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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 10-01-2007 and ending 09-30-2008

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
The Brigham and Women's Hospital Inc

Number and street (or P O box if mail is not delivered to street address) | Room/suite
75 Francis Street

City or town, state or country, and ZIP + 4
Boston, MA 02115

D Employer identification number
04-2312909

E Telephone number
(617) 724-9841

F Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) ▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Web site: ▶ www brighamandwomens org

J Organization type (check only one) ▶ ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than 25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,936,176,046

H *and* **I** *are not applicable to section 527 organizations*

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) If "Yes" enter number of affiliates ▶ _____

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☑ No

I Group Exemption Number ▶

M Check ▶ ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	235,361,658		
	c	Indirect public support (not included on line 1a)	1c	7,856,648		
	d	Government contributions (grants) (not included on line 1a)	1d	260,488,473		
	e	**Total** (add lines 1a through 1d) (cash $ 503,706,779 noncash $ _____)			1e	503,706,779
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	1,403,530,642
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	2,472,610
	5	Dividends and interest from securities			5	523,797
	6a	Gross rents	6a	3,964,950		
	b	Less rental expenses	6b			
	c	Net rental income or (loss) subtract line 6b from line 6a			6c	3,964,950
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sales of assets other than inventory — (A) Securities: 2,476,846	8a	(B) Other:		
	b	Less cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule) 2,476,846	8c			
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	2,476,846
	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ _____ of contributions reported on line 1b)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	19,500,422
	12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	1,936,176,046
Expenses	13	Program services (from line 44, column (B))			13	1,700,914,750
	14	Management and general (from line 44, column (C))			14	133,841,426
	15	Fundraising (from line 44, column (D))			15	
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** Add lines 16 and 44, column (A)			17	1,834,756,176
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18	101,419,870
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	727,059,166
	20	Other changes in net assets or fund balances (attach explanation)			20	-20,547,931
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	807,931,105

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others *(See the instructions.)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule) (cash $0 noncash $0) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $42,361,908 noncash $0) If this amount includes foreign grants, check here ▶ ☐	22b	42,361,908	42,361,908		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	2,819,955		2,819,955	
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b	0			
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b and c	26	727,586,458	676,015,085	51,571,373	
27 Pension plan contributions not included on lines 25a, b and c	27	31,495,306	29,149,938	2,345,368	
28 Employee benefits not included on lines 25a - 27	28	102,230,590	94,617,763	7,612,827	
29 Payroll taxes	29	49,297,115	45,626,096	3,671,019	
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32	2,619,295		2,619,295	
33 Supplies	33	241,028,051	223,079,365	17,948,686	
34 Telephone	34	7,364,461	6,816,050	548,411	
35 Postage and shipping	35	4,557,900	4,218,486	339,414	
36 Occupancy	36	73,817,212	68,320,250	5,496,962	
37 Equipment rental and maintenance	37	31,073,906	28,759,919	2,313,987	
38 Printing and publications	38	884,230	818,384	65,846	
39 Travel	39	5,659,087	5,237,671	421,416	
40 Conferences, conventions, and meetings . .	40	137,908	127,638	10,270	
41 Interest	41	20,834,884	19,283,368	1,551,516	
42 Depreciation, depletion, etc (attach schedule)	42	85,896,381	79,499,917	6,396,464	
43 Other expenses not covered above (itemize)					
a See Additional Data Table	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	1,834,756,176	1,700,914,750	133,841,426	0

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ **Yes** ☑ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $0, **(ii)** the amount allocated to Program services $0, **(iii)** the amount allocated to Management and general $0, and **(iv)** the amount allocated to Fundraising $0

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶ ACUTE CARE TEACHING AND RESEARCH HOSP All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a Patient Care - The hospital had approximately 45,900 inpatient admissions, the ambulatory care department had approx 561,000 visits, and the neighborhood health centers had approx 116,000 visits The emergency room had approx 57,200 visits during the year (Grants and allocations $ 42,361,908) If this amount includes foreign grants, check here ▶ ☐	1,218,592,750
b Research - The conduct of biomedical research is one of the hospital's core missions and activities and includes fundamental bench research in all of the life sciences disciplines, patient-centered research within the inpatient and outpatient services of the hospital, clinical trials of new drugs, diag tests and devices and epidemiological res (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	435,490,347
c Teaching - In the context of its patient care activities, the Corporation also continues to serve as a major teaching hospital for the Harvard Medical School During this year, the hospital had approximately 850 interns, residents and clinical fellows participating in approved training programs (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	25,754,653
d The Corp has a policy of providing care regardless of a patient's ability to pay There were approx 23,550 days of inpatient care and 83,800 outpatient visits related to Medicaid patients The Corp also provided an additional $21 Million of charity care (net cost) to other individuals during the fiscal year See Stmt 2-Community Benefits (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	21,077,000
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶	1,700,914,750

Part IV Balance Sheets *(See the instructions.)*

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing			45	
	46	Savings and temporary cash investments		62,685,072	46	34,125,319
	47a	Accounts receivable	47a 219,266,944			
	b	Less allowance for doubtful accounts	47b 10,960,476	178,112,954	47c	208,306,468
	48a	Pledges receivable	48a 101,188,075			
	b	Less allowance for doubtful accounts	48b 3,106,832	74,736,362	48c	98,081,243
	49	Grants receivable		55,979,657	49	59,935,883
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b	
	51a	Other notes and loans receivable (attach schedule)	51a 475,592			
	b	Less allowance for doubtful accounts	51b	493,719	51c	475,592
	52	Inventories for sale or use		9,088,128	52	10,130,222
	53	Prepaid expenses and deferred charges		19,414,639	53	23,931,396
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☑ FMV		242,340,149	54a	216,400,171
	b	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV			54b	
	55a	Investments—land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b		55c	
	56	Investments—other (attach schedule)			56	
	57a	Land, buildings, and equipment basis	57a 1,468,130,662			
	b	Less accumulated depreciation (attach schedule)	57b 503,809,757	788,880,133	57c	964,320,905
	58	Other assets, including program-related investments (describe ▶ _____)		83,183,126	58	93,534,615
	59	**Total assets** (must equal line 74) Add lines 45 through 58		1,514,913,939	59	1,709,241,814
Liabilities	60	Accounts payable and accrued expenses		162,564,808	60	190,255,785
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)		505,696,603	64b	605,949,245
	65	Other liabilities (describe ▶ _____)		119,593,362	65	105,105,679
	66	**Total liabilities** Add lines 60 through 65		787,854,773	66	901,310,709
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☑ and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted		488,660,927	67	587,250,112
	68	Temporarily restricted		199,755,027	68	170,905,974
	69	Permanently restricted		38,643,212	69	49,775,019
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	**Total net assets or fund balances** Add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)		727,059,166	73	807,931,105
	74	**Total liabilities and net assets / fund balances** Add lines 66 and 73		1,514,913,939	74	1,709,241,814

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			**a**	1,887,162,000
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	**b1**	-3,532,359		
2	Donated services and use of facilities	**b2**			
3	Recoveries of prior year grants	**b3**			
4	Other (specify)	**b4**			
	Add lines **b1** through **b4**			**b**	-3,532,359
c	Subtract line **b** from line **a**			**c**	1,890,694,359
d	Amounts included on Part I, line 12, but not on line **a**				
1	Investment expenses not included on Part I, line 6b	**d1**			
2	Other (specify)	**d2**	45,481,687		
	Add lines **d1** and **d2**			**d**	-3,532,359
e	**Total revenue** (Part I, line 12) Add lines **c** and **d**			**e**	1,936,176,046

Part IV-B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements			**a**	1,791,441,000
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	**b1**			
2	Prior year adjustments reported on Part I, line 20	**b2**			
3	Losses reported on Part I, line 20	**b3**			
4	Other (specify)	**b4**			
	Add lines **b1** through **b4**			**b**	
c	Subtract line **b** from line **a**			**c**	1,791,441,000
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	**d1**			
2	Other (specify)	**d2**	43,315,176		
	Add lines **d1** and **d2**			**d**	43,315,176
e	**Total expenses** (Part I, line 17) Add lines **c** and **d**			**e**	1,834,756,176

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(If not paid, enter -0-.)**	**(D)** Contributions to employee benefit plans & deferred compensation plans	**(E)** Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 22			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	**75b**	Yes	
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" ▶	**75c**	Yes	
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	**75d**	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	**(B)** Loans and Advances	**(C)** Compensation (If not paid enter -0-)	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances
JEFFREY OTTEN 75 Francis Street Boston, MA 02115	0	0	23,418	0
MATTHEW VAN VRANKEN 75 Francis Street Boston, MA 02115	0	0	1,235	0

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	**76**		No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	**77**		No
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**78a**	Yes	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	**78b**	Yes	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	**79**		No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	**80a**	Yes	
b	If "Yes," enter the name of the organization ▶ See Additional Data Table and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct or indirect political expenditures (See line 81 instructions) **81a**			
b	Did the organization file **Form 1120-POL** for this year?	**81b**		No

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	Yes	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) orgs.* Enter **a** Initiation fees and capital contributions included on line 12 86a 0			
b	Gross receipts, included on line 12, for public use of club facilities 86b 0			
87	*501(c)(12) orgs.* Enter **a** Gross income from members or shareholders 87a 0			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b 0			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		No
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0			
e	*All organizations.* At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		No
f	*All organizations.* Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		

90a List the states with which a copy of this return is filed ▶ FL,MD,MA,NH,NJ,NY,NC,VA

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) **90b** 11,344

91a The books are in care of ▶ PARTNERS FINANCE Telephone no ▶ (617) 724-9841

Located at ▶ 529 MAIN STREET 5TH FL STE 510 Charlestown, MA ZIP + 4 ▶ 02129

			Yes	No
b	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)?	91b		No

If "Yes," enter the name of the foreign country ▶

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts

Part VI Other Information *(continued)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No

If "Yes," enter the name of the foreign country ▶

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***—Check here . . . . . ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 92

Part VII Analysis of Income-Producing Activities ***(See the instructions.)***

Note: *Enter gross amounts unless otherwise indicated.*

		Unrelated business income		Excluded by section 512, 513, or 514		(E)
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93	Program service revenue					
a	PATIENT CARE &					1,403,530,642
b	RELATED SERVICES					
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments . . .					
95	Interest on savings and temporary cash investments			14	2,472,610	
96	Dividends and interest from securities . . .			14	523,797	
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	non debt-financed property			16	3,964,950	
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory	525990	-103,282	18	2,580,128	
101	Net income or (loss) from special events . .					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a PARKING INCOME			03	13,278,147	
b	CAFETERIA REVENUE			03	4,375,821	
c	ROYALTY INCOME			15	1,846,454	
d						
e						
104	Subtotal (add columns (B), (D), and (E)) . .		-103,282		29,041,907	1,403,530,642
105	**Total** (add line 104, columns (B), (D), and (E)) . . . . . ▶					1,432,469,267

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes ***(See the instructions.)***

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	PATIENT CARE REVENUE - SEE FORM 990, PART III

Part IX Information Regarding Taxable Subsidiaries and D

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	Natur
	%	
	%	
	%	
	%	

Part X Information Regarding Transfers Associated with ***instructions.)***

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay pren

(b) Did the organization, during the year, pay premiums, directly or indirectly

NOTE: *If "Yes" to* ***(b),*** *file Form 8870* ***and*** *Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?		

Please Sign Here

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

Signature of officer — Date: 2009-08-03

MICHAEL L RENEY Sr V P of Finance
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4			EIN ▶
			Phone no ▶

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2007

Name of the organization
The Brigham and Women's Hospital Inc

Employer identification number
04-2312909

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ANTHONY D WHITTEMORE MD 75 FRANCIS STREET BOSTON,MA 02115	CHIEF MEDICAL OFF 50 0	721,095	81,429	0
JOSEPH LOSCALZO MD 75 FRANCIS STREET BOSTON,MA 02115	PHYSICIAN 50 0	565,506	47,501	0
EUGENE BRAUNWALD MD 75 FRANCIS STREET BOSTON,MA 02115	PHYSICIAN 50 0	495,000	72,116	0
THOMAS S KUPPER MD 75 FRANCIS STREET BOSTON,MA 02115	PHYSICIAN 50 0	468,882	40,405	0
BARBARA E BIERER MD 75 FRANCIS STREET BOSTON,MA 02115	SR VICE PRESIDENT 50 0	435,514	67,732	0
Total number of other employees paid over $50,000 ▶	8,528			

Part II-A **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
Blue Cross Blue Shield of Massachus PO Box 4184 BOSTON,MA 02211	Medical Claims Svcs	3,970,261
Cannon Design 100 Cambridge Street Ste 1400 BOSTON,MA 02114	Architectural Svcs	3,205,603
Hill Holliday Connors Cosmopulos In 200 Clarendon Street BOSTON,MA 02116	Advertising Services	2,355,092
Deloitte Consulting LLP PO Box 7247-6447 PHILADELPHIA,PA 19170	Consulting Svcs	1,541,483
Linea 5 Inc 195 State Street BOSTON,MA 02109	Architectural Svcs	1,323,333
Total number of others receiving over $50,000 for professional services ▶ 93		

Part II-B **Compensation of the Five Highest Paid Independent Contractors for Other Services**
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
William A Berry and Son Inc 99 Conifer Hill Drive DANVERS,MA 01923	Construction	107,289,768
N P P Development LLC One Patriot Place FOXBOROUGH,MA 02035	Construction	8,889,479
Suffolk Construction Company 65 Allerton Street BOSTON,MA 02119	Construction	8,457,616
TRAMMELL CROW CORPORATE SERVICES 65 LANDSDOWNE ST CAMBRIDGE,MA 02139	Facility Mgmt Svcs	6,141,598
Securitas Security Services USA Inc 1 Harbor Street BOSTON,MA 02128	Security Services	5,083,595
Total number of other contractors receiving over $50,000 for other services ▶ 83		

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶$ 0 (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1	Yes	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c	Yes	
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		No
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d	Enter the total number of donor advised funds owned at the end of the tax year ▶			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶0			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶0			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☑ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ _____

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support?
Total ▶					

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: **a** Enter 2% of amount in column (e), line 24 ▶ **26a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c**

d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f**

27 Organizations described on line 12: **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return.** Enter the sum of such amounts for each year

(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ **27c**

d Add Line 27a total _____ and line 27b total _____ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g**

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h**

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part V **Private School Questionnaire** (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ **a** ☐ if the organization belongs to an affiliated group Check ▶ **b** ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	**36**		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	**37**		
38 Total lobbying expenditures (add lines 36 and 37)	**38**		
39 Other exempt purpose expenditures	**39**		
40 Total exempt purpose expenditures (add lines 38 and 39)	**40**		
41 Lobbying nontaxable amount Enter the amount from the following table—			
If the amount on line 40 is— / **The lobbying nontaxable amount is—**			
Not over $500,000 — 20% of the amount on line 40			
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	**41**		
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			
42 Grassroots nontaxable amount (enter 25% of line 41)	**42**		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	**43**		0
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	**44**		0

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

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 instructions for lines 45 through 50 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		No	
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)		No	
c Media advertisements		No	
d Mailings to members, legislators, or the public		No	
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		0
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	
i Total lobbying expenditures (Add lines **c** through **h.**)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	**51a(i)**		No
(ii) Other assets	**a(ii)**		No
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b(i)**		No
(ii) Purchases of assets from a noncharitable exempt organization	**b(ii)**		No
(iii) Rental of facilities, equipment, or other assets	**b(iii)**		No
(iv) Reimbursement arrangements	**b(iv)**		No
(v) Loans or loan guarantees	**b(v)**		No
(vi) Performance of services or membership or fundraising solicitations	**b(vi)**		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		No

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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TY 2007 Cash Grants Paid Schedule

Name: The Brigham and Women's Hospital Inc

EIN: 04-2312909

Class of Activity	Recipient's name	Address	Amount	Relationship
	Brigham and Women'sFaulkner Hospit	75 Francis Street Boston, MA 02115	42,361,908	

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TY 2007 Compensation Explanation

Name: The Brigham and Women's Hospital Inc

EIN: 04-2312909

Person Name	Explanation
Gary L Gottlieb MD MBA	COMPENSATION INCLUDES A DEFERRED COMPENSATION DISTRIBUTION OF $146,210
Peter K Markell	INDIVIDUAL RECEIVES COMPENSATION FROM ONE OR MORE RELATED EXEMPT ORGANIZATIONS PETER K MARKELL RECEIVED SALARY OF $1,412,398 AND DEFERRED COMP/BENEFITS OF $661,566 FOR TOTAL COMPENSATION OF $2,073,964 FOR HIS SERVICES AS AN EMPLOYEE OF PARTNERS HEALTHCARE SYSTEM, INC (04-3230035) COMPENSATION INCLUDES A DISTIBUTION OF $362,398 IN DEFERRED COMPENSATION THAT HAS ALREADY BEEN REPORTED IN CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS COLUMN WHEN IT WAS EARNED IN PRIOR YEARS
Michael Reney	These amount include compensation earned for services as an employee of The Brigham and Women's Hospital for the period of 10/1/07 to 6/17/08
Kate E Walsh	COMPENSATION INCLUDES A DISTIBUTION OF $276,606 IN DEFERRED COMPENSATION THAT HAS ALREADY BEEN REPORTED IN CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS COLUMN WHEN IT WAS EARNED IN PRIOR YEARS
Jay R Harris MD	INDIVIDUAL RECEIVES COMPENSATION FROM ONE OR MORE RELATED EXEMPT ORGANIZATIONS JAY R HARRIS, M D RECEIVED SALARY OF $565,000 AND DEFERRED COMP/BENEFITS OF $44,155 FOR TOTAL COMPENSATION OF $609,155 FOR HIS SERVICES AS AN EMPLOYEE OF BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION, INC (04-3466314)
Joseph Loscalzo MD PhD	THIS INDIVIDUAL DOES NOT RECEIVE COMPENSATION FOR HIS SERVICES AS A TRUSTEE SEE SCHEDULE A, PART I FOR COMPENSATION DETAIL

Person Name	Explanation
Nawal M Nour MD MPH	INDIVIDUAL RECEIVES COMPENSATION FROM ONE OR MORE RELATED EXEMPT ORGANIZATIONS NAWAL M NOUR, M D , M P H RECEIVED SALARY OF $241,783 AND DEFERRED COMP/BENEFITS OF $36,018 FOR TOTAL COMPENSATION OF $277,801 FOR HER SERVICES AS AN EMPLOYEE OF BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION, INC (04-3466314)
Steven E Seltzer MD	INDIVIDUAL RECEIVES COMPENSATION FROM ONE OR MORE RELATED EXEMPT ORGANIZATIONS STEVEN E SELTZER, M D RECEIVED SALARY OF $483,299 AND DEFERRED COMP/BENEFITS OF $82,058 FOR TOTAL COMPENSATION OF $565,357 FOR HIS SERVICES AS AN EMPLOYEE OF BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION, INC (04-3466314)
Geoffrey K Sherwood MD	INDIVIDUAL RECEIVES COMPENSATION FROM ONE OR MORE RELATED EXEMPT ORGANIZATIONS GEOFFREY K SHERWOOD, M D RECEIVED SALARY OF $69,112 AND DEFERRED COMP/BENEFITS OF $2,254 FOR TOTAL COMPENSATION OF $71,366 FOR HIS SERVICES AS AN EMPLOYEE OF FAULKNER HOSPITAL, INC (04-2768256)
Michael J Zinner MD	INDIVIDUAL RECEIVES COMPENSATION FROM ONE OR MORE RELATED EXEMPT ORGANIZATIONS MICHAEL J ZINNER, M D RECEIVED SALARY OF $1,118,484 AND DEFERRED COMP/BENEFITS OF $64,522 FOR TOTAL COMPENSATION OF $1,183,006 FOR HIS SERVICES AS AN EMPLOYEE OF BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION, INC (04-3466314) COMPENSATION INCLUDES A DISTIBUTION OF $332,574 IN DEFERRED COMPENSATION THAT HAS ALREADY BEEN REPORTED IN CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS COLUMN WHEN IT WAS EARNED IN PRIOR YEARS

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Compensation Schedule

Name: The Brigham and Women's Hospital Inc

EIN: 04-2312909

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
Peter K Markell	See Form 990 PT V for detail			0	0	0	INDIVIDUAL RECEIVES COMPENSATION FROM ONE OR MORE RELATED EXEMPT
Jay R Harris MD	See Form 990 Part V for detail			0	0	0	INDIVIDUAL RECEIVES COMPENSATION FROM ONE OR MORE RELATED EXEMPT
Nawal M Nour MD MPH	See Form 990 Part V for detail			0	0	0	INDIVIDUAL RECEIVES COMPENSATION FROM ONE OR MORE RELATED EXEMPT
Steven E Seltzer MD	See Form 990 Part V for detail			0	0	0	INDIVIDUAL RECEIVES COMPENSATION FROM ONE OR MORE RELATED EXEMPT

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
Geoffrey K Sherwood MD	See Form 990 Part V for detail			0	0	0	INDIVIDUAL RECEIVES COMPENSATION FROM ONE OR MORE RELATED EXEMPT
Michael J Zinner MD	See Form 990 Part V for detail			0	0	0	INDIVIDUAL RECEIVES COMPENSATION FROM ONE OR MORE RELATED EXEMPT

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TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name:	The Brigham and Women's Hospital Inc
EIN:	04-2312909
Gross Sales Price:	2,476,846
Basis:	
Sales Expenses:	
Total (net):	2,476,846

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TY 2007 General Explanation Attachment

Name: The Brigham and Women's Hospital Inc

EIN: 04-2312909

Identifier	Return Reference	Explanation
Fundraising Expenses	Form 990, Part II, Column D	Fundraising expenses are incurrred by Brigham and Women's/Faulkner Hospitals, Inc (an affiliated tax exempt organization)

Identifier	Return Reference	Explanation
Statement of Program Service Accomplishments - Community Benefits	Form 990, Part III	Please see the full-text version of the 2008 report on community benefit activities as filed with the Office of the Attorney General of the Commonwealth of Massachusetts (www.ago.state.ma.us) Below is a summary of community benefits activities carried on during the fiscal year Community Benefits Mission Statement BWH is committed to serving the health care needs of persons from diverse communities and makes a unique commitment to the neighboring residents of Jamaica Plain and Mission Hill The hospital also commits to meeting the needs of low-income pregnant women and their families from the communities of Roxbury and Dorchester Program Organization and Management The Center for Community Health and Health Equity (CCHHE) at Brigham and Womens Hospital serves as a coordinating department for community health programs and acts as a liaison between community-based organizations and the hospital The CCHHE develops and supports initiatives to improve the health of racially and ethnically diverse and underserved populations It collaborates with hospital departments, community residents, government agencies, and community-based groups to improve access to care and to advance systems of care and community health strategies to elevate the health status of communities served by BWH Key Collaborations and Partnerships ABCD Alliance for Community Health Alternatives for the Community and the Environment American Cancer Society Boston Alliance CHNA Boston Latin Academy Boston Police Department Boston Private Industry Council Boston Public Health Commission Brookside Community Health Center Boston University School of Public Health, Environmental Health Department Boston Mammography Van Bromley Health TMC Brookside Health Center CCHERS Childrens Hospital Curtis Hall Community Center Cherishing Our Hearts and Souls Coalition Children's Advocacy Center Childrens Hospital City Life/Vida Urbana Cluster 6 of the Boston Public Schools Commission on Elderly Affairs (City of Boston) Community Academy of Science and Health Conference of Boston Teaching Hospitals Cradles to Crayons Crittenton Hastings House Department of Public Health English High School ESAC (Boston Asthma Initiative) Gateway Program Greater Boston Legal Services Harvard Medical School HAVEN Program, Massachusetts General Hospital Health Careers Academy Healthy Families The Hospitality Program Hyde Square Task Force Institute for Sports and Society Jamaica Plain Neighborhood Development Corporation Jamaica Plain Health Planning Committee Jamaica Plain Tree of Life/Arbol de Vida Jane Doe, Inc John D O'Bryant High School JP Unidos/United Lend a Hand Madison Park Vocational Technical High School Martha Eliot Health Center Mass Impact Massachusetts League of Community Health Centers MASCO MassCOSH Match-Up Interfaith Volunteer Mattapan Community Health Center Maurice J Tobin School MGH Center of Community Heath Improvement Mission Grammar School Mission Hill Main Streets Mission Hill Neighborhood Housing Services Mission Hill Youth Collaborative Mission SAFE MissionWorks New Mission High School Offices of State Representatives Jeffery Sanchez and Liz Malia Parker Hill/Fenway ABCD Parkway Academy of Technology and Health Pink Ribbon Foundation Private Industry Council REACH Boston 2010 Breast and Cervical Cancer Coalition Renewal House Room to Grow Roslindale Domestic Violence Task Force Roxbury Preparatory Charter School Roxbury Tenants of Harvard SafeLink SAGE Boston Salvation Army Sociedad Latina South End Community Health Center South Street Initiative Southern Jamaica Plain Community Health Center Spontaneous Celebrations Community Health Needs Assessment BWH and the CCHHE closely collaborate with community organizations and residents to identify and address barriers to access and mobilize community resources to help improve health status BWH convenes a representative group from ten community health centers to identify unique low-income and minority reproductive-aged women's issues BWH and the CCHHE participate in several coalitions where community women are actively engaged and instrumental to the process, including the REACH Boston 2010 Coalition to address breast and cervical cancer mortality among Black women BWH and the CCHHE review public health and hospital data and solicit input from women and families who use hospital and health centers services The CCHHE is a member of the Operations Committee of the Boston Alliance for Community Health Community Benefits Plan Through the above processes, BWH has worked with community partners to address several priorities related to women and their families from Bostons urban core -Disparities in infant mortality -Youth development -Comprehensive primary care for women -Domestic and community violence -Workforce development In response to these identified needs, BWH is implementing several community health initiatives to reach out to racially and ethnically diverse and underserved populations to add

Identifier	Return Reference	Explanation
Statement of Program Service Accomplishments - Community Benefits	Form 990, Part III	ress barriers to accessing quality, affordable health care and related services and to add ress racial and ethnic disparities in heart disease, cancer, and women's health Key Accomplishments of Reporting Year - In FY2008, there were 18 seniors among the 44 high school students who successfully completed the Student Success Jobs Program All 18 of the seniors registered for the fall semester in a college or university, and all of them chose a health or science major -The Connecting Hope, Assistance and Treatment (CHAT) Program helped 131 women obtain items and services related to their breast cancer treatment -The Passage way Health Law Collaborative assisted 151 clients and provided ongoing technical assistance with legal issues -The Boston Asthma Initiative received 206 referrals and conducted 158 home visits Plans for Next Reporting Year -Advance health equity through expanded efforts to address disparities in infant mortality, cancer, and cardiovascular disease -Expand domestic violence efforts to promote prevention -Provide 50 high school year and summer internships to high school students and offer college scholarships to graduating seniors ---------- Select Community Benefits Programs Boston Asthma Initiative Brief Description To reduce the incidence and prevalence of asthma morbidity and mortality among Boston children and their families Program Type Community Education, Direct Services, School/Health Center Partnership Target Population Regions Served Boston Health Indicator Environmental Quality, Other Asthma/Allergies Sex All Age Group All Adults, Child-Infant, Child-Preschool, Child-Primary School, Child-Teen, Child-Toddler Ethnic Group Not Specified Language Not Specified Partners Boston Public Schools ESAC MassCOSH Contact Information Michelle Keenan Director of Community Programs Center for Community Health and Health Equity Brigham and Women's Hospital 801 Massachusetts Avenue Boston, MA 02118 617-582-0186 mjkeenan@partners org Connecting Hope, Assistance, and Treatment Program Brief Description To assist low-income women who have been diagnosed with breast cancer Program Type Direct Services Target Population Regions Served Boston-Greater Health Indicator Access to Health Care, Other Cancer - Breast Sex Female Age Group Adult Ethnic Group Not Specified Language Not Specified Partners Pink Ribbon Foundation Contact Information Maisha Douyon-Cover Women's Health Programs Coordinator Center for Community Health and Health Equity Brigham and Women's Hospital One Brigham Circle Boston, MA 02120 617-582-0188 mdouyon@partners org Student Success Jobs Program Brief Description To encourage students to pursue careers in health care Program Type School/Health Center Partnership Target Population Regions Served Boston Health Indicator Not Specified Sex All Age Group Child-Teen Ethnic Group Not Specified Language Not Specified Partners Boston Latin Academy Health Careers Academy John D O'Bryant High School Madison Park High School New Mission High School Parkway Academy of Technology and Health Community Academy of Science and Health Boston Private Industry Council Contact Information Amy Belyea Youth Programs Manager Center for Community Health and Health Equity Brigham and Womens Hospital One Brigham Circle Boston, MA 02120 617-525-6725 The Health Center Domestic Violence Initiative Brief Description To improve and enhance the response to and coordination of services for women experiencing domestic violence Program Type Community Education, Direct Services, Prevention Target Population Regions Served Boston Health Indicator Injury and Violence, Other Domestic Violence Sex Female Age Group All Adults, All Children Ethnic Group Not Specified Language Not Specified Partners Martha Eliot Health Center Brookside Community Health Center Whittier Street Community Health Center Contact Information Jackie Savage-Borne Program Director Passageway Brigham and Womens Hospital One Brigham Circle Boston, MA 02120 617-732-7047 jsavageborne@partners org The Prevention and Access to Care and Treatment (PACT) Project Brief Description To improve health outcomes for underserved individuals with HIV disease Program Type Direct Services, Health Screening, Outreach to Underserved, Prevention, Support Group Target Population Regions Served Boston Health Indicator Other HIV/AIDS Sex All Age Group All Adults Ethnic Group Not Specified Language Not Specified Partners A HOPE AIDS Action Committee Casa Esperanza Habit Management Latin-American Health Institute Nutrition Works Contact Information Heidi Behforouz, MD Director PACT Project Division of Social Medicine and Health Inequities Brigham and Women's Hospital 622 Washington Street Dorchester, MA 02124 617-474-8500 hbehforouz@partners org

Identifier	Return Reference	Explanation
Statement of Grants and Allocations	Form 990, Part II, Line 22	EFFECTIVE OCTOBER 1, 2005 THE BOARD OF TRUSTEES OF THE BRIGHAM AND WOMEN'S HOSPITAL, INC APPROVED THE TRANSFER OF SUBSTANTIALLY ALL UNRESTRICTED INVESTMENTS TO ITS 501(C)(3) TAX-EXEMPT PARENT CORPORATION, THE BRIGHAM AND WOMEN'S/FAULKNER HOSPITALS, INC (04-2921338)

Identifier	Return Reference	Explanation
Related Party Transactions	Form 990, Schedule A, Part III	Partners HealthCare System, Inc is a large organization with a number of affiliated Corporations Officers and trustees/directors of Partners and its affiliated entities may have overlapping officer and trustee/director positions with other organizations, resulting in a number of related party relationships Below are relationships that were identified through a process that includes responses to a questionnaire distributed by the Corporation to its trustees/directors, officers, key employees, and five highest-paid employees, and best estimates of amounts paid by the Corporation to related individuals and organizations - Suffolk Construction Co , Inc provides construction services to The Brigham and Women's Hospital, Inc Gretchen Fish, a trustee of The Brigham and Women's Hospital, Inc has a family member who is an owner and officer of Suffolk Construction Co , Inc The Brigham and Women's Hospital, Inc made payments to Suffolk Construction Co totaling $8,457,616 00 in FY 2008 - The Brigham and Women's Hospital, Inc reimbursed travel expenses for a family member of Dr Gary Gottlieb, an officer of The Brigham and Women's/Faulkner Hospitals, Inc , for the purpose of attending The Brigham and Women's/Faulkner Hospitals, Inc fundraising events with Dr Gottlieb - Medicalis Corporation provides radiology decision support services to The Brigham and Women's Hospital Albert Holman III, a trustee of The Brigham and Women's Hospital, Inc , is a director of the Medicalis Corporation The Brigham and Women's Hospital, Inc made payments to Medicalis Corporation totaling $3,745,678 00 in FY 2008 - NPP Development LLC owns Patriot Place, Foxborough, Massachusetts, which has a lease with the Brigham and Women's Hospital, Inc Myra H Kraft, a Trustee of The Brigham and Women's Hospital, Inc , has a family member who is an officer of a corporation that serves as the managing member of an LLC, which LLC is the managing member of NPP Development LLC The Brigham and Women's Hospital, Inc made payments to NPP Development LLC totaling $8, 889,479 00 in FY 2008 - ThermoFisher provides products and services to The Brigham and Women's Hospital, Inc Jim Manzi, a trustee of The Brigham and Women's Hospital, Inc , is also a Director and Chairman of ThermoFisher The Brigham and Women's Hospital, Inc made payments to NPP Development LLC totaling $320,840 00 in FY 2008 - Harvard Risk Management Foundation (RMF) and Controlled Risk Insurance Company (CRICO) provide risk management consulting services and general and malpractice insurance coverage to The Brigham and Women's Hospital, Inc G Marshall Moriarty, a Trustee of The Brigham and Women's Hospital, Inc , also serves as a director of RMF and CRICO The Brigham and Women's Hospital, Inc made payments to Harvard Risk Management Foundation (RMF) and Controlled Risk Insurance Company (CRICO) totaling $376,644 00 in FY 2008 - Ropes and Gray provides legal services to The Brigham and Women's Hospital G Marshall Moriarty, a Trustee and Chairman of the Brigham and Women's Hospital Board of Trustees, is senior counsel to Ropes & Gray LLP Partners HealthCare System, Inc made payments to Ropes and Gray for the system in FY 2008 Partners has a Conflict of Interest Policy that applies to all entities in the system, and which is designed to (1) identify relationships and conduct that create either conflicts of interest or conflicts of commitment, (2) establish a system for disclosing and resolving potential conflicts, and (3) ensure that transactions are negotiated at arms 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, and, 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 the Partners Board, which review is also documented

Identifier	Return Reference	Explanation
990, Part V-A, Line 75b	Family or Business Relationships	NAME OF OFFICER, DIRECTOR, ETC MYRA KRAFT NAME OF RELATED BUSINESS NPP DEVELOPMENT, INC TITLE OR ROLE NONE RELATIONSHIP FAMILY MEMBER IS OFFICER OF MANAGING MEMBER OF LLC THAT IS MANAGING MEMBER OF NPP DEVELOPMENT

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490229002029

TY 2007 Mortgages and Notes Payable Schedule

Name: The Brigham and Women's Hospital Inc
EIN: 04-2312909
Total Mortgage Amount: 605949245

Item No.	1
Lender's Name	CAPITAL LEASE OBLIGATIONS
Lender's Title	
Relationship to Insider	
Original Amount of Loan	
Balance Due	2091007
Date of Note	
Maturity Date	
Repayment Terms	
Interest Rate	
Security Provided by Borrower	
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

Item No.	2
Lender's Name	PTNRS HEALTHCARE SYSTEM- CAP FIN LO
Lender's Title	
Relationship to Insider	
Original Amount of Loan	
Balance Due	603858238
Date of Note	
Maturity Date	2038-09
Repayment Terms	
Interest Rate	4.88
Security Provided by Borrower	
Purpose of Loan	VARIOUS CAPITAL PROJECTS
Description of Lender Consideration	
Consideration FMV	

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TY 2007 Other Assets Schedule

Name: The Brigham and Women's Hospital Inc

EIN: 04-2312909

Description	Beginning of Year Amount	End of Year Amount
OTHER LOANS RECEIVABLE	1,408,002	1,735,103
CASH SURR. VALUE OF LIFE INS	2,139,084	2,293,704
OTHER INVESTMENTS	1,252,500	1,252,500
AGENCY RECEIVABLE	529,494	424,327
OTHER ASSETS	33,009	
OVERFUNDING OF PENSION PLAN	77,821,037	87,828,981

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TY 2007 Other Changes in Net Assets Schedule

Name: The Brigham and Women's Hospital Inc

EIN: 04-2312909

Description	Amount
CHANGE IN FUND STAT OF DEFINED BEN PLAN	8,503,678
OTHER ADJUSTMENTS	35,007
NET UNREALIZED LOSS ON INVESTMENTS	29,086,616

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TY 2007 Other Expenses Not Included Schedule

Name: The Brigham and Women's Hospital Inc

EIN: 04-2312909

Description	Amount
GRANTS TO AFFILIATES	42,361,908
EXP NETTED AGAINS REV ON F.S.	954,136
OTHER ADJUSTMENTS	-868

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TY 2007 Other Liabilities Schedule

Name: The Brigham and Women's Hospital Inc

EIN: 04-2312909

Description	Beginning of Year Amount	End of Year Amount
3RD PTY SETTLEMENTS & OTHER	16,967,167	20,680,807
UNEXP. FUNDS ON RESEARCH GRANT	62,767,549	69,670,126
DUE TO AFFILIATES	39,858,646	14,754,746

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490229002029

TY 2007 Other Notes/Loans Receivable Short Schedule

Name: The Brigham and Women's Hospital Inc

EIN: 04-2312909

Category/Name	Amount
BRIGHAM AND WOMEN'S PHYSICIANS ORG.	475,592

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TY 2007 Other Revenues Not Included Schedule

Name: The Brigham and Women's Hospital Inc

EIN: 04-2312909

Description	Amount
TEMP & PERM RESTRICTED ACTIV.	7,837,729
GRANTS FROM AFFILIATES	36,691,154
EXP NETTED AGAINS REV ON F.S.	954,136
OTHER ADJUSTMENTS	-1,332

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TY 2007 Relationship Schedule

Name: The Brigham and Women's Hospital Inc

EIN: 04-2312909

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
Gretchen S Fish	Trustee		NONE	FAMILY MEMBER IS OWNER AND OFFICER
Myra Hiatt Kraft	Trustee		NONE	SEE ATTACHED GENERAL STATEMENT

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TY 2007 Employee Compensation Explanation

Name: The Brigham and Women's Hospital Inc

EIN: 04-2312909

Employee	Explanation
ANTHONY D WHITTEMORE MD	COMPENSATION INCLUDES A DEFERRED COMPENSATION DISTRIBUTION OF $10,512.
JOSEPH LOSCALZO MD	
EUGENE BRAUNWALD MD	
THOMAS S KUPPER MD	
BARBARA E BIERER MD	

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TY 2007 Non Electing Public Charities Statement

Name: The Brigham and Women's Hospital Inc

EIN: 04-2312909

Statement: 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.

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490229002029

TY 2007 Self Dealing Statement

Name: The Brigham and Women's Hospital Inc

EIN: 04-2312909

Line Number	Explanation
2c	
2d	SEE FORM 990, PT V

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
PARTNERS HEALTHCARE SYSTEM INC	X	
THE MASSACHUSETTS GENERAL HOSPITAL	X	
THE GENERAL HOSPITAL CORPORATION	X	
MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION INC	X	
THE MGH HEALTH SERVICES CORPORATIO	X	
THE MGH INSTITUTE OF HEALTH PROFESSIONS INC	X	
MCLEAN HEALTHCARE INC	X	
THE MCLEAN HOSPITAL CORPORATION	X	
THE SPAULDING REHABILITATION HOSPI CORPORATION	X	
REHABILITATION HOSPITAL OF THE CAP AND ISLANDS	X	
PARTNERS CONTINUING CARE INC	X	
THE BRIGHAM AND WOMEN'SFAULKNER HOSPITALS INC	X	
BIOSCIENCES RESEARCH FOUNDATION	X	
BSC INC		X
BWH RESEARCH INC	X	
BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION INC	X	
NANTUCKET COTTAGE HOSPITAL	X	
BRIGHAM COMMUNITY PRACTICES INC	X	
BWH ANESTHESIA RESEARCH AND EDUCAT FOUNDATION INC	X	
BRIGHAM MEDICAL RESEARCH AND EDUCA FOUNDATION INC	X	
BRIGHAM AND WOMEN'S OB-GYN RES & E FOUNDATION INC	X	
BRIGHAM PATHOLOGY RES AND EDU FOUNDATION INC	X	
BRIGHAM RADIOLOGY RES AND EDU FOUNDATION INC	X	
BWH ORTHOPEDICS RESEARCH AND EDUC FOUNDATION INC	X	
BWH NEUROSURGERY RESEARCH AND EDUC FOUNDATION INC	X	
BWH RADIATION ONCOLOGY RES AND ED FOUNDATION INC	X	
FAULKNER HOSPITAL INC	X	
WEST ROXBURY MEDICAL GROUP INC	X	
FAULKNER BREAST CENTER	X	
FAULKNER COMMUNITY MEDICAL CORP	X	
VILLAGE MANOR NURSING HOME INC	X	
FRC INC	X	
THE NORTH SHORE MEDICAL CENTER IN	X	
SHAUGHNESSY - KAPLAN REHABILITATI HOSPITAL INC	X	
NORTH SHORE PHYSICIANS GROUP INC	X	
NSMC HEALTHCARE INC	X	
NEWTON-WELLESLEY HOSPITAL	X	
NEWTON-WELLESLEY HOSPITAL CHARITAB FOUNDATION INC	X	
NEWTON-WELLESLEY PHYSICIAN HOSPITA ORGANIZATION INC		X
NEWTON-WELLESLEY AMBULATORY SERVIC INC	X	
NEWTON-WELLESLEY HEALTHCARE SYSTEM INC	X	
PARTNERS HOME CARE INC	X	
PARTNERS PRIVATE CARE INC		X
PARTNERS COMMUNITY HEALTHCARE INC		X
MARTHA'S VINEYARD HOSPITAL INC	X	
PARTNERS HOSPICE INC	X	
PARTNERS HARVARD MEDICAL INTERNATIONAL INC	X	
THE FRIENDS OF THE BRIGHAM AND WOMEN'S HOSPITAL INC	X	
NEWTON-WELLESLEY CHILDREN'S CORNER INC	X	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Geoffrey K Sherwood MD 75 Francis Street Boston, MA 02115	Trustee 1 0	0	0	0
Benjamin Smith MD 75 Francis Street Boston, MA 02115	Trustee 1 0	0	0	0
Scott M Sperling 75 Francis Street Boston, MA 02115	Trustee 1 0	0	0	0
David A Thomas 75 Francis Street Boston, MA 02115	Trustee 1 0	0	0	0
Mary Ann Tynan 75 Francis Street Boston, MA 02115	Trustee 1 0	0	0	0
Rev Gloria E White Hammond MD 75 Francis Street Boston, MA 02115	Trustee 1 0	0	0	0
Linda Whitlock 75 Francis Street Boston, MA 02115	Trustee 1 0	0	0	0
John V Woodard Esq 75 Francis Street Boston, MA 02115	Trustee 1 0	0	0	0
Michael J Zinner MD 75 Francis Street Boston, MA 02115	Trustee 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Jay R Harris MD 75 Francis Street Boston, MA 02115	Trustee 1.0	0	0	0
E James Hutchens 75 Francis Street Boston, MA 02115	Trustee 1.0	0	0	0
Howard J Kessler 75 Francis Street Boston, MA 02115	Trustee 1.0	0	0	0
Myra Hiatt Kraft 75 Francis Street Boston, MA 02115	Trustee 1.0	0	0	0
Joseph Loscalzo MD PhD 75 Francis Street Boston, MA 02115	Trustee 1.0	0	0	0
Jim Manzi 75 Francis Street Boston, MA 02115	Trustee 1.0	0	0	0
Terrence Murray 75 Francis Street Boston, MA 02115	Trustee 1.0	0	0	0
Nawal M Nour MD MPH 75 Francis Street Boston, MA 02115	Trustee 1.0	0	0	0
Steven E Seltzer MD 75 Francis Street Boston, MA 02115	Trustee 1.0	0	0	0
J Dale Sherratt 75 Francis Street Boston, MA 02115	Trustee 1.0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Gary L Gottlieb MD MBA 75 Francis Street Boston, MA 02115	President/Trustee 50 0	1,239,540	383,831	0
Peter K Markell 800 Boylston Street Boston, MA 02199	Treasurer 1 0	0	0	0
Albert A Holman III 75 Francis Street Boston, MA 02115	Secretary/Trustee 1 0	0	0	0
Roger J Deshaies 75 Francis Street Boston, MA 02115	Dep Treasurer 10/1/07-4/8/08 50 0	305,742	57,325	0
Michael Reney 75 Francis Street Boston, MA 02115	Dep Treasurer 6/18/08-9/30/08 50 0	335,269	28,952	0
Kate E Walsh 75 Francis Street Boston, MA 02115	Chief Operating Off 50 0	939,404	135,326	0
G Marshall Moriarty Esq 75 Francis Street Boston, MA 02115	Chairman 1 0	0	0	0
Paul Braverman 75 Francis Street Boston, MA 02115	Trustee 1 0	0	0	0
Gretchen S Fish 75 Francis Street Boston, MA 02115	Trustee 1 0	0	0	0
Steven R Haley 75 Francis Street Boston, MA 02115	Trustee 1 0	0	0	0

Additional Data

Software ID:
Software Version:
EIN: 04-2312909
Name: The Brigham and Women's Hospital Inc

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a BAD DEBT EXPENSE	**43a**	14,419,056	14,419,056		
b PURCHASED OUTSIDE SERVICES	**43b**	82,906,524	76,732,706	6,173,818	
c OTHER RESEARCH EXPENSES	**43c**	86,958,210	80,482,675	6,475,535	
d NON-CAPITAL EQUIPMENT	**43d**	6,949,851	6,432,315	517,536	
e PURCHASED SERVICES	**43e**	154,614,583	143,100,866	11,513,717	
f INSURANCE	**43f**	14,681,099	14,571,509	109,590	
g UTILITIES	**43g**	28,275,127	26,169,557	2,105,570	
h MEALS	**43h**	3,171,159	2,935,012	236,147	
i REAL ESTATE TAXES	**43i**	174,228	161,254	12,974	
j FREE CARE CHARGED TO FUNDS	**43j**	299,258	276,973	22,285	
k LOSS ON RETIREMENT OF ASSETS	**43k**	954,136	883,084	71,052	
l JOINT PROGRAM FEES	**43l**	2,813,061	2,603,580	209,481	
m MISCELLANEOUS EXPENSES	**43m**	8,875,237	8,214,325	660,912	