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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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ 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

Doing Business As

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

G Gross receipts $ 2,036,603,915

F Name and address of principal officer
Elizabeth G Nabel MD
75 Francis Street
Boston, MA 02115

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

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

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www brighamandwomens org

K Type of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1963

M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ACUTE CARE TEACHING AND RESEARCH HOSPITAL

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of employees (Part V, line 2a)	**5**	15,042
6	Total number of volunteers (estimate if necessary)	**6**	990
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	**7a**	-300,686
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-336,842

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	503,706,779	493,630,337
9	Program service revenue (Part VIII, line 2g)	1,403,530,642	1,535,826,769
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,473,253	-8,075,664
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,465,372	24,812,949
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,936,176,046	2,046,194,391
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	42,361,908	92,193,131
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)	864,132,309	975,213,278
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–24f)	928,261,959	984,394,930
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,834,756,176	2,051,801,339
19	Revenue less expenses Subtract line 18 from line 12	101,419,870	-5,606,948
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	1,709,241,814	1,725,366,103
21	Total liabilities (Part X, line 26)	901,310,709	1,230,068,899
22	Net assets or fund balances Subtract line 21 from line 20	807,931,105	495,297,204

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including a
and belief, it is true, correct, and complete Declaration of preparer (other than of

Sign Here

Signature of officer

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

Paid Preparer's Use Only

Preparer's signature | Date

Firm's name (or yours if self-employed), address, and ZIP + 4

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

Part III Statement of Program Service Accomplishments (see instructions.)

1 Briefly describe the organization's mission

ACUTE CARE TEACHING AND RESEARCH HOSPITAL

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 1,387,174,296 including grants of $ 92,193,131) (Revenue $ 1,535,826,769)

Patient Care - The hospital had approximately 46,500 inpatient admissions, the ambulatory care department had approx 570,000 visits, and the neighborhood health centers had approx 119,000 visits The emergency room had approx 57,400 visits during the year See Schedule O for detail of Community Benefit Programs

4b (Code) (Expenses $ 450,795,057 including grants of $ 0) (Revenue $ 390,062,978)

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 research

4c (Code) (Expenses $ 81,695,639 including grants of $ 0) (Revenue $ 19,780,617)

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 1,919,664,992 *(Must equal Part IX, Line 25, column (B).)*

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?	2		No
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? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where 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, 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 hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	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 U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total 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 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 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, questions 3, 4, or 5? *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 questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *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**	Yes	
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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	0		
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		
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	15,042		
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 this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," 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 the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	Yes	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		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, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		No
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		No
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			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a: 21		
b	Enter the number of voting members that are independent . .	1b: 9		
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 organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	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	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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	
	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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ FL, MD, MA, NH, NJ, NY, NC, VA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

PARTNERS FINANCE
529 MAIN STREET 5TH FL STE 510
Charlestown, MA 02129
(617) 724-9841

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) ☒ Individual Trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
G Marshall Moriarty Esq Chairman	1 0	X						0	0	0
Robert L Barbieri MD Trustee/Physician	1 0	X						500,358	0	47,144
Paul Braverman Trustee	1 0	X						0	0	0
Mary Czymbor MD Trustee	1 0	X						0	156,985	35,675
Gretchen S Fish Trustee	1 0	X						0	0	0
Steven R Haley Trustee	1 0	X						0	0	0
Jay R Harris MD Trustee	1 0	X						0	654,810	43,820
E James Hutchens Trustee	1 0	X						0	0	0
Paula Adina Johnson MD MPH Trustee/Physician	1 0	X						243,232	0	67,350
Howard J Kessler Trustee	1 0	X						0	0	0
Myra Hiatt Kraft Trustee	1 0	X						0	0	0
Thomas S Kupper MD Trustee/Physician	1 0	X						471,287	0	47,686
Andres J Lopez Trustee	1 0	X						0	0	0
Joseph Loscalzo MD PhD Trustee/Physician	1 0	X						573,497	0	49,337
Jim Manzi Trustee	1 0	X						0	0	0
Nawal M Nour MD MPH Trustee	1 0	X						0	245,576	47,529
Steven E Seltzer MD Trustee	1 0	X						0	571,428	63,345

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) ☒ Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
J Dale Sherratt Trustee	1 0	X						0	0	0
Geoffrey K Sherwood MD Trustee	1 0	X						0	95,211	14,632
Scott M Sperling Trustee	1 0	X						0	0	0
David A Thomas Trustee	1 0	X						0	0	0
Mary Ann Tynan Trustee	1 0	X						0	0	0
Rev Gloria E White Hammond MD Trustee	1 0	X						0	0	0
Linda Whitlock Trustee	1 0	X						0	0	0
Michael J Zinner MD Trustee	1 0	X						0	843,513	58,282
Gary L Gottlieb MD MBA President/Trustee	50 0	X		X				1,273,691	0	371,246
Albert A Holman III Secretary/Trustee	1 0	X		X				0	0	0
Peter K Markell Treasurer	1 0			X				0	1,453,424	644,712
Michael Reney Dep Treasurer	50 0			X				398,297	0	47,380
Kathleen E Walsh Chief Operating Off	50 0				X			697,498	0	122,889
Barbara E Bierer MD Senior Vice President	50 0				X			446,143	0	62,456
Mairead Hickey PHD RN Senior Vice President	50 0				X			428,150	0	56,853
Michael A Gimbrone Jr MD Chairman - Dept of Pathology	50 0				X			446,573	0	59,530
Anthony D Whittemore MD Chief Medical Officer	50 0					X		761,130	0	54,961
Eugene Braunwald MD Physician	50 0					X		520,921	0	51,465
Bohdan Pomahac MD Physician	50 0					X		470,388	0	44,997
Piero Anversa MD Physician	50 0					X		463,818	0	21,340
Augustine Choi MD Physician	50 0					X		461,542	0	32,687
Roger Deshaies Former Deputy Treasurer	50 0						X	135,706	0	23,427
1b Total . . . . . ▶								8,292,231	4,020,947	2,068,743

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 1,889

			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**	Yes	
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 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

(A) Name and business address	(B) Description of services	(C) Compensation
William A Berry and Son Inc 99 Conifer Hill Drive DANVERS, MA 01923	Construction	77,427,628
N P P Development LLC One Patriot Place FOXBOROUGH, MA 02035	Construction	11,395,056
Suffolk Construction Company 65 Allerton Street BOSTON, MA 02119	Construction	8,539,490
TRAMMELL CROW CORPORATE SERVICES 65 LANDSDOWNE ST CAMBRIDGE, MA 02139	Facility Mgmt Svcs	6,247,097
Securitas Security Services USA Inc 1 Harbor Street BOSTON, MA 02128	Security Services	5,275,172

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 153

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	9,852,864			
	e	Government grants (contributions)	1e	268,669,311			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	215,108,162			
	g	Noncash contributions included in lines 1a-1f $ 1,373,918					
	h	**Total.** Add lines 1a-1f		493,630,337			
			Business Code				
Program Service Revenue	2a	PATIENT CARE & RELATED SERVICES	621,990	1,535,826,769	1,535,826,769		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		1,535,826,769			
	3	Investment income (including dividends, interest and other similar amounts)		1,514,812			1,514,812
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		2,027,629			2,027,629
			(i) Real	(ii) Personal			
	6a	Gross Rents	4,540,591				
	b	Less rental expenses					
	c	Rental income or (loss)	4,540,591				
	d	Net rental income or (loss)		4,540,591			4,540,591
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses	-9,590,476				
	c	Gain or (loss)	9,590,476				
	d	Net gain or (loss)		-9,590,476		-300,686	-9,289,790
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	PARKING INCOME	812,930	13,803,562			13,803,562
	b	CAFETERIA REVENUE	722,210	4,441,167			4,441,167
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		18,244,729			
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		2,046,194,391	1,535,826,769	-300,686	17,037,971

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	92,193,131	92,193,131		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	6,410,597		6,410,597	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	777,327,822	754,716,000	22,611,822	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	27,461,788	27,461,788		
9 Other employee benefits	111,066,958	103,105,216	7,961,742	
10 Payroll taxes	52,946,113	52,946,113		
11 Fees for services (non-employees)				
a Management	0			
b Legal	2,101,352	673,229	1,428,123	
c Accounting	0			
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	262,065,231	176,116,342	85,948,889	
12 Advertising and promotion	4,542,435	2,207,208	2,335,227	
13 Office expenses	308,742,746	307,457,114	1,285,632	
14 Information technology	6,383,993	4,293,489	2,090,504	
15 Royalties	0			
16 Occupancy	109,632,469	109,629,996	2,473	
17 Travel	4,653,896	4,564,698	89,198	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	586,895	527,696	59,199	
20 Interest	26,478,675	26,478,675		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	101,406,885	101,406,885		
23 Insurance	15,375,940	14,307,570	1,068,370	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BAD DEBT EXPENSE	18,876,732	18,876,732		
b MEALS	3,354,872	2,955,412	399,460	
c NON-CAPITAL EQUIPMENT	2,434,249	1,749,213	685,036	
d OTHER RESEARCH EXPENSES	108,728,021	108,728,021		
e FREE CARE CHARGED TO FUNDS	360,009	360,009		
f All other expenses	8,670,530	8,910,455	-239,925	
25 **Total functional expenses.** Add lines 1 through 24f	2,051,801,339	1,919,664,992	132,136,347	0
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	34,125,319	2	156,815,918
	3	Pledges and grants receivable, net	158,017,126	3	113,737,532
	4	Accounts receivable, net	208,306,468	4	213,697,226
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net	475,592	7	455,781
	8	Inventories for sale or use	10,130,222	8	11,970,530
	9	Prepaid expenses and deferred charges	23,931,396	9	28,514,860
	10a	Land, buildings, and equipment cost basis — 10a: 1,554,366,446			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 569,627,758	964,320,905	10c	984,738,688
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	216,400,171	12	215,407,990
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	93,534,615	15	27,578
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,709,241,814	16	1,725,366,103
Liabilities	17	Accounts payable and accrued expenses	190,255,785	17	425,794,421
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,091,007	23	859,585
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	708,963,917	25	803,414,893
	26	**Total liabilities.** Add lines 17 through 25	901,310,709	26	1,230,068,899
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	587,250,112	27	305,445,546
	28	Temporarily restricted net assets	170,905,974	28	143,036,119
	29	Permanently restricted net assets	49,775,019	29	46,815,539
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	807,931,105	33	495,297,204
	34	Total liabilities and net assets/fund balances	1,709,241,814	34	1,725,366,103

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ Cash ☑ Accrual ☐ Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to 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	
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?		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

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

Employer identification number
04-2312909

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** 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% Test - 2007.** If the organization did not check the 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 - 2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** 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 IV 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 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 IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** 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 **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

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

Employer identification number
04-2312909

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

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

a Revenues included in 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 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 XIV

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 Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	224,693,330				
b	Contributions	8,243,420				
c	Investment earnings or losses	2,762,993				
d	Grants or scholarships	0				
e	Other expenditures for facilities and programs	17,578,311				
f	Administrative expenses	0				
g	End of year balance	218,121,432				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 42 %
- b Permanent endowment ▶ 58 %
- c Term endowment ▶

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	0	18,747,454		18,747,454
b Buildings	0	1,108,657,040	409,482,207	699,174,833
c Leasehold improvements	0	79,783,700	24,913,038	54,870,662
d Equipment	0	298,032,078	134,489,657	163,542,421
e Other	0	49,146,174	742,856	48,403,318
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				984,738,688

Part VII Investments—Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other US GOV'T & OTH FIXED INC SEC	2,247,000	F
INVESTMENT IN PARTNERS POOLED	213,160,990	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	215,407,990	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
OTHER ASSETS	27,578
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
3RD PTY SETTLEMENTS & OTHER	26,618,504
UNEXP FUNDS ON RESEARCH GRANT	63,924,531
DUE TO AFFILIATES	69,957,638
CAPITAL FRAMEWORK LOAN DUE TO PARTNERS HEALTHCARE SYSTEM	642,914,220
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	803,414,893

In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,046,194,391
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,051,801,339
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-5,606,948
4	Net unrealized gains (losses) on investments	4	5,063,949
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-28,065,259
8	Other (Describe in Part XIV)	8	-284,027,742
9	Total adjustments (net) Add lines 4 - 8	9	-307,029,052
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-312,636,000

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

1	Total revenue, gains, and other support per audited financial statements			1	2,065,631,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	857,566		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	857,566
3	Subtract line **2e** from line **1**			3	2,064,773,434
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 XIV)	4b	-18,579,043		
c	Add lines **4a** and **4b**			4c	-18,579,043
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	2,046,194,391

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,960,131,000
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	1,960,131,000
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 XIV)	4b	91,670,339		
c	Add lines **4a** and **4b**			4c	91,670,339
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	2,051,801,339

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Intended Use of Endowment Funds	Part V, Line 4	The Organization's Endowment Funds are intended to be used to further the organization's tax-exempt mission
Other Net Asset Adjustments	Part XI, Line 8	Change in Funded Status of Defined Benefit Plan - ($284,025,642) Financial Statement Rounding - ($2,100)
Other Revenue Included on Return but not on Book	Part XII, Line 4b	Expenses Netted Against Revenue on AFS $498,075 Grants From Affiliates $496,375 Temp/Perm Restricted Activity ($35,228,061) Funds Utilized for PP&E $15,652,297 AFS Rounding $2,271
Other Expenses Included on Return but Not on Book	Part XIII, Line 4b	Expenses Netted Against Revenue on AFS $498,075 Grants to Affiliates $91,171,712 AFS Rounding $552

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

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

Employer identification number
04-2312909

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of 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 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(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 in region
Central America and the Caribbean	0	0	Program Services	Pat Care, Res & Educ	58,110
East Asia and the Pacific	0	0	Program Services	Pat Care, Res & Educ	467,145
Europe (Including Iceland and Greenland)	0	0	Program Services	Pat Care, Res & Educ	3,290,470
Middle East and North Africa	0	0	Program Services	Pat Care, Res & Educ	142,975
Russia and the Newly Independent States	0	0	Program Services	Pat Care, Res & Educ	49,600
North America	0	0	Program Services	Pat Care, Res & Educ	6,054,884
South Asia	0	0	Program Services	Pat Care, Res & Educ	10,507
South America	0	0	Program Services	Pat Care, Res & Educ	361,241
Sub-Saharan Africa	0	0	Program Services	Pat Care, Res & Educ	455,166
Totals . . . . . ▶	0	0			10,890,098

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 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 of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	ReturnReference	Explanation

Additional Data

Return to Form

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

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

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

Employer identification number
04-2312909

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____%	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____%	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *Worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, and Collection Practices *(Optional for 2008)*

Section A—Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost) 2			
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME) 5		
6	Enter Medicare allowable costs of care relating to payments on line 5 6		
7	Enter line 5 less line 6—surplus or (shortfall) 7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C—Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
The Brigham and Women's Hospital Inc 75 Francis Street Boston, MA 02115	X	X	X	X		X	X		
Brookside Community Health Center 3297 Washington Street Boston, MA 02130	X								
Southern Jamaica Plain Health Center 640 Centre Street Boston, MA 02130	X								
Partners Multiple Sclerosis Center One Brookline Place Brookline, MA 02445	X								
Teen Health Center at English High Schoo 144 McBridge Street Boston, MA 02130	X								
Brigham and Women's Ambulatory Care Cent 850 Boylston Street Chestnut Hill, MA 02467	X								
Brigham and Women's Behavioral Neurology 221 Longwood Avenue Boston, MA 02115	X								
Brigham & Women's Hos Outpatient Psych 221 Longwood Avenue Boston, MA 02115	X								
Brigham Dermatology Associates 221 Longwood Avenue Boston, MA 02115	X								
Brigham and Women's Hospital Care Center 1153 Centre Street Boston, MA 02130	X								
BWH Advanced MRI Centre 221 Longwood Avenue Boston, MA 02115	X								
Brigham & Women's Hosp MOHS Micro Surg 1153 Centre Street Boston, MA 02130	X								
Outpatient Endocrinology & Metabolic Svc 221 Longwood Avenue Boston, MA 02115	X								
BWH MRI at Southeast Medical Center 1 Compass Way East Bridgewater, MA 02333	X								
Brigham & Women'sMass Gen Health Center 20 Patriots Place Foxboro, MA 02035	X								

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

3 **Patient Education of Eligibility for Assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 **Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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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 U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

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

Employer identification number
04-2312909

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . . ▶ 22

3 Enter total number of other organizations . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

Additional Data

Return to Form

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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'sFaulkner Hospitals Inc75 Francis Street Boston, MA 02115	04-2921338	501(c)(3)	91,171,712				To support 501(c)(3) Tax-Exempt Parent Organization
ECUMENICAL SOCIAL ACTION COMMITTEE INC 3313 Washington Street Boston, MA 02130	04-2455301	501(c)(3)	104,707				Community Benefit Program
Boston Public Health Commission1010 Massachusetts Avenue Boston, MA 02118			84,970				Community Benfit Program
Commonwealth of Massachusetts - South Street Dev24 Beacon Street Boston, MA 02133			27,682				Community Benefit Program
Center for Community Health Education716 COLUMBUS AVENUE Boston, MA 02120	04-3286409	501(c)(3)	43,750				Community Benefit Program
The Medical Foundation95 BERKELEY STREET Boston, MA 02116	04-2229839	501(c)(3)	75,000				Community Benefit Program
AMERICAN HEART ASSOCIATION7272 GREENVILLE AVENUE Dallas, TX 75231	13-5613797	501(c)(3)	20,000				Community Benefit Program
ARCHIVES FOR WOMEN IN MEDICINE1033 Massachusetts Avenue Cambridge, MA 02138	04-2103580	501(c)(3)	10,000				Community Benefit Program
ARTHRITIS FOUNDATION 29 Craft Street Newton, MA 02458	04-2113261	501(c)(3)	5,500				Community Benefit Program
BOSTON HISTORY& INNOVATION COLLABORATIVE650 Beacon Street Boston, MA 02215	31-1587755	501(c)(3)	11,000				Community Benefit Program

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON PUBLIC SCHOOLSPO Box 6246 Boston, MA 02114	04-2080791		10,000				Community Benefit Program
MARCH OF DIMES1275 Mamaroneck Avenue White Plains, NY 10605	13-1846366	501(c)(3)	12,500				Community Benefit Program
MASS INSIGHT CORPORATION18 TREMONT STREET Boston, MA 02108	04-3369687	501(c)(3)	10,000				Community Benefit Program
MATTAPAN COMMUNITY HEALTH CTR INC1425 BLUE HILL AVENUE Mattapan, MA 02126	04-2544151	501(c)(3)	10,000				Community Benefit Program
PARTNERS IN HEALTH 641 Huntington Avenue Boston, MA 02115	04-3567502	501(c)(3)	66,000				Community Benefit Program
PEOPLE CARE-IERS INC 270 ISLINGTON ROAD Auburndale, MA 02466	04-3058872	501(c)(3)	5,310				Community Benefit Program
SOUTH END COMM HEALTH CENTER1601 WASHINGTON STREET Boston, MA 02118	04-2456134	501(c)(3)	15,000				Community Benefit Program
UNITED WAY OF MASS BAY51 Sleeper Street Boston, MA 02210	04-2382233	501(c)(3)	50,000				Community Benefit Program
VNA OF BOSTON500 RUTHERFORD AVENUE Charlestown, MA 02129	04-2105800	501(c)(3)	10,000				Community Benefit Program
WHITTIER STREET HEALTH CENTER INC 1125 TREMONT STREET Roxbury, MA 02120	04-2619517	501(c)(3)	25,000				Community Benefit Program

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
WOMEN OF MEANS INC 148 LINDEN STREET Wellesley, MA 02482	04-3487205	501(c)(3)	25,000				Community Benefit Program
American Cancer Society 250 Williams Stree NW Atlanta, GA 30303	13-1788491	501(c)(3)	400,000				Community Benefit Program

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

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

Employer identification number
04-2312909

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 in 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 line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☐ 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 in Form 990, Part VII, Section A, line 1a			
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			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in 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," to line 5a or 5b, describe in Part III			
6	For persons listed in 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," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Trustee Compensation	Part II & Schedule J-2	Trustees receive no compensation or contributions to employee benefit plans for service on the Board or its Committees Board members who are also employed by the Corporation or a Partners affiliate receive compensation only for their services as employees
Participation in a supplemental nonqualified retirement plan	Part I, Line 4b	Kate E Walsh - $67,498 Gary L Gottlieb, MD, MBA - $308,529 Anthony D Whittemore, MD - $25,000 Peter K Markell - $286,108
Establishing CEO Compensation	Part I, Line 3	The Chief Executive Officer's compensation was established using the following - Compensation committee - Independent compensation consultant - Form 990 of other organizations - Compensation survey or study - Approval by the board or compensation committee Compensation was established by the Partners HealthCare System, Inc 's compensation committee Partners HealthCare System, Inc is an affiliated tax-exempt organization
Listed Benefits	Part I, Line 1a	The listed benefits checked in Part I, Line 1a were provided to certain individuals listed on Form 990, Part VII These benefits were subject to the Partners HealthCare System, Inc and Affiliates' Employee Business Expense Reimbursement Policy, which is an accountable plan This Policy requires that there be a business purpose, and that all expenses be substantiated, and includes other IRS requirements for an accountable plan

Additional Data

Return to Form

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Peter K Markell	(I)	0	0	0	0	0	0	0
	(II)	942,405	98,318	412,701	617,809	26,903	2,098,136	318,585
Michael Reney	(I)	286,837	35,000	76,460	29,471	17,909	445,677	0
	(II)	0	0	0	0	0	0	0
Kathleen E Walsh	(I)	553,503	113,623	30,372	99,200	23,689	820,387	0
	(II)	0	0	0	0	0	0	0
Robert L Barbieri MD	(I)	385,773	113,750	835	31,700	15,444	547,502	0
	(II)	0	0	0	0	0	0	0
Mary Czymbor MD	(I)	0	0	0	0	0	0	0
	(II)	143,317	15,261	-1,593	19,948	15,727	192,660	0
Jay R Harris MD	(I)	0	0	0	0	0	0	0
	(II)	484,046	130,430	40,334	29,268	14,552	698,630	0
Paula Adina Johnson MD MPH	(I)	249,976	100	-6,844	31,705	35,645	310,582	0
	(II)	0	0	0	0	0	0	0
Thomas S Kupper MD	(I)	391,825	57,975	21,487	31,704	15,982	518,973	0
	(II)	0	0	0	0	0	0	0
Joseph Loscalzo MD PhD	(I)	510,829	62,353	315	31,703	17,634	622,834	0
	(II)	0	0	0	0	0	0	0
Nawal M Nour MD MPH	(I)	0	0	0	0	0	0	0
	(II)	202,328	26,637	16,611	31,705	15,824	293,105	0
Steven E Seltzer MD	(I)	0	0	0	0	0	0	0
	(II)	417,692	124,792	28,944	31,952	31,393	634,773	0
Michael J Zinner MD	(I)	0	0	0	0	0	0	0
	(II)	613,956	181,911	47,646	30,207	28,075	901,795	0
Gary L Gottlieb MD MBA	(I)	966,593	245,604	61,494	340,229	31,017	1,644,937	0
	(II)	0	0	0	0	0	0	0
Anthony D Whittemore MD	(I)	653,666	64,880	42,584	31,702	23,259	816,091	0
	(II)	0	0	0	0	0	0	0
Eugene Braunwald MD	(I)	495,000	0	25,921	31,701	19,764	572,386	0
	(II)	0	0	0	0	0	0	0
Bohdan Pomahac MD	(I)	243,338	210,198	16,852	29,150	15,847	515,385	0
	(II)	0	0	0	0	0	0	0
Piero Anversa MD	(I)	395,350	0	68,468	3,812	17,528	485,158	0
	(II)	0	0	0	0	0	0	0
Augustine Choi MD	(I)	387,500	58,633	15,409	16,715	15,972	494,229	0
	(II)	0	0	0	0	0	0	0
Barbara E Bierer MD	(I)	375,500	40,000	30,643	31,703	30,753	508,599	0
	(II)	0	0	0	0	0	0	0
Mairead Hickey PHD RN	(I)	314,970	69,432	43,748	31,704	25,149	485,003	0
	(II)	0	0	0	0	0	0	0
Michael A Gimbrone Jr MD	(I)	341,781	99,259	5,533	31,703	27,827	506,103	0
	(II)	0	0	0	0	0	0	0
Roger Deshaies	(I)	122,524	0	13,182	16,360	7,067	159,133	0
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

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

Employer identification number
04-2312909

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that 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) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on 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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that 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 grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that 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					

Additional Data

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

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**
A Moriarty	Family - Moriarty	130,625	Salary		No
R Sands	Family - Johnson	19,590	Salary		No
Suffolk Construction	Family - Fish	7,890,255	Construction Services		No
Medicalis	Holman - Director	614,125	Decision Support Services		No
NPP Development	Family - Kraft	6,999,509	Lease/Construction		No
Thermo Fisher Scientific	Manzi - Director	11,235,649	Products		No
CRICO	Moriarty - Director	375,499	Insurance		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

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

Employer identification number
04-2312909

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		227,060	FMV
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	1	422,431	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe Equipment)	X	2	724,427	FMV
26	Other (describe)				
27	Other (describe)				
28	Other (describe)				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement*	29	0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes", describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes", describe in Part II			
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation

Identifier	Return Reference	Explanation
Business and Family Relationships	Form 990, Part VI, Section A, Line 2	Scott Sperling & Jim Manzi - Business Relationship

Identifier	Return Reference	Explanation
Independent Board Members	Part VI, Line 2b	The Brigham and Women's Hospital, Inc seeks to have a Board that is composed of individuals with the requisite expertise and community representation so that it may effectively govern During this reporting period, some members of the Board, who contribute important expertise and diverse perspective, may have been affiliated with an organization that was involved in a transaction reported on Schedule L In some instances, these transactions involved essential products and services for which the vendor chosen was a leading national or regional source One such vendor is a nationally-known supplier of health-care and/or research-related products In addition, one Board member sits on the Board of our jointly-owned captive liability insurance company As described on this Schedule O, The Brigham and Women's Hospital, Inc has a conflict of interest policy to address instances where The Brigham and Women's Hospital, Inc may be involved, directly or indirectly, in a transaction with a member of the Board This policy protects against undue influence by Board members and assists the Board in making decisions that are in the best interests of The Brigham and Women's Hospital, Inc

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

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

Employer identification number
04-2312909

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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

(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
See Additional Data Table					

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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
Radiation Oncology Center Mgmt C/O Eerson Hospital Old Rd to NAC Concord, MA01742 04-3410861	Rad Oncology	MA	GHC	N/A	0	0		No			No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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
Partners Community HealthCare Inc 800 Boylston Street Boston, MA02199 04-3236175	Healthcare	MA	PHS	C	0	0	0 %
BSC Inc 75 Francis Street Boston, MA02115 04-2987478	Telecommunication	MA	BWF	C	0	0	0 %
Newton-Wellesley Physcian Hospital Org 2014 Washington Street Newton, MA02462 04-3209749	Healthcare	MA	NWHC	C	0	0	0 %

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		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 **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e	Yes	
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		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

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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 501(c)(3))	(F) Direct Controlling Entity
Rehab Hospital of the Cape & Islands 311 Service Road East Sandwich, MA 02537 04-3071419	Healthcare	MA	501(c)(3)	3	PCC
Shaughnessy-Kaplan Rehabilitation Hosp Dove Avenue Salem, MA 01970 04-3067082	Healthcare	MA	501(c)(3)	3	PCC
Partners Home Care Inc (PHC) 281 Winter Street Waltham, MA 02451 04-2918280	Home Health	MA	501(c)(3)	9	PCC
Partners Hospice Inc 48 Woerd Avenue 102 Waltham, MA 02453 04-2730504	Home Health	MA	501(c)(3)	7	PHC
FRC Inc 101 Merrimac Street Boston, MA 02114 22-2632121	Healthcare	MA	501(c)(3)	3	PCC
NSMC HealthCare Inc (NSHC) 81 Highland Avenue Salem, MA 01970 04-3294420	Admin Support	MA	501(c)(3)	11a	PHS
North Shore Medical Center Inc 81 Highland Avenue Salem, MA 01970 04-3399616	Healthcare	MA	501(c)(3)	3	NSHC
North Shore Physicians Group Inc 81 Highland Avenue Salem, MA 01970 04-3080484	Healthcare	MA	501(c)(3)	11a	NSHC
Newton-Wellesley HealthCare System(NWHC) 2014 Washington Street Newton, MA 02462 20-4295282	Admin Support	MA	501(c)(3)	11a	PHS
Newton-Wellesley Hospital 2014 Washington Street Newton, MA 02462 04-2103611	Healthcare	MA	501(c)(3)	3	NWHC
Newton-Wellesley Ambulatory Services 2014 Washington Street Newton, MA 02462 22-2560501	Healthcare	MA	501(c)(3)	11a	NWHC
Newton-Wellesley Hosp Charitable Found 2014 Washington Street Newton, MA 02462 04-3455952	Fundraising	MA	501(c)(3)	7	NWHC
Newton-Wellesley Children's Corner Inc 2014 Washington Street Newton, MA 02462 04-2650246	Child Care	MA	501(c)(3)	9	NWHC
Partners Harvard Medical International 131 Dartmouth Street Boston, MA 02116 04-3197711	Med Training	MA	501(c)(3)	11a	PHS
The Friends of The Brigham & Women's Hos 75 Francis Street Boston, MA 02115 04-2239449	Fundraising	MA	501(c)(3)	11a	BWF
Spaulding Hospital - Cambridge Inc 1575 Cambridge Street Cambridge, MA 02138 27-0273715	Hospital	MA	501(c)(3)	3	PCC

Additional Data

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

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT EXPENSE	18,876,732	18,876,732		
MEALS	3,354,872	2,955,412	399,460	
NON-CAPITAL EQUIPMENT	2,434,249	1,749,213	685,036	
OTHER RESEARCH EXPENSES	108,728,021	108,728,021		
FREE CARE CHARGED TO FUNDS	360,009	360,009		