOLT, CHIEF STRATEGY OFFICER	(i) (ii)	483,552	26,210	382,639	35,751	23,811	951,963	0
CHRISTOPHER MARK COBURN, VICE PRESIDENT	(i) (ii)	574,625	187,500	94,683	35,750	32,844	925,402	0

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

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	343,630,000	SERIES D - SEE SCHEDULE K PART VI						
B	MHEFA PARTNERS HEALTHCARE SYSTEM INC SERIES F	04-2456011	57586CGW9	06-10-2005	411,566,153	SERIES F - SEE SCHEDULE K PART VI						
C	MHEFA PARTNERS HEALTHCARE SYSTEM INC SERIES G-5	04-2456011	57586CZL2	06-07-2007	326,508,722	SERIES G5 - SEE SCHEDULE K PART VI						
D	MHEFA PARTNERS HEALTHCARE SER G-1G-2G-3G-4G-6	04-2456011	57586CZW8	06-07-2007	380,000,000	SERIES G - SEE SCHEDULE K PART VI						

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	341,690,000		162,025,000		50,635,000		225,000,000	
2	Amount of bonds legally defeased	0		0		107,910,000		0	
3	Total proceeds of issue	344,268,619		419,448,101		329,345,063		386,190,828	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	15,436,586		18,398,432		9,382,534		20,479,076	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	2,026,416		2,671,595		2,338,149		2,776,551	
8	Credit enhancement from proceeds	0		2,650,000		0		4,696,147	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	249,756,929		326,493,380		164,128,012		358,239,054	
11	Other spent proceeds	77,048,688		69,234,694		153,496,396		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2005		2007		2009		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 III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	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	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 %						0 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X	X		X		X	
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X	X	
b	Name of provider	BEARSTEARN'S CAP MARK		BEARSTEARN'S CAPMARKE		0			
c	Term of hedge	3 2 2		35				35	
d	Was the hedge superintegrated?		X		X		X		X
e	Was the hedge terminated?		X		X		X		X



Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X		X		X		X	
b	Name of provider	TRINITY PLUS		XL ASSET FUNDING CO		CITIGROUP FINANCIAL		CITIGROUP FINANCIAL	
c	Term of GIC	2 4		1 8		1 7		1 7	
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X		X		X	
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Return Reference	Explanation
PART VI - SEE FEDERAL FOOTNOTES	

Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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 H	04-2456011	57586CW27	04-01-2008	171,320,000	SERIES H - SEE SCHEDULE K PART VI						
B MHEFA PARTNERS HEALTHCARE SYSTEM INC SERIES I	04-2456011	57586EHR5	05-14-2009	229,977,036	SERIES I - SEE SCHEDULE K PART VI						
C MHEFA PARTNERS HEALTHCARE SYSTEM INC SERIES J	04-2456011	57586ENK3	01-05-2010	509,178,736	SERIES J - SEE SCHEDULE K PART VI						
D MDFA PARTNERS HEALTHCARE SYSTEM INC SERIES K	04-3431814	57583R6W0	01-13-2011	436,019,104	SERIES K - SEE SCHEDULE K PART VI						

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		59,040,000		65,165,000		92,080,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	171,320,000		229,981,250		509,258,319		436,030,814	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	420,000		2,556,080		5,151,067		3,523,063	
8	Credit enhancement from proceeds	0		116,071		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		227,309,098		249,983,765		201,342,457	
11	Other spent proceeds	170,900,000		0		254,123,487		231,165,294	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2009		2009		2010		2011	
		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 III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	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	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 %		0 %		0 %		0 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X	X	
b	Exception to rebate?	X		X		X			X
c	No rebate due?	X		X		X			X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?	X		X			X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X			X	X	
b	Name of provider	0		MERRILL LYNCH CAPITA		0			
c	Term of hedge			35				35	
d	Was the hedge superintegrated?				X				X
e	Was the hedge terminated?				X				X

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

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b>	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
<b>b</b>	Name of provider	CITIGROUP FINANCIAL		0		0		0	
<b>c</b>	Term of GIC	0 8							
<b>d</b>	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
<b>6</b>	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b>	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

**Part V**   **Procedures To Undertake Corrective Action**

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

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

Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990.  
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OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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 MDFA PARTNERS HEALTHCARE SYSTEM INC SERIES L	04-3431814	57583UMV7	01-04-2012	353,501,227	SERIES L - SEE SCHEDULE K PART VI						
B MDFA PARTNERS HEALTHCARE SYSTEM INC SERIES M	04-3431814	57583UG77	01-30-2014	510,376,675	SERIES M - SEE SCHEDULE K PART VI						
C MDFA PARTNERS HEALTHCARE SYSTEM SERIES N-1 AND N-2	04-3431814		08-27-2014	141,350,000	SERIES N - SEE SCHEDULE K PART VI						
D MDFA PARTNERS HEALTHCARE SYSTEM SERIES N-1 AND N-2	04-3431814	57583UW20	01-29-2015	657,583,529	SERIES O - SEE SCHEDULE K PART VI						

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	10,335,000		1,865,000		1,950,000		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	353,570,173		510,376,950		141,350,000		358,239,719	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		117,228,711	
7	Issuance costs from proceeds	3,056,210		4,042,015		0		2,813,646	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	260,903,277		360,854,935		0		214,703,942	
11	Other spent proceeds	89,610,686		145,480,000		141,350,000		23,493,421	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2012		2014		2014		2015	
		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 III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	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	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			0 %		0 %		0 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X		X		X	
b	Name of provider	0		BEARS STEARNS CAPIT		BANK OF AMERICA			
c	Term of hedge			35		35		35	
d	Was the hedge superintegrated?				X		X		X
e	Was the hedge terminated?				X		X		X

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
► Attach to Form 990 or Form 990-EZ.  
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Partners HealthCare System Inc	Employer identification number 04-3230035
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2	Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . .	► \$	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . .	► \$	

Part II

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

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

Total	► \$			
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Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance



**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) D Shtasel	Family - Gottlieb	238,978	Salary-Mass General Phys Org		No
(2) R Soberman	Family - Klibanski	71,400	Salary-General Hospital Corp		No
(3) R Blanchfield	Family - Meyer	66,343	Salary-General Hospital Corp		No
(4) B Rosenbaum	Family - Rosenbaum	24,323	Salary-General Hospital Corp		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014****Open to Public  
Inspection**Name of the organization  
Partners HealthCare System Inc**Employer identification number**

04-3230035

**Return  
Reference****Explanation**Statement of  
Program Service  
Accomplishments

PARTNERS HEALTHCARE SYSTEM, INC , ( PARTNERS ) ESTABLISHED IN MARCH 1994, IS THE CORPORATION OVERSEEING THE AFFILIATION OF BRIGHAM AND WOMEN'S HEALTH CARE, THE MASSACHUSETTS GENERAL HOSPITAL, NSMC HEALTHCARE, INC , NEWTON-WELLESLEY HEALTH CARE SYSTEM, INC , PARTNERS CONTINUING CARE, INC AND NEIGHBORHOOD HEALTH PLAN, INC 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 [HTTP://WWW.PARTNERS.ORG/ABOUT/PHILANTHROPY/COMMITMENT-TO-GIVING/DEFAULT.ASPX](http://WWW.PARTNERS.ORG/ABOUT/PHILANTHROPY/COMMITMENT-TO-GIVING/DEFAULT.ASPX) FOR MORE INFORMATION ABOUT SPECIFIC PARTNERS' PROGRAMS AND INITIATIVES

Return Reference	Explanation
Executive Committee	The Executive Committee has all of the responsibilities and authority of the Directors during intervals between meetings of the Directors except for the powers specified in Section 55 of Massachusetts General Laws, Chapter 156B. The Committee consists of three to five Directors of the Corporation appointed annually by the Board of Directors.

Return Reference	Explanation
Business and Family Relationships	Peter Markell & Richard Holbrook - Business Relationship Charles Gifford & Anne Finucane - Business Relationship David Torchiana and Peter Markell - Business Relationship

Return Reference	Explanation
Decisions of Governing Body Subject to Member Approval	<p>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</p>

Return Reference	Explanation
Form 990 Review	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, 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 APRIL 26, 2016 meeting. The process for preparing and reviewing Form 990 was discussed at the May 9, 2016 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.

Return Reference	Explanation
Conflict of Interest Policy	<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). Partners has a Conflict of Interest Policy that applies to all entities in the system, and which is designed to (1) identify relationships and conduct that create either conflicts of interest or conflicts of commitment, (2) establish a system for disclosing and resolving potential conflicts, and (3) ensure that transactions are negotiated at arm's length and that payments are at fair market value. Under our policy, when a conflict arises, the individual associated with the outside entity in question must provide full disclosure and completely recuse him/herself from any institutional decision-making about the transaction. In appropriate circumstances, (i) the Corporation must consider at least two alternative disinterested competitive proposals, or must determine that two such competitive proposals do not exist or that it would be impractical to elicit or consider such competitive proposals, and (ii) the Corporation must determine that, notwithstanding the apparent conflict, the transaction is fair and reasonable to the Corporation and is in the best interests of the Corporation. A written record must be made of these determinations. Furthermore, transactions that present particularly significant conflicts are reviewed by an independent committee of Partners, which review is also documented. Conflicts of commitment by the Partners President and CEO are addressed by requiring outside activities to be approved by the Partners Board Chair.</p>

Return Reference	Explanation
Process for Determining Compensation	<p>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.</p>



Return Reference	Explanation
Public Availability of Financial Statements and Governing Documents	The Organization's governing documents are filed with the Massachusetts Secretary of State and the Financial Statements are filed with the Massachusetts Attorney General, all of which are open to public inspection. The Organization's conflict of interest policy is available on the Organization's website.

Return Reference	Explanation
Other Changes in Net Assets or Fund Balances	Other changes in net assets or fund balances relate to -Change in funded status of defined benefit plans \$(6,044,073) -Equity Investment Activity \$(57,257,677) -Change in fair value of hedging interest rate sw aps \$1,908,596 Total \$(61,393,154)

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Partners HealthCare International LLC 800 Boylston Street Boston, MA 02199 20-5281203	Med Training	MA	15,526,057	18,602,417	PHS
(2) PD Productions LLC 101 Merrimac Street 3rd Floor Boston, MA 02114 56-2383458	Med Education	MA	0	0	PHS
(3) Partners Private Care LLC 1101 Worcester Road Framingham, MA 01701 26-3871702	Home Health	MA	11,983,442	4,321,183	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 entity?	
						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) Dispropportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) PHS Bay Colony Fund  245 Park Avenue NY, NY 10167 13-3887448	Investments	DE	PPIA	EXCLUDED	-133,906	1,357,964		No	-9,910		No	94 020 %
(2) WELLINGTON TRUST COMPANY NA CTF QUALITY  280 CONGRESS STREET BOSTON, MA 02210 04-6657593	INVESTMENTS	MA	PPIA	EXCLUDED	3,663,620	73,357,544		No	0		No	83 270 %
(3) PARTNERS INNOVATION FUND LLC  101 HUNTINGTON AVENUE 4TH FLOOR BOSTON, MA 02199 26-2899986	INVESTMENTS	MA	N/A	EXCLUDED	4,233,642	29,351,160		No	0		No	100 000 %
(4) PARTNERS HEALTHCARE SYSTEM POOLED INVEST  101 MERRIMAC STREET BOSTON, MA 02114 04-3268842	INVESTMENTS	MA	PHS	EXCLUDED	200,446,332	7,478,376,530		No	3,962,937		No	99 800 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Partners Community Physicians Org Inc  800 Boylston Street Boston, MA 02199 04-3236175	Healthcare	MA	PHS	C	178,813,230	99,619,080	100 000 %	Yes	
(2) Newton-Wellesley Physician Hospital Org  2014 Washington Street Newton, MA 02462 04-3209749	Healthcare	MA	NWHC	C	4,294,366	8,467,931	100 000 %	Yes	
(3) GENEINSIGHT INC  101 HUNTINGTON aVE 4TH FLOOR C/O BOSTON, MA 02199 47-1764598	SOFTWARE	MA	PHS	C	111,784	991,547	80 100 %	Yes	

Part V

Transactions With Related Organizations

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a Yes

1b Yes

1c Yes

1d Yes

1e

No

1f

1g

No

1h

No

1i

No

1j Yes

1k Yes

1l Yes

1m

No

1n Yes

1o Yes

1p

No

1q Yes

1r

No

1s

No

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

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

Schedule R (Form 990) 2014

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

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

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

Return Reference	Explanation
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Additional Data

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 entity?	
						Yes	No
(1) The Massachusetts General Hospital (MGH)  55 Fruit Street Boston, MA 02114 04-1564655	Healthcare	MA	501(c)(3)	7	PHS	Yes	
(1) The General Hospital Coporation  55 Fruit Street Boston, MA 02114 04-2697983	Healthcare	MA	501(c)(3)	3	MGH	Yes	
(2) Massachusetts General Physicians Org  55 Fruit Street Boston, MA 02114 04-2807148	Healthcare	MA	501(c)(3)	9	MGH	Yes	
(3) The MGH Health Services Corporation  55 Fruit Street Boston, MA 02114 22-2717383	Healthcare	MA	501(c)(3)	11 a	MGH	Yes	
(4) The MGH Institute of Health Professions  36 First Avenue Charlestown, MA 02129 04-2868893	Med Education	MA	501(c)(3)	2	MGH	Yes	
(5) McLean HealthCare Inc (MHC)  115 Mill Street Belmont, MA 02478 20-4572876	Admin Support	MA	501(c)(3)	11 a	MGH	Yes	
(6) The McLean Hospital Corporation  115 Mill Street Belmont, MA 02478 04-2697981	Healthcare	MA	501(c)(3)	3	MHC	Yes	
(7) Martha's Vineyard Hospital Inc (MVH)  Linton Lane PO Box 1477 Oak Bluffs, MA 02557 04-2104691	Healthcare	MA	501(c)(3)	3	MGH	Yes	
(8) WNR Inc  1 Linton Lane Oak Bluffs, MA 02557 04-3419920	Nursing Svcs	MA	501(c)(3)	9	MVH	Yes	
(9) Nantucket Cottage Hospital (NCH)  57 Prospect Street Nantucket, MA 02554 04-2103823	Healthcare	MA	501(c)(3)	3	MGH	Yes	
(10) Nantucket Cottage Hospital Foundation  57 Prospect Street Nantucket, MA 02554 04-3829745	Admin Support	MA	501(c)(3)	11 a	NCH	Yes	
(11) Brigham and Women's Health Care (BWHC)  75 Francis Street Boston, MA 02115 04-2921338	Admin Support	MA	501(c)(3)	7	PHS	Yes	
(12) The Brigham and Women's Hospital (BWH)  75 Francis Street Boston, MA 02115 04-2312909	Healthcare	MA	501(c)(3)	3	BWHC	Yes	
(13) Biosciences Research Foundation Inc  75 Francis Street Boston, MA 02115 22-2483849	Promote Res	MA	501(c)(3)	11 a	BWHC	Yes	
(14) BWH Research Inc  75 Francis Street Boston, MA 02115 04-3011445	Med Research	MA	501(c)(3)	11 a	BWHC	Yes	
(15) Brigham Community Practices Inc  75 Francis Street Boston, MA 02115 22-2588069	Healthcare	MA	501(c)(3)	9	BWHC	Yes	
(16) Brigham and Women's Phys Org (BWPO)  75 Francis Street Boston, MA 02115 04-3466314	Healthcare	MA	501(c)(3)	9	BWHC	Yes	
(17) Brigham Medical Res & Edu Foundation  75 Francis Street Boston, MA 02115 04-3539249	Med Res & Edu	MA	501(c)(3)	11 a	BWPO	Yes	
(18) Brigham & Women's Ob-Gyn Res & Edu  75 Francis Street Boston, MA 02115 04-3494863	Med Res & Edu	MA	501(c)(3)	7	BWPO	Yes	
(19) Brigham Pathology Res & Edu Foundation  75 Francis Street Boston, MA 02115 04-3541111	Med Res & Edu	MA	501(c)(3)	11 a	BWPO	Yes	



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) Brigham Radiology Res & Edu Foundation  75 Francis Sreet Boston, MA 02115 04-3425905	Med Res & Edu	MA	501(c)(3)	11 a	BWPO	Yes	
(1) Brigham and Women's Faulkner Hosp(BWFH)  1153 Centre Street Boston, MA 02130 04-2768256	Healthcare	MA	501(c)(3)	3	BWHC	Yes	
(2) Village Manor Nursing Home Inc  1153 Centre Street Boston, MA 02130 04-2775265	Nursing Home	MA	501(c)(3)	3	BWFH	Yes	
(3) Partners Continuing Care Inc (PCC)  Prudential Tower 800 Boylston Stre Boston, MA 02199 26-0003495	Admin Support	MA	501(c)(3)	11 a	PHS	Yes	
(4) Spaulding Rehabilitation Hospital Corp  300 First Avenue Charlestown, MA 02129 04-2551124	Healthcare	MA	501(c)(3)	3	PCC	Yes	
(5) Rehab Hospital of the Cape & Islands  311 Service Road East Sandwich, MA 02537 04-3071419	Healthcare	MA	501(c)(3)	3	PCC	Yes	
(6) Shaughnessy-Kaplan Rehabilitation Hosp  Dove Avenue Salem, MA 01970 04-3067082	Healthcare	MA	501(c)(3)	3	PCC	Yes	
(7) Partners Home Care Inc (PHC)  281 Winter Street Waltham, MA 02451 04-2918280	Home Health	MA	501(c)(3)	9	PCC	Yes	
(8) Partners Hospice Inc  48 Woerd Avenue 102 Waltham, MA 02453 04-2730504	Home Health	MA	501(c)(3)	7	PHC	Yes	
(9) FRC Inc  101 Merrimac Street Boston, MA 02114 22-2632121	Healthcare	MA	501(c)(3)	3	PCC	Yes	
(10) NSMC HealthCare Inc (NSHC)  81 Highland Avenue Salem, MA 01970 04-3294420	Admin Support	MA	501(c)(3)	11 a	PHS	Yes	
(11) North Shore Medical Center Inc  81 Highland Avenue Salem, MA 01970 04-3399616	Healthcare	MA	501(c)(3)	3	NSHC	Yes	
(12) North Shore Physicians Group Inc  81 Highland Avenue Salem, MA 01970 04-3080484	Healthcare	MA	501(c)(3)	11 a	NSHC	Yes	
(13) Newton-Wellesley HealthCare System(NWHC)  2014 Washington Street Newton, MA 02462 20-4295282	Admin Support	MA	501(c)(3)	11 a	PHS	Yes	
(14) Newton-Wellesley Hospital  2014 Washington Street Newton, MA 02462 04-2103611	Healthcare	MA	501(c)(3)	3	NWHC	Yes	
(15) Newton-Wellesley Ambulatory Services  2014 Washington Street Newton, MA 02462 22-2560501	Healthcare	MA	501(c)(3)	11 a	NWHC	Yes	
(16) Newton-Wellesley Hosp Charitable Found  2014 Washington Street Newton, MA 02462 04-3455952	Fundraising	MA	501(c)(3)	7	NWHC	Yes	
(17) Newton-Wellesley Children's Corner Inc  2014 Washington Street Newton, MA 02462 04-2650246	Child Care	MA	501(c)(3)	9	NWHC	Yes	
(18) Partners Medical International Inc  100 Cambridge Street Boston, MA 02114 04-3197711	Med Training	MA	501(c)(3)	11 a	PHS	Yes	
(19) The Friends of The Brigham & Women's Hos  75 Francis Street Boston, MA 02115 04-2239449	Fundraising	MA	501(c)(3)	11 a	BWHC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?  YesNo	
(41) Spaulding Hospital - Cambridge Inc  1575 Cambridge Street Cambridge, MA 02138 27-0273715	Hospital	MA	501(c)(3)	3	PCC	Yes	
(1) Nantucket Physician Organization Inc  57 Prospect Street Nantucket, MA 02554 26-4349357	Healthcare	MA	501(c)(3)	9	MGH	Yes	
(2) Neighborhood Health Plan Inc (NHP)  253 Summer Street Boston, MA 02210 04-2932021	Insurance	MA	501(c)(4)	NONE	PHS	Yes	
(3) Community Medical Alliance Inc  253 Summer Street Boston, MA 02210 04-3454185	Insurance	MA	501(c)(3)	11a	NHP	Yes	
(4) Cooley Dickinson Hospital Inc  30 Locust Street Northampton, MA 01060 22-2617175	Hospital	MA	501(c)(3)	3	CDHCC	Yes	
(5) VNA & Hospice of Cooley Dickinson Inc  168 Industrial Drive Northampton, MA 01060 04-2104788	Home Health	MA	501(c)(3)	9	CDHCC	Yes	
(6) Cooley Dickinson Health Care Corp CDHCC  30 Locust Street Northampton, MA 01060 04-2103561	Admin Support	MA	501(c)(3)	11b	MGH	Yes	
(7) CD Practice Associates Inc  POBox 911 Northampton, MA 01060 04-3194547	Healthcare	MA	501(c)(3)	9	CDHCC	Yes	
(8) Neighborhood Health Plan  253 Summer Street Boston, MA 02210 04-2932021	Insurance	MA	501(c)(4)		PHS	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
The Massachusetts General Hospital	1a(i)	28,375,665	FMV
The General Hospital Corporation	1a(i)	17,998,039	FMV
Newton-Wellesley Hospital	1a(i)	5,591,389	FMV
The Brigham and Women's Hospital	1a(i)	33,760,119	FMV
The McLean Hospital Corporation	1a(i)	1,166,619	FMV
The Spaulding Rehabilitation Hospital Corp	1a(i)	444,097	FMV
Rehabilitation Hospital of the Cape & Islands	1a(i)	358,712	FMV
Brigham and Women's Faulkner Hospital Inc	1a(i)	248,739	FMV
North Shore Medical Center	1a(i)	14,200,765	FMV
FRC Inc	1a(i)	160,914	FMV
Shaughnessy-Kaplan Rehabilitation Hospital	1a(i)	30,880	FMV
Massachusetts General Physicians Org Inc	1a(i)	706,667	FMV
Cooley Dickinson Hospital Inc	1a(i)	2,259,217	FMV
Partners Continuing Care	1b	40,449,186	FMV
The Spaulding Rehabilitation Hospital Corp	1b	746,978	FMV
Rehabilitation Hospital of the Cape & Islands	1b	178,620	FMV
Partners Home Care Inc	1b	2,217,336	FMV
The General Hospital Corporation	1b	5,240,981	FMV
FRC Inc	1b	107,153	FMV
SHAUGHNESSY-KAPLAN REHABILITATION HOSPITAL	1B	250,068	FMV
NEIGHBORHOOD HEALTH PLAN	1B	117,100,000	FMV
THE MCLEAN HOSPITAL CORPORATION	1B	161,534	FMV
MCLEAN HEALTHCARE INC	1B	25,000,000	FMV
SPAULDING HOSPITAL - CAMBRIDGE	1B	397,904	FMV
BRIGHAM AND WOMEN'S FAULKNER HOSPITAL	1B	125,000	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Brigham and Women's Health Care Inc	1c	47,475,252	FMV
The Massachusetts General Hospital	1c	79,587,172	FMV
McLean HealthCare	1c	3,275,389	FMV
The Brigham and Women's Hospital	1c	12,475,619	FMV
NSMC HealthCare	1c	8,857,050	FMV
Newton-Wellesley Hospital	1c	3,848,043	FMV
Newton-Wellesley Health Care System	1c	8,754,969	FMV
Newton-Wellesley Hospital Charitable Found	1c	134,968	FMV
Partners Continuing Care	1c	7,660,733	FMV
MARTHA'S VINEYARD HOSPITAL	1C	1,541,793	FMV
NANTUCKET COTTAGE HOSPITAL	1C	743,505	FMV
NEIGHBORHOOD HEALTH PLAN	1C	1,675,000	FMV
MASSACHUSETTS GENERAL PHYSICIANS ORG INC	1C	225,000	FMV
The Brigham and Women's Hospital	1d	238,936,667	FMV
The McLean Hospital Corporation	1d	29,522,500	FMV
North Shore Medical Center	1d	105,686,716	FMV
MASSACHUSETTS GENERAL PHYSICIAN ORGANIZATION	1d	100,000,000	FMV
COOLEY DICHINSON HOSPITAL	1d	10,000,000	FMV
The Massachusetts General Hospital	1k	937,084	FMV
The Massachusetts General Hospital	1l	582,848	FMV
The General Hospital Corporation	1l	260,908,993	FMV
Massachusetts General Physicians Organization	1l	9,231,251	FMV
The Spaulding Rehabilitation Hospital Corp	1l	11,586,283	FMV
Partners Home Care	1l	6,542,410	FMV
FRC Inc	1l	1,153,284	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Spaulding Hospital - Cambridge	1I	4,240,673	FMV
Rehabilitation Hospital of the Cape & Islands	1I	2,594,111	FMV
Partners Continuing Care	1I	677,983	FMV
Marthas Vineyard Hospital	1I	2,235,947	FMV
Nantucket Cottage Hospital	1I	2,158,630	FMV
The McLean Hospital Corporation	1I	14,511,709	FMV
The MGH Institute of Health Professions	1I	914,838	FMV
The Brigham and Women's Hospital	1I	205,968,104	FMV
Brigham and Women's Physicians Organization	1I	5,476,869	FMV
Brigham and Women's Faulkner Hospital Inc	1I	16,428,381	FMV
North Shore Medical Center	1I	42,525,127	FMV
Shaughnessy-Kaplan Rehabilitation Hospital	1I	2,920,178	FMV
Newton-Wellesley Hospital	1I	32,451,434	FMV
Partners Physicians Organization	1I	7,132,408	FMV
NEIGHBORHOOD HEALTH PLAN	1L	2,059,496	FMV
NORTH SHORE PHYSICIANS GROUP	1L	129,420	FMV
BRIGHAM AND WOMEN'S HEALTHCARE INC	1L	106,747	FMV
COOLEY DICKINSON HOSPITAL	1L	375,475	FMV
NEWTON-WELLESLEY AMBULATORY SERVICES	1L	65,394	FMV