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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

PARTNERS HEALTHCARE SYSTEM INC

D Employer identification number

04-3230035

E Telephone number

(857) 282-0747

F Name and address of principal officer

DAVID F TORCHIANA MD

800 BOYLSTON STREET

BOSTON, MA 02199

G Gross receipts \$ 1,282,761,413

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ HTTP WWW PARTNERS ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1993

M State of legal domicile MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

PARTNERS HEALTHCARE SYSTEM, INC IS COMMITTED TO SERVING THE COMMUNITY LOCALLY AND GLOBALLY AND IS DEDICATED TO ENHANCING PATIENT CARE, TEACHING AND RESEARCH

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

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

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

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

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

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶3,419,529

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

PETER K MARKELL EXEC VP, CFO, & TREASURER

Type or print name and title

2018-08-13

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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 \$ 219,811,452	including grants of \$ 211,645,435)	(Revenue \$ 833,323,409)
	See Additional Data			

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ►	219,811,452		
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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 Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	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	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	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>		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>	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>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		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?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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>		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>		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>		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>		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>	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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.	5,724	
b	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?	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.	7,563	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	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)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	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.	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official.	Yes	
b	Other officers or key employees of the organization.	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?	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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, SC, MA, NH, NJ, NY, NC, OH, PA, TX, WI, HI, IL, KY, MD, MN, MO, NV, 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.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ►PARTNERS FIN-TAX DIR 399 REVOLUTION DRIVE SUITE 645 SOMERVILLE, MA 02145 (857) 282-0747

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

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

Form **990** (2016)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	18,749,931	1,642,039	2,130,137

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 ▶ 1,256

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed 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
SUFFOLK CONSTRUCTION CO 99 CONIFER HILL DRIVE DANVERS, MA 606895330	CONSTRUCTION SVCS	168,643,958
ACCENTURE LLP PO BOX 70629 CHICAGO, IL 60673	CONSULTING SERVICES	76,000,722
RANDSTAD PO BOX 7247-6655 PHILADELPHIA, PA 191706655	STAFFING SERVICES	46,856,312
EPIC SYSTEMS CORPORATION 1979 MILKY WAY VERONA, WI 53593	CONSULTING SERVICES	24,360,136
MCKINSEY & CO INC 280 CONGRESS ST 1100 BOSTON, MA 02210	CONSULTING SERVICES	7,380,000

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 ▶ 92	
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Part VIII Statement of RevenueCheck 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					
	d Related organizations	1d	268,444,819				
	e Government grants (contributions)	1e	106,544				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	107,500				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		268,658,863				
Program Service Revenue			Business Code				
	2a ADMINISTRATIVE FEE		561000	835,119,820	833,941,483	1,178,337	
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		835,119,820					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			-258,469		6,259,000	-6,517,469
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			648,502			648,502
	6a Gross rents	(i) Real	(ii) Personal				
		513,846					
		b Less rental expenses	0				
		c Rental income or (loss)	513,846				
	d Net rental income or (loss)			513,846		-12,201	526,047
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		175,074,684					
		b Less cost or other basis and sales expenses	0				
		c Gain or (loss)	175,074,684				
	d Net gain or (loss)			175,074,684		232,071	174,842,613
	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						
	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						
	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							
Miscellaneous Revenue		Business Code					
11a CHILD CARE REVENUE		624410	1,760,822			1,760,822	
b PARKING INCOME		812930	1,428,222			1,428,222	
c PARTNERSHIP INCOME		621400	-184,877	-629,033	444,156		
d All other revenue							
e Total. Add lines 11a-11d			3,004,167				
12 Total revenue. See Instructions			1,282,761,413	833,312,450	8,101,363	172,688,737	

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.	211,645,435	211,645,435		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	14,778,655		14,778,655	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	384,766,129	3,083,767	380,060,907	1,621,455
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	42,165,731	325,444	41,840,287	
9 Other employee benefits.	50,617,047	390,672	49,694,163	532,212
10 Payroll taxes.	34,086,219	263,084	33,823,135	
11 Fees for services (non-employees):				
a Management.				
b Legal.	9,346,287	72,137	9,274,150	
c Accounting.	1,803,331	13,918	1,789,413	
d Lobbying.	470,868		470,868	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	78,631,474	606,893	77,658,431	366,150
12 Advertising and promotion.	735,593	5,677	729,916	
13 Office expenses.	26,159,280	201,903	25,551,905	405,472
14 Information technology.	85,725,884	661,650	85,064,234	
15 Royalties.				
16 Occupancy.	18,611,756	143,649	18,271,054	197,053
17 Travel.	2,453,524	18,937	2,434,587	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	461,943	3,565	458,378	
20 Interest.	193,746,698	1,495,376	192,251,322	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	74,098,345	571,906	73,526,439	
23 Insurance.	1,575,813	12,162	1,563,651	
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 PROGRAM SUPPORT/SUBSIDY	20,198,807	155,898	20,042,909	
b MISCELLANEOUS EXPENSES	15,341,220	118,407	14,925,626	297,187
c MEALS	1,992,254	15,377	1,976,877	
d OTHER RESEARCH EXPENSES	424,557	3,277	421,280	
e All other expenses	300,355	2,318	298,037	
25 Total functional expenses. Add lines 1 through 24e.	1,270,137,205	219,811,452	1,046,906,224	3,419,529
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	0
	2	Savings and temporary cash investments		94,198,894	2	24,378,581
	3	Pledges and grants receivable, net		5,379,914	3	0
	4	Accounts receivable, net		59,674,396	4	78,205,587
	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		3,568,558,575	7	3,562,224,489
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		37,305,968	9	12,355,047
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	909,364,738		
	b	Less: accumulated depreciation	10b	183,872,565		
				709,838,128	10c	725,492,173
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11		879,388,989	12	754,719,786
	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		268,092,259	15	265,357,713	
16	Total assets. Add lines 1 through 15 (must equal line 34)		5,622,437,123	16	5,422,733,376	
Liabilities	17	Accounts payable and accrued expenses		1,237,870,020	17	1,044,060,333
	18	Grants payable			18	0
	19	Deferred revenue			19	0
	20	Tax-exempt bond liabilities		3,467,622,659	20	3,553,827,259
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			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			22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	0
	24	Unsecured notes and loans payable to unrelated third parties			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.		1,582,414,805	25	1,457,114,648
26	Total liabilities. Add lines 17 through 25		6,287,907,484	26	6,055,002,240	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		-678,834,186	27	-634,167,569
	28	Temporarily restricted net assets		2,313,825	28	748,705
	29	Permanently restricted net assets		11,050,000	29	1,150,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		-665,470,361	33	-632,268,864	
34	Total liabilities and net assets/fund balances		5,622,437,123	34	5,422,733,376	

Part XI Reconciliation of Net AssetsCheck 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	1,282,761,413
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,270,137,205
3	Revenue less expenses Subtract line 2 from line 1	3	12,624,208
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-665,470,361
5	Net unrealized gains (losses) on investments	5	15,159,376
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	5,417,913
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-632,268,864

Part XII Financial Statements and ReportingCheck 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		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	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	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?	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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 04-3230035

Name: PARTNERS HEALTHCARE SYSTEM INC

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

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			
MAURY E MCGOUGH MD DIRECTOR (UNTIL 06/30/2017)	1 00 50 00	X						0	650,722	66,281
JERROLD F ROSENBAUM MD DIRECTOR	1 00 50 00	X						0	517,939	56,667
LORI W TISHLER MD MPH DIRECTOR (UNTIL 01/01/2017)	1 00 50 00	X						0	236,975	53,598
KATHRYN A BRITTON MD DIRECTOR (AS OF 01/01/2017)	1 00 50 00	X						0	236,403	53,369
EARL M COLLIER JR DIRECTOR	1 00 1 00	X						0	0	0
WILLIAM MAURICE COWAN DIRECTOR	1 00 1 00	X						0	0	0
ANNE M FINUCANE DIRECTOR	1 00 1 00	X						0	0	0
CHARLES K GIFFORD DIRECTOR (UNTIL 06/30/2017)	1 00 1 00	X						0	0	0
SUSAN J HOCKFIELD PHD DIRECTOR	1 00 1 00	X						0	0	0
RICHARD E HOLBROOK DIRECTOR	1 00 1 00	X						0	0	0

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

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALBERT A HOLMAN III	1 00									
DIRECTOR (UNTIL 06/30/2017)	1 00	X						0	0	0
EDWARD P LAWRENCE ESQ	1 00									
CHAIRMAN	1 00	X						0	0	0
CARL J MARTIGNETTI	1 00									
DIRECTOR (AS OF 07/01/2017)	1 00	X						0	0	0
CATHY E MINEHAN	1 00									
DIRECTOR	1 00	X						0	0	0
DIANE B PATRICK ESQ	1 00									
DIRECTOR (AS OF 07/01/2017)	1 00	X						0	0	0
PAMELA D A REEVE	1 00									
DIRECTOR (AS OF 07/01/2017)	1 00	X						0	0	0
SCOTT A SCHOEN	1 00									
DIRECTOR	1 00	X						0	0	0
SCOTT M SPERLING	1 00									
DIRECTOR	1 00	X						0	0	0
HENRI A TERMEER	1 00									
DIRECTOR (UNTIL 05/13/2017)	1 00	X						0	0	0
ALEXANDER L THORNDIKE	1 00									
DIRECTOR (AS OF 07/01/2017)	1 00	X						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours spent on the organization)	(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 (US \$/£/€)	(E) Reportable compensation from other organizations (US \$/£/€)
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(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			
GWILL YORK DIRECTOR	1 00	X						0	0	0
DAVID F TORCHIANA MD PRESIDENT & CEO	50 00			X				4,649,309	0	74,538
PETER K MARKELL EXECUTIVE VP, CFO & TREASURER	50 00			X				1,877,294	0	615,792
MAUREEN GOGGIN SECRETARY	50 00			X				169,526	0	37,766
JAMES W NOGA VICE PRESIDENT & CIO	50 00				X			2,991,169	0	71,037
GREGG S MEYER MD CHIEF CLINICAL OFFICER	50 00				X			1,224,916	0	666,127
JOHN R BARKER CHIEF INVESTMENT OFFICER	50 00				X			1,759,698	0	43,915
JOSEPH CABRAL CHIEF HUMAN RESOURCES OFFICER	50 00				X			1,204,702	0	16,772
ANNE KLIBANSKI MD CHIEF ACADEMIC OFFICER	1 00				X			902,041	0	56,986
BRENT L HENRY ESQ GENERAL COUNSEL	50 00					X		904,802	0	64,590

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			
TIMOTHY G FERRIS MD VICE PRESIDENT	50 00 1 00					X		881,421	0	60,057
CHRISTOPHER MARK COBURN CHIEF INNOVATION OFFICER	50 00 1 00					X		834,713	0	71,053
LYNNE J EICKHOLT CHIEF STRATEGY OFFICER	50 00					X		689,369	0	63,982
JOSEPH C KVEDAR MD VICE PRESIDENT	50 00					X		660,971	0	57,607

SCHEDULE A (Form 990 or 990-EZ)	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 .	OMB No 1545-0047
		2016 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 Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	295,077,034	159,546,959	183,067,721	20,645,801	282,570,685	940,908,200
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	295,077,034	159,546,959	183,067,721	20,645,801	282,570,685	940,908,200
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						940,908,200

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	295,077,034	159,546,959	183,067,721	20,645,801	282,570,685	940,908,200
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,177,295	14,350,212	61,995,189	516,424	903,879	97,942,999
9	Net income from unrelated business activities, whether or not the business is regularly carried on			324,178	82,787	813,311	1,220,276
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,040,071,475
12	Gross receipts from related activities, etc. (see instructions)					12	1,202,962,043
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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14 90.470 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15 87.950 %
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>	
b	33 1/3% support test—2015. 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. ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2016. 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. ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2015. 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. ► <input type="checkbox"/>	
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. ► <input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <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)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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

2016

Open to Public Inspection

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization 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 7202 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 Form 1120-POL 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-
2				
3				
4				
5				
6				

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(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		1,481,962
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			1,481,962
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.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PARTNERS HEALTHCARE SYSTEM INC

Employer identification number
04-3230035

Part I

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

(a) Donor advised funds

(b) Funds and other accounts

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

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

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

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

☐ Yes

☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under 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 on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2016

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	18,832,078	11,088,489	6,562,989	6,069,859	5,609,796
b Contributions	-9,637,179	7,313,016	5,072,977	216,931	199,812
c Net investment earnings, gains, and losses	1,760,903	977,078	-260,929	542,631	507,611
d Grants or scholarships					
e Other expenditures for facilities and programs	1,162,669	546,505	286,548	266,432	247,360
f Administrative expenses					
g End of year balance	9,793,133	18,832,078	11,088,489	6,562,989	6,069,859

2

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

a

Board designated or quasi-endowment

87 370 %

b

Permanent endowment

11 740 %

c

Temporarily restricted endowment

0 890 %

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

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	15,927,049	54,665,612		70,592,661
b Buildings	30,359,751	490,339,320	38,752,434	481,946,637
c Leasehold improvements		9,782,945	6,874,177	2,908,768
d Equipment		283,627,653	138,245,954	145,381,699
e Other		24,662,408		24,662,408
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				725,492,173

Schedule D (Form 990) 2016

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other _____		
(A) INVESTED CASH EQUIVALENTS	76,827,398	F
(B) EQUITIES	19,216,680	F
(C) U S GOV'T & FIXED INCOME SEC	5,874,078	F
(D) PRIVATE PARTNERSHIPS & OTHER	43,471,361	C
(E) INV IN PARTNERS POOLED INV ACC	609,330,269	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	754,719,786	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
SETTLEMENTS - THIRD PARTY PAYORS	36,142,243
TAXABLE BONDS, SERIES C & SERI	1,420,972,405
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	1,457,114,648

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 04-3230035
Name: PARTNERS HEALTHCARE SYSTEM INC

Supplemental 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

Supplemental Information	
Return Reference	Explanation
FIN 48 FOOTNOTE	PARTNERS HEALTHCARE SYSTEM, INC DOES NOT HAVE A FIN 48 FOOTNOTE DISCLOSURE IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS

**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. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**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	0			4,669,913
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			4,669,913

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 separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☒ 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).

Return Reference	Explanation
ACCOUNTING METHOD	THE ORGANIZATION USES THE ACCRUAL METHOD TO REPORT FOREIGN EXPENDITURES TO BE CONSISTENT WITH THE REPORTING USED FOR THE FINANCIAL STATEMENTS

Additional Data

Software ID:

Software Version:

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/CARIBBEAN			PROGRAM SERVICES	PAT CARE, RESEARCH & EDUCATION	150
CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	JOINTLY OWNED FOREIGN INSURANCE	640,557
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	PAT CARE, RESEARCH & EDUCATION	1,839,592

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
EUROPE			PROGRAM SERVICES	PAT CARE, RESEARCH & EDUCATION	1,018,513
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	PAT CARE, RESEARCH & EDUCATION	755,046
NORTH AMERICA			PROGRAM SERVICES	PAT CARE, RESEARCH & EDUCATION	225,584

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
SOUTH ASIA			PROGRAM SERVICES	PAT CARE, RESEARCH & EDUCATION	176,120
SUB-SAHARAN AFRICA			PROGRAM SERVICES	PAT CARE, RESEARCH & EDUCATION	14,351

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As Filed Data -

DLN: 93493227015868

Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 131

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	PARTNERS HEALTHCARE SYSTEM, INC MAKES DONATIONS TO VARIOUS TAX-EXEMPT ORGANIZATIONS THESE DONATIONS CAN BE USED BY THE RECIPIENT ONLY IN FURTHERANCE OF THEIR TAX-EXEMPT MISSION

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 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
ABCD 178 TREMONT STREET 2ND FLOOR BOSTON, MA 02111	04-2304133	501 (C) (3)	20,000				COMMUNITY BENEFIT PROGRAM
AIDS ACTION COMMITTEE 75 AMORY STREET ROXBURY, MA 02119	22-2707246	501 (C) (3)	5,000				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 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
ALPFA 801 S GRAND AVE SUITE 400 LOS ANGELES, CA 90015	32-0178401	501 (C) (3)	15,000				COMMUNITY BENEFIT PROGRAM
ALZHEIMERS ASSOCIATION OF MANH CHAPTER 480 PLEASANT STREET WATERTOWN, MA 02472	04-2731194	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 30 SPEEN STREET FRAMINGHAM, MA 01701	13-1788491	501 (C) (3)	25,000				COMMUNITY BENEFIT PROGRAM
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	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 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 BENEFIT PROGRAM
BIOMEDICAL SCIENCE CAREERS PROGRAM 164 LONGWOOD AVENUE 2ND FLOOR BOSTON, MA 02115	04-3241307	501 (C) (3)	5,000				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 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
BLACK MINISTERIAL ALLIANCE 7 PALMER STREET 3RD FLOOR BOSTON, MA 02119	04-3499852	501 (C) (3)	7,500				COMMUNITY BENEFIT PROGRAM
BLACK PHILANTHROPY FUND (FUND 4635) C/O THE BOSTON FOUNDATION 75 ARLINGTON ST 10TH FL BOSTON, MA 02116	46-1721740	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 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 BRANCH NAACP PO BOX 300159 BOSTON, MA 02119	04-3574060	501 (C) (3)	5,000				COMMUNITY BENEFIT PROGRAM
BOSTON CENTER FOR INDEPENDENT LIVING 60 TEMPLE PLACE 5TH FLOOR BOSOTN, MA 02111	04-2546595	501 (C) (3)	12,500				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 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 COMMUNITY CAPITAL INC 10 MALCOLM X BOULEVARD BOSTON, MA 02119	04-3246555	501 (C) (3)	35,000				COMMUNITY BENEFIT PROGRAM
BOSTON HEALTH CARE FOR THE HOMELESS PROGRAM 780 ALBANY STREET BOSTON, MA 02118	04-3160480	501 (C) (3)	221,013				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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON PUBLIC HEALTH COMMISSION 1010 MASS AVE BOSTON, MA 02118	04-3316655	CITY OF BOSTON	50,000				COMMUNITY BENEFIT PROGRAM
BOYS AND GIRLS CLUBS OF BOSTON 50 CONGRESS STREET SUITE 730 BOSTON, MA 02109	04-2103922	501 (C) (3)	5,000				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 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
BUNKER HILL COMMUNITY COLLEGE FOUNDATION 250 NEW RUTHERFORD AVENUE SUITE C-304 BOSTON, MA 02129	22-2757389	501 (C) (3)	5,000				COMMUNITY BENEFIT PROGRAM
CAREER COLLABORATIVE 77 SUMMER ST BOSTON MA 02111 BOSTON, MA 02111	04-3402682	501 (C) (3)	5,000				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 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
CATHOLIC SCHOOLS FOUNDATION INC 260 FRANKLIN STREET SUITE 630 BOSTON, MA 02110	22-2485502	501 (C) (3)	15,000				COMMUNITY BENEFIT PROGRAM
CCHERS 360 HUNTINGTON AVE 222 YMCA BOSTON, MA 02115	04-3286409	501 (C) (3)	6,668				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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CODMAN SQUARE HEALTH CENTER 637 WASHINGTON STREET BOSTON, MA 02124	04-2678774	501 (C) (3)	5,000				COMMUNITY BENEFIT PROGRAM
COMMUNITY CATALYST ONE FEDERAL ST 5TH FL BOSTON, MA 02110	04-3355127	501 (C) (3)	20,000				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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SERVINGS INC 18 MARBURY TERRACE BOSTON, MA 02130	22-3154028	501 (C) (3)	8,334				COMMUNITY BENEFIT PROGRAM
COMMUNITY WORKS 25 WEST STREET BOSTON, MA 02111	04-2762623	501 (C) (3)	5,000				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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIMOCK CHC 55 DIMOCK STREET BOSTON, MA 02119	04-3487835	501 (C) (3)	30,000				COMMUNITY BENEFIT PROGRAM
DORCHESTER HOUSE MULTI-SERVICE CENTER 1353 DORCHESTER AVENUE BOSTON, MA 02124	23-7125970	501 (C) (3)	5,000				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 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 HEALTH CENTER 10 GOVE STREET EAST BOSTON, MA 02128	23-7425849	501 (C) (3)	25,000				COMMUNITY BENEFIT PROGRAM
EASTER SEALS MA 89 SOUTH ST BOSTON, MA 02111	04-2103867	501 (C) (3)	5,000				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 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
EDWARD M KENNEDY INSTITUTE FOR THE UNITED STATES SENATE 210 MORRISSEY BOULEVARD COLUMBIA POINT, MA 02125	27-0963869	501 (C) (3)	25,000				COMMUNITY BENEFIT PROGRAM
FOUNDATION OF MASS EYE AND EAR INC 243 CHARLES STREET BOSTON, MA 02114	04-2785453	501 (C) (3)	5,000				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 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
GLAD 30 WINTER STREET SUITE 800 BOSTON, MA 02108	04-2660498	501 (C) (3)	12,500				COMMUNITY BENEFIT PROGRAM
GOSNOLD INC 200 TER HEUN DRIVE FALMOUTH, MA 02540	04-2502970	501 (C) (3)	5,000				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 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
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVE NW WASHINGTON, DC 200364110	13-3206571	501 (C) (3)	5,750				COMMUNITY BENEFIT PROGRAM
GREATER BOSTON CHAMBER OF COMMERCE 265 FRANKLIN STREET 12TH FLOOR BOSTON, MA 02110	04-1103090	501 (C) (3)	25,650				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 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
GREATER BOSTON PFLAG PO BOX 541619 BOSTON, MA 02453	04-3272394	501 (C) (3)	5,000				COMMUNITY BENEFIT PROGRAM
HARVARD MEDICAL SCHOOL 25 SHATTUCK ST BOSTON, MA 02115	04-2103580	501 (C) (3)	8,800,000				MEDICAL EDUCATION

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVARD UNIVERSITY 1033 MASSACHUSETTS AVE STE 3 CAMBRIDGE, MA 02138	04-2103580	501 (C) (3)	50,000				CHARITABLE CONTRIBUTIONS
HEALTH CARE FOR ALL ONE FEDERAL STREET 5TH FLOOR BOSTON, MA 02110	04-3071598	501 (C) (3)	250,271				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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH LAW ADVOCATES ONE FEDERAL STREET 5TH FL BOSTON, MA 02110	04-3298116	501 (C) (3)	40,000				COMMUNITY BENEFIT PROGRAM
HEALTH RESOURCES IN ACTION (HRIA) 95 BERKELEY ST BOSTON, MA 02116	04-2229839	501 (C) (3)	37,492				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 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
JANE DOE INC 14 BEACON STREET SUITE 507 BOSTON, MA 02108	04-2676138	501 (C) (3)	13,000				COMMUNITY BENEFIT PROGRAM
JEWISH VOCATIONAL SERVICES 75 FEDERAL STREET 3RD FLOOR BOSTON, MA 02110	04-2104357	501 (C) (3)	8,334				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 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
JOHN F KENNEDY LIBRARY FOUNDATION COLUMBIA POINT BOSTON, MA 02125	04-6113130	501 (C) (3)	15,000				COMMUNITY BENEFIT PROGRAM
LINKS FOUNDATION 1200 MASS AVE NW WASHINGTON, DC 20005	52-1170830	501 (C) (3)	5,000				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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LYNN COMMUNITY HEALTH CENTER 269 UNION STREET LYNN, MA 01901	04-2525066	501 (C) (3)	806,364				COMMUNITY BENEFIT PROGRAM
MACHW 35 HARVARD ST STE 300 WORCESTER, MA 01609	04-2775264	501 (C) (3)	20,000				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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASS BLACK LAWYERS ASSOCIATION 16 BEACON STREET BOSTON, MA 02108	04-3021895	501 (C) (3)	10,000				COMMUNITY BENEFIT PROGRAM
MASS HEALTH COUNCIL 200 RESERVOIR ST STE 101 NEEDHAM, MA 02494	04-2296739	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASS INC 11 BEACON STREET SUITE 500 BOSTON, MA 02108	68-0480736	501 (C) (3)	5,000				COMMUNITY BENEFIT PROGRAM
MASS INSIGHT 18 TREMONT STREET SUITE 1010 BOSTON, MA 02108	04-3369687	501 (C) (3)	5,000				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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASS LEAGUE OF COMMUNITY HEALTH CENTERS 40 COURT STREET 10TH FL BOSTON, MA 02108	04-2507409	501 (C) (3)	537,923				COMMUNITY BENEFIT PROGRAM
MASS WOMEN'S POLITICAL CAUCUS EDUCATION FUND 98 HAMILTON STREET 1ST FLOOR PROVIDENCE, RI 02905	04-2738443	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 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
MASSACHUSETTS ASSOCIATION FOR MENTAL HEALTH 130 BOWDOIN STREET SUITE 309 BOSTON, MA 02108	04-2104711	501 (C) (3)	30,500				COMMUNITY BENEFIT PROGRAM
MASSACHUSETTS BUDGET AND POLICY CENTER 15 COURT SQUARE SUITE 700 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 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
MASSACHUSETTS BUSINESS ALLIANCE FOR EDUCATION 400 ATLANTIC AVENUE BOSTON, MA 02110	04-3274599	501 (C) (3)	10,000				COMMUNITY BENEFIT PROGRAM
MASSACHUSETTS COMMUNITIES ACTION NETWORK 150 MOUNT VERNON STREET SUITE 200E BOSTON, MA 02108	04-2863903	501 (C) (3)	5,000				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 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
MASSACHUSETTS PUBLIC HEALTH ASSOCIATION 101 TREMONT STREET SUITE 1011 BOSTON, MA 02108	04-2326503	501 (C) (3)	25,000				COMMUNITY BENEFIT PROGRAM
MATTAPAN COMMUNITY HEALTH CENTER 1425 BLUE HILL AVENUE MATTAPAN, MA 02126	04-2544151	501 (C) (3)	182,500				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 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
MIRA 105 CHAUNCY STREET SUITE 901 BOSTON, MA 02111	22-3115048	501 (C) (3)	5,000				COMMUNITY BENEFIT PROGRAM
NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) SCHRAFFTS CENTER 529 MAIN STREET SUITE 1M17 BOSTON, MA 021291125	04-2777012	501 (C) (3)	11,250				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 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
NATIONAL ASSOCIATION OF CORPORATE DIRECTORS 10 BACK BAY RIVER ROAD AMESBURY, MA 01913	04-3370584	501 (C) (3)	5,000				COMMUNITY BENEFIT PROGRAM
NORTH END WATERFRONT HEALTH 332 HANOVER STREET BOSTON, MA 02113	23-7089746	501 (C) (3)	5,000				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 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
PROJECT BREAD 145 BORDER STREET BOSTON, MA 02128	04-2931195	501 (C) (3)	41,500				COMMUNITY BENEFIT PROGRAM
PROJECT HOPE 550 DUDLEY STREET ROXBURY, MA 02119	04-2748880	501 (C) (3)	5,000				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 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
PROJECT PLACE 1145 WASHINGTON ST BOSTON, MA 02118	34-2026629	501 (C) (3)	25,000				COMMUNITY BENEFIT PROGRAM
RAISING A READER 9B HAMILTON PLACE BOSTON, MA 02108	80-0297898	501 (C) (3)	5,000				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 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
RIZE MASSACHUSETTS 101 HUNTINGTON AVE SUITE 1300 BOSTON, MA 02199	04-2261109	501 (C) (3)	3,333,333				COMMUNITY BENEFIT PROGRAM
ROCA 101 PARK STREET CHELSEA, MA 02150	22-3223641	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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROGERSON COMMUNITIES 1 FLORENCE STREET ROSLINDALE, MA 02131	04-2104319	501 (C) (3)	5,000				COMMUNITY BENEFIT PROGRAM
RON BURTON TRAINING VILLAGE PO BOX 2 HUBBARDSTON, MA 01452	22-2570218	501 (C) (3)	5,000				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 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
ROXBURY PRESBYTERIAN CHURCH 328 WARREN ST ROXBURY, MA 02119	04-3506648	501 (C) (3)	25,000				COMMUNITY BENEFIT PROGRAM
SCHOLAR ATHLETE PROGRAM 57 MAGAZINE ST BOSTON, MA 02119	27-3987854	501 (C) (3)	125,000				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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH BOSTON COMMUNITY HEALTH CENTER 409 WEST BROADWAY STREET BOSTON, MA 02127	04-2682152	501 (C) (3)	55,000				COMMUNITY BENEFIT PROGRAM
SOUTH END CHC 1601 WASHINGTON STREET BOSTON, MA 02118	04-2456134	501 (C) (3)	5,000				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 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
ST CYPRIAN'S EPISCOPAL CHURCH 1073 TREMONT STREET ROXBURY, MA 02120		501 (C) (3)	5,000				COMMUNITY BENEFIT PROGRAM
THE BOSTON FOUNDATION 75 ARLINGTON STREET 10TH FLOOR BOSTON, MA 02116	04-2104021	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 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 FOUNDATION FOR BOSTON CENTERS FOR YOUTH AND FAMILIES 885 WASHINGTON ST BOSTON, MA 02111	04-2602576	501 (C) (3)	30,000				COMMUNITY BENEFIT PROGRAM
THE GOOD PARTY - MORGAN MEMORIAL GOODWILL INDUSTRIES 1010 HARRISON AVE BOSTON, MA 02119	04-2106765	501 (C) (3)	5,000				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 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 COUNCIL 98 NORTH WASHINGTON STREET SUITE 201 BOSTON, MA 02114	04-1661090	501 (C) (3)	15,000				COMMUNITY BENEFIT PROGRAM
THE PARTNERSHIP 155 SEAPORT BOULEVARD 13TH FLOOR BOSTON, MA 02210	04-2879910	501 (C) (3)	11,000				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 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 SCHWARTZ CENTER FOR COMPASSIONATE HEALTHCARE 205 PORTLAND STREET 6TH FLOOR BOSTON, MA 02114	04-1564655	501 (C) (3)	25,000				COMMUNITY BENEFIT PROGRAM
UNITED WAY OF MASSACHUSETTS BAY PO BOX 51381 BOSTON, MA 02210	04-2382233	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 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
UNIVERSITY OF MASS DONOHUE INSTITUTE 100 VENTURE WAY SUITE 9 HADLEY, MA 01035	04-3167352	501 (C) (3)	53,544				COMMUNITY BENEFIT PROGRAM
UPHAM'S CORNER HEALTH CENTER 500 COLOMBIA RD DORCHESTER, MA 02125	04-2708670	501 (C) (3)	225,000				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 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
URBAN LAND INSTITUTE 88 WARREN STREET ROXBURY, MA 02119	23-7349132	501 (C) (3)	10,000				CHARITABLE CONTRIBUTIONS
URBAN LEAGUE OF BOSTON 88 WARREN STREET ROXBURY, MA 02119	23-7349132	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 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 PROGRAMS 965 MASSACHUSETTS AVENUE BOSTON, MA 02118	04-2575322	501 (C) (3)	10,000				COMMUNITY BENEFIT PROGRAM
WAGE PROJECT INC 1443 BEACON ST APT 809 BROOKLINE, MA 02446	02-0703030	501 (C) (3)	25,000				CHARITABLE CONTRIBUTIONS

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 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
WHITTIER STREET HC 1125 TREMONT STREET ROXBURY, MA 02120	04-2619517	501 (C) (3)	10,000				COMMUNITY BENEFIT PROGRAM
YEAR UP INC 45 MILK STREET 9TH FLOOR BOSTON, MA 02109	04-3534407	501 (C) (3)	5,000				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 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
MASSACHUSETTS GENERAL PHYSICIAN ORGANIZATION INC 399 REVOLUTION DRIVE SUITE 645 SOMERVILLE, MA 02145	04-2807148	501 (C) (3)	3,065,771				EXEMPT AFFILIATE SUPPORT
THE SPAULDING REHABILITATION HOSPITAL 399 REVOLUTION DRIVE SUITE 645 SOMERVILLE, MA 02145	04-2551124	501 (C) (3)	2,745,608				EXEMPT AFFILIATE SUPPORT

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 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
FRC INC 399 REVOLUTION DRIVE SUITE 645 SOMERVILLE, MA 02145	22-2632121	501 (C) (3)	779,224				EXEMPT AFFILIATE SUPPORT
SPAULDING HOSPITAL - CAMBRIDGE INC 399 REVOLUTION DRIVE SUITE 645 SOMERVILLE, MA 02145	27-0273715	501 (C) (3)	2,011,655				EXEMPT AFFILIATE SUPPORT

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERS CONTINUING CARE INC 399 REVOLUTION DRIVE SUITE 645 SOMERVILLE, MA 02145	26-0003495	501 (C) (3)	55,818,633				EXEMPT AFFILIATE SUPPORT
REHABILITATION HOSPITAL OF CAPE AND ISLAND CORP 399 REVOLUTION DRIVE SUITE 645 SOMERVILLE, MA 02145	04-3071419	501 (C) (3)	997,445				EXEMPT AFFILIATE SUPPORT

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 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 MCLEAN HOSPITAL 399 REVOLUTION DRIVE SUITE 645 SOMERVILLE, MA 02145	04-2697981	501 (C) (3)	5,000,000				EXEMPT AFFILIATE SUPPORT
BRIGHAM AND WOMENS PHYSICIANS ORGANIZATION INC 399 REVOLUTION DRIVE SUITE 645 SOMERVILLE, MA 02145	04-3466314	501 (C) (3)	3,999,999				EXEMPT AFFILIATE SUPPORT

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 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
NORTH SHORE PHYSICIANS GROUP INC 399 REVOLUTION DRIVE SUITE 645 SOMERVILLE, MA 02145	04-3080484	501 (C) (3)	4,000,000				EXEMPT AFFILIATE SUPPORT
NEWTON-WELLESLEY AMBULATORY SERVICES INC 399 REVOLUTION DRIVE SUITE 645 SOMERVILLE, MA 02145	22-2560501	501 (C) (3)	7,800,000				EXEMPT AFFILIATE SUPPORT

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERS COMMUNITY PHYSICIANS ORGANIZATION INC 399 REVOLUTION DRIVE SUITE 645 SOMERVILLE, MA 02145	04-3236175	501 (C) (3)	14,273,708				EXEMPT AFFILIATE SUPPORT
NEIGHBORHOOD HEALTH PLAN INC 399 REVOLUTION DRIVE SUITE 645 SOMERVILLE, MA 02145	04-2932021	501 (C) (4)	57,200,000				EXEMPT AFFILIATE SUPPORT

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 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
ASSUMPTION COLLEGE 500 SALISBURY ST WORCESTER, MA 01609	04-2105776	501 (C) (3)	5,500				COMMUNITY BENEFIT PROGRAM
BOSTON COLLEGE 140 COMMONWEALTH AVE CHESTNUT HILL, MA 02467	04-2103545	501 (C) (3)	13,000				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 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 UNIVERSITY ONE SILBER WAY BOSTON, MA 02215	04-2103547	501 (C) (3)	21,000				COMMUNITY BENEFIT PROGRAM
BRIDGEWATER STATE UNIVERSITY 131 SUMMER ST BRIDGEWATER, MA 02324	22-2678005	501 (C) (3)	9,500				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 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
BUNKER HILL COMMUNITY COLLEGE 250 NEW RUTHERFORD AVE BOSTON, MA 02129	22-2757389	501 (C) (3)	14,000				COMMUNITY BENEFIT PROGRAM
COLLEGE OF THE HOLY CROSS 1 COLLEGE ST WORCESTER, MA 01610	04-2103558	501 (C) (3)	5,000				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 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
CURRY COLLEGE 1071 BLUE HILL AVENUE MILTON, MA 02186	04-2199867	501 (C) (3)	5,000				COMMUNITY BENEFIT PROGRAM
DARTMOUTH COLLEGE 6024 MCNUTT HALL HANOVER, MA 03755	02-0222111	501 (C) (3)	9,500				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 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
FRAMINGHAM STATE UNIVERSITY 100 STATE STREET FRAMINGHAM, MA 01701	04-6002284	STATE OF MA	6,000				COMMUNITY BENEFIT PROGRAM
HARVARD UNIVERSITY 1350 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	04-2103580	501 (C) (3)	8,500				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 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
ITHACA COLLEGE 953 DANBY RD ITHACA, NY 14850	15-0532204	501 (C) (3)	5,500				COMMUNITY BENEFIT PROGRAM
LESLEY UNIVERSITY 29 EVERETT STREET CAMBRIDGE, MA 02138	04-2103589	501 (C) (3)	5,500				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 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
MA COLLEGE OF PHARMACY & HEALTH SCIENCES 179 LONGWOOD AV BOSTON, MA 02115	04-2104700	501 (C) (3)	18,000				COMMUNITY BENEFIT PROGRAM
MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SOUTH HADLEY, MA 01075	04-2103578	501 (C) (3)	9,000				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 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
MILLS COLLEGE 5000 MACARTHUR BLVD OAKLAND, CA 94613	94-1156566	501 (C) (3)	5,500				COMMUNITY BENEFIT PROGRAM
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 02115	04-1679980	501 (C) (3)	26,750				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 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
SALEM STATE UNIVERSITY 352 LAFAYETTE ST SALEM, MA 01970	04-2620632	501 (C) (3)	9,000				COMMUNITY BENEFIT PROGRAM
SIMMONS COLLEGE 300 FENWAY BOSTON, MA 02115	04-2103629	501 (C) (3)	20,000				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 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
STONEHILL COLLEGE 320 WASHINGTON STREET EASTON, MA 02357	04-2104229	501 (C) (3)	5,000				COMMUNITY BENEFIT PROGRAM
THOMPSON ISLAND OUTWARD BOUND EDUCATION CENTER PO BOX 127 BOSTON, MA 02127	04-3027900	501 (C) (3)	7,533				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 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 JOSEPH B MARTIN CONFERENCE CENTER AT HARVARD 77 AVENUE LOUIS PASTEUR BOSTON, MA 02115	13-2814803	501 (C) (3)	7,800				COMMUNITY BENEFIT PROGRAM
TRUSTEES OF TUFTS COLLEGE 419 BOSTON AVE MEDFORD, MA 02155	04-2103634	501 (C) (3)	17,000				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 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
UMASS AMHERST 181 PRESIDENTS DRIVE AMHERST, MA 01003	54-2084125	STATE OF MA	22,500				COMMUNITY BENEFIT PROGRAM
UMASS BOSTON 100 MORRISSEY BLVD BOSTON, MA 02125	04-3167352	STATE OF MA	46,000				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 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
UMASS DARTMOUTH 285 OLD WESTPORT RD NORTH DARTMOUTH, MA 02747	04-3167352	STATE OF MA	19,500				COMMUNITY BENEFIT PROGRAM
UMASS LOWELL 1 UNIVERSITY AVE LOWELL, MA 01854	04-3167352	STATE OF MA	9,000				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 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
WENTWORTH INSTITUTE OF TECHNOLOGY 550 HUNTINGTON AVE BOSTON, MA 02115	04-1958460	501 (C) (3)	5,500				COMMUNITY BENEFIT PROGRAM
WHEATON COLLEGE 501 COLLEGE AVE WHEATON, IL 60187	36-2182171	501 (C) (3)	5,500				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 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
ACCELERATED COLLEGE EXPERIENCES INC 251 HEATH STREET APT 207 JAMAICA PLAIN, MA 02130	45-4101866	501 (C) (3)	119,085				COMMUNITY BENEFIT PROGRAM
UASPIRE 31 MILK STREET 900 BOSTON, MA 02109	04-3564307	501 (C) (3)	370,130				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 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
THIRD SECTOR NEW ENGLAND NONPROFIT CENTER 89 SOUTH ST SUITE 700 BOSTON, MA 02111	04-2261109	501 (C) (3)	49,224				COMMUNITY BENEFIT PROGRAM

Schedule J
(Form 990)

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
PARTNERS HEALTHCARE SYSTEM INC

Employer identification number
04-3230035

Part I

Questions Regarding Compensation

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 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 on 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
See Additional Data	

Additional Data

Software ID:
Software Version:
EIN: 04-3230035
Name: PARTNERS HEALTHCARE SYSTEM INC

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 7	CERTAIN EMPLOYEES RECEIVED INCENTIVE COMPENSATION BASED ON ACHEIVEMENT OF ORGANIZATIONAL AND INDIVIDUAL GOALS THE COMPENSATION COMMITTEE OF PARTNERS HEALTHCARE OR THE COMEPNSATION COMMITTEES OF PARTNERS SUBRODINATE ENTITIES HAVE THE FINAL AUTHORITY FOR SUCH PAYMENTS

Part III, Supplemental Information

Return Reference	Explanation
TRUSTEE COMPENSATION	TRUSTEES RECEIVE NO COMPENSATION OR CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS FOR SERVICE ON THE BOARD OR ITS COMMITTEES BOARD MEMBERS WHO ARE ALSO EMPLOYED BY THE CORPORATION OR A PARTNERS AFFILIATE RECEIVE COMPENSATION ONLY FOR THEIR SERVICES AS EMPLOYEES

Part III, Supplemental Information

Return Reference	Explanation
TRAVEL FOR COMPANIONS	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

Part III, Supplemental Information

Return Reference	Explanation
FIRST CLASS TRAVEL	FIRST CLASS TRAVEL WAS PROVIDED TO AN OFFICER LISTED ON FORM 990, PART VII THIS BENEFIT WAS PROVIDED PURSUANT TO A WRITTEN POLICY AND TREATED AS NON-TAXABLE BUSINESS EXPENSES THE BENEFIT WAS REVIEWED AND APPROVED BY THE PARTNERS HEALTHCARE COMPENSATION COMMITTEE

Part III, Supplemental Information

Return Reference	Explanation
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

Part III, Supplemental 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 DAVID F TORCHIANA, M D - \$1,845,586 JAMES W NOGA - \$2,273,735 PETER K MARKELL - \$370,063 GREGG S MEYER, M D - \$592,967 BRENT L HENRY, ESQ - \$54,223

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MAURY E MCGOUGH MD DIRECTOR (UNTIL 06/30/2017)	(i)	0	0	0	0	0	0	0
	(ii)	521,860	63,480	65,382	36,479	-	-	0
						29,802	717,003	
1JERROLD F ROSENBAUM MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	386,061	78,950	52,928	36,477	-	-	0
						20,190	574,606	
2LORI W TISHLER MD MPH DIRECTOR (UNTIL 01/01/2017)	(i)	0	0	0	0	0	0	0
	(ii)	185,871	14,987	36,117	32,458	-	-	0
						21,140	290,573	
3KATHRYN A BRITTON MD DIRECTOR (AS OF 01/01/2017)	(i)	0	0	0	0	0	0	0
	(ii)	204,375	12,921	19,107	32,173	-	-	0
						21,196	289,772	
4DAVID F TORCHIANA MD PRESIDENT & CEO	(i)	2,125,250	600,350	1,923,709	36,475	38,063	4,723,847	0
	(ii)	0	0	0	0	-	-	0
						0	0	
5PETER K MARKELL EXECUTIVE VP, CFO & TREASURER	(i)	1,283,461	156,290	437,543	586,476	29,316	2,493,086	0
	(ii)	0	0	0	0	-	-	0
						0	0	
6MAUREEN GOGGIN SECRETARY	(i)	150,019	350	19,157	17,394	20,372	207,292	0
	(ii)	0	0	0	0	-	-	0
						0	0	
7JAMES W NOGA VICE PRESIDENT & CIO	(i)	602,659	47,168	2,341,342	36,479	34,558	3,062,206	1,116,935
	(ii)	0	0	0	0	-	-	0
						0	0	
8GREGG S MEYER MD CHIEF CLINICAL OFFICER	(i)	1,022,862	124,958	77,096	629,444	36,683	1,891,043	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9JOHN R BARKER CHIEF INVESTMENT OFFICER	(i)	552,062	1,143,860	63,776	36,480	7,435	1,803,613	0
	(ii)	0	0	0	0	-	-	0
						0	0	
10JOSEPH CABRAL CHIEF HUMAN RESOURCES OFFICER	(i)	1,013,381	94,767	96,554	0	16,772	1,221,474	0
	(ii)	0	0	0	0	-	-	0
						0	0	
11ANNE KLIBANSKI MD CHIEF ACADEMIC OFFICER	(i)	683,647	104,482	113,912	36,479	20,507	959,027	0
	(ii)	0	0	0	0	-	-	0
						0	0	
12BRENT L HENRY ESQ GENERAL COUNSEL	(i)	716,612	56,063	132,127	36,477	28,113	969,392	0
	(ii)	0	0	0	0	-	-	0
						0	0	
13TIMOTHY G FERRIS MD VICE PRESIDENT	(i)	600,285	184,500	96,636	36,843	23,214	941,478	0
	(ii)	0	0	0	0	-	-	0
						0	0	
14CHRISTOPHER MARK COBURN CHIEF INNOVATION OFFICER	(i)	592,870	181,990	59,853	36,479	34,574	905,766	0
	(ii)	0	0	0	0	-	-	0
						0	0	
15LYNNE J EICKHOLT CHIEF STRATEGY OFFICER	(i)	574,535	46,250	68,584	36,475	27,507	753,351	0
	(ii)	0	0	0	0	-	-	0
						0	0	
16JOSEPH C KVEDAR MD VICE PRESIDENT	(i)	480,684	103,752	76,535	36,478	21,129	718,578	0
	(ii)	0	0	0	0	-	-	0
						0	0	

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
PARTNERS HEALTHCARE SYSTEM INC

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
04-3230035

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) 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		X		X		X
B MHEFA PARTNERS HEALTHCARE SYSTEM INC SERIES F	04-2456011	57586CGW9	06-10-2005	411,566,153	SERIES F - SEE SCHEDULE K PART VI		X		X		X
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		X		X		X
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		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	343,630,000		172,375,000		191,750,000		225,000,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	344,268,619		419,448,101		329,345,063		386,190,828	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	15,436,586		18,398,432		9,382,534		20,479,076	
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	2,026,416		2,671,595		2,338,149		2,776,551	
8	Credit enhancement from proceeds			2,650,000				4,696,147	
9	Working capital expenditures from proceeds								
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		153,496,369			
12	Other unspent proceeds								
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 ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X	X		X		X	
c No rebate due?	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X			X	X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X	X	
b Name of provider	BEAR STEARNS CAPITAL MARKETS		BEAR STEARNS CAPITAL MARKETS				GOLDMAN SACHS CAPITAL MARKETS	
c Term of hedge	3220 0000000000 %		3500 0000000000 %				3500 0000000000 %	
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	TRINITY PLUS		XL ASSET FUNDING COMPANY I LLC		CITIGROUP FINANCIAL PRODUCTS INC		CITIGROUP FINANCIAL PRODUCTS INC	
c Term of GIC	240 00000000000 %		180 00000000000 %		170 00000000000 %		170 00000000000 %	
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 I BOND ISSUES (F) DESCRIPTION OF PURPOSE	<p>(A) FINANCING A PORTION OF THE CONSTRUCTION OF NEW SPACE IN AN AMBULATORY CARE BUILDING AND A PORTION OF THE CONSTRUCTION OF A PARKING GARAGE, AND THE ACQUISITION AND INSTALLATION OF CAPITAL EQUIPMENT AND CONSTRUCTION OF IMPROVEMENTS AND RENOVATIONS TO EXISTING FACILITIES REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY VARIABLE RATE DEMAND REVENUE BONDS, BRIGHAM AND WOMEN'S HOSPITAL ISSUE, SERIES A, ISSUED 12/31/85 REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, MASSACHUSETTS GENERAL HOSPITAL ISSUE, SERIES F, ISSUED 12/2/92 REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, BRIGHAM AND WOMEN'S HOSPITAL ISSUE, SERIES E, ISSUED 10/12/93 (B) FINANCING A PORTION OF THE FOLLOWING PROJECTS TENANT IMPROVEMENTS AND FIT OUT OF LEASED SPACE, CONSTRUCTION AND RENOVATION OF OPERATING ROOMS AT AN AMBULATORY SURGERY CENTER, RENOVATIONS TO VARIOUS CLINICAL AREAS FINANCING A PORTION OF THE FOLLOWING PROJECTS ACQUISITION OF A FACILITY AND A SMALL PARCEL OF VACANT LAND, CONSTRUCTION OF A CARDIOVASCULAR CENTER, THE ACQUISITION AND INSTALLATION OF CAPITAL EQUIPMENT AND CONSTRUCTION OF IMPROVEMENTS AND RENOVATIONS TO VARIOUS EXISTING FACILITIES FINANCING A PORTION OF THE CONSTRUCTION AND RENOVATION OF FACILITIES FINANCING THE ACQUISITION AND IMPROVEMENTS OF A PORTION OF A BUILDING AND INSTALLATION OF CAPITAL EQUIPMENT THEREIN REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, NEWTON-WELLESLEY HOSPITAL ISSUE, SERIES E, ISSUED 9/20/95 (C) REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES A, ISSUED 9/18/97 REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES C, ISSUED 4/26/01 REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, NEWTON-WELLESLEY HOSPITAL ISSUE, SERIES G, ISSUED 2/6/97 (D) FINANCING A PORTION OF CONSTRUCTION OF A CARDIOVASCULAR CENTER FINANCING THE FOLLOWING PROJECTS A PORTION OF THE CONSTRUCTION OF A BUILDING AND A RECEIVING DOCK, A PORTION OF THE COST OF ACQUISITION OF CONDOMINIUM UNITS, AND RENOVATIONS TO CLINICAL SPACE FINANCING RENOVATIONS AND IMPROVEMENTS TO INPATIENT CLINICAL AREAS FINANCING A PORTION OF THE FOLLOWING PROJECTS CONSTRUCTION AND EQUIPPING OF AN AMBULATORY CARE CENTER, THE ACQUISITION AND INSTALLATION OF A SYSTEM-WIDE REVENUE MANAGEMENT SYSTEM (E) REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES G-1 AND G-3, ISSUED 6/28/07 REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY VARIABLE RATE DEMAND REVENUE BONDS, NEWTON-WELLESLEY HOSPITAL ISSUE, SERIES F, ISSUED 11/16/1995 (F) FINANCING A PORTION OF THE FIT-OUT AND EQUIPPING OF AN AMBULATORY CARE CENTER FINANCING A PORTION OF THE FOLLOWING PROJECTS THE CONSTRUCTION OF A BUILDING AND A R</p>

Return Reference	Explanation
PART I BOND ISSUES (F) DESCRIPTION OF PURPOSE	ECEIVING DOCK, CONSTRUCTION AND EQUIPPING OF A MULTI-SPECIALTY AMBLUATORY CARE CENTER, AND RENOVATIONS TO CLINICAL SPACE FINANCING RENOVATIONS AND IMPROVEMENTS TO INPATIENT CLINICAL AREAS FINANCING A PORTION OF THE COST OF RENOVATIONS, EQUIPPING AND FURNISHING OF CLINICAL SPACE TO HOUSE A CANCER CENTER FINANCING A PORTION OF THE FOLLOWING PROJECTS THE ACQUISITION AND INSTALLATION OF A SYSTEM-WIDE REVENUE MANAGEMENT SYSTEM AND AN ACUTE CARE DOCUMENTATION MANAGEMENT SYSTEM

Return Reference	Explanation
PART I BOND ISSUES (F) DESCRIPTION OF PURPOSE (CONTINUE)	<p>(G) FINANCING A PORTION OF THE FOLLOWING PROJECTS THE CONSTRUCTION OF A BUILDING AND A RECEIVING DOCK, CONSTRUCTION AND EQUIPPING OF A MULTI-SPECIALTY AMBLUATORY CARE CENTER, AND RENOVATIONS TO CLINICAL SPACE FINANCING RENOVATIONS AND IMPROVEMENTS TO INPATIENT CLINICAL AREAS FINANCING A PORTION OF THE FOLLOWING PROJECTS THE ACQUISITION AND INSTALLATION OF A SYSTEM-WIDE REVENUE MANAGEMENT SYSTEM AND AN ACUTE CARE DOCUMENTATION MANAGEMENT SYSTEM FINANCING RENOVATIONS AND IMPROVEMENTS TO AN EMERGENCY DEPARTMENT FINANCING THE ACQUISITION OF AND IMPROVEMENTS TO A HOSPITAL FACILITY FINANCING PLANNING COSTS INCLUDING ENVIRONMENTAL REMEDIATION COSTS ASSOCIATED WITH THE DEVELOPMENT OF A NEW REHABILITATION HOSPITAL FACILITY REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES G-4, ISSUED 6/28/07 REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES A, ISSUED 9/18/97 REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES B, ISSUED 4/28/99 (H) FINANCING RENOVATIONS AND IMPROVEMENTS TO AN EMERGENCY DEPARTMENT FINANCING A PORTION OF THE FOLLOWING PROJECTS THE CONSTRUCTION OF A BUILDING AND A RECEIVING DOCK, CONSTRUCTION AND EQUIPPING OF A MULTI-SPECIALTY AMBLUATORY CARE CENTER, AND RENOVATIONS TO CLINICAL SPACE FINANCING PLANNING COSTS INCLUDING ENVIRONMENTAL REMEDIATION COSTS ASSOCIATED WITH THE DEVELOPMENT OF A NEW REHABILITATION HOSPITAL FACILITY FINANCING A PORTION OF THE FOLLOWING PROJECTS THE ACQUISITION AND INSTALLATION OF A SYSTEM-WIDE REVENUE MANAGEMENT SYSTEM AND AN ACUTE CARE DOCUMENTATION MANAGEMENT SYSTEM REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES C, ISSUED 4/26/01 REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES D-1, D-2 AND D-4, ISSUED 5/28/03 (I) FINANCING RENOVATIONS AND IMPROVEMENTS TO AN EMERGENCY DEPARTMENT FINANCING PLANNING COSTS INCLUDING ENVIRONMENTAL REMEDIATION COSTS ASSOCIATED WITH THE DEVELOPMENT OF A NEW REHABILITATION HOSPITAL FACILITY FINANCING A PORTION OF THE FOLLOWING PROJECTS THE ACQUISITION AND INSTALLATION OF A SYSTEM-WIDE REVENUE MANAGEMENT SYSTEM AND AN ACUTE CARE DOCUMENTATION MANAGEMENT SYSTEM FINANCING PLANNING COSTS AND CONSTRUCTION OF BUILDING TO HOUSE CLINICAL AND RESEARCH SPACE AND UNDERGROUND PARKING SPACES FINANCING THE CONSTRUCTION OF AN UNDERGROUND PARKING FACILITY FINANCING THE ACQUISITION OF LAND AND BUILDING TO HOUSE WET AND DRY RESEARCH SPACE, AND PARKING GARAGE FINANCING THE ACQUISITION, RENOVATION, EQUIPPING AND FINISHING OF AN OUTPATIENT SURGICAL CENTER REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES B, ISSUED 4/28/99 REFINANCING MASSACHUSETTS</p>

Return Reference	Explanation
PART I BOND ISSUES (F) DESCRIPTION OF PURPOSE (CONTINUE)	S HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES C, ISSUED 4/26/01 REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES E, ISSUED 6/12/03

Return Reference	Explanation
PART I BOND ISSUES (F) DESCRIPTION OF PURPOSE (CONTINUE)	(J) FINANCING THE CONSTRUCTION OF A NEW BUILDING AT BRIGHAM AND WOMEN'S HOSPITAL'S MAIN CAMPUS AND A NEW BUILDING TO HOUSE A 132-BED REPLACEMENT FACILITY FOR SPAULDING REHABILITATION HOSPITAL FINANCING THE CONSTRUCTION OF AN UNDERGROUND PARKING FACILITY FINANCING THE ACQUISITION AND INSTALLATION OF A SYSTEM-WIDE REVENUE MANAGEMENT AND CLINICAL APPLICATION SYSTEM FINANCING THE CONSTRUCTION OF A TWO STORY DATA CENTER AND A NEW POWER PLANT FINANCING THE RENOVATION, EQUIPPING AND FURNISHING OF VARIOUS FACILITIES REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES K-3 ISSUED 1/13/2011 REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES D-3, ISSUED 5/28/2003 (K) REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES F-4 REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES I-1 (L) FINANCING THE CONSTRUCTION OF A NEW BUILDING AT BRIGHAM AND WOMEN'S HOSPITAL'S MAIN CAMPUS FINANCING THE CONSTRUCTION OF AN UNDERGROUND PARKING FACILITY FINANCING THE CONSTRUCTION OF A TWO STORY DATA CENTER AND A NEW POWER PLANT FINANCING THE ACQUISITION AND INSTALLATION OF A SYSTEM-WIDE REVENUE MANAGEMENT AND CLINICAL APPLICATION SYSTEM REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES F-5 REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES G-5

Return Reference	Explanation
PART I BOND ISSUES (M) DESCRIPTION OF PURPOSE (CONTINUE)	(M) FINANCING THE CONSTRUCTION OF A NEW BUILDING AT BRIGHAM AND WOMEN'S HOSPITAL'S MAIN CAMPUS FINANCING THE RENOVATION OF A NEONATAL INTENSIVE CARE UNIT AND CONSTRUCTION OF A SPECIAL CARE NURSERY FINANCING THE CONSTRUCTION OF A TWO STORY DATA CENTER FINANCING THE ACQUISITION AND INSTALLATION OF A SYSTEM-WIDE REVENUE MANAGEMENT AND CLINICAL APPLICATION SYSTEM REFINANCING INTERIM BORROWING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES K-4 REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES F-5 REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES G-5 (N) FINANCING THE CONSTRUCTION OF A NEW BUILDING AT BRIGHAM AND WOMEN'S HOSPITAL'S MAIN CAMPUS FINANCING THE CONSTRUCTION OF AN UNDERGROUND PARKING FACILITY FINANCING THE CONSTRUCTION OF A TWO STORY DATA CENTER

Return Reference	Explanation
PART II PROCEEDS (3)	TOTAL PROCEEDS INCLUDE INVESTMENT EARNINGS

Return Reference	Explanation
PART III PRIVATE BUSINESS USE	PARTIALLY APPLICABLE PURSUANT TO THE INSTRUCTIONS, AS THE BOND ISSUE CONSISTED OF THE REFUNDING OF A PRE-JANUARY 1, 2003 ISSUE

Return Reference	Explanation
PART IV ARBITRAGE (1)	FORM 8038-T HAS NOT BEEN FILED AS ARBITRAGE REBATE PAYMENTS HAVE NOT BEEN REQUIRED A 1/05/2009 B 9/09/2010 C 8/03/2012 D 8/03/2012 E 5/08/2013 F 6/19/2014 G 2/09/2015 H 2/19/2016 I 2/09/2017

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
PARTNERS HEALTHCARE SYSTEM INC

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
04-3230035

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) 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		X		X		X
B MHEFA PARTNERS HEALTHCARE SYSTEM INC SERIES I	04-2456011	57586EHR5	05-14-2009	229,977,036	SERIES I - SEE SCHEDULE K PART VI		X		X		X
C MHEFA PARTNERS HEALTHCARE SYSTEM INC SERIES J	04-2456011	57586ENK3	01-05-2010	509,178,736	SERIES J - SEE SCHEDULE K PART VI		X		X		X
D MDFA PARTNERS HEALTHCARE SYSTEM INC SERIES K	04-3431814	57583R6W0	01-13-2011	436,019,104	SERIES K - SEE SCHEDULE K PART VI		X		X		X

Part II

Proceeds

				A	B	C	D
1	Amount of bonds retired			810,000	76,870,000	95,760,000	188,405,000
2	Amount of bonds legally defeased						
3	Total proceeds of issue			171,320,000	229,981,250	509,258,319	436,030,814
4	Gross proceeds in reserve funds						
5	Capitalized interest from proceeds						
6	Proceeds in refunding escrows						
7	Issuance costs from proceeds			420,000	2,556,080	5,151,067	3,523,063
8	Credit enhancement from proceeds				116,071		
9	Working capital expenditures from proceeds						
10	Capital expenditures from proceeds				227,309,098	249,983,765	201,342,457
11	Other spent proceeds			170,900,000		254,123,487	231,165,294
12	Other unspent proceeds						
13	Year of substantial completion			2009		2010	
				Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?			X		X	X
15	Were the bonds issued as part of an advance refunding issue?				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 ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?	X		X		X		X	
c No rebate due?	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X			X	X	
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			MERRILL LYNCH CAPITAL SERVICES				MERRILL LYNCH CAPITAL SERVICES	
c Term of hedge			3500 0000000000 %				3500 0000000000 %	
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
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
b Name of provider	CITIGROUP FINANCIAL PRODUCTS INC							
c Term of GIC	80 0000000000 %							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	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).

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
PARTNERS HEALTHCARE SYSTEM INC

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
04-3230035

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) 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		X		X		X
B MDFA PARTNERS HEALTHCARE SYSTEM INC SERIES M	04-3431814	57583UG77	01-30-2014	510,376,675	SERIES M - SEE SCHEDULE K PART VI		X		X		X
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		X		X		X
D MDFA PARTNERS HEALTHCARE SYSTEM SERIES O	04-3431814	57583UW20	01-29-2015	357,583,529	SERIES O - SEE SCHEDULE K PART VI		X		X		X

Part II

Proceeds

		A	B	C	D				
1	Amount of bonds retired	23,815,000	4,120,000	6,200,000	2,745,000				
2	Amount of bonds legally defeased								
3	Total proceeds of issue	353,570,173	510,376,950	141,350,000	359,440,557				
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	3,056,210	4,042,015		2,813,646				
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	260,903,277	360,854,935		214,703,942				
11	Other spent proceeds	89,610,686	145,480,000	141,350,000	141,922,969				
12	Other unspent proceeds								
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 ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X		X		X	
b Exception to rebate?		X		X		X		X
c No rebate due?		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X		X		X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X		X		X	
b Name of provider			BEAR STEARNS CAPITAL MARKETS		BANK OF AMERICA NA		BEAR STEARNS CAPITAL MARKETS	
c Term of hedge			3500 0000000000 %		3500 0000000000 %		3500 0000000000 %	
d Was the hedge superintegrated?				X		X		X
e Was the hedge terminated?				X		X		X

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								
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 K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
PARTNERS HEALTHCARE SYSTEM INC

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
04-3230035

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MDFA PARTNERS HEALTHCARE SYSTEM SERIES Q	04-3431814	57584XJG7	01-28-2016	491,625,624	SERIES Q - SEE SCHEDULE K PART VI		X		X		X
B MDFA PARTNERS HEALTHCARE SYSTEM SERIES R-1 AND R-2	04-3431814		03-31-2016	100,000,000	SERIES R-1 AND R-2 - SEE SCHEDULE K PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	390,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	492,608,063		100,000,000					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	3,731,911							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	402,774,737		100,000,000					
11	Other spent proceeds	86,101,415							
12	Other unspent proceeds								
13	Year of substantial completion	2016		2016					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?	X			X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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				
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				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test? . . .		X		X				
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				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

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				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X					
b Exception to rebate?		X		X				
c No rebate due?		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					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X					
b Name of provider			BANK OF AMERICA NA					
c Term of hedge			3600 0000000000 %					
d Was the hedge superintegrated?				X				
e Was the hedge terminated?				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				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	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					

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.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PARTNERS HEALTHCARE SYSTEM INC

Employer identification number
04-3230035

Part I Excess Benefit Transactions (section 501(c)(3), 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?	
				Yes	No

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						▶ \$						

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) R SOBERMAN	FAMILY - KLIBANSKI	150,500	SALARY-GHC		No
(2) R BLANCHFIELD	FAMILY - MEYER	134,018	SALARY-GHC		No
(3) E COLLIER	FAMILY - COLLIER	94,028	SALARY-NWH		No

Part V Supplemental Information

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

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493227015868
SCHEDULE O (Form 990 or 990-EZ) <small>Department of the Treasury Internal Revenue Service</small>	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 .		OMB No 1545-0047
			2016 Open to Public Inspection
Name of the organization PARTNERS HEALTHCARE SYSTEM INC		Employer identification number 04-3230035	

990 Schedule O, Supplemental Information

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>PARTNERS HEALTHCARE SYSTEM, INC , (PARTNERS) ESTABLISHED IN MARCH 1994, IS THE CORPORATION OVERSEEING THE AFFILIATION OF BRIGHAM HEALTH, 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 PATIENT CARE, 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 SEVERAL YEARS AGO, PARTNERS HEALTHCARE LAUNCHED A SERIES OF STRATEGIC INITIATIVES TO REDESIGN CARE WITH AN EMPHASIS ON IMPROVING QUALITY AND AFFORDABILITY MULTIDISCIPLINARY TEAMS FROM PHS AND FROM PARTNERS HEALTHCARE HOSPITALS WERE ASSEMBLED TO DEVELOP AND IMPLEMENT STRATEGIES FOR CHANGE THAT FOCUSED ON CARE REDESIGN INITIATIVES TO IMPROVE PATIENT CARE QUALITY AND OUTCOMES AND ON PATIENT AFFORDABILITY INITIATIVES TO MANAGE COST GROWTH AND REDUCE PER-UNIT COSTS IN DIRECT PATIENT CARE AND OVERHEAD SINCE PARTNERS HEALTHCARE BEGAN THOSE INITIATIVES, THE PRESSURE TO REDUCE HEALTHCARE COSTS HAS CONTINUED, AND THE HEALTHCARE INDUSTRY HAS ALSO BEEN CHARACTERIZED BY THE GROWTH OF ALTERNATIVE PAYMENT MODELS THAT EMPHASIZE COST CONTROL AND QUALITY IMPROVEMENT OVER VOLUME, BY TIGHTER REFERRAL MANAGEMENT BY PROVIDER NETWORKS THAT ARE PARTICIPATING IN RISK CONTRACTS, AND BY INCREASED PRICE SENSITIVITY ON THE PART OF CONSUMERS, EMPLOYERS AND PROVIDER GROUPS BUILDING ON THE CARE REDESIGN AND PATIENT AFFORDABILITY INITIATIVES THAT WERE STARTED SEVERAL YEARS AGO, PARTNERS HEALTHCARE IS COMMITTED TO CONTINUING TO BE A LEADER IN CLINICAL CARE AND SYSTEM INNOVATION AND TO LEAD IN THE SHIFT TO VALUE-DRIVEN HEALTHCARE IN MASSACHUSETTS THROUGH THE FOLLOWING STRATEGIC INITIATIVES 1) POPULATION HEALTH MANAGEMENT 2) NETWORK STRATEGY 3) CONTRACTING AND INSURANCE MODELS 4) REFERRAL NETWORKS 5) PATIENT AFFORDABILITY/COST MANAGEMENT PLEASE VISIT HTTP://WWW.PARTNERS.ORG/ABOUT/PHILANTHROPY/COMMITMENT-TO-GIVING/DEFAULT FOR MORE INFORMATION ABOUT SPECIFIC PARTN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ERS' PROGRAMS AND INITIATIVES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS AND FAMILY RELATIONSHIPS PETER MARKELL, RICHARD HOLBROOK & WILLIAM MAURICE COWAN- BUSINESS RELATIONSHIP SUSAN HOCKFIELD & WILLIAM MAURICE COWAN - BUSINESS RELATIONSHIP DAVID TORCHIANA, PETER MARKELL & GREG MEYER - BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	DECISIONS OF GOVERNING BODY SUBJECT TO MEMBER APPROVAL PURSUANT TO THE CORPORATE BYLAWS OF THE ORGANIZATION, THE AUTHORITY FOR THE FOLLOWING ACTIONS IS RESERVED TO THE MEMBERS OF THE 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	SEE STATEMENT ON QUESTION 6

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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 24, 2018 MEETING THE PROCESS FOR PREPARING AND REVIEWING FORM 990 WAS DISCUSSED AT THE MAY 2, 2018 MEETING OF THE AUDIT AND COMPLIANCE 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>CONFLICT OF INTEREST POLICY 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 THE GENERAL COUNSEL WORK TOGETHER TO PERIODICALLY DISTRIBUTE, COLLECT AND REVIEW DISCLOSURE STATEMENTS FROM THESE INDIVIDUALS. THE INFORMATION ON EACH SUCH DISCLOSURE IS REVIEWED BY EACH INDIVIDUAL'S SUPERVISOR (WHO IN THE CASE OF DIRECTORS AND TRUSTEES IS DEEMED TO CONSIST OF THE CHAIRMAN OF THE BOARD AND THE ENTITY'S PRESIDENT/CEO, WHO REVIEW THE DISCLOSURES WITH THE ASSISTANCE OF THE GENERAL COUNSEL OR ATTORNEY REPRESENTATIVES OF HER OFFICE). 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>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	PROCESS FOR DETERMINING COMPENSATION THE ORGANIZATION HAS A BOARD LEVEL COMPENSATION COMMITTEE THAT REVIEWS AND APPROVES THE COMPENSATION FOR ALL LISTED OFFICERS AND KEY EMPLOYEES EXCEPT THE SECRETARY THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD WHO ARE NOT EMPLOYED BY THE ORGANIZATION, AND NO MEMBER MAY PARTICIPATE IN THE REVIEW AND APPROVAL OF COMPENSATION IF THE MEMBER HAS A CONFLICT OF INTEREST WITH RESPECT TO THAT COMPENSATION ARRANGEMENT THE COMMITTEE RELIES ON DATA, PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT, WHICH INCLUDES COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS, IN FUNCTIONALLY COMPARABLE POSITIONS, AT SIMILARLY SITUATED ORGANIZATIONS THE DELIBERATIONS AND DECISIONS OF THE COMMITTEE ARE DOCUMENTED IN MINUTES OF THE MEETING THIS REVIEW PROCESS OCCURS ON AN ANNUAL BASIS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	N/A

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	PUBLIC AVAILABILITY OF FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS THE ORGANIZATION'S GOVERNING DOCUMENTS ARE FILED WITH THE MASSACHUSETTS SECRETARY OF STATE AND THE FINANCIAL STATEMENTS ARE FILED WITH THE MASSACHUSETTS ATTORNEY GENERAL, ALL OF WHICH ARE OPEN TO PUBLIC INSPECTION THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS AVAILABLE ON THE ORGANIZATION'S WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PLANS 5,417,913

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XII LINE 2C	NO CHANGES FROM PRIOR YEAR

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.

OMB No 1545-0047

2016

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	GLOBAL HEALTH CARE	MA	7,509,715	15,709,451	PHS
(2) PARTNERS HARVARD MEDICAL INTERNATIONAL GULF FZ LLC	GLOBAL HEALTH CARE	MA	0	0	PHS
(3) PARTNERS PRIVATE CARE LLC 1101 WORCESTER ROAD FRAMINGHAM, MA 01701 26-3871702	HOME HEALTH	MA	10,643,147	3,371,967	PHC
(4) MERRIMACK VALLEY ENDOSCOPY LLC ONE PARKWAY HAVERHILL, MA 01830 04-3578297	MEDICAL SERVICES	MA	1,432,305	0	PCPO
(5) PARTNERS INNOVATION II LLC 800 BOYLSTON STREET BOSTON, MA 02199 81-4444790	INVESTMENTS	MA	0	0	PHS
(6) PARTNERS INNOVATION MANAGEMENT COMPANY LLC 800 BOYLSTON STREET BOSTON, MA 02199 81-4431654	INVESTMENTS	MA	1,178,337	0	PHS

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.

See Additional Data Table

(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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) PHS BAY COLONY FUND 245 PARK AVENUE NY, NY 10167 13-3887448	INVESTMENTS	DE	PPIA	EXCLUDED	384,450	184,773		No			No	93.870 %
(2) WELLINGTON TRUST COMPANY NA CTF QUALITY 280 CONGRESS STREET BOSTON, MA 02210 04-6657593	INVESTMENTS	MA	PPIA	EXCLUDED	606,064			No			No	80.310 %
(3) PARTNERS HEALTHCARE SYSTEM POOLED INVEST 101 MERRIMAC STREET BOSTON, MA 02114 04-3268842	INVESTMENTS	MA	PHS	EXCLUDED	314,205,038	8,236,155,545		No	7,994,476	Yes		100.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) NEWTON-WELLESLEY PHYSICIAN HOSPITAL ORG 2014 WASHINGTON STREET NEWTON, MA 02462 04-3209749	HEALTHCARE	MA	NWHC	C	4,675,275	10,113,926	100.000 %	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

1a Yes

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

1b Yes

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

1c Yes

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

1d Yes

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j

No

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

1k Yes

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

1l Yes

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

1m

No

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

1n Yes

o Sharing of paid employees with related organization(s)

1o Yes

p Reimbursement paid to related organization(s) for expenses

1p

No

q Reimbursement paid by related organization(s) for expenses

1q

No

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

1r

No

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

1s

No

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

See Additional Data Table

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

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 04-3230035
Name: PARTNERS HEALTHCARE SYSTEM INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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	GLOBAL HEALTH CARE	MA	7,509,715	15,709,451	PHS
(1) PARTNERS HARVARD MEDICAL INTERNATIONAL GULF FZ LLC	GLOBAL HEALTH CARE	MA	0	0	PHS
(2) PARTNERS PRIVATE CARE LLC 1101 WORCESTER ROAD FRAMINGHAM, MA 01701 26-3871702	HOME HEALTH	MA	10,643,147	3,371,967	PHC
(3) MERRIMACK VALLEY ENDOSCOPY LLC ONE PARKWAY HAVERHILL, MA 01830 04-3578297	MEDICAL SERVICES	MA	1,432,305	0	PCPO
(4) PARTNERS INNOVATION II LLC 800 BOYLSTON STREET BOSTON, MA 02199 81-4444790	INVESTMENTS	MA	0	0	PHS
(5) PARTNERS INNOVATION MANAGEMENT COMPANY LLC 800 BOYLSTON STREET BOSTON, MA 02199 81-4431654	INVESTMENTS	MA	1,178,337	0	PHS

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) 55 FRUIT STREET BOSTON, MA 02114 04-1564655	HEALTHCARE	MA	501(C)(3)	7	PHS	Yes	
(1) 55 FRUIT STREET BOSTON, MA 02114 04-2697983	HOSPITAL	MA	501(C)(3)	3	MGH	Yes	
(2) 55 FRUIT STREET BOSTON, MA 02114 04-2807148	HEALTHCARE	MA	501(C)(3)	9	MGH	Yes	
(3) 55 FRUIT STREET BOSTON, MA 02114 22-2717383	HEALTHCARE	MA	501(C)(3)	11A	MGH	Yes	
(4) 36 FIRST AVENUE CHARLESTOWN, MA 02129 04-2868893	MED EDUCATION	MA	501(C)(3)	2	MGH	Yes	
(5) 115 MILL STREET BELMONT, MA 02478 20-4572876	ADMIN SUPPORT	MA	501(C)(3)	11A	MGH	Yes	
(6) 115 MILL STREET BELMONT, MA 02478 04-2697981	HOSPITAL	MA	501(C)(3)	3	MHC	Yes	
(7) LINTON LANE PO BOX 1477 OAK BLUFFS, MA 02557 04-2104691	HEALTHCARE	MA	501(C)(3)	3	MGH	Yes	
(8) 1 LINTON LANE OAK BLUFFS, MA 02557 04-3419920	NURSING SVCS	MA	501(C)(3)	9	MVH	Yes	
(9) 57 PROSPECT STREET NANTUCKET, MA 02554 04-2103823	HOSPITAL	MA	501(C)(3)	3	MGH	Yes	
(10) 57 PROSPECT STREET NANTUCKET, MA 02554 04-3829745	ADMIN SUPPORT	MA	501(C)(3)	11A	NCH	Yes	
(11) 75 FRANCIS STREET BOSTON, MA 02115 04-2921338	ADMIN SUPPORT	MA	501(C)(3)	7	PHS	Yes	
(12) 75 FRANCIS STREET BOSTON, MA 02115 04-2312909	HOSPITAL	MA	501(C)(3)	3	BH	Yes	
(13) 75 FRANCIS STREET BOSTON, MA 02115 22-2483849	PROMOTE RES	MA	501(C)(3)	11A	BH	Yes	
(14) 75 FRANCIS STREET BOSTON, MA 02115 04-3011445	MED RESEARCH	MA	501(C)(3)	11A	BH	Yes	
(15) 75 FRANCIS STREET BOSTON, MA 02115 22-2588069	HEALTHCARE	MA	501(C)(3)	9	BH	Yes	
(16) 75 FRANCIS STREET BOSTON, MA 02115 04-3466314	HEALTHCARE	MA	501(C)(3)	9	BH	Yes	
(17) 75 FRANCIS STREET BOSTON, MA 02115 04-3539249	MED RES & EDU	MA	501(C)(3)	11A	BWPO	Yes	
(18) 1153 CENTRE STREET BOSTON, MA 02130 04-2768256	HOSPITAL	MA	501(C)(3)	3	BWHC	Yes	
(19) 1153 CENTRE STREET BOSTON, MA 02130 04-2775265	NURSING HOME	MA	501(C)(3)	3	BWFH	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) PRUDENTIAL TOWER 800 BOYLSTON STREE BOSTON, MA 02199 26-0003495	ADMIN SUPPORT	MA	501(C)(3)	11A	PHS	Yes	
(1) 300 FIRST AVENUE CHARLESTOWN, MA 02129 04-2551124	HOSPITAL	MA	501(C)(3)	3	PCC	Yes	
(2) 311 SERVICE ROAD EAST SANDWICH, MA 02537 04-3071419	HOSPITAL	MA	501(C)(3)	3	PCC	Yes	
(3) DOVE AVENUE SALEM, MA 01970 04-3067082	HEALTHCARE	MA	501(C)(3)	3	PCC	Yes	
(4) 281 WINTER STREET WALTHAM, MA 02451 04-2918280	HOME HEALTH	MA	501(C)(3)	9	PCC	Yes	
(5) 101 MERRIMAC STREET BOSTON, MA 02114 22-2632121	HEALTHCARE	MA	501(C)(3)	3	PCC	Yes	
(6) 81 HIGHLAND AVENUE SALEM, MA 01970 04-3294420	ADMIN SUPPORT	MA	501(C)(3)	11A	PHS	Yes	
(7) 81 HIGHLAND AVENUE SALEM, MA 01970 04-3399616	HOSPITAL	MA	501(C)(3)	3	NSHC	Yes	
(8) 81 HIGHLAND AVENUE SALEM, MA 01970 04-3080484	HEALTHCARE	MA	501(C)(3)	11A	NSHC	Yes	
(9) 2014 WASHINGTON STREET NEWTON, MA 02462 20-4295282	ADMIN SUPPORT	MA	501(C)(3)	11A	PHS	Yes	
(10) 2014 WASHINGTON STREET NEWTON, MA 02462 04-2103611	HOSPITAL	MA	501(C)(3)	3	NWHC	Yes	
(11) 2014 WASHINGTON STREET NEWTON, MA 02462 22-2560501	HEALTHCARE	MA	501(C)(3)	11A	NWHC	Yes	
(12) 2014 WASHINGTON STREET NEWTON, MA 02462 04-3455952	FUNDRAISING	MA	501(C)(3)	7	NWHC	Yes	
(13) 2014 WASHINGTON STREET NEWTON, MA 02462 04-2650246	CHILD CARE	MA	501(C)(3)	9	NWHC	Yes	
(14) 100 CAMBRIDGE STREET BOSTON, MA 02114 04-3197711	MED TRAINING	MA	501(C)(3)	11A	PHS	Yes	
(15) 1575 CAMBRIDGE STREET CAMBRIDGE, MA 02138 27-0273715	HOSPITAL	MA	501(C)(3)	3	PCC	Yes	
(16) 57 PROSPECT STREET NANTUCKET, MA 02554 26-4349357	HEALTHCARE	MA	501(C)(3)	9	MGH	Yes	
(17) 253 SUMMER STREET BOSTON, MA 02210 04-2932021	INSURANCE	MA	501(C)(4)	NONE	PHS	Yes	
(18) 253 SUMMER STREET BOSTON, MA 02210 04-3454185	INSURANCE	MA	501(C)(3)	11A	NHP	Yes	
(19) 30 LOCUST STREET NORTHAMPTON, MA 01060 22-2617175	HOSPITAL	MA	501(C)(3)	3	CDHCC	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
(41) 168 INDUSTRIAL DRIVE NORTHAMPTON, MA 01060 04-2104788	HOME HEALTH	MA	501(C)(3)	9	CDHCC	Yes	
(1) 30 LOCUST STREET NORTHAMPTON, MA 01060 04-2103561	ADMIN SUPPORT	MA	501(C)(3)	11B	MGH	Yes	
(2) POBOX 911 NORTHAMPTON, MA 01060 04-3194547	HEALTHCARE	MA	501(C)(3)	9	CDHCC	Yes	
(3) 789 CENTRAL AVE DOVER, NH 03820 02-0260334	HOSPITAL	NH	501(C)(3)	3	MGH	Yes	
(4) 789 CENTRAL AVE DOVER, NH 03820 02-0497927	HEALTHCARE	NH	501(C)(3)	3	WDH	Yes	
(5) 789 CENTRAL AVE DOVER, NH 03820 51-0491062	SUPPORT	NH	501(C)(3)	11B	WDH	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
(1)	THE MASSACHUSETTS GENERAL HOSPITAL	A	33,618,391	FMV
(1)	THE GENERAL HOSPITAL CORPORATION	A	18,618,889	FMV
(2)	NEWTON-WELLESLEY HOSPITAL	A	6,176,943	FMV
(3)	THE BRIGHAM AND WOMEN'S HOSPITAL	A	60,425,325	FMV
(4)	THE MCLEAN HOSPITAL CORPORATION	A	2,511,591	FMV
(5)	THE SPAULDING REHABILITATION HOSPITAL CORP	A	364,712	FMV
(6)	REHABILITATION HOSPITAL OF THE CAPE & ISLANDS	A	293,800	FMV
(7)	BRIGHAM AND WOMEN'S FAULKNER HOSPITAL INC	A	627,584	FMV
(8)	NORTH SHORE MEDICAL CENTER	A	19,417,128	FMV
(9)	FRC INC	A	132,221	FMV
(10)	MASSACHUSETTS GENERAL PHYSICIANS ORG INC	A	3,769,188	FMV
(11)	COOLEY DICKINSON HOSPITAL INC	A	2,287,420	FMV
(12)	PARTNERS CONTINUING CARE	A	15,109	FMV
(13)	PARTNERS CONTINUING CARE	B	55,818,633	FMV
(14)	THE SPAULDING REHABILITATION HOSPITAL CORP	B	2,745,608	FMV
(15)	REHABILITATION HOSPITAL OF THE CAPE & ISLANDS	B	997,445	FMV
(16)	BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION	B	3,999,999	FMV
(17)	FRC INC	B	103,803	FMV
(18)	MASSACHUSETTS GENERAL PHYSICIANS ORG INC	B	3,065,771	FMV
(19)	NEIGHBORHOOD HEALTH PLAN	B	57,200,000	FMV
(20)	THE MCLEAN HOSPITAL CORPORATION	B	5,000,000	FMV
(21)	SPAULDING HOSPITAL - CAMBRIDGE	B	2,011,655	FMV
(22)	PARTNERS COMMUNITY PHYSICIANS ORGANIZATION	B	14,273,708	FMV
(23)	BRIGHAM HEALTH	C	49,042,306	FMV
(24)	PARTNERS HOME CARE	C	967,565	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
(26)	BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION	C	32,585,162	FMV
(1)	THE GENERAL HOSPITAL CORPORATION	C	16,943,953	FMV
(2)	THE MASSACHUSETTS GENERAL HOSPITAL	C	84,373,875	FMV
(3)	MCLEAN HEALTHCARE	C	3,393,637	FMV
(4)	THE BRIGHAM AND WOMEN'S HOSPITAL	C	32,585,162	FMV
(5)	NSMC HEALTHCARE	C	9,096,260	FMV
(6)	NEWTON-WELLESLEY HOSPITAL	C	8,655,503	FMV
(7)	NEWTON-WELLESLEY HEALTH CARE SYSTEM	C	9,201,023	FMV
(8)	NEWTON-WELLESLEY HOSPITAL CHARITABLE FOUND	C	116,613	FMV
(9)	PARTNERS CONTINUING CARE	C	7,253,396	FMV
(10)	MARTHA'S VINEYARD HOSPITAL	C	1,096,555	FMV
(11)	NANTUCKET COTTAGE HOSPITAL	C	842,694	FMV
(12)	NEIGHBORHOOD HEALTH PLAN	C	2,556,000	FMV
(13)	COOLEY DICKINSON HEALTHCARE	C	3,768,318	FMV
(14)	THE BRIGHAM AND WOMEN'S HOSPITAL	D	23,960,000	FMV
(15)	THE MCLEAN HOSPITAL CORPORATION	D	27,260,000	FMV
(16)	NORTH SHORE MEDICAL CENTER	D	201,150,250	FMV
(17)	THE GENERAL HOSPITAL CORPORATION	D	27,630,000	FMV
(18)	THE MASSACHUSETTS GENERAL HOSPITAL	K	387,714	FMV
(19)	THE MASSACHUSETTS GENERAL HOSPITAL	L	69,759,985	FMV
(20)	THE GENERAL HOSPITAL CORPORATION	L	234,751,653	FMV
(21)	MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION	L	11,992,959	FMV
(22)	THE SPAULDING REHABILITATION HOSPITAL CORP	L	12,844,000	FMV
(23)	PARTNERS HOME CARE	L	5,550,154	FMV
(24)	FRC INC	L	1,805,642	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
(51)	SPAULDING HOSPITAL - CAMBRIDGE	L	3,871,535	FMV
(1)	REHABILITATION HOSPITAL OF THE CAPE & ISLANDS	L	2,453,722	FMV
(2)	PARTNERS CONTINUING CARE	L	13,013,712	FMV
(3)	MARTHAS VINEYARD HOSPITAL	L	19,355	FMV
(4)	NANTUCKET COTTAGE HOSPITAL	L	2,679,373	FMV
(5)	THE MCLEAN HOSPITAL CORPORATION	L	17,579,246	FMV
(6)	THE MGH INSTITUTE OF HEALTH PROFESSIONS	L	1,035,248	FMV
(7)	THE BRIGHAM AND WOMEN'S HOSPITAL	L	184,200,825	FMV
(8)	BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION	L	7,525,894	FMV
(9)	BRIGHAM AND WOMEN'S FAULKNER HOSPITAL INC	L	15,181,710	FMV
(10)	NORTH SHORE MEDICAL CENTER	L	10,406,223	FMV
(11)	NORTHSHORE MEDICAL	L	40,502,566	FMV
(12)	NORTH SHORE PHYSICIANS GROUP	L	1,354,303	FMV
(13)	NEWTON-WELLESLEY HOSPITAL	L	40,311,382	FMV
(14)	PARTNERS PHYSICIANS ORGANIZATION	L	6,096,755	FMV
(15)	NEIGHBORHOOD HEALTH PLAN	L	3,196,180	FMV
(16)	BRIGHAM HEALTH	L	53,846,674	FMV
(17)	COOLEY DICKINSON HOSPITAL	L	6,791,525	FMV
(18)	NEWTON-WELLESLEY AMBULATORY SERVICES	L	126,093	FMV