

Form 990-T

Department of the Treasury
Internal Revenue Service

EXTENDED TO AUGUST 15, 2018

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2016 or other tax year beginning OCT 1, 2016, and ending SEP 30, 2017

2016

► Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).Open to Public Inspection for
501(c)(3) Organizations OnlyA Check box if
address changed

B Exempt under section

501(c)(3)
 408(e) 4220(e)
 408A 530(a)
 529(a)

Print
or
TypeName of organization (Check box if name changed and see instructions.)

THE BRIGHAM AND WOMEN'S HOSPITAL, INC.

D Employer identification number
(Employees' trust, see
instructions)

04-2312909

Number, street, and room or suite no. If a P.O. box, see instructions.

399 REVOLUTION DRIVE, NO. 645

E Unrelated business activity codes
(See instructions)

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

SOMERVILLE, MA 02145

525990

C Book value of all assets
at end of year

3013735764.

F Group exemption number (See instructions.)

► G Check organization type ► 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ► LIMITED PARTNERSHIP INCOME

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

If "Yes," enter the name and identifying number of the parent corporation. ► SEE STATEMENT 3

J The books are in care of ► PARTNERS FINANCE

Telephone number ► 857-282-0747

Part I Unrelated Trade or Business Income

(A) Income

(B) Expenses

(C) Net

1a	Gross receipts or sales			
b	Less returns and allowances	c Balance		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)	1c		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	2		
c	Capital loss deduction for trusts	3		
5	Income (loss) from partnerships and S corporations (attach statement)	4a	324,556.	324,556.
6	Rent income (Schedule C)	4b		
7	Unrelated debt-financed income (Schedule E)	4c		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	5	621,161.	621,161.
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	6	-17,063.	-17,063.
10	Exploited exempt activity income (Schedule I)	7		
11	Advertising income (Schedule J)	8		
12	Other income (See instructions; attach schedule)	9		
13	Total. Combine lines 3 through 12	10		
		11		
		12		
		13	928,654.	928,654.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

(Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	35,819.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	262,388.
29	Total deductions. Add lines 14 through 28	29	298,207.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	630,447.
31	Net operating loss deduction (limited to the amount on line 30)	31	494,958.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	135,489.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	134,489.

623701 11-22-17 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2016)

08500801 150480 41506M

2016.05040 THE BRIGHAM AND WOMEN'S HOS 41506M_1

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ► See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ 0 . (2) \$ 0 . (3) \$ 0 .

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ 0 .

(2) Additional 3% tax (not more than \$100,000) \$ 0 .

c Income tax on the amount on line 34

SEE STATEMENT 5 ►

35c

47,071.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)

36

37 Proxy tax. See instructions

37

38 Alternative minimum tax

38

26,380.

39 Tax on Non-Compliant Facility Income. See instructions

39

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies

40

73,451.

Part IV Tax and Payments**41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)**

41a

b Other credits (see instructions)

41b

c General business credit. Attach Form 3800

41c

d Credit for prior year minimum tax (attach Form 8801 or 8827)

41d

e Total credits. Add lines 41a through 41d

41e

42 Subtract line 41e from line 40

42

73,451.

43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)

43

44 Total tax. Add lines 42 and 43

44

73,451.

45a Payments: A 2015 overpayment credited to 2016

45a 2,480.

b 2016 estimated tax payments

45b

c Tax deposited with Form 8868

45c 193,206.

d Foreign organizations: Tax paid or withheld at source (see instructions)

45d

e Backup withholding (see instructions)

45e

f Credit for small employer health insurance premiums (Attach Form 8941)

45f

g Other credits and payments: Form 2439

45g

 Form 4136 Other _____

Total ►

46

195,686.

46 Total payments. Add lines 45a through 45g

47

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ►

48

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed

49

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

50

122,235.

50 Enter the amount of line 49 you want credited to 2017 estimated tax ► 122,235. | Refunded

50

0.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ►

Yes

No

X

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.

Yes

X

53 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$

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 taxpayer) is based on all information of which preparer has any knowledge

CHIEF FINANCIAL

OFFICER

Title

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

Signature of officer

18/3/18

Sign Here	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
Paid Preparer Use Only	Firm's address ►	Phone no.			

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2		
3 Cost of labor	3		
4a Additional section 263A costs (attach schedule)	4a		7
b Other costs (attach schedule)	4b		
5 Total. Add lines 1 through 4b	5	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) LIMITED PARTNERSHIP FLOW-THROUGH RENTAL INCOME(2)
(3)
(4)**2. Rent received or accrued**

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)	-17,063.	
(2)		
(3)		
(4)		
Total	0. Total	-17,063.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		-17,063.
		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
		0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8			0.	0.
				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals ►				0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
Totals ►		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
Totals ►		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►		0.	0.			0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	► 0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	► 0.	0.				0.
Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)						
1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business			
(1)		%				
(2)		%				
(3)		%				
(4)		%				
Total. Enter here and on page 1, Part II, line 14	►					0.

Name

Employer identification number

THE BRIGHAM AND WOMEN'S HOSPITAL, INC.

04-2312909

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				19,298.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6 ()	
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7 19,298.	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				305,258.
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15 305,258.	

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16 19,298.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17 305,258.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV	18 324,556.

Note: If losses exceed gains, see **Capital losses** in the instructions.

Part IV Alternative Tax for Corporations with Qualified Timber Gain. Complete Part IV only if the corporation has qualified timber gain under section 1201(b). Skip this part if you are filing Form 1120-RIC. See instructions.

19 Enter qualified timber gain (as defined in section 1201(b)(2))	19	
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line of your tax return	20	
21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or (c) the amount on Part III, line 17	21	
22 Multiply line 21 by 23.8% (0.238)	22	
23 Subtract line 17 from line 20. If zero or less, enter -0-	23	
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed	24	
25 Add lines 21 and 23	25	
26 Subtract line 25 from line 20. If zero or less, enter -0-	26	
27 Multiply line 26 by 35% (0.35)	27	
28 Add lines 22, 24, and 27	28	
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed	29	
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule J, line 2, or the applicable line of your tax return	30	

Name

THE BRIGHAM AND WOMEN'S HOSPITAL, INC.

Employer identification number
04-2312909

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

- 1 Taxable income or (loss) before net operating loss deduction
- 2 **Adjustments and preferences:**
 - a Depreciation of post-1986 property
 - b Amortization of certified pollution control facilities
 - c Amortization of mining exploration and development costs
 - d Amortization of circulation expenditures (personal holding companies only)
 - e Adjusted gain or loss
 - f Long-term contracts
 - g Merchant marine capital construction funds
 - h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)
 - i Tax shelter farm activities (personal service corporations only)
 - j Passive activities (closely held corporations and personal service corporations only)
 - k Loss limitations
 - l Depletion
 - m Tax-exempt interest income from specified private activity bonds
 - n Intangible drilling costs
 - o Other adjustments and preferences
- 3 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20
- 4 **Adjusted current earnings (ACE) adjustment:**
 - a ACE from line 10 of the ACE worksheet in the instructions
 - b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions
 - c Multiply line 4b by 75% (0.75). Enter the result as a positive amount
 - d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. **Note:** You must enter an amount on line 4d (even if line 4b is positive)
 - e ACE adjustment.
 - If line 4b is zero or more, enter the amount from line 4c
 - If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount
- 5 Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT
- 6 Alternative tax net operating loss deduction. See instructions
- 7 Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions
- 8 **Exemption phase-out** (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):
 - a Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-
 - b Multiply line 8a by 25% (0.25)
 - c Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-
- 9 Subtract line 8c from line 7. If zero or less, enter -0-
- 10 Multiply line 9 by 20% (0.20)
- 11 Alternative minimum tax foreign tax credit (AMTFTC). See instructions
- 12 Tentative minimum tax. Subtract line 11 from line 10
- 13 Regular tax liability before applying all credits except the foreign tax credit
- 14 Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return

JWA For Paperwork Reduction Act Notice, see separate instructions.

1	629,447.
2a	27,503.
2b	
2c	
2d	
2e	-44,261.
2f	
2g	
2h	
2i	
2j	
2k	
2l	
2m	
2n	
2o	
3	612,689.
4a	612,689.
4b	0.
4c	
4d	
4e	0.
5	612,689.
6	245,434.
7	367,255.
8a	
8b	
8c	0.
9	367,255.
10	73,451.
11	
12	73,451.
13	47,071.
14	26,380.

Form 4626 (2016)

Form **8827**

Department of the Treasury
Internal Revenue Service

Credit for Prior Year Minimum Tax - Corporations

OMB No. 1545-0123

2016

► Attach to the corporation's tax return.

► Information about Form 8827 and its instructions is at www.irs.gov/form8827.

Name

Employer identification number

THE BRIGHAM AND WOMEN'S HOSPITAL, INC.

04-2312909

1 Alternative minimum tax (AMT) for 2015. Enter the amount from line 14 of the 2015 Form 4626

1 2,440.

2 Minimum tax credit carryforward from 2015. Enter the amount from line 9 of the 2015 Form 8827

2

3 Enter any 2015 unallowed qualified electric vehicle credit (see instructions)

3

4 Add lines 1, 2, and 3

4 2,440.

5 Enter the corporation's 2016 regular income tax liability minus allowable tax credits (see instructions)

5 47,071.

6 Is the corporation a "small corporation" exempt from the AMT for 2016 (see instructions)?

- Yes. Enter 25% of the excess of line 5 over \$25,000. If line 5 is \$25,000 or less, enter -0-
- No. Complete Form 4626 for 2016 and enter the tentative minimum tax from line 12

7a Subtract line 6 from line 5. If zero or less, enter -0-

6 73,451.

b For a corporation electing to accelerate the minimum tax credit, enter the bonus depreciation amount attributable to the minimum tax credit (see instructions)

7a 0.

c Add lines 7a and 7b

7b

8a Enter the smaller of line 4 or line 7c. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions

7c

b Current year minimum tax credit. Enter the smaller of line 4 or line 7a here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 7b, go to line 8c. Otherwise, skip line 8c

8a

c Subtract line 8b from line 8a. This is the refundable amount for a corporation electing to accelerate the minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line 19c (or the applicable line of your return)

8b 0.

9 Minimum tax credit carryforward to 2017. Subtract line 8a from line 4. Keep a record of this amount to carry forward and use in future years

8c

9 2,440.

Department of the Treasury
Internal Revenue Service

- **Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.**
- **File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.**

Name(s) shown on return

**Social security number or
taxpayer identification no.**

04-2312909

THE BRIGHAM AND WOMEN'S HOSPITAL, INC.

04-2312909

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a. You aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
 (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
 (C) Short-term transactions not reported to you on Form 1099-B

2 Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked) ►

19,298.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side

**Social security number or
taxpayer identification no.**

04-2312909

THE BRIGHAM AND WOMEN'S HOSPITAL, INC.

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a. You aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above).

(E) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Form(s) 1099-B showing basis wasn't reported to the IRS).

(E) Long-term transactions reported on Form(s) 1099-B showing

2 Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

THE BRIGHAM AND WOMEN'S HOSPITAL, INC.

04-2312909

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS
AND S CORPORATIONS STATEMENT 1

<u>DESCRIPTION</u>	<u>AMOUNT</u>
LIMITED PARTNERSHIP UNRELATED DEBT FIN INCOME	621,161.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	621,161.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
<u>DESCRIPTION</u>		<u>AMOUNT</u>
LIMITED PARTNERSHIP FLOW THROUGH UBIT EXPENSES		262,388.
TOTAL TO FORM 990-T, PAGE 1, LINE 28		262,388.

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 3

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT
TAX YEAR	LOSS SUSTAINED	LOSS	LOSS REMAINING	AVAILABLE THIS YEAR
		PREVIOUSLY APPLIED		
09/30/08	105,662.	105,662.	0.	0.
09/30/09	265,215.	265,215.	0.	0.
09/30/10	309,089.	93,193.	215,896.	215,896.
09/30/11	166,773.	0.	166,773.	166,773.
09/30/12	112,036.	0.	112,036.	112,036.
09/30/13	253.	0.	253.	253.
NOL CARRYOVER AVAILABLE THIS YEAR			494,958.	494,958.

FORM 990-T	TAX COMPUTATION	STATEMENT	5
1. TAXABLE INCOME	134,489		
2. LESSER OF LINE 1 OR FIRST BRACKET AMOUNT .	0		
3. LINE 1 LESS LINE 2	134,489		
4. LESSER OF LINE 3 OR SECOND BRACKET AMOUNT .	0		
5. LINE 3 LESS LINE 4	134,489		
6. INCOME SUBJECT TO 34% TAX RATE	0		
7. INCOME SUBJECT TO 35% TAX RATE	134,489		
8. 15 PERCENT OF LINE 2	0		
9. 25 PERCENT OF LINE 4	0		
10. 34 PERCENT OF LINE 6	0		
11. 35 PERCENT OF LINE 7	47,071		
12. ADDITIONAL 5% SURTAX.	0		
13. ADDITIONAL 3% SURTAX	0		
14. TOTAL OF LINES 8 THROUGH 13 TO FORM 990-T, PAGE 2, LINE 35C	47,071		

FORM 4626

ALTERNATIVE MINIMUM TAX NOL DEDUCTION

STATEMENT 6

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
09/30/08	88,198.	88,198.	0.
09/30/09	222,868.	222,868.	0.
09/30/10	295,062.	275,704.	19,358.
09/30/11	140,700.	0.	140,700.
09/30/12	85,376.	0.	85,376.
AMT NOL CARRYOVER AVAILABLE THIS YEAR			245,434.