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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 10-01-2020 , and ending 09-30-2021

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
MASS GENERAL BRIGHAM INCORPORATED

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
399 REVOLUTION DRIVE NO 645

City or town, state or province, country, and ZIP or foreign postal code
SOMERVILLE, MA 02145

D Employer identification number
04-3230035

E Telephone number
(857) 282-0747

G Gross receipts $ 1,965,789,162

F Name and address of principal officer:
ANNE KLIBANSKI MD
800 BOYLSTON STREET
BOSTON, MA 02199

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: ▶ HTTPS://WWW.MASSGENERALBRIGHAM.ORG/

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1993

M State of legal domicile: MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
PATIENT CARE, TEACHING, RESEARCH AND SERVING THE COMMUNITY.

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)	**3**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	7,466
6	Total number of volunteers (estimate if necessary)	**6**	21
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	12,137,647
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	3,180,941

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,209,696,539	497,110,612
9	Program service revenue (Part VIII, line 2g)	1,040,305,329	1,165,758,028
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-75,604,148	296,420,840
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,026,069	6,499,682
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,181,423,789	1,965,789,162
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	652,391,156	79,148,847
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	880,305,910	841,266,500
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	767,535,336	697,745,390
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,300,232,402	1,618,160,737
19	Revenue less expenses. Subtract line 18 from line 12	-118,808,613	347,628,425

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	7,885,097,202	8,481,205,961
21	Total liabilities (Part X, line 26)	9,837,702,742	8,156,208,914
22	Net assets or fund balances. Subtract line 21 from line 20	-1,952,605,540	324,997,047

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

****** 2022-08-12
Signature of officer Date

NIYUM GANDHI CFO & TREASURER
Type or print name and title

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

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:

SEE SCHEDULE O

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 $ 241,795,447 including grants of $ 79,148,847) (Revenue $ 1,162,549,828)

See Additional Data

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 241,795,447

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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI 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		No
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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4,931		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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	**2a**	7,466		
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)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	Yes
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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	**1a**	23		
	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	**1b**	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**	Yes	
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?	**10b**	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
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*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	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*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
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?	**16b**	Yes	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶
DE , ID , IN , LA , MA , MS , MT , NE , NH , NV , TX , WV , WY

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:
▶MASS GENERAL BRIGHAM FINANCE - TAX DIRECTOR 399 REVOLUTION DRIVE SUITE 645 SOMERVILLE, MA 02145 (857) 282-0747

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								24,543,546	2,121,924	1,033,496

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 ▶ 1,783

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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 COMPANY 99 CONIFER HILL DR DANERS, MA 01923	CONSTRUCTION SERVICES	12,498,865
RANDSTAD HEALTHCARE PO BOX 2084 CAROL STREAM, IL 601322084	STAFFING SERVICES	11,725,130
ACCENTURE LLP PO BOX 70629 CHICAGO, IL 606730629	CONSULTING SERVICES	6,665,613
SOUTHWEST CONSULTING ASSOCIATES INC 4965 PRESTON PARK BLVD PLANO, TX 75093	CONSULTING SERVICES	6,505,794
BOATHOUSE GROUP INC 26 CHARLES ST WALTHAM, MA 02453	MARKETING SERVICES	4,590,644

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 ▶ 142

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a**				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c**				
	d Related organizations **1d** 497,110,612				
	e Government grants (contributions) **1e**				
	f All other contributions, gifts, grants, and similar amounts not included above **1f**				
	g Noncash contributions included in lines 1a - 1f:$ **1g**				
	h Total. Add lines 1a-1f . . . . . ▶	497,110,612			
Program Service Revenue		Business Code			
	2a ADMINISTRATIVE FEE	561000	1,165,758,028	1,162,549,828	3,208,200
	b				
	c				
	d				
	e				
	f All other program service revenue.				
	g Total. Add lines 2a–2f. . . . . ▶	1,165,758,028			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		10,273,085	6,271,328	4,001,757
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶		1,054,738		1,054,738
		(i) Real	(ii) Personal		
	6a Gross rents **6a**	605,989			
	b Less: rental expenses **6b**	0			
	c Rental income or (loss) **6c**	605,989			
	d Net rental income or (loss) . . . . . ▶		605,989	-2,032	608,021
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory **7a**	286,147,755			
	b Less: cost or other basis and sales expenses **7b**	0			
	c Gain or (loss) **7c**	286,147,755			
	d Net gain or (loss) . . . . . ▶		286,147,755		286,147,755
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . **8a**				
	b Less: direct expenses . . . **8b**				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities. See Part IV, line 19 . . . **9a**				
	b Less: direct expenses . . . **9b**				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . **10a**				
	b Less: cost of goods sold . . **10b**				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a CFC INSURANCE INCOME	900099	2,660,151	2,660,151	
	b CHILD CARE REVENUE	624410	1,527,463		1,527,463
	c OTHER REVENUE	900099	400,791		400,791
	d All other revenue		250,550		250,550
	e Total. Add lines 11a–11d . . . . . ▶		4,838,955		
	12 Total revenue. See instructions . . . . . ▶		1,965,789,162	1,162,549,828	12,137,647	293,991,075

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	79,148,847	79,148,847		
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, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	24,543,546		24,543,546	
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	514,901,632		514,901,632	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	164,705,784	26,464,308	138,241,476	
9 Other employee benefits	88,539,475	14,226,191	74,313,284	
10 Payroll taxes	48,576,063	7,805,020	40,771,043	
11 Fees for services (non-employees):				
a Management				
b Legal	10,444,549	1,678,191	8,766,358	
c Accounting	1,668,284	268,054	1,400,230	
d Lobbying	1,746,726		1,746,726	
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)	106,803,370	17,160,765	89,642,605	
12 Advertising and promotion	24,527,077	3,940,919	20,586,158	
13 Office expenses	25,870,910	4,156,841	21,714,069	
14 Information technology	137,447,275	22,084,513	115,362,762	
15 Royalties				
16 Occupancy	13,582,065	2,182,315	11,399,750	
17 Travel	109,686	17,624	92,062	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	180,095	28,937	151,158	
20 Interest	227,844,328	36,609,172	191,235,156	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	68,869,772	11,065,737	57,804,035	
23 Insurance	2,233,889	358,933	1,874,956	
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 UNRELATED BUSINESS TAX	312,267		312,267	
b MISCELLANEOUS EXPENSES	55,900,201	11,352,635	44,547,566	
c PROGRAM SUPPORT/SUBSIDY	16,599,448	2,667,137	13,932,311	
d NON CAPITAL EQUIPMENT	3,021,094	485,418	2,535,676	
e All other expenses	584,354	93,890	490,464	
25 **Total functional expenses.** Add lines 1 through 24e	1,618,160,737	241,795,447	1,376,365,290	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		295,855,917	2	-79,737,997
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		39,015,569	4	67,636,826
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		3,830,128,726	7	3,589,691,740
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		30,223,864	9	35,237,107
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 920,619,580			
	b	Less: accumulated depreciation	10b 243,044,744	699,981,311	10c	677,574,836
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		2,212,712,462	12	3,059,610,190
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		777,179,353	15	1,131,193,259
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		7,885,097,202	16	8,481,205,961
Liabilities	17	Accounts payable and accrued expenses		2,701,569,102	17	1,444,767,488
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		4,572,912,586	20	4,325,866,942
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		2,563,221,054	25	2,385,574,484
	26	**Total liabilities.** Add lines 17 through 25		9,837,702,742	26	8,156,208,914
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		-1,983,150,319	27	294,488,068
	28	Net assets with donor restrictions		30,544,779	28	30,508,979
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		-1,952,605,540	32	324,997,047
	33	Total liabilities and net assets/fund balances		7,885,097,202	33	8,481,205,961

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,965,789,162
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,618,160,737
3	Revenue less expenses. Subtract line 2 from line 1	3	347,628,425
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1,952,605,540
5	Net unrealized gains (losses) on investments	5	335,382,399
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	1,594,591,763
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	324,997,047

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 04-3230035
Name: MASS GENERAL BRIGHAM INCORPORATED

Form 990 (2020)

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			
ANNE KLIBANSKI MD PRESIDENT, CEO & DIRECTOR	50.00 1.00	X		X				4,229,367	0	56,779
ALI SALIM MD DIRECTOR	1.00 50.00	X						0	879,242	50,828
WILLIAM T CURRY MD DIRECTOR 03/23/21	1.00 50.00	X						0	858,971	39,909
ROCHELLE P WALENSKY MD MPH DIRECTOR UNTIL 01/04/21	1.00 50.00	X						0	383,711	59,045
ROBERT G ATCHINSON DIRECTOR	1.00 1.00	X						0	0	0
MARC N CASPER DIRECTOR 07/27/21	1.00 1.00	X						0	0	0
ANNE M FINUCANE DIRECTOR	1.00 1.00	X						0	0	0
JOHN F FISH DIRECTOR	1.00 1.00	X						0	0	0
BENJAMIN A GOMEZ DIRECTOR 03/23/21	1.00 1.00	X						0	0	0
TIFFANY C GUEYE DIRECTOR 07/27/21	1.00 0.00	X						0	0	0

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			
SUSAN J HOCKFIELD PHD DIRECTOR	1.00 0.00	X						0	0	0
ALBERT A HOLMAN III DIRECTOR	1.00 1.00	X						0	0	0
DAVID W IVES DIRECTOR	1.00 1.00	X						0	0	0
JAMES L KAPLAN PHD DIRECTOR UNTIL 03/16/21	1.00 1.00	X						0	0	0
JONATHAN A KRAFT DIRECTOR	1.00 1.00	X						0	0	0
CARL J MARTIGNETTI DIRECTOR	1.00 1.00	X						0	0	0
NITIN NOHRIA DIRECTOR 07/27/21	1.00 1.00	X						0	0	0
TRACY P PALANDJIAN DIRECTOR 07/27/21	1.00 0.00	X						0	0	0
DIANE B PATRICK ESQ DIRECTOR	1.00 1.00	X						0	0	0
PHILLIP TERRY RAGON 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) 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			
PAMELA D A REEVE DIRECTOR	1.00 1.00	X						0	0	0
SCOTT A SCHOEN DIRECTOR	1.00 1.00	X						0	0	0
SCOTT M SPERLING CHAIRMAN	1.00 0.00	X						0	0	0
ALEXANDER L THORNDIKE DIRECTOR	1.00 1.00	X						0	0	0
GWILL YORK DIRECTOR	1.00 1.00	X						0	0	0
PETER K MARKELL EVP, CFO & TREASURER OFF 03/31/21	50.00 1.00			X				2,715,239	0	52,463
KEVIN S SCHLICKE INTERIM TREASURER 04/01/21-05/02/21	50.00 1.00			X				634,956	0	60,387
MAUREEN GOGGIN SECRETARY	50.00 0.00			X				204,697	0	35,256
NIYUM GANDHI CFO & TREASURER 05/03/21	50.00 1.00			X				0	0	0
JOHN R BARKER CHIEF INVESTMENT OFFICER	50.00 1.00				X			2,684,568	0	56,974

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			
RON M WALLS MD CHIEF OPERATING OFFICER	50.00 0.00				X			1,908,055	0	71,326
GREGG S MEYER MD MSC CHIEF CLINICAL OFFICER	50.00 1.00				X			1,792,088	0	64,509
RAVI I THADHANI MD MPH CHIEF ACADEMIC OFFICER	50.00 0.00				X			1,098,765	0	63,621
JAMES W NOGA VP & CHIEF INFORMATION OFFICER	50.00 0.00				X			1,055,316	0	63,589
ROSEMARY R SHEEHAN CHIEF HUMAN RESOURCES OFFICER	50.00 0.00				X			999,815	0	62,112
ALISTAIR ERSKINE CHIEF DIGITAL HEALTH OFFICER	50.00 0.00				X			924,700	0	52,557
ELIZABETH L BALDWIN PORTFOLIO MANAGER	50.00 0.00					X		1,433,006	0	50,037
LAURA PEABODY CHIEF LEGAL OFFICER & GENERAL C.	50.00 1.00					X		1,384,675	0	55,425
JEFF A WEISS CHIEF STRATEGY & TRANSFORMATION O.	50.00 0.00					X		1,207,095	0	46,352
KATHERINE L KAMM PORTFOLIO MANAGER	50.00 0.00					X		1,218,986	0	33,211

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			
SEAN P BLATCHLEY PORTFOLIO MANAGER	50.00 0.00					X		1,052,218	0	59,116

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	268,658,863	284,715,358	205,843,904	1,209,696,539	497,110,612	2,466,025,276
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	268,658,863	284,715,358	205,843,904	1,209,696,539	497,110,612	2,466,025,276
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.						2,466,025,276

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .	268,658,863	284,715,358	205,843,904	1,209,696,539	497,110,612	2,466,025,276
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	903,879	3,344,453	10,454,503	18,327,008	14,112,616	47,142,459
9 Net income from unrelated business activities, whether or not the business is regularly carried on . .	429,083	3,382,175	1,399,583	1,961,141	3,180,941	10,352,923
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						2,523,520,658

12 Gross receipts from related activities, etc. (see instructions) **12** 4,814,333,303

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 97.720 %

15 Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . **15** 97.900 %

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part 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) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**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? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," provide detail in* ***Part VI.***	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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

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 lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***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.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**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)? *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).*	**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?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***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.*	**2a**		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***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.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If "Yes" or "No" provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**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 *(explain in* ***Part VI****)*. **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 0.015 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 0.035	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 ☐ 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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493224004202

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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

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	Employer identification number
MASS GENERAL BRIGHAM INCORPORATED	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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ 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? ☐ Yes ☐ 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-.
1					
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)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(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) Yes	(a) No	(b) 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		1,746,726
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			1,746,726
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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

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.

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

4 Number of states where property subject to conservation easement is located ▶ _____

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other .....

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	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	11,170,715	10,550,317	10,313,374	9,793,133	18,832,078
b Contributions	290,131	299,379	297,434	276,966	-9,637,179
c Net investment earnings, gains, and losses	3,103,948	768,774	390,831	669,855	1,760,903
d Grants or scholarships					
e Other expenditures for facilities and programs	428,436	447,755	451,322	426,580	1,162,669
f Administrative expenses					
g End of year balance	14,136,358	11,170,715	10,550,317	10,313,374	9,793,133

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

- a Board designated or quasi-endowment ▶ 88.660 %
- b Permanent endowment ▶ 8.140 %
- c Term endowment ▶ 3.200 %

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:

	Yes	No
(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	13,601,826	58,165,612		71,767,438
b Buildings	33,872,219	514,659,418	112,466,292	436,065,345
c Leasehold improvements		9,287,884	4,742,858	4,545,026
d Equipment		262,278,118	116,875,748	145,402,370
e Other		28,754,503	8,959,846	19,794,657
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				677,574,836

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) INV IN MGB POOLED INVESTMENTS	42,099,501	F
(B) INV IN MGB POOLED HOLDINGS	3,017,510,689	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	3,059,610,190	

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)		
(10)		
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)OTHER ASSETS	706,506,560
(2)DUE FROM AFFILIATES	424,686,699
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	1,131,193,259

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	
(2) SETTLEMENTS - THIRD PARTY PAYORS	-13,918,509
(3) TAXABLE BONDS	1,878,644,000
(4) INTEREST RATE SWAPS LIABILITY	472,010,451
(5) OTHER LIABILITIES	48,838,542
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	2,385,574,484

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: MASS GENERAL BRIGHAM INCORPORATED

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	MASS GENERAL BRIGHAM INCORPORATED DOES NOT HAVE A FIN 48 (ASC 740) FOOTNOTE DISCLOSURE IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
INTENDED USE OF ENDOWMENT FUNDS	THE ENDOWMENT FUNDS OF MASS GENERAL BRIGHAM INCORPORATED ARE USED IN FURTHERANCE OF THE ORGANIZATION'S TAX-EXEMPT MISSION.

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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.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 Activites 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			3,329,569
b Total from continuation sheets to Part I . . .	0	0			0
c Totals (add lines 3a and 3b)	0	0			3,329,569

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☑ Yes	☐ No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

990 Schedule F, Supplemental Information

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: MASS GENERAL BRIGHAM INCORPORATED

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	0	0	PROGRAM SERVICES	PAT. CARE, RESEARCH & EDUCATION	8,550
CENTRAL AMERICA/CARIBBEAN	0	0	PROGRAM SERVICES	FOREIGN INSURANCE	474,750

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
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PAT. CARE, RESEARCH & EDUCATION	293,254
EUROPE	0	0	PROGRAM SERVICES	PAT. CARE, RESEARCH & EDUCATION	751,690

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	PAT. CARE, RESEARCH & EDUCATION	8,726
NORTH AMERICA	0	0	PROGRAM SERVICES	PAT. CARE, RESEARCH & EDUCATION	1,786,316

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 AMERICA	0	0	PROGRAM SERVICES	PAT. CARE, RESEARCH & EDUCATION	6,283

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 . . . . . ▶ 68

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 10

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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	MASS GENERAL BRIGHAM INCORPORATED 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: MASS GENERAL BRIGHAM INCORPORATED

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 INC 269 MADISON AVENUE ROOM 9 LYNN, MA 01901	04-2525066	501(C)(3)	817,634				COMMUNITY BENEFIT PROGRAM
UNIVERSITY OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352	501(C)(3)	435,000				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
CAMP HARBOR VIEW 200 CLARENDON STREET 60TH FLOOR BOSTON, MA 02116	75-3235491	501(C)(3)	300,000				COMMUNITY BENEFIT PROGRAM
MASS LEAGUE OF COMMUNITY HEALTH CENTERS 40 COURT STREET BOSTON, MA 02108	04-2507409	501(C)(3)	267,230				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
UPHAM'S CORNER HEALTH CENTER 500 COLOMBIA ROAD DORCHESTER, MA 02125	23-7211732	501(C)(3)	225,000				COMMUNITY BENEFIT PROGRAM
MATTAPAN COMMUNITY HEALTH CENTER 1425 BLUE HILL AVENUE MATTAPAN, MA 02126	04-2544151	501(C)(3)	157,500				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
CITY OF LYNN 3 CITY HALL SQUARE LYNN, MA 01901	04-6001376	501(C)(1)	70,400				COMMUNITY BENEFIT PROGRAM
ROXBURY PRESBYSTERIAN SOCIAL IMPACT CENTER 328 WARREN STREET BOSTON, MA 02119	04-3506648	501(C)(3)	70,000				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 SOUTH BOSTON, MA 02127	04-2682152	501(C)(3)	55,500				COMMUNITY BENEFIT PROGRAM
EDWARD M KENNEDY INSTITUTE FOR US SENATE INC 210 MORRISEY BOULEVARD BOSTON, MA 02125	27-0963869	501(C)(3)	50,000				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
NEW ENGLAND COUNCIL INC 98 NORTH WASHINGTON ST ROOM 201 BOSTON, MA 02114	04-1661090	501(C)(3)	40,000				COMMUNITY BENEFIT PROGRAM
CITIZENS UNITED FOR RESEARCH IN EPILEPSY 430 WEST ERIE STREET ROOM 210 CHICAGO, IL 60654	36-4253176	501(C)(3)	25,000				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
DEMOCRACY COLLABORATIVE FOUNDATION 1422 EUCLID AVENUE SUITE 1652 CLEVELAND, OH 44115	20-0387511	501(C)(3)	25,000				COMMUNITY BENEFIT PROGRAM
GREATER BOSTON CHAMBER OF COMMERCE 265 FRANKLIN STREET 2ND FLOOR BOSTON, MA 02118	04-1103090	501(C)(6)	25,000				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 SHORE HEALTH SYSTEM INC 55 FOGG ROAD SOUTH WEYMOUTH, MA 02190	04-2105926	501(C)(3)	25,000				COMMUNITY BENEFIT PROGRAM
ACTION FOR BOSTON COMMUNITY DEVELOPMENT INC 19 TEMPLE PLACE BOSTON, MA 02111	04-2304133	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
CHILDRENS TRUST INC 55 COURT STREET 4TH FLOOR BOSTON, MA 02108	04-3123184	501(C)(3)	20,000				COMMUNITY BENEFIT PROGRAM
PROJECT PLACE 1145 WASHINGTON STREET BOSTON, MA 02118	04-2457732	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
AMERICAN RED CROSS 430 17TH STREET NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	15,000				COMMUNITY BENEFIT PROGRAM
CARE 2 COMMUNITIES INC 24 SCHOOL STREET BOSTON, MA 02111	26-4369180	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
HEALTH RESOURCES IN ACTION INC 2 BOYLSTON STREET BOSTON, MA 02116	04-2229839	501(C)(3)	15,000				COMMUNITY BENEFIT PROGRAM
BOSTON FOUNDATION INC 75 ARLINGTON STREET 3RD FLOOR BOSTON, MA 02116	04-2104021	501(C)(3)	11,112				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
LOUIS D BROWN PEACE INSTITUTE 15 CHRISTOPHER STREET BOSTON, MA 02122	26-3068254	501(C)(3)	11,000				COMMUNITY BENEFIT PROGRAM
DOTHOUSE HEALTH INC 1353 DORCHESTER AVENUE BOSTON, MA 02122	23-7125970	501(C)(3)	10,500				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 CENTER FOR INDEPENDENT LIVING 60 TEMPLE PLACE 5TH FLOOR BOSTON, MA 02111	04-2546595	501(C)(3)	10,000				COMMUNITY BENEFIT PROGRAM
BOSTON HEALTH CARE FOR HOMELESS PROGRAM 780 ALBANY STREET BOSTON, MA 02118	04-3160480	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
JANE DOE INC 745 ATLANTIC AVENUE BOSTON, MA 02111	04-2676138	501(C)(3)	10,000				COMMUNITY BENEFIT PROGRAM
MASSACHUSETTS PUBLIC HEALTH ASSOCIATION 50 FEDERAL STREET 8TH FLOOR BOSTON, MA 02110	04-2326503	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
NATIONAL ALLIANCE ON MENTAL ILLNESS OF MASSACHUSETTS 331 MONTVALE AVENUE SUITE 200 WOBURN, MA 01801	04-2777012	501(C)(3)	10,000				COMMUNITY BENEFIT PROGRAM
URBAN LEAGUE OF EASTERN MASSACHUSETTS 88 WARREN STREET BOSTON, 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
COMMONWEALTH INSTITUTE INC PO BOX 473 MAYNARD, MA 01754	04-3371964	501(C)(3)	8,000				COMMUNITY BENEFIT PROGRAM
MASSACHUSETTS HEALTH COUNCIL INC 200 RESERVOIR STREET NEEDHAM, MA 02494	04-2296739	501(C)(3)	7,500				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
EAST BOSTON NEIGHBORHOOD HEALTH CENTER 10 GROVE STREET BOSTON, MA 02116	23-7425849	501(C)(3)	6,000				COMMUNITY BENEFIT PROGRAM
CODMAN SQUARE HEALTH CENTER 637 WASHINGTON STREET BOSTON, MA 02124	04-2678774	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
MGH REVERE HEALTH CENTER 300 OCEAN AVENUE REVERE, MA 02151	04-2697983	501(C)(3)	5,500				COMMUNITY BENEFIT PROGRAM
WHITTIER STREET HEALTH CENTER 1290 TREMONT STREET BOSTON, MA 02120	04-2619517	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)	156,260				COMMUNITY BENEFIT PROGRAM
UASPIRE 31 MILK STREET 900 BOSTON, MA 02109	04-3564307	501(C)(3)	129,805				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 MASSACHUSETTS BOSTON 100 MORRISSEY BOULEVARD BOSTON, MA 02125	04-3167352	501(C)(1)	57,500				COMMUNITY BENEFIT PROGRAM
SIMMONS UNIVERSITY 300 THE FENWAY BOSTON, MA 02115	04-2103629	501(C)(3)	34,500				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
HORIZON EDUCATION CONSULTATION 168 POND STREET RANDOLPH, MA 02368	47-4999752	501(C)(3)	28,000				COMMUNITY BENEFIT PROGRAM
UNIVERSITY OF MASSACHUSETTS AMHERST 181 PRESIDENTS DRIVE AMHERST, MA 01003	54-2084125	501(C)(1)	23,500				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
UNIVERSITY OF MASSACHUSETTS DARTMOUTH 285 OLD WESTPORT ROAD NORTH DARTMOUTH, MA 02747	04-3167352	501(C)(1)	23,000				COMMUNITY BENEFIT PROGRAM
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115	04-1679980	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
UNIVERSITY OF MASSACHUSETTS LOWELL 1 UNIVERSITY AVENUE LOWELL, MA 01854	04-3167352	501(C)(1)	19,500				COMMUNITY BENEFIT PROGRAM
BUNKER HILL COMMUNITY COLLEGE 250 NEW RUTHERFORD AVENUE BOSTON, MA 02129	04-2710011	501(C)(1)	17,500				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
SALEM STATE UNIVERSITY 352 LAFAYETTE STREET SALEM, MA 01970	04-2325342	501(C)(1)	17,500				COMMUNITY BENEFIT PROGRAM
TUFTS UNIVERSITY 419 BOSTON AVENUE MEDFORD, MA 02155	04-2103634	501(C)(3)	15,500				COMMUNITY BENEFIT PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 COLLEGE OF PHARMACY AND HEALTH SCIENCES 179 LONGWOOD AVENUE BOSTON, MA 02115	04-2104700	501(C)(3)	14,500				COMMUNITY BENEFIT PROGRAM
EMMANUEL COLLEGE 400 THE FENWAY BOSTON, MA 02115	04-2105769	501(C)(3)	14,000				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)	13,000				COMMUNITY BENEFIT PROGRAM
HEALTH RESOURCES IN ACTION 95 BERKELEY STREET BOSTON, MA 02116	04-2229839	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
BRIDGEWATER STATE UNIVERSITY 131 SUMMER STREET BRIDGEWATER, MA 02325	22-2678005	501(C)(1)	9,000				COMMUNITY BENEFIT PROGRAM
CURRY COLLEGE 1071 BLUE HILL AVENUE MILTON, MA 02186	04-2199867	501(C)(3)	7,000				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 BAY COMMUNITY COLLEGE 50 OAKLAND STREET WELLESLEY HILLS, MA 02481	22-2581930	501(C)(1)	7,000				COMMUNITY BENEFIT PROGRAM
BROWN UNIVERSITY BOX 1827 69 BROWN STREET PROVIDENCE, RI 02912	05-0258809	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
HOWARD UNIVERSITY 2400 6TH STREET NW WASHINGTON, DC 20059	53-0204707	501(C)(3)	5,500				COMMUNITY BENEFIT PROGRAM
SUFFOLK UNIVERSITY 3 TREMONT STREET 6TH FLOOR BOSTON, MA 02108	04-2133255	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
VANDERBILT UNIVERSITY 2309 WEST END AVE NASHVILLE, TN 37203	62-0476822	501(C)(3)	5,500				COMMUNITY BENEFIT PROGRAM
PARTNERS MEDICAL INTERNATIONAL INC 100 CAMBRIDGE STREET BOSTON, MA 02114	04-3197711	501(C)(3)	2,000,000				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
MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION INC 55 FRUIT STREET BOSTON, MA 02114	04-2807148	501(C)(3)	3,642,261				EXEMPT AFFILIATE SUPPORT
THE SPAULDING REHABILITATION HOSPITAL CORPORATION 300 FIRST AVENUE CHARLESTOWN, MA 02129	04-2551124	501(C)(3)	207,958				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
MASS GENERAL BRIGHAM HOME CARE INC 281 WINTER STREET WALTHAM, MA 02451	04-2918280	501(C)(3)	1,908,741				EXEMPT AFFILIATE SUPPORT
SPAULDING NURSING AND THERAPY CENTER BRIGHTON INC 100 NORTH BEACON STREET BRIGHTON, MA 02134	22-2632121	501(C)(3)	8,171				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
SPAULDING HOSPITAL-CAMBRIDGE INC 1575 CAMBRIDGE STREET CAMBRIDGE, MA 02138	27-0273715	501(C)(3)	32,842				EXEMPT AFFILIATE SUPPORT
SPAULDING REHABILITATION INC 800 BOYLSTON STREET BOSTON, MA 02199	26-0003495	501(C)(3)	21,731,600				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
REHABILITATION HOSPITAL OF THE CAPE AND ISLANDS CORPORATION 311 SERVICE ROAD EAST SANDWICH, MA 02537	04-3071419	501(C)(3)	22,347				EXEMPT AFFILIATE SUPPORT
THE BRIGHAM AND WOMEN'S HOSPITAL INC 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	1,420,350				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
BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION INC 75 FRANCIS STREET BOSTON, MA 02115	04-3466314	501(C)(3)	1,156,511				EXEMPT AFFILIATE SUPPORT
NORTH SHORE PHYSICIANS GROUP INC 81 HIGHLAND AVENUE SALEM, MA 01970	04-3080484	501(C)(3)	5,253,072				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
NEWTON-WELLESLEY MEDICAL GROUP INC 2014 WASHINGTON STREET NEWTON, MA 02462	22-2560501	501(C)(3)	585,979				EXEMPT AFFILIATE SUPPORT
NANTUCKET COTTAGE HOSPITAL 57 PROSPECT STREET NANTUCKET, MA 02554	04-2103823	501(C)(3)	234,130				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
MARTHA'S VINEYARD HOSPITAL INC LINTON LANE PO BOX 1477 OAK BLUFFS, MA 02557	04-2104691	501(C)(3)	6,098				EXEMPT AFFILIATE SUPPORT
COOLEY DICKINSON HOSPITAL INC 30 LOCUST STREET NORTHAMPTON, MA 01060	22-2617175	501(C)(3)	118,389				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
MASS GENERAL BRIGHAM COMMUNITY PHYSICIANS INC 800 BOYLSTON STREET BOSTON, MA 02199	04-3236175	501(C)(3)	35,926,877				EXEMPT AFFILIATE SUPPORT
WENTWORTH-DOUGLASS PHYSICIAN CORPORATION 789 CENTRAL AVENUE DOVER, NH 03820	02-0497927	501(C)(3)	742,821				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
MASSACHUSETTS EYE & EAR ASSOCIATES INC 243 CHARLES STREET BOSTON, MA 02114	22-2658209	501(C)(3)	661,968				EXEMPT AFFILIATE SUPPORT
MASS GENERAL BRIGHAM URGENT CARE LLC 920 WINTER STREET WALTHAM, MA 02451	47-1683619	501(C)(3)	25,791				EXEMPT AFFILIATE SUPPORT

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Schedule J (Form 990)

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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on 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	**1b**		
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 on Line 1a?	**2**		
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.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
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:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
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:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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
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 MASS GENERAL BRIGHAM INCORPORATED AFFILIATE RECEIVE COMPENSATION ONLY FOR THEIR SERVICES AS EMPLOYEES.
PART I, LINES 4A-B:	NONQUALIFIED RETIREMENT PLAN PARTICIPATION IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THESE AMOUNTS ARE ALREADY INCLUDED IN THE COMPENSATION DISCLOSED ON SCHEDULE J, PART II PETER K. MARKELL - $110,167 GREGG S. MEYER, M.D - $189,473 JAMES W. NOGA - $144,327 RON M. WALLS, M.D. - $152,425
PART I, LINE 7	CERTAIN EMPLOYEES RECEIVED INCENTIVE COMPENSATION BASED ON ACHIEVEMENT OF ORGANIZATIONAL AND INDIVIDUAL GOALS. THE COMPENSATION COMMITTEE OF MASS GENERAL BRIGHAM INCORPORATED OR THE COMPENSATION COMMITTEES OF MASS GENERAL BRIGHAM INCORPORATED SUBORDINATE ENTITIES HAVE THE FINAL AUTHORITY FOR SUCH PAYMENTS.

Additional Data

Software ID:
Software Version:
EIN: 04-3230035
Name: MASS GENERAL BRIGHAM INCORPORATED

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				
1ANNE KLIBANSKI MD PRESIDENT, CEO & DIRECTOR	(i)	2,417,509	1,704,579	107,279	25,650	31,129	4,286,146	0
	(ii)	0	0	0	0	0	0	0
1PETER K MARKELL EVP, CFO & TREASURER OFF 03/31/21	(i)	1,888,100	619,563	207,576	31,350	21,113	2,767,702	0
	(ii)	0	0	0	0	0	0	0
2JOHN R BARKER CHIEF INVESTMENT OFFICER	(i)	694,500	1,910,929	79,139	25,650	31,324	2,741,542	0
	(ii)	0	0	0	0	0	0	0
3RON M WALLS MD CHIEF OPERATING OFFICER	(i)	1,501,175	142,890	263,990	37,367	33,959	1,979,381	0
	(ii)	0	0	0	0	0	0	0
4GREGG S MEYER MD MSC CHIEF CLINICAL OFFICER	(i)	1,253,300	254,660	284,128	31,350	33,159	1,856,597	0
	(ii)	0	0	0	0	0	0	0
5ELIZABETH L BALDWIN PORTFOLIO MANAGER	(i)	496,096	888,243	48,667	19,500	30,537	1,483,043	0
	(ii)	0	0	0	0	0	0	0
6LAURA PEABODY CHIEF LEGAL OFFICER & GENERAL C.	(i)	1,013,785	278,413	92,477	28,500	26,925	1,440,100	0
	(ii)	0	0	0	0	0	0	0
7JEFF A WEISS CHIEF STRATEGY & TRANSFORMATION O.	(i)	768,667	346,667	91,761	22,800	23,552	1,253,447	0
	(ii)	0	0	0	0	0	0	0
8KATHERINE L KAMM PORTFOLIO MANAGER	(i)	353,149	779,711	86,126	15,900	17,311	1,252,197	0
	(ii)	0	0	0	0	0	0	0
9RAVI I THADHANI MD MPH CHIEF ACADEMIC OFFICER	(i)	799,750	221,823	77,192	31,350	32,271	1,162,386	0
	(ii)	0	0	0	0	0	0	0
10JAMES W NOGA VP & CHIEF INFORMATION OFFICER	(i)	766,263	60,770	228,283	31,350	32,239	1,118,905	0
	(ii)	0	0	0	0	0	0	0
11SEAN P BLATCHLEY PORTFOLIO MANAGER	(i)	337,386	700,000	14,832	24,225	34,891	1,111,334	0
	(ii)	0	0	0	0	0	0	0
12ROSEMARY R SHEEHAN CHIEF HUMAN RESOURCES OFFICER	(i)	832,974	85,000	81,841	31,350	30,762	1,061,927	0
	(ii)	0	0	0	0	0	0	0
13ALISTAIR ERSKINE CHIEF DIGITAL HEALTH OFFICER	(i)	809,900	41,820	72,980	19,950	32,607	977,257	0
	(ii)	0	0	0	0	0	0	0
14ALI SALIM MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	608,219	237,251	33,772	28,500	22,328	930,070	0
15WILLIAM T CURRY MD DIRECTOR 03/23/21	(i)	0	0	0	0	0	0	0
	(ii)	743,536	29,945	85,490	38,718	1,191	898,880	0
16KEVIN S SCHLICKE INTERIM TREASURER 04/01/21-05/02/21	(i)	542,672	55,000	37,284	31,350	29,037	695,343	0
	(ii)	0	0	0	0	0	0	0
17 ROCHELLE P WALENSKY MD MPH DIRECTOR UNTIL 01/04/21	(i)	0	0	0	0	0	0	0
	(ii)	329,644	4,585	49,482	38,100	20,945	442,756	0
18MAUREEN GOGGIN SECRETARY	(i)	171,165	0	33,532	21,356	13,900	239,953	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

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 F	04-2456011	57586CGW9	06-10-2005	411,566,153	SERIES F - SEE SCHEDULE K PART VI		X		X		X
B	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
C	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
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	179,575,000	305,000,000	8,730,000	323,165,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	419,448,101	386,190,828	171,320,000	436,030,814
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	18,398,432	20,479,076		
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	2,671,595	2,776,551	420,000	3,523,063
8	Credit enhancement from proceeds	2,650,000	4,696,147		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	326,493,380	358,239,054		201,342,457
11	Other spent proceeds	69,234,694		170,900,000	231,165,294
12	Other unspent proceeds				
13	Year of substantial completion	2007	2009	2009	2011

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X			X	X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, 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		GOLDMAN SACHS CAPITAL MARKETS				MERRILL LYNCH CAPITAL SERVICES	
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	XL ASSET FUNDING COMPANY I LLC		CITIGROUP FINANCIAL PRODUCTS INC		CITIGROUP FINANCIAL PRODUCTS INC			
c	Term of GIC	180.0000000000 %		170.0000000000 %		80.0000000000 %			
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	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	(A) 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. (B) 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. (C) 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. (D) 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. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES D-1, D-2 & D-4.

Return Reference	Explanation
PART I BOND ISSUES (F) DESCRIPTION OF PURPOSE (CONTINUE)	(E) 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 FURNISHING OF AN OUTPATIENT SURGICAL CENTER. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES B. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES C. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES E. (F) 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. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES D-3. (G) 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.

Return Reference	Explanation
PART I BOND ISSUES (F) DESCRIPTION OF PURPOSE (CONTINUE)	(H) 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. (I) 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. (J) 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 I BOND ISSUES (F) DESCRIPTION OF PURPOSE (CONTINUE)	(K) REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES G-5. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES G-6. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES I-2 & I-3. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES J-1. REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES K-5. REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES L. REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES M-3 & M-5. REFINANCING NEW HAMPSHIRE HEALTH AND EDUCATION FACILITIES AUTHORITY REVENUE BONDS, WENTWORTH-DOUGLAS HOSPITAL ISSUE, SERIES 2011 A. REFINANCING NEW HAMPSHIRE HEALTH AND EDUCATION FACILITIES AUTHORITY REVENUE BONDS, WENTWORTH-DOUGLAS HOSPITAL ISSUE, SERIES 2016 A & B. (L) REFINANCING LINE OF CREDIT DRAW, WHICH WAS USED TO FINANCE A PORTION OF THE COSTS OF CONSTRUCTION, IMPROVEMENT, RENOVATION AND EQUIPPING OF CERTAIN MASSACHUSETTS EYE AND EAR (MEE) FACILITIES. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, MASSACHUSETTS EYE AND EAR INFIRMARY ISSUE, SERIES D. REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES M-2. (M) CONSTRUCTION OF A BUILDING AND RENOVATION OF AN EXISTING BUILDING, ON THE MAIN CAMPUS OF NORTH SHORE MEDICAL CENTER, INC.'S SALEM HOSPITAL. RENOVATION AND EQUIPPING OF THE BRIGHAM AND WOMEN'S HEALTH CARE CENTER IN WESTWOOD. ACQUISITION, RENOVATION AND EQUIPPING OF 830 AND 850 BOYLSTON STREET IN BOSTON. RENOVATION AND EQUIPPING OF THE BRIGHAM AND WOMEN'S/MASS GENERAL HEALTH CARE CENTER AT FOXBOROUGH. REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES O-3. REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES M-1. REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES J-2.

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

Return Reference	Explanation
PART III, LINE 9	WITH RESPECT TO PROPERTY FOR WHICH POTENTIAL PRIVATE USE HAS BEEN IDENTIFIED AT THE TIME OF ISSUANCE OR MAY BE ANTICIPATED, MASS GENERAL BRIGHAM INCORPORATED DOES NOT UTILIZE TAX-EXEMPT BOND FINANCING FOR THAT PORTION OF THE PROPERTY. MASS GENERAL BRIGHAM INCORPORATED HAS PROCEDURES IN PLACE THAT PERMITS MONITORING OF ANY PRIVATE USES ARISING POST-ISSUANCE.

Return Reference	Explanation
PART IV ARBITRAGE (1)	FORM 8038-T HAS NOT BEEN FILED AS ARBITRAGE REBATE PAYMENTS HAVE NOT BEEN REQUIRED. A 9/9/2010 B 8/3/2012 C 5/8/2013 D 2/19/2016 E 2/9/2017 F 1/25/2019 G 10/11/2019 H 3/5/2020 I 2/2/2021 J 5/7/2021

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

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	322,685,000	258,540,000	13,400,000	72,450,000
2	Amount of bonds legally defeased		215,665,000		58,100,000
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	2009	2015

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, 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).

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

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 Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing 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 - SEE SCHEDULE K PART VI		X		X		X
C	MDFA PARTNERS HEALTHCARE SYSTEM SERIES S	04-3431814	57584X8W4	12-28-2017	1,187,892,482	SERIES S - SEE SCHEDULE K PART VI		X		X		X
D	MDFA PARTNERS HEALTHCARE SYSTEM SERIES T-1 AND T-2	04-3431814	57584YPF0	01-29-2019	158,250,000	SERIES T - SEE SCHEDULE K PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	8,600,000		47,200,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	492,608,063	100,000,000	1,218,798,835	158,250,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	3,731,911		5,920,978	
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		1,212,877,857	158,250,000
12	Other unspent proceeds				
13	Year of substantial completion	2016	2016	2016	2014

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X			X	X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, 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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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			BANK OF AMERICA NA		BANK OF AMERICA NA		JPMORGAN CHASE BANK NA	
c	Term of hedge			3600.0000000000 %		2700.0000000000 %		2940.0000000000 %	
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).

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

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 MASS GENERAL BRIGHAM INCORPORATED SERIES 2020 A	04-3431814	57584YWK1	01-29-2020	384,146,531	SERIES A - SEE SCHEDULE K PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	10,690,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	384,146,531			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,510,330			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	243,871,031			
11	Other spent proceeds	138,765,169			
12	Other unspent proceeds				
13	Year of substantial completion	2019			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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						
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						
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						
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						
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							

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						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		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						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

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						
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						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	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							

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

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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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

Part I Excess Benefit Transactions

(section 501(c)(3), section 501(c)(4), and section 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 the organization managers or disqualified persons during the year under section 4958. . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? 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
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 04-3230035
Name: MASS GENERAL BRIGHAM INCORPORATED

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) T BYRNE	FAMILY - HOCKFIELD	25,574	SALARY-MGPO		No
(1) R SOBERMAN	FAMILY - KLIBANSKI	130,100	SALARY-MGPO		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(3) A THORNDIKE	FAMILY - THORNDIKE	210,036	SALARY-MGPO		No
(1) A WALLS	FAMILY - WALLS	330,120	SALARY-BWPO		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(5) SUFFOLK CONSTRUCTION	DIRECTOR - FISH	12,391,839	CONSTR SVCS		No
(1) NPP DEVELOPMENT	DIRECTOR - KRAFT	7,902,186	LEASE		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(7) INTERSYSTEMS	DIRECTOR - RAGON	667,301	PROD & SVCS		No

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

990 Schedule O, Supplemental Information

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	MASS GENERAL BRIGHAM INCORPORATED ESTABLISHED IN MARCH 1994, IS THE CORPORATION OVERSEEING THE AFFILIATION OF BRIGHAM, INC. THE MASSACHUSETTS GENERAL HOSPITAL, NSMC HEALTHCARE, INC ., NEWTON-WELLESLEY HEALTH CARE SYSTEM, INC., SPAULDING REHABILITATION, INC., ALLWAYS HEAL TH PARTNERS, INC., AND THE FOUNDATION OF THE MASSACHUSETTS EYE AND EAR INFIRMARY, INC. MAS S GENERAL BRIGHAM IS DEVELOPING AN INTEGRATED HEALTH CARE DELIVERY SYSTEM THROUGHOUT THE R EGION THAT OFFERS PATIENTS A CONTINUUM OF COORDINATED, HIGH-QUALITY CARE. THE SYSTEM INCLU DES PRIMARY CARE PHYSICIANS AND SPECIALISTS, COMMUNITY HOSPITALS, THE TWO FOUNDING ACADEMI C MEDICAL CENTERS (MGH AND BWH) AND OTHER HEALTH-RELATED ENTITIES. MASS GENERAL BRIGHAM IS CREATING A FRAMEWORK IN WHICH ALL ASPECTS OF THE HEALTH CARE DELIVERY SYSTEM ARE COORDINA TED BETWEEN AND AMONG PROVIDERS AND FACILITIES. MASS GENERAL BRIGHAM IMPROVES THE QUALITY OF HEALTH CARE AND FURTHER SERVES THE PUBLIC AT LARGE BY SUPPORTING ITS MEMBER ORGANIZATIO NS SO THAT THEY MAY PURSUE THEIR PATIENT CARE, TEACHING AND RESEARCH MISSIONS. THE MEMBER ORGANIZATIONS OF MASS GENERAL BRIGHAM HAVE JOINED TOGETHER IN A COMMITMENT TO SERVE THE CO MMUNITY. TOGETHER, THESE ORGANIZATIONS ARE DEDICATED TO ENHANCING PATIENT CARE, TEACHING A ND RESEARCH, AND TO TAKING A LEADERSHIP ROLE AS AN INTEGRATED HEALTH CARE SYSTEM. MASS GEN ERAL BRIGHAM IS COMMITTED TO LEADING THE WAY IN DESIGNING INTEGRATED PATIENT AND FAMILY-CE NTERED CARE WITH THE GOALS OF ENHANCING THE QUALITY OF PATIENT CARE AND SLOWING THE INCREA SE IN HEALTH CARE COSTS. MASS GENERAL BRIGHAM INCORPORATED IS COMMITTED TO WORKING WITH CO MMUNITY RESIDENTS AND ORGANIZATIONS TO MAKE MEASURABLE, SUSTAINABLE IMPROVEMENTS IN THE HE ALTH STATUS OF UNDERSERVED POPULATIONS. MASS GENERAL BRIGHAM AND ITS HOSPITALS ARE MAKING A DIFFERENCE IN THE COMMUNITIES IN WHICH WE LIVE AND WORK THROUGH INITIATIVES ON WORKFORCE DEVELOPMENT, PREVENTION AND ACCESS TO HEALTH CARE. IN ADDITION, MASS GENERAL BRIGHAM HOSP ITALS HAVE PROVIDED CARE TO MORE THAN 100,000 UNINSURED AND MEDICAID PATIENTS ANNUALLY. MA SS GENERAL BRIGHAM COMMUNITY BENEFIT PROGRAMS AND GRANTS FOCUS ON THREE IMPORTANT AREAS: E NHANCING ACCESS TO HEALTH CARE - MASS GENERAL BRIGHAM AND ITS HOSPITALS ARE COMMITTED TO W ORKING WITH COMMUNITY RESIDENTS AND ORGANIZATIONS TO MAKE MEASURABLE AND SUSTAINABLE IMPRO VEMENTS IN THE HEALTH STATUS OF UNDERSERVED POPULATIONS. WE SEEK TO INCREASE ACCESS TO QUA LITY CARE REGARDLESS OF PATIENTS' ABILITY TO PAY, INSURANCE STATUS, OR OTHER POTENTIAL BAR RIERS TO CARE. - MASS GENERAL BRIGHAM LICENSED AND AFFILIATED HEALTH CENTERS PROVIDE CARE TO 325,000 PATIENTS. - SINCE 1998, MASS GENERAL BRIGHAM HAS COMMITTED A TOTAL OF MORE THAN $83 MILLION TO ENSURE THAT HEALTH CENTERS HAVE THE SPACE AND TECHNOLOGY THEY NEED TO PROV IDE THEIR PATIENTS WITH EXCELLENT CARE. - MASS GENERAL BRIGHAM INVESTS MORE THAN $27 MILLI ON ANNUALLY IN OPERATING FUNDS TO STRENGTHEN COMMUNITY HEALTH CENTERS. BUILDING TOMORROW'S HEALTH CARE WORKFORCE - MASS

990 Schedule O, Supplemental Information

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	GENERAL BRIGHAM INCORPORATED'S COMMITMENT TO PROVIDING ACCESS TO JOBS WITH FAMILY-SUSTAINI NG WAGES, EXCELLENT BENEFITS, AND OPPORTUNITIES FOR ADVANCEMENT IS A FOUNDATIONAL PRINCIPL E FOR MASS GENERAL BRIGHAM'S WORKFORCE DEVELOPMENT PROGRAMS. THROUGH CAREER PIPELINES FOR YOUTH, ADULT COMMUNITY RESIDENTS, AND CURRENT WORKERS, MBG CREATES EMPLOYMENT, TRAINING, A ND EDUCATIONAL OPPORTUNITIES FOR INDIVIDUALS AND CONTRIBUTES TO THE ECONOMIC HEALTH OF COM MUNITIES IN WHICH THEY LIVE. - THOUSANDS OF MASS GENERAL BRIGHAM EMPLOYEES HAVE PARTICIPAT ED IN INTERNAL SKILL DEVELOPMENT OPPORTUNITIES. - MORE THAN 600 ADULT COMMUNITY RESIDENTS HAVE GRADUATED FROM OUR HEALTH CARE TRAINING AND EDUCATION PROGRAM OVER THE PAST 14 YEARS. - MORE THAN 400 STUDENTS EACH YEAR ARE EMPLOYED BY BRIGHAM AND WOMEN'S HOSPITAL (BWH), BR IGHAM AND WOMEN'S FAULKNER HOSPITAL (BWFH), MASSACHUSETTS GENERAL HOSPITAL (MGH), AND NORT H SHORE MEDICAL CENTER (NSMC) DURING THE SUMMER. MASS GENERAL BRIGHAM OFFERS MENTORING, AC ADEMIC TUTORING, CAREER EXPOSURE, AND SCHOLARSHIP PROGRAMS TO AREA HIGH SCHOOL STUDENTS IM PROVING HEALTH THROUGH PREVENTION - MASS GENERAL BRIGHAM AND ITS HOSPITALS PROVIDE EFFECTI VE, COORDINATED, AND MEASURABLE LOCAL SUPPORT TO ADDRESS AND PREVENT SOCIO-MEDICAL PROBLEM S THAT FACE OUR COMMUNITIES. WE RAISE AWARENESS, ADVOCATE FOR PUBLIC POLICY CHANGES, IMPLE MENT PREVENTION PROGRAMS, AND SUCCESSFULLY DEVELOP ADDITIONAL TREATMENT RESOURCES TO HELP COMMUNITY RESIDENTS STAY HEALTHY. - MASS GENERAL BRIGHAM HOSPITALS' DOMESTIC VIOLENCE PROG RAMS HAVE SERVED 17,000 CLIENTS SINCE 1997. - OVER THE PAST 13 YEARS THE REVERE CARES SUBS TANCE ABUSE PREVENTION PROGRAM HAS HELPED REDUCE BINGE DRINKING BY 39% AND SMOKING BY 32% AMONG REVERE HIGH SCHOOL STUDENTS. CLINICIAN-LED INITIATIVES MASS GENERAL BRIGHAM'S PEOPLE SHARE A PASSIONATE COMMITMENT TO HEAL AND TO CARE FOR THOSE IN NEED. MASS GENERAL BRIGHAM SUPPORTS THE PASSION OF DEDICATED CLINICIANS BOTH DIRECTLY AND BY "SEEDING" THEIR START-U P INITIATIVES SO THEY CAN TACKLE COMPLEX HEALTH CARE CHALLENGES AND HELP MEET THE EVOLVING MEDICAL NEEDS OF THE GLOBAL COMMUNITY. FROM RESEARCH ON INFECTIOUS DISEASES INCLUDING HIV /AIDS AND TUBERCULOSIS AND BUILDING COMMUNITY-BASED TREATMENT PROGRAMS FOR THESE DISEASES, TO BUILDING CARDIAC SURGERY CENTERS IN RWANDA AND TRAINING PHYSICIANS IN UGANDA, INITIATI VES FUNDED BY MASS GENERAL BRIGHAM HAVE GROWN INTO WORLD-CLASS INSTITUTES SUPPORTED BY MAJ OR PHILANTHROPISTS AND FOUNDATIONS. PLEASE VISIT: HTTPS://WWW.MASSGENERALBRIGHAM.ORG/WHO-W E-ARE FOR MORE INFORMATION ABOUT SPECIFIC MASS GENERAL BRIGHAM'S 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 & GREGG MEYER - BUSINESS RELATIONSHIP MARC CASPER & SCOTT SPERLING - BUSINESS RELATIONSHIP NIYUM GANDHI & GREGG MEYER - BUSINESS RELATIONSHIP DIANE PATRICK & SCOTT SPERLING - 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 MASS GENERAL BRIGHAM DIRECTORS AND SHALL ELECT MASS GENERAL BRIGHAM DIRECTORS. MEMBERS MAY, BY A VOTE, INCREASE THE NUMBER OF MASS GENERAL BRIGHAM DIRECTORS. - MEMBERS MAY DECREASE THE NUMBER OF MASS GENERAL BRIGHAM DIRECTORS, BUT ONLY TO ELIMINATE VACANCIES EXISTING BY REASON OF THE DEATH, RESIGNATION OR REMOVAL OF ONE OR MORE ELECTED MASS GENERAL BRIGHAM DIRECTORS. - MEMBERS MAY REMOVE A MASS GENERAL BRIGHAM DIRECTOR WITH OR WITHOUT CAUSE BY VOTE. - MEMBERS MAY AMEND MASS GENERAL BRIGHAM 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 UNLESS THE DIRECTORS OTHERWISE DETERMINE, ANY EXECUTIVE COMMITTEE APPOINTED BY THE DIRECTORS SHALL HAVE ALL OF THE POWERS OF THE DIRECTORS DURING INTERVALS BETWEEN MEETINGS OF THE DIRECTORS, EXCEPT FOR THE POWERS SPECIFIED IN SECTION 55 OF CHAPTER 156B OF THE MASSACHUSETTS GENERAL LAWS.

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 MASS GENERAL BRIGHAM TAX DEPARTMENT. CERTAIN KEY SECTIONS WERE ALSO REVIEWED BY THE MASS GENERAL BRIGHAM CFO AND TREASURER; AND BY THE MASS GENERAL BRIGHAM GENERAL COUNSEL. THE CFO AND TREASURER REVIEWED AND SIGNED THE FORM 990. THE COMPENSATION DISCLOSURES WERE PRESENTED TO AND DISCUSSED WITH THE MASS GENERAL BRIGHAM COMPENSATION COMMITTEE AT THE MAY 10, 2022 MEETING. THE PROCESS FOR PREPARING AND REVIEWING FORM 990 WAS DISCUSSED AT THE MAY 5, 2022 MEETING OF THE AUDIT AND COMPLIANCE COMMITTEE OF THE MASS GENERAL BRIGHAM 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	CONFLICT OF INTEREST POLICY FOR PURPOSES OF ITS ANNUAL TAX FILING, MASS GENERAL BRIGHAM INCORPORATED 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 MASS GENERAL BRIGHAM'S CONFLICT OF INTEREST POLICY, THE MASS GENERAL BRIGHAM 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). MASS GENERAL BRIGHAM 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 MASS GENERAL BRIGHAM, WHICH REVIEW IS ALSO DOCUMENTED. CONFLICTS OF COMMITMENT BY THE MASS GENERAL BRIGHAM PRESIDENT AND CEO ARE ADDRESSED BY REQUIRING OUTSIDE ACTIVITIES TO BE APPROVED BY THE MASS GENERAL BRIGHAM BOARD CHAIR. * AS INSTITUTIONS ARE ADDED TO MASS GENERAL BRIGHAM INCORPORATED THERE IS A TRANSITION PERIOD.

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 AT LEAST ON AN ANNUAL AND PROSPECTIVE 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 1,467,177,970. HOLDING CO. ASSETS -321,204. NON-SERVICE RELATED PENSION INCOME 127,734,997.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	NO CHANGES FROM PRIOR YEAR.

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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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

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

See Additional Data Table

(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

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	(g) Section 512(b)(13) controlled entity? 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) PARTNERS HEALTHCARE SYSTEM POOLED INVESTMENT ACCOUNTS LLC 101 MERRIMAC STREET BOSTON, MA 02114 04-3268842	INVESTMENTS	MA	MGB	EXCLUDED	670,411,907	17,200,436,421		No		Yes		100.000 %
(2) PARTNERS INNOVATION FUND LLC 101 HUNTINGTON AVENUE BOSTON, MA 02199 26-2899986	INVESTMENTS	MA	MGB	EXCLUDED	1,690,775	91,981,552		No		Yes		100.000 %
(3) RADIATION THERAPY OF SOUTHEASTERN MA LLC 375 LONGWOOD AVENUE BOSTON, MA 02115 01-0873580	RADIATION THERAPY SERVICES	MA	BH	EXCLUDED		4,110,296		No		Yes		51.000 %
(4) MASS GENERAL BRIGHAM ACO LLC 399 REVOLUTION DRIVE SOMERVILLE, MA 02145 81-2762122	ACCOUNTABLE CARE ORGANIZATION	MA	MGB	EXCLUDED	3,169,697	66,571,538		No		Yes		100.000 %
(5) MCLEAN HOUSTON OCD PROGRAM LLC 115 MILL STREET BELMONT, MA 02478 84-3042963	PSYCHIATRIC TREATMENT FACILLITY	TX	MCLEAN	EXCLUDED	255,545	4,027,010		No		Yes		60.000 %
(6) WENTWORTH SURGERY CENTER LLC 6 WORKS WAY SOMERSWORTH, NH 03878 90-0975583	SURGICAL CENTER	NH	WDH	EXCLUDED	533,591	2,137,671		No		Yes		98.000 %
(7) MASS GENERAL BRIGHAM GLOBAL ADVISORY LLC 399 REVOLUTION DRIVE SOMERVILLE, MA 02145 86-2788781	HEALTH CARE EDUCATION AND CONSULTING	MA	MGB	EXCLUDED		1,949,534		No		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	(i) No
(1)NEWTON-WELLESLEY PHYSICIAN HOSPITAL ORG 2014 WASHINGTON STREET NEWTON, MA 02462 04-3209749	HEALTHCARE	MA	NWHC	C	4,779,139	10,095,645	100.000 %		No
(2)ALLWAYS HEALTH PARTNERS INSURANCE COMPANY 399 REVOLUTION DRIVE SOMERVILLE, MA 02145 83-0970929	INSURANCE COMPANY	MA	MGB	C	46,847,556	26,910,652	100.000 %		No
(3)HEALTH PARTNERS OF NEW HAMPSHIRE INC 789 CENTRAL AVENUE DOVER, NH 03820 03-0443397	MANAGEMENT SERVICES	NH	WDH	C	579,967	1,337,145	50.000 %		No
(4)WENTWORTH HOMECARE AND HOSPICE LLC 121 BROADWAY SUITE 115 DOVER, NH 03820 87-2100049	HOMECARE & HOSPICE SERVICES	NH	WDH	C	1,300,408	1,247,265	50.000 %		No
(5)CODAMETRIX INC 31 ST JAMES AVENUE BOSTON, MA 02116 87-2100049	MEDICAL CODING SOFTWARE	MA	MGPO	C	956,428	-937,119	100.000 %		No

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.

		Yes	No
1 During the tax year, did the orgranization 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

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 04-3230035
Name: MASS GENERAL BRIGHAM INCORPORATED

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
PARTNERS HEALTHCARE INTERNATIONAL LLC 800 BOYLSTON STREET BOSTON, MA 02199 20-5281203	GLOBAL HEALTH CARE	MA	1,961,827	5,885,523	MGB
MERRIMACK VALLEY ENDOSCOPY LLC ONE PARKWAY HAVERHILL, MA 01830 04-3578297	MEDICAL SERVICES	MA	0	531,971	MGBCP
PARTNERS INNOVATION II LLC 800 BOYLSTON STREET BOSTON, MA 02199 81-4444790	INVESTMENTS	MA	0	61,490,590	MGB
MASS GENERAL BRIGHAM VENTURES LLC 800 BOYLSTON STREET BOSTON, MA 02199 81-4431654	INVESTMENTS	MA	3,626,804	91,981,552	MGB
MASSACHUSETTS EYE & EAR ASSOCIATES LLC 243 CHARLES STREET BOSTON, MA 02114 47-4262843	BILLING SERVICES	MA	737,825	0	MEEA
WDPC ORTHOPEDICS LLC 789 CENTRAL AVENUE DOVER, NH 03820 82-4754998	BILLING SERVICES	NH	0	0	WDH
PORTLAND INVESTMENTS-PIA LLC 101 MERRIMAC STREET BOSTON, MA 02114	INVESTMENTS	ME	0	23,767,681	PIA
PORTLAND INVESTMENTS-EP LLC 101 MERRIMAC STREET BOSTON, MA 02114	INVESTMENTS	ME	0	21,243,000	PIA
MASS GENERAL INTERNATIONAL LLC 55 FRUIT STREET BOSTON, MA 02114 83-1131673	GLOBAL HEALTH CARE	MA	1,113,022	3,958,946	MGPO
CODAMETRIX LLC 55 FRUIT STREET BOSTON, MA 02114 82-3924135	MEDICAL CODING SOFTWARE	MA	6,484,592	1,868,000	MGPO
BRIGHAM HEALTH INTERNATIONAL LLC 75 FRANCIS STREET BOSTON, MA 02115 83-1118331	GLOBAL HEALTH CARE	MA	1,150,907	5,370,142	BH
SPAULDING INTERNATIONAL LLC 300 FIRST AVENUE CHARLESTOWN, MA 02129 83-1146009	GLOBAL HEALTH CARE	MA	333,999	435,756	SRH
MCLEAN INTERNATIONAL LLC 399 REVOLUTION DRIVE SOMERVILLE, MA 02145 37-1930840	GLOBAL HEALTH CARE	MA	223,125	859,861	MCLEAN
MEEA - CAPE COD PHO LLC 243 CHARLES STREET BOSTON, MA 02114 83-3091607	BILLING SERVICES	MA	169,558	0	MEEA
MEEA - WINCHESTER PHO LLC 243 CHARLES STREET BOSTON, MA 02114 83-3077580	BILLING SERVICES	MA	0	0	MEEA
HOUSTON OCD PROPERTIES LLC 708 E 19TH STREET HOUSTON, TX 77008	OWNS THE PROPERTY OF MCLEAN HOUSTON	TX	22,325	340,610	MCLEAN
ALLWAYS HEALTH PARTNERS SELECT LLC 399 REVOLUTION DRIVE SOMERVILLE, MA 02145 84-4317115	INSURANCE COMPANY - HMO	MA	37,156	1,112,802	AHP
MASS GENERAL BRIGHAM GP III LLC 215 FIRST STREET SUITE 500 CAMBRIDGE, MA 02142 86-1874441	INVESTMENTS	MA	224,476	4,690,640	MGB
MASSACHUSETTS EYE & EAR ASSOCIATES NORTH SUBURBAN 243 CHARLES STREET BOSTON, MA 02114 30-0976066	BILLING SERVICES	MA	732,815	0	MEEA

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**
55 FRUIT STREET BOSTON, MA 02114 04-1564655	HEALTHCARE	MA	501(C)(3)	7	MGB	Yes	
55 FRUIT STREET BOSTON, MA 02114 04-2697983	HOSPITAL	MA	501(C)(3)	3	MGH	Yes	
55 FRUIT STREET BOSTON, MA 02114 04-2807148	HEALTHCARE	MA	501(C)(3)	10	MGH	Yes	
55 FRUIT STREET BOSTON, MA 02114 22-2717383	HEALTHCARE	MA	501(C)(3)	12A	MGH	Yes	
36 FIRST AVENUE CHARLESTOWN, MA 02129 04-2868893	MED EDUCATION	MA	501(C)(3)	2	MGH	Yes	
115 MILL STREET BELMONT, MA 02478 20-4572876	ADMIN SUPPORT	MA	501(C)(3)	12A	MGH	Yes	
115 MILL STREET BELMONT, MA 02478 04-2697981	HOSPITAL	MA	501(C)(3)	3	MHC	Yes	
LINTON LANE PO BOX 1477 OAK BLUFFS, MA 02557 04-2104691	HEALTHCARE	MA	501(C)(3)	3	MGH	Yes	
1 LINTON LANE OAK BLUFFS, MA 02557 04-3419920	NURSING SVCS.	MA	501(C)(3)	10	MVH	Yes	
57 PROSPECT STREET NANTUCKET, MA 02554 04-2103823	HOSPITAL	MA	501(C)(3)	3	MGH	Yes	
57 PROSPECT STREET NANTUCKET, MA 02554 04-3829745	ADMIN SUPPORT	MA	501(C)(3)	12A	NCH	Yes	
75 FRANCIS STREET BOSTON, MA 02115 04-2921338	ADMIN SUPPORT	MA	501(C)(3)	7	MGB	Yes	
75 FRANCIS STREET BOSTON, MA 02115 04-2312909	HOSPITAL	MA	501(C)(3)	3	BH	Yes	
75 FRANCIS STREET BOSTON, MA 02115 22-2483849	PROMOTE RES.	MA	501(C)(3)	12A	BH	Yes	
75 FRANCIS STREET BOSTON, MA 02115 04-3011445	MED RESEARCH	MA	501(C)(3)	12A	BH	Yes	
75 FRANCIS STREET BOSTON, MA 02115 22-2588069	HEALTHCARE	MA	501(C)(3)	10	BH	Yes	
75 FRANCIS STREET BOSTON, MA 02115 04-3466314	HEALTHCARE	MA	501(C)(3)	10	BH	Yes	
75 FRANCIS STREET BOSTON, MA 02115 04-3539249	MED RES & EDU	MA	501(C)(3)	12A	BWPO	Yes	
1153 CENTRE STREET BOSTON, MA 02130 04-2768256	HOSPITAL	MA	501(C)(3)	3	BH	Yes	
PRUDENTIAL TOWER 800 BOYLSTON STREE BOSTON, MA 02199 26-0003495	ADMIN SUPPORT	MA	501(C)(3)	12A	MGB	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**
300 FIRST AVENUE CHARLESTOWN, MA 02129 04-2551124	HOSPITAL	MA	501(C)(3)	3	SR	Yes	
311 SERVICE ROAD EAST SANDWICH, MA 02537 04-3071419	HOSPITAL	MA	501(C)(3)	3	SR	Yes	
DOVE AVENUE SALEM, MA 01970 04-3067082	HEALTHCARE	MA	501(C)(3)	3	SR	Yes	
281 WINTER STREET WALTHAM, MA 02451 04-2918280	HOME HEALTH	MA	501(C)(3)	10	MGB	Yes	
101 MERRIMAC STREET BOSTON, MA 02114 22-2632121	HEALTHCARE	MA	501(C)(3)	3	SR	Yes	
81 HIGHLAND AVENUE SALEM, MA 01970 04-3294420	ADMIN SUPPORT	MA	501(C)(3)	12A	MGB	Yes	
81 HIGHLAND AVENUE SALEM, MA 01970 04-3399616	HOSPITAL	MA	501(C)(3)	3	NSHC	Yes	
81 HIGHLAND AVENUE SALEM, MA 01970 04-3080484	HEALTHCARE	MA	501(C)(3)	12A	NSHC	Yes	
2014 WASHINGTON STREET NEWTON, MA 02462 20-4295282	ADMIN SUPPORT	MA	501(C)(3)	12A	MGB	Yes	
2014 WASHINGTON STREET NEWTON, MA 02462 04-2103611	HOSPITAL	MA	501(C)(3)	3	NWHC	Yes	
2014 WASHINGTON STREET NEWTON, MA 02462 22-2560501	HEALTHCARE	MA	501(C)(3)	10	NWHC	Yes	
100 CAMBRIDGE STREET BOSTON, MA 02114 04-3197711	MED. TRAINING	MA	501(C)(3)	12A	MGB	Yes	
1575 CAMBRIDGE STREET CAMBRIDGE, MA 02138 27-0273715	HOSPITAL	MA	501(C)(3)	3	SR	Yes	
57 PROSPECT STREET NANTUCKET, MA 02554 26-4349357	HEALTHCARE	MA	501(C)(3)	10	MGH	Yes	
253 SUMMER STREET BOSTON, MA 02210 04-2932021	INSURANCE	MA	501(C)(4)	NONE	MGB	Yes	
30 LOCUST STREET NORTHAMPTON, MA 01060 22-2617175	HOSPITAL	MA	501(C)(3)	3	CDHC	Yes	
168 INDUSTRIAL DRIVE NORTHAMPTON, MA 01060 04-2104788	HOME HEALTH	MA	501(C)(3)	10	CDHC	Yes	
30 LOCUST STREET NORTHAMPTON, MA 01060 04-2103561	ADMIN SUPPORT	MA	501(C)(3)	12B	MGH	Yes	
POBOX 911 NORTHAMPTON, MA 01060 04-3194547	HEALTHCARE	MA	501(C)(3)	10	CDHC	Yes	
789 CENTRAL AVE DOVER, NH 03820 02-0260334	HOSPITAL	NH	501(C)(3)	3	MGH	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
789 CENTRAL AVE DOVER, NH 03820 02-0497927	HEALTHCARE	NH	501(C)(3)	3	WDH	Yes	
789 CENTRAL AVE DOVER, NH 03820 51-0491062	SUPPORT	NH	501(C)(3)	12B	WDH	Yes	
243 CHARLES STREET BOSTON, MA 02114 04-2785453	SUPPORT	MA	501(C)(3)	7	MGB	Yes	
243 CHARLES STREET BOSTON, MA 02114 04-2103591	HOSPITAL	MA	501(C)(3)	3	FMEEI	Yes	
243 CHARLES STREET BOSTON, MA 02114 22-2658209	HEALTHCARE	MA	501(C)(3)	10	FMEEI	Yes	
800 BOYLSTON STREET BOSTON, MA 02199 82-1715859	SUPPORT ORGANIZATION - HOLDS INTERESTS IN PPIA	MA	501(C)(3)	12A	MGB	Yes	
800 BOYLSTON STREET BOSTON, MA 02199 82-1707493	SPECIALTY PHARMACY	MA	501(C)(3)	12A	MGB	Yes	
920 WINTER STREET WALTHAM, MA 02451 47-1683619	URGENT CARE CENTERS	MA	501(C)(3)	10	MGB	Yes	
541 MAIN STREET SUITE 400 SO WEYMOUTH, MA 02190 04-2702579	PROVIDES PHYSICIAN SERVICES TO PATIENTS	MA	501(C)(3)	10	BH	Yes	
541 MAIN STREET SUITE 400 SO WEYMOUTH, MA 02190 04-3306443	PROVIDES PHYSICIAN SERVICES TO PATIENTS	MA	501(C)(3)	10	BH	Yes	
800 BOYLSTON STREET BOSTON, MA 02199 04-3236175	ORGANIZE AND OPERATE PHYSICIAN NETWORK	MA	501(C)(3)	10	MGB	Yes	
20 STANIFORD STREET BOSTON, MA 02114 04-2129889	RESEARCH	MA	501(C)(3)	7	FMEEI	Yes	
800 BOYLSTON STREET BOSTON, MA 02199 84-1908707	AMBULATORY CARE CENTERS	MA	501(C)(3)	10	MGB	Yes	
160 ELGIN STREET SUITE 2600 OTTAWA, ONTARIO CA	ADVANCE EDUCATION THROUGH RESEARCH AT MGH	CA		12A	MGH	Yes	
399 REVOLUTION DRIVE SOMERVILLE, MA 02145 83-1039882	HOLDING COMPANY	MA	501(C)(3)	12B	MGB	Yes	
200 ROUTE 108 NO 3 SOMERSWORTH, NH 03878 02-0389434	PHYSICAL THERAPY & BREAST IMAGING SERVICES	NH	501(C)(3)	10	WDH	Yes	
399 REVOLUTION DRIVE SOMERVILLE, MA 02145 85-4372153	HOLDS THE CLINIC LICENSE FOR MGBIC	MA	501(C)(3)	12B	MGB	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PARTNERS HEALTHCARE SYSTEM POOLED INVESTMENT ACCOUNTS LLC 101 MERRIMAC STREET BOSTON, MA 02114 04-3268842	INVESTMENTS	MA	MGB	EXCLUDED	670,411,907	17,200,436,421		No		Yes		100.000 %
PARTNERS INNOVATION FUND LLC 101 HUNTINGTON AVENUE BOSTON, MA 02199 26-2899986	INVESTMENTS	MA	MGB	EXCLUDED	1,690,775	91,981,552		No		Yes		100.000 %
RADIATION THERAPY OF SOUTHEASTERN MA LLC 375 LONGWOOD AVENUE BOSTON, MA 02115 01-0873580	RADIATION THERAPY SERVICES	MA	BH	EXCLUDED		4,110,296		No		Yes		51.000 %
MASS GENERAL BRIGHAM ACO LLC 399 REVOLUTION DRIVE SOMERVILLE, MA 02145 81-2762122	ACCOUNTABLE CARE ORGANIZATION	MA	MGB	EXCLUDED	3,169,697	66,571,538		No		Yes		100.000 %
MCLEAN HOUSTON OCD PROGRAM LLC 115 MILL STREET BELMONT, MA 02478 84-3042963	PSYCHIATRIC TREATMENT FACILLITY	TX	MCLEAN	EXCLUDED	255,545	4,027,010		No		Yes		60.000 %
WENTWORTH SURGERY CENTER LLC 6 WORKS WAY SOMERSWORTH, NH 03878 90-0975583	SURGICAL CENTER	NH	WDH	EXCLUDED	533,591	2,137,671		No		Yes		98.000 %
MASS GENERAL BRIGHAM GLOBAL ADVISORY LLC 399 REVOLUTION DRIVE SOMERVILLE, MA 02145 86-2788781	HEALTH CARE EDUCATION AND CONSULTING	MA	MGB	EXCLUDED		1,949,534		No		Yes		100.000 %

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION INC	A	861,618	FMV
MARTHA'S VINEYARD HOSPITAL	A	31,434	FMV
ALLWAYS HEALTH PARTNERS INC	A	51,250	FMV
THE MGH INSTITUTE OF HEALTH PROFESSIONS INC	A	13,484	FMV
THE BRIGHAM AND WOMEN'S HOSPITAL INC	A	61,608,520	FMV
THE GENERAL HOSPITAL CORPORATION	A	18,658,343	FMV
THE MASSACHUSETTS GENERAL HOSPITAL	A	20,632,481	FMV
THE MCLEAN HOSPITAL CORPORATION	A	3,885,433	FMV
THE SPAULDING REHABILITATION HOSPITAL CORPORATION	A	246,234	FMV
REHABILITATION HOSPITAL OF THE CAPE AND ISLANDS CORPORATION	A	148,680	FMV
BRIGHAM AND WOMEN'S FAULKNER HOSPITAL INC	A	386,103	FMV
NORTH SHORE MEDICAL CENTER INC	A	6,903,890	FMV
NEWTON-WELLESLEY HOSPITAL	A	7,705,098	FMV
SPAULDING NURSING AND THERAPY CENTER BRIGHTON INC	A	63,495	FMV
SPAULDING REHABILITATION INC	A	335,661	FMV
MASS GENERAL BRIGHAM COMMUNITY PHYSICIANS INC	A	37,151	FMV
WENTWORTH-DOUGLASS HOSPITAL	A	4,201,063	FMV
MASSACHUSETTS EYE & EAR INFIRMARY	A	5,778,752	FMV
COOLEY DICKINSON HOSPITAL INC	A	1,538,005	FMV
MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION INC	A	711,931	FMV
SPAULDING REHABILITATION INC	B	21,731,600	FMV
THE SPAULDING REHABILITATION HOSPITAL CORPORATION	B	207,958	FMV
COOLEY DICKINSON HOSPITAL INC	B	118,389	FMV
NANTUCKET COTTAGE HOSPITAL	B	234,130	FMV
NORTH SHORE PHYSICIANS GROUP INC	B	1,324,012	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
NEWTON-WELLESLEY PHYSICIAN HOSPITAL ORGANIZATION INC	B	1,374,625	FMV
MASSACHUSETTS EYE & EAR ASSOCIATES INC	B	654,518	FMV
MASS GENERAL BRIGHAM COMMUNITY PHYSICIANS INC	B	23,900,063	FMV
THE MASSACHUSETTS GENERAL HOSPITAL	C	14,145,280	FMV
THE GENERAL HOSPITAL CORPORATION	C	70,178,916	FMV
MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION INC	C	3,562,857	FMV
THE MCLEAN HOSPITAL CORPORATION	C	4,175,671	FMV
WENTWORTH-DOUGLASS HOSPITAL	C	2,804,531	FMV
THE BRIGHAM AND WOMEN'S HOSPITAL INC	C	48,921,537	FMV
BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION INC	C	7,546,270	FMV
BRIGHAM AND WOMEN'S FAULKNER HOSPITAL INC	C	1,041,620	FMV
NORTH SHORE MEDICAL CENTER INC	C	1,844,100	FMV
NEWTON-WELLESLEY HOSPITAL	C	4,276,071	FMV
MASSACHUSETTS EYE & EAR INFIRMARY	C	3,220,506	FMV
ALLWAYS HEALTH PARTNERS INC	C	1,320,000	FMV
BRIGHAM INC	C	56,213,360	FMV
COOLEY DICKINSON HEALTH CARE CORPORATION	C	4,069,703	FMV
FOUNDATION OF THE MASSACHUSETTS EYE AND EAR INFIRMARY INC	C	4,919,031	FMV
MCLEAN HEALTHCARE INC	C	4,050,247	FMV
THE MASSACHUSETTS GENERAL HOSPITAL	C	66,779,931	FMV
MARTHA'S VINEYARD HOSPITAL	C	1,468,593	FMV
NANTUCKET COTTAGE HOSPITAL	C	1,007,120	FMV
NSMC HEALTHCARE INC	C	8,671,090	FMV
NEWTON-WELLESLEY HEALTHCARE SYSTEM INC	C	10,042,196	FMV
SPAULDING REHABILITATION INC	C	7,266,939	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
WENTWORTH-DOUGLASS HOSPITAL	C	7,641,817	FMV
THE BRIGHAM AND WOMEN'S HOSPITAL INC	D	18,050,000	FMV
THE GENERAL HOSPITAL CORPORATION	D	13,450,000	FMV
THE MCLEAN HOSPITAL CORPORATION	D	28,565,000	FMV
NORTH SHORE MEDICAL CENTER INC	D	4,300,000	FMV
NEWTON-WELLESLEY HOSPITAL	D	21,450,000	FMV
COOLEY DICKINSON HOSPITAL INC	D	2,841,000	FMV
THE MASSACHUSETTS GENERAL HOSPITAL	K	1,348,362	FMV
MASS GENERAL BRIGHAM URGENT CARE LLC	L	711,266	FMV
THE MASSACHUSETTS GENERAL HOSPITAL	L	73,045,462	FMV
THE GENERAL HOSPITAL CORPORATION	L	316,282,699	FMV
MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION INC	L	22,474,704	FMV
THE SPAULDING REHABILITATION HOSPITAL CORPORATION	L	14,467,875	FMV
MASS GENERAL BRIGHAM HOME CARE INC	L	5,849,845	FMV
SPAULDING NURSING AND THERAPY CENTER BRIGHTON INC	L	2,101,825	FMV
SPAULDING HOSPITAL - CAMBRIDGE INC	L	4,957,761	FMV
SPAULDING REHABILITATION INC	L	11,513,415	FMV
REHABILITATION HOSPITAL OF THE CAPE AND ISLANDS CORPORATION	L	3,418,236	FMV
MARTHA'S VINEYARD HOSPITAL	L	5,451,183	FMV
NANTUCKET COTTAGE HOSPITAL	L	3,093,296	FMV
THE MCLEAN HOSPITAL CORPORATION	L	22,350,578	FMV
THE MGH INSTITUTE OF HEALTH PROFESSIONS INC	L	1,252,047	FMV
WENTWORTH-DOUGLASS HOSPITAL	L	29,627,670	FMV
COOLEY DICKINSON HOSPITAL INC	L	10,343,886	FMV
BRIGHAM INC	L	50,050,284	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
THE BRIGHAM AND WOMEN'S HOSPITAL INC	L	251,242,542	FMV
BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION INC	L	10,079,643	FMV
BRIGHAM AND WOMEN'S FAULKNER HOSPITAL INC	L	24,621,347	FMV
NORTH SHORE MEDICAL CENTER INC	L	49,793,034	FMV
NORTH SHORE PHYSICIANS GROUP INC	L	924,724	FMV
NEWTON-WELLESLEY HOSPITAL	L	50,552,055	FMV
NEWTON-WELLESLEY MEDICAL GROUP INC	L	747,904	FMV
MASSACHUSETTS EYE & EAR INFIRMARY	L	31,107,839	FMV
MASS GENERAL BRIGHAM COMMUNITY PHYSICIANS INC	L	10,934,025	FMV
ALLWAYS HEALTH PARTNERS INC	L	6,501,665	FMV