

1609

OMB No 1545-0687

2017

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))For calendar year 2017 or other tax year beginning OCT 1, 2017, and ending SEP 30, 2018► Go to www.irs.gov/Form990T for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue ServiceA Check box if
address changed

B Exempt under section

 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)Print
or
TypeName of organization (Check box if name changed and see instructions.)**THE BRIGHAM AND WOMEN'S HOSPITAL, INC.**

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

399 REVOLUTION DRIVE, NO. 645

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

SOMERVILLE, MA 02145D Employer identification number
(Employees' trust, see
instructions)**04-2312909**E Unrelated business activity codes
(See instructions)**525990**C Book value of all assets
at end of year**3,045,086,049.**

F Group exemption number (See instructions.) ►

G Check organization type ► 501(c) corporation 501(c) trust 401(a) trust Other trustH Describe the organization's primary unrelated business activity. ► **LIMITED PARTNERSHIP INCOME**

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

If "Yes," enter the name and identifying number of the parent corporation. ► **SEE STATEMENT 4** *B619* ► Yes No *04-2991336*J The books are in care of ► **PARTNERS FINANCE**Telephone number ► **857-282-0747****Part II Unrelated Trade or Business Income**

1a	Gross receipts or sales	1c	Balance
b	Less returns and allowances	2	
2	Cost of goods sold (Schedule A, line 7)	3	
3	Gross profit. Subtract line 2 from line 1c	4a	300,511.
4a	Capital gain net income (attach Schedule D)	4b	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4c	
c	Capital loss deduction for trusts	5	6,652.
5	Income (loss) from partnerships and S corporations (attach statement)	6	<25,696.>
6	Rent income (Schedule C)	7	
7	Unrelated debt-financed income (Schedule E)	8	
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	9	
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	10	
10	Exploited exempt activity income (Schedule I)	11	
11	Advertising income (Schedule J)	12	12,692,487.
12	Other income (See instructions; attach schedule)	13	12,973,954.
13	Total. Combine lines 3 through 12		

STATEMENT 2

(A) Income

(B) Expenses

(C) Net

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

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

14	Compensation of officers, directors, and trustees (Schedule K)	POSTMARK	RECEIVED	14
15	Salaries and wages			15
16	Repairs and maintenance			16
17	Bad debts	15 08 15 2019	08 19 2019	17
18	Interest (attach schedule)			18
19	Taxes and licenses			19
20	Charitable contributions (See instructions for limitation rules)			20
21	Depreciation (attach Form 4562)			21
22	Less depreciation claimed on Schedule A and elsewhere on return			22a
23	Depletion			22b
24	Contributions to deferred compensation plans			23
25	Employee benefit programs			24
26	Excess exempt expenses (Schedule I)			25
27	Excess readership costs (Schedule J)			26
28	Other deductions (attach schedule)			27
29	Total deductions. Add lines 14 through 28			28
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			29
31	Net operating loss deduction (limited to the amount on line 30)			30
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			31
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			32
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			33

SEE STATEMENT 3**OGDEN****SERVICE CENTER**

42

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

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

(1) \$ 12,547. (2) \$ 6,273. (3) \$ 2,490,531.

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ 2,948.

(2) Additional 3% tax (not more than \$100,000) \$ 25,094.

c Income tax on the amount on line 34

SEE STATEMENT 5

35c 2,643,846.

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

36

37 Proxy tax. See instructions

37

38 Alternative minimum tax

38

39 Tax on Non-Compliant Facility Income. See instructions

39

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

40 2,643,846.

44

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

41a

b Other credits (see instructions)

41b

c General business credit. Attach Form 3800

41c

1,989,134.

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

41d

28,820.

e Total credits. Add lines 41a through 41d

41e

2,017,954.

42 Subtract line 41e from line 40

42

625,892.

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

43

44 Total tax. Add lines 42 and 43

44

625,892.

45a Payments: A 2016 overpayment credited to 2017

45a 122,235.

b 2017 estimated tax payments

45b 3,569,628.

c Tax deposited with Form 8868

45c

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

45d

e Backup withholding (see instructions)

45e

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

45f

g Other credits and payments:

 Form 2439 _____

45g

 Form 4136 _____

Total

►

46 Total payments. Add lines 45a through 45g

46

3,691,863.

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

47

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

48

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

49

3,065,971.

50 Enter the amount of line 49 you want Credited to 2018 estimated tax ► Refunded

50

3,065,971.

Part V Statements Regarding Certain Activities and Other Information (see instructions) 55**51** At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ►

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?

If YES, see instructions for other forms the organization may have to file.

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

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

► *Robert D. Markel*

8/14/19

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

Signature of officer

Preparer's signature

Date

Check if self-employed

PTIN

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.

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

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

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

(see instructions)

1. Description of property

(1) LIMITED PARTNERSHIP FLOW-THROUGH RENTAL INCOME

(2)		
(3)		
(4)		

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)	<25,696.00	
(2)		
(3)		
(4)		
Total	0.00	
	Total	<25,696.00
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)	<25,696.00	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)

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

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Enter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)		
Totals			0.00	0.00
Total dividends-received deductions included in column 8				

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

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

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

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

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

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

Schedule J - Advertising Income (see instructions)**Part I: Income From Periodicals Reported on a Consolidated Basis**

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

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

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

Name

Employer identification number

THE BRIGHAM AND WOMEN'S HOSPITAL, INC.

04-2312909

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

See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
This form may be easier to complete if you round off cents to whole dollars.				
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				62,058.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6 ()	
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	62,058.

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

See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
This form may be easier to complete if you round off cents to whole dollars.				
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				238,453.
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	238,453.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	62,058.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	238,453.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV	18	300,511.

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

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

19 Enter qualified timber gain (as defined in section 1201(b)(2))
 20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line of your tax return
 21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or
 (c) the amount on Part III, line 17

19	
20	
21	

22 Multiply line 21 by 23.8% (0.238)

22	
23	

23 Subtract line 17 from line 20. If zero or less, enter -0-

24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed

25 Add lines 21 and 23

26 Subtract line 25 from line 20. If zero or less, enter -0-

24	
25	

27 Multiply line 26 by 35% (0.35)

28 Add lines 22, 24, and 27

29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed

30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule J, line 2, or the applicable line of your tax return

27	
28	
29	
30	

THE BRIGHAM AND WOMEN'S HOSPITAL, INC.

04-2312909

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

DESCRIPTION	AMOUNT
LIMITED PARTNERSHIP UNRELATED DEBT FIN INCOME	6,652.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	6,652.

FORM 990-T OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
QUALIFIED TRANSPORTATION FRINGES	12,692,487.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	12,692,487.

FORM 990-T OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
LIMITED PARTNERSHIP FLOW THROUGH UBIT EXPENSES	230,200.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	230,200.

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 4

CORPORATION'S NAME	IDENTIFYING NO
BRIGHAM HEALTH, INC.	04-2921338

FORM 990-T	LINE 35C TAX COMPUTATION	STATEMENT 5
1. TAXABLE INCOME	10,778,551	
2. LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . . .	12,547	
3. LINE 1 LESS LINE 2	10,766,004	
4. LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . . .	6,273	
5. LINE 3 LESS LINE 4	10,759,731	
6. INCOME SUBJECT TO 34% TAX RATE	2,490,531	
7. INCOME SUBJECT TO 35% TAX RATE	8,269,200	
8. 15 PERCENT OF LINE 2	1,882	
9. 25 PERCENT OF LINE 4	1,568	
10. 34 PERCENT OF LINE 6	846,781	
11. 35 PERCENT OF LINE 7	2,894,220	
12. ADDITIONAL 5% SURTAX	2,948	
13. ADDITIONAL 3% SURTAX	25,094	
14. TOTAL INCOME TAX		<u>3,772,493</u>

15. TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017		<u>2,263,496</u>
DAYS		
16. TAX PRORATED FOR NUMBER OF DAYS IN 2017	92	950,875
17. TAX PRORATED FOR NUMBER OF DAYS IN 2018	273	<u>1,692,971</u>
18. TOTAL TAX PRORATED	<u>365</u>	<u>2,643,846</u>

FORM 4626

AMT CONTRIBUTIONS

STATEMENT 6

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2012

FOR TAX YEAR 2013

FOR TAX YEAR 2014

FOR TAX YEAR 2015

FOR TAX YEAR 2016

TOTAL CARRYOVER

CURRENT YEAR CONTRIBUTIONS

TOTAL CONTRIBUTIONS

10% OF TAXABLE INCOME AS ADJUSTED

1,188,047

EXCESS CONTRIBUTIONS

0

ALLOWABLE CONTRIBUTIONS

0

AMT CHARITABLE DEDUCTION

0

REGULAR CONTRIBUTION DEDUCTION

1,101,919

AMT CONTRIBUTION ADJUSTMENT

1,101,919

TENTATIVE MINIMUM TAX (TMT) PRORATION

STATEMENT 7

TENTATIVE MINIMUM TAX FOR THE ENTIRE YEAR 2,155,710.

TMT IN EFFECT BEFORE 01/01/2018 2,155,710.

TMT IN EFFECT AFTER 12/31/2017 0.

DAYS

TMT PRORATED FOR NUMBER OF DAYS IN 2017 . . 92 543,357.

TMT PRORATED FOR NUMBER OF DAYS IN 2018 . . 273 0.

TMT PRORATED 365 543,357.

Name

THE BRIGHAM AND WOMEN'S HOSPITAL, INC.

Employer identification number
04-2312909

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

- 1 Taxable income or (loss) before net operating loss deduction **1 10,778,551.**
- 2 **Adjustments and preferences:**
 - a Depreciation of post-1986 property
 - b Amortization of certified pollution control facilities
 - c Amortization of mining exploration and development costs
 - d Amortization of circulation expenditures (personal holding companies only)
 - e Adjusted gain or loss
 - f Long-term contracts
 - g Merchant marine capital construction funds
 - h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)
 - i Tax shelter farm activities (personal service corporations only)
 - j Passive activities (closely held corporations and personal service corporations only)
 - k Loss limitations
 - l Depletion
 - m Tax-exempt interest income from specified private activity bonds
 - n Intangible drilling costs
 - o Other adjustments and preferences
- 3 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o **3 10,778,551.**
- 4 **Adjusted current earnings (ACE) adjustment:**
 - a ACE from line 10 of the ACE worksheet in the instructions
 - b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions
 - c Multiply line 4b by 75% (0.75). Enter the result as a positive amount
 - d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. **Note: You must enter an amount on line 4d (even if line 4b is positive)**
 - e ACE adjustment.
 - If line 4b is zero or more, enter the amount from line 4c
 - If line 4b is less than zero, enter the **smaller** of line 4c or line 4d as a negative amount
- 5 Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT
- 6 Alternative tax net operating loss deduction. See instructions
- 7 Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions **7 10,778,551.**
- 8 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):
 - a Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-
 - b Multiply line 8a by 25% (0.25)
 - c Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-
- 9 Subtract line 8c from line 7. If zero or less, enter -0-
- 10 Multiply line 9 by 20% (0.20)
- 11 Alternative minimum tax foreign tax credit (AMTFTC). See instructions
- 12 Tentative minimum tax. Subtract line 11 from line 10 **STMT 7 BLENDED RATE**
- 13 Regular tax liability before applying all credits except the foreign tax credit
- 14 Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return **14 0.**

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

* SEE ALSO

STATEMENT 6

Adjusted Current Earnings (ACE) Worksheet

► See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626

1 10,778,551.

2 ACE depreciation adjustment:

- a AMT depreciation
- b ACE depreciation:

- (1) Post-1993 property
- (2) Post-1989, pre-1994 property
- (3) Pre-1990 MACRS property
- (4) Pre-1990 original ACRS property
- (5) Property described in sections 168(f)(1) through (4)
- (6) Other property
- (7) Total ACE depreciation. Add lines 2b(1) through 2b(6)

2b(1)	2a
2b(2)	
2b(3)	
2b(4)	
2b(5)	
2b(6)	
	2b(7)

2c

3 Inclusion in ACE of items included in earnings and profits (E&P):

- a Tax-exempt interest income
- b Death benefits from life insurance contracts
- c All other distributions from life insurance contracts (including surrenders)
- d Inside buildup of undistributed income in life insurance contracts
- e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)

3a	3a
3b	
3c	
3d	
3e	

3f

4 Disallowance of items not deductible from E&P:

- a Certain dividends received
- b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(4)(A), Dec. 19, 2014, 128 Stat. 4043)
- c Dividends paid to an ESOP that are deductible under section 404(k)
- d Nonpatronage dividends that are paid and deductible under section 1382(c)
- e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)

4a	4a
4b	
4c	
4d	
4e	

4f

5 Other adjustments based on rules for figuring E&P:

- a Intangible drilling costs
- b Circulation expenditures
- c Organizational expenditures
- d LIFO inventory adjustments
- e Installment sales

5a	5a
5b	
5c	
5d	
5e	

5f
6
7
8
9

- f Total other E&P adjustments. Combine lines 5a through 5e
- 6 Disallowance of loss on exchange of debt pools
- 7 Acquisition expenses of life insurance companies for qualified foreign contracts
- 8 Depletion
- 9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property
- 10 Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626

10 10,778,551.

Department of the Treasury
Internal Revenue Service

- Go to www.irs.gov/Form8949 for instructions and the latest information.
- File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

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

04-2312909

THE BRIGHAM AND WOMEN'S HOSPITAL, INC.

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

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

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

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

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

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

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

04-2312909

THE BRIGHAM AND WOMEN'S HOSPITAL, INC.

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

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

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

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

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
 (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
 (F) Long-term transactions not reported to you on Form 1099-B

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

238,453.

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

General Business Credit**2017**

Name(s) shown on return

The Brigham and Women's Hospital, Inc.

Identifying number

04-2312909

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
(See instructions and complete Part(s) III before Parts I and II)

1	General business credit from line 2 of all Parts III with box A checked	1	2,900,631
2	Passive activity credits from line 2 of all Parts III with box B checked	2	
3	Enter the applicable passive activity credits allowed for 2017 See instructions	3	
4	Carryforward of general business credit to 2017 Enter the amount from line 2 of Part III with box C checked See instructions for statement to attach	4	
5	Carryback of general business credit from 2018 Enter the amount from line 2 of Part III with box D checked See instructions	5	
6	Add lines 1, 3, 4, and 5	6	2,900,631 00

Part II Allowable Credit

7	Regular tax before credits	7	2,643,846
	• Individuals Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44		
	• Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return		
	• Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return		
8	Alternative minimum tax	8	
	• Individuals Enter the amount from Form 6251, line 35		
	• Corporations. Enter the amount from Form 4626, line 14		
	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 56		
9	Add lines 7 and 8	9	2,643,846 00
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	0 00
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	2,643,846 00
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	2,643,846 00
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 (see instructions)	13	654,712
14	Tentative minimum tax:	14	543,347
	• Individuals. Enter the amount from Form 6251, line 33		
	• Corporations Enter the amount from Form 4626, line 12		
	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 54		
15	Enter the greater of line 13 or line 14	15	654,712 00
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	1,989,134 00
17	Enter the smaller of line 6 or line 16	17	1,989,134

C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization

For Paperwork Reduction Act Notice, see separate instructions.

Part II Allowable Credit (Continued)

Note: If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26

18	Multiply line 14 by 75% (0.75). See instructions	18	407,518
19	Enter the greater of line 13 or line 18	19	654,712 00
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	1,989,134 00
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	0 00
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	0
23	Passive activity credit from line 3 of all Parts III with box B checked	23	0
24	Enter the applicable passive activity credit allowed for 2017. See instructions	24	0
25	Add lines 22 and 24	25	0 00
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0 00
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	1,989,134 00
28	Add lines 17 and 26	28	1,989,134 00
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	0 00
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	0
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked	32	0
33	Enter the applicable passive activity credits allowed for 2017. See instructions	33	0
34	Carryforward of business credit to 2017. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	0
35	Carryback of business credit from 2018. Enter the amount from line 5 of Part III with box D checked. See instructions	35	0
36	Add lines 30, 33, 34, and 35	36	0 00
37	Enter the smaller of line 29 or line 36	37	0 00
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return.	38	1,989,134 00
	• Individuals Form 1040, line 54, or Form 1040NR, line 51		
	• Corporations Form 1120, Schedule J, Part I, line 5c		
	• Estates and trusts Form 1041, Schedule G, line 2b		

Name(s) shown on return

The Brigham and Women's Hospital, Inc.

Identifying number

04-2312909

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions)

A <input checked="" type="checkbox"/> General Business Credit From a Non-Passive Activity	E <input checked="" type="checkbox"/> Reserved
B <input type="checkbox"/> General Business Credit From a Passive Activity	F <input checked="" type="checkbox"/> Reserved
C <input type="checkbox"/> General Business Credit Carryforwards	G <input type="checkbox"/> Eligible Small Business Credit Carryforwards
D <input type="checkbox"/> General Business Credit Carrybacks	H <input checked="" type="checkbox"/> Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)		
1b Reserved		
1c Increasing research activities (Form 6765)	2,900,631	
1d Low-income housing (Form 8586, Part I only)		
1e Disabled access (Form 8826) (see instructions for limitation)		
1f Renewable electricity, refined coal, and Indian coal production (Form 8835)		
1g Indian employment (Form 8845)		
1h Orphan drug (Form 8820)		
1i New markets (Form 8874)		
1j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)		
1k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)		
1l Biodiesel and renewable diesel fuels (attach Form 8864)		
1m Low sulfur diesel fuel production (Form 8896)		
1n Distilled spirits (Form 8906)		
1o Nonconventional source fuel (carryforward only)		
1p Energy efficient home (Form 8908)		
1q Energy efficient appliance (carryforward only)		
1r Alternative motor vehicle (Form 8910)		
1s Alternative fuel vehicle refueling property (Form 8911)		
1t Enhanced oil recovery credit (Form 8830)		
1u Mine rescue team training (Form 8923)		
1v Agricultural chemicals security (carryforward only)		
1w Employer differential wage payments (Form 8932)		
1x Carbon dioxide sequestration (Form 8933)		
1y Qualified plug-in electric drive motor vehicle (Form 8936)		
1z Qualified plug-in electric vehicle (carryforward only)		
1aa Employee retention (Form 5884-A)		
1bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))		
1zz Other oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)		
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I		2,900,631 00
3 Enter the amount from Form 8844 here and on the applicable line of Part II		
4a Investment (Form 3468, Part III) (attach Form 3468)		
4b Work opportunity (Form 5884)		
4c Biofuel producer (Form 6478)		
4d Low-income housing (Form 8586, Part II)		
4e Renewable electricity, refined coal, and Indian coal production (Form 8835)		
4f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)		
4g Qualified railroad track maintenance (Form 8900)		
4h Small employer health insurance premiums (Form 8941)		
4i Increasing research activities (Form 6765)		
4j Reserved		
4z Other		
5 Add lines 4a through 4z and enter here and on the applicable line of Part II		0 00
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II		2,900,631 00