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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

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

C Name of organization
Partners HealthCare System Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
Prudential Tower
800 Boylston Street

City or town, state or country, and ZIP + 4
Boston, MA 02199

D Employer identification number
04-3230035

E Telephone number
(617)724-9841

G Gross receipts $ 760,631,585

F Name and address of principal officer
Gary L Gottlieb MD MBA
800 Boylston Street
Boston, MA 02199

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

J Website: ▶ http www partners org

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

L Year of formation 1993

M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Partners HealthCare System, Inc is committed to serving the community and is dedicated to enhancing patient care, teaching and research, and to taking a leadership role as an integrated health care system

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	5
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	6,371
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	11,972,056
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-114,079

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	222,666,904	197,858,081
9	Program service revenue (Part VIII, line 2g)	520,288,807	546,256,453
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-10,859,247	1,345,121
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,401,675	15,171,930
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	744,498,139	760,631,585
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	68,315,649	115,032,652
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)	365,446,055	384,841,186
16a	Professional fundraising fees (Part IX, column (A), line 11e)	211,185	210,639
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,197,931		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	296,334,449	429,631,254
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	730,307,338	929,715,731
19	Revenue less expenses Subtract line 18 from line 12	14,190,801	-169,084,146

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	3,583,614,453	3,785,801,720
21	Total liabilities (Part X, line 26)	3,704,631,101	4,062,957,506
22	Net assets or fund balances Subtract line 21 from line 20	-121,016,648	-277,155,786

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including acco knowledge and belief, it is true, correct, and complete. Declaration of preparer (othe knowledge.

Sign Here

Signature of officer

PETER K MARKELL CFO & Treasurer
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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

Partners HealthCare System, Inc (Partners) is committed to serving the community and is dedicated to enhancing patient care, teaching and research, and to taking a leadership role as an integrated health care system Partners recognizes that increasing value and continuously improving quality are essential to maintaining excellence

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 256,630,643 including grants of $ 115,032,652) (Revenue $ 546,256,453)

See Schedule O

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 256,630,643

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, 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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	4,073		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
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**	6,371		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**		Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," 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 or securities account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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 line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	**13a**			
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA , CO , FL , GA , ME , MD , MA , NH , NC , PA , TX , VT , VA , WI

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public 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 FIN-TAX DIR
529 MAIN STREET 5TH FLOOR
Charlestown, MA 02129
(617) 724-9841

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

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

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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								10,286,965	2,652,468	1,237,722

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 836

			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 or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Accenture LLP PO Box 70629 CHICAGO, IL 60673	Consulting Services	16,745,393
Hill Holiday Connors Cosmopulos Inc Lockbox 6939 PHILADLEPHIA, PA 191706939	Advertising Services	3,339,630
Netversant New England Inc 100 Franklin Drive BOSTON, MA 02110	Technological Svcs	2,558,000
Solaris Development Inc 63 Drumlin Road NEWTON, MA 02459	Consulting services	2,487,623
Fish Richardson PC PO Box 3295 BOSTON, MA 022413295	Legal services	2,014,743

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 113

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	193,050,755			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,807,326			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		197,858,081			
Program Service Revenue			Business Code				
	2a	ADMINISTRATIVE FEE	561000	546,256,453	546,256,453		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		546,256,453			
	3	Investment income (including dividends, interest and other similar amounts)		4,606,189			4,606,189
	4	Income from investment of tax-exempt bond proceeds		124,740			124,740
	5	Royalties		473,068			473,068
			(i) Real	(ii) Personal			
	6a	Gross rents	1,252,233				
	b	Less rental expenses					
	c	Rental income or (loss)	1,252,233				
	d	Net rental income or (loss)		1,252,233			1,252,233
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	-3,385,808				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	-3,385,808				
	d	Net gain or (loss)		-3,385,808		-217,852	-3,167,956
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	MANAGEMENT SERVICE	561000	5,930,908		5,930,908	
	b	CHILD CARE REVENUE	624410	1,256,721			1,256,721
	c	INTEREST REVENUE	900003	6,259,000		6,259,000	
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		13,446,629			
	12	**Total revenue.** See Instructions		760,631,585	546,256,453	11,972,056	4,544,995

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	115,032,652	115,032,652		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	5,636,088		5,636,088	
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	291,879,323		291,017,615	861,708
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	24,252,899		24,252,899	
9	Other employee benefits	40,797,386		40,542,762	254,624
10	Payroll taxes	22,275,490		22,275,490	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	17,983,772		17,983,772	
c	Accounting	1,584,234		1,584,100	134
d	Lobbying	1,955,510		1,955,510	
e	Professional fundraising *See Part IV, line 17* . .	210,639			210,639
f	Investment management fees	0			
g	Other	43,622,642	1,185,991	42,101,560	335,091
12	Advertising and promotion	3,907,292		3,907,292	
13	Office expenses	18,819,115		18,751,111	68,004
14	Information technology	36,454,122		36,454,122	
15	Royalties . .	0			
16	Occupancy	27,060,429		26,675,910	384,519
17	Travel	2,198,570		2,153,699	44,871
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	801,431		788,492	12,939
20	Interest	103,206,932		103,206,932	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	40,374,868		40,374,868	
23	Insurance	797,349		797,349	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MEALS	1,508,063		1,484,984	23,079
b	NON CAPITAL EQUIPMENT	406,995		406,995	
c	OTHER RESEARCH EXPENSES	3,370,349		3,370,349	
d	SYSTEM DEVELOPMENT FUNDING		140,372,000	-140,372,000	
e					
f	All other expenses	125,579,581	40,000	125,537,258	2,323
25	**Total functional expenses.** Add lines 1 through 24f	929,715,731	256,630,643	670,887,157	2,197,931
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		0	1	0
	2	Savings and temporary cash investments		37,467,376	2	115,274,315
	3	Pledges and grants receivable, net		19,482,310	3	15,755,598
	4	Accounts receivable, net		43,560,045	4	23,077,461
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		1,958,167,209	7	2,305,967,794
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		4,143,483	9	4,285,522
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 445,794,522			
	b	Less accumulated depreciation	10b 123,351,872	335,876,808	10c	322,442,650
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		813,918,746	12	774,535,139
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		370,998,476	15	224,463,241
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,583,614,453	16	3,785,801,720
Liabilities	17	Accounts payable and accrued expenses		894,980,451	17	940,281,306
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		2,421,771,338	20	2,620,091,286
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		387,879,312	25	502,584,914
	26	**Total liabilities.** Add lines 17 through 25		3,704,631,101	26	4,062,957,506
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		-136,597,591	27	-292,648,600
	28	Temporarily restricted net assets		14,430,943	28	14,342,814
	29	Permanently restricted net assets		1,150,000	29	1,150,000
		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		-121,016,648	33	-277,155,786
	34	Total liabilities and net assets/fund balances		3,583,614,453	34	3,785,801,720

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	760,631,585
2	Total expenses (must equal Part IX, column (A), line 25)	2	929,715,731
3	Revenue less expenses Subtract line 2 from line 1	3	-169,084,146
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	-121,016,648
5	Other changes in net assets or fund balances (explain in Schedule O)	5	12,945,008
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-277,155,786

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

Additional Data

Software ID:
Software Version:
EIN: 04-3230035
Name: Partners HealthCare System Inc

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Neslı Basgoz MD Dırector (07/01/12-09/30/12)	1 0	X						0	271,740	40,688
Jack Connors Jr Dırector (10/01/11-06/30/12)	1 0	X						0	0	0
Anne M Fınucane Dırector	1 0	X						0	0	0
Charles K Gıfford Dırector	1 0	X						0	0	0
Gary L Gottlıeb MD MBA Presıdent/CEO/Dırector	50 0	X		X				2,095,282	0	67,918
Rıchard E Holbrook Dırector	1 0	X						0	0	0
Albert A Holman III Dırector	1 0	X						0	0	0
Edward P Lawrence Esq Chaırman	1 0	X						0	0	0
Jay O Lıght Dırector	1 0	X						0	0	0
Joseph Loscalzo MD PhD Dırector (07/01/12-09/30/12)	1 0	X						0	611,440	55,923
Stanley J Lukowskı Dırector	1 0	X						0	0	0
Jım Manzı Dırector (01/24/12-09/30/12)	1 0	X						0	0	0
Maury E McGough MD Dırector	1 0	X						0	536,936	68,851
Carol C McMullen Dırector	1 0	X						0	0	0
Cathy E Mınehan Dırector	1 0	X						0	0	0
G Marshall Morıarty Esq Dırector	1 0	X						0	0	0
Henrı A Termeer Dırector	1 0	X						0	0	0
Dorothy A Terrell Dırector	1 0	X						0	0	0
Andrew L Warshaw MD Dırector (10/01/11-06/30/12)	1 0	X						0	1,053,911	64,470
Beverly Woo MD Dırector (10/01/11-07/01/12)	1 0	X						0	178,441	41,599
Maureen Goggın Secretary	1 0			X				164,687	0	28,628
Peter K Markell Executıve VP, CFO & Treasurer	50 0			X				1,376,386	0	359,112
Mıchael T Mannıng Vıce Presıdent	50 0				X			818,105	0	55,858
James W Noga CIO	50 0				X			591,144	0	78,968
Dennıs D Collıng Vıce Presıdent	50 0					X		673,234	0	66,254

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Timothy G Ferris MD Vice President	50 0					X		555,134	0	50,823
Brent L Henry Esq General Counsel	50 0					X		813,075	0	49,639
Thomas H Lee MD Network President	50 0					X		846,830	0	83,880
G Allen Peckham Vice President	50 0					X		610,554	0	57,689
Mary C Lalonde Esq Former Officer	50 0						X	154,743	0	41,944
Thomas P Glynn PhD Former Key	50 0						X	965,463	0	0
Jay B Pieper Former Key	50 0						X	622,328	0	25,478

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Partners HealthCare System Inc

Employer identification number
04-3230035

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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 33 1/3% 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 33 1/3% 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).**

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)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	117,293,782	131,286,751	291,715,447	222,666,904	197,858,081	960,820,965
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	117,293,782	131,286,751	291,715,447	222,666,904	197,858,081	960,820,965
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						960,820,965

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	117,293,782	131,286,751	291,715,447	222,666,904	197,858,081	960,820,965
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,851,546	21,851,217	21,763,893	19,377,376	19,902,859	109,746,891
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						1,070,567,856

12	Gross receipts from related activities, etc (See instructions)	12	2,365,555,131

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** ☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	89 749 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	88 325 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2010.** 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—2011.** 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—2010.** 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 a 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part 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** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
Partners HealthCare System Inc	04-3230035

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,955,510
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			1,955,510
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Lobbying Expenses	Part II-B	The Corporation may on occasion review proposed legislation for the purpose of determining the effect upon its tax-exempt purposes The Corporation may on occasion also appear before a legislative committee, confer with legislators or otherwise attempt to influence legislation However, it will not participate, in any way, in political campaigns The Corporation's involvement in legislative activities constitutes an insubstantial part of its activities

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Partners HealthCare System Inc

Employer identification number
04-3230035

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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 for any other purpose conferring 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 a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 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 the arrangement 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	5,162,396	5,110,800	4,740,375	4,556,070	
b	Contributions	189,373	171,858	157,159	166,083	
c	Investment earnings or losses	447,400	51,596	370,425	231,385	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	189,373	171,858	157,159	213,163	
f	Administrative expenses					
g	End of year balance	5,609,796	5,162,396	5,110,800	4,740,375	

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

- a Board designated or quasi-endowment ▶ 80 000 %
- b Permanent endowment ▶ 20 000 %
- 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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	26,849,708	17,526,693		44,376,401
b Buildings	19,905,206	29,702,911	9,181,616	40,426,502
c Leasehold improvements		26,859,802	13,069,392	13,790,410
d Equipment		193,244,658	101,100,864	92,143,794
e Other		131,705,544		131,705,543
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				322,442,650

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTED CASH EQUIVALENTS	101,102,365	F
(B) EQUITIES	11,904,925	F
(C) U S GOV'T & FIXED INCOME SEC	4,445,972	F
(D) PRIVATE PARTNERSHIPS & OTHER	179,999	C
(E) INV IN PARTNERS POOLED INV ACC	656,901,878	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	774,535,139	

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
(1) DEFERRED FINANCING COSTS	26,397,602
(2) INVESTMENT IN PARTNERSHIP	11,957,717
(3) OTHER ASSETS	35,767,348
(4) CASH SURRENDER LIFE INSURANCE	6,852,698
(5) DUE FROM AFFILIATES	132,127,876
(6) SECURITIES LENDING ARRANGEMENT	11,360,000
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	224,463,241

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
THIRD PARTY PAYER SETTLEMENT ACCR	-6,122,227
UNEXPENDED FUNDS ON RESEARCH G	685,660
TAXABLE BONDS, SERIES C & SERIES P	508,021,481
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	502,584,914

2. Fin 48 (ASC 740) Footnote 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 (ASC740)

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	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
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	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

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

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Intended Use of Endowment Funds	Part V, Line 4	The endowment funds of Partners HealthCare System, Inc are used in furtherance of the organization's tax-exempt mission

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Partners HealthCare System Inc

Employer identification number
04-3230035

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

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

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Central America and the Caribbean			Program Services	Jointly Owned For Ins	572,163
East Asia and the Pacific			Program Services	Pat Care, Res & Educ	437,900
Europe (Including Iceland and Greenland)			Program Services	Pat Care, Res & Educ	394,792
Middle East and North Africa		4	Program Services	Pat Care, Res & Educ	76,136
North America			Program Services	Pat Care, Res & Educ	104,989
Russia and the Newly Independent States			Program Services	Pat Care, Res & Educ	140,865
South America			Program Services	Pat Care, Res & Educ	444
South Asia			Program Services	Pat Care, Res & Educ	35,450
3a Sub-total		4			1,762,739
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)		4			1,762,739

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 Part V 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 recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V 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 Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☑ Yes	☐ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
Accounting method	Part I, Line 3	The organization uses the book value method to report foreign expenditures to be consistent with the reporting used for the financial statements

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Partners HealthCare System Inc

Employer identification number
04-3230035

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Development Communications Associat	FUNDRAISING STRATEGY		No		110,353	
PGCalc	FUNDRAISING STRATEGY		No		98,283	
The Wayland Group	FUNDRAISING STRATEGY		No		2,003	
Total . . . . . ▶					210,639	

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				( )
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Partners HealthCare System Inc

Employer identification number
04-3230035

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to 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 (Form 990) if additional space is needed . . . . . ▶ ☐

(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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 52

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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
Schedule I, Part I, Line 2		Partners HealthCare System, Inc makes donations to various tax-exempt organizations These donations can be used by the recipient only in furtherance of their tax-exempt mission

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 04-3230035
Name: Partners HealthCare System 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
Mass Insight18 Tremont Street Boston, MA 02108	04-3369687	501(c)(3)	35,000				Community Benefits
Boston Public Health Commission1010 Massachusetts Avenue Boston, MA 02118	04-3316655	501(c)(1)	20,000				Community Benefits Community Benefits

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
Coalition for School Based Health Centers40 Court Street Boston, MA 02108	04-3527138	501(c)(1)	10,000				Community Benefits
Community Service Care IncPO Box 300010 Jamaica Plain, MA 02130	04-2754281	501(c)(3)	6,000				Community Benefits

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 HealthCare for the Homeless 780 Albany Street Boston, MA 02118	04-3160480	501(c)(1)	192,954				Community Benefits
Mattapan Community Health Center1425 Blue Hill Avenue Mattapan, MA 02126	04-2544151	501(c)(1)	215,500				Community Benefits

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
Project Bread - Summer Food Program145 Border Street East BOSTON, MA 02128	04-2931195	501(c)(3)	20,000				Community Benefits
Mass Public Health Association434 Jamaicaway Jamaica Plain, MA 02130	04-2326503	501(c)(1)	35,000				Community Benefits

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
Joint Committee for Children's HealthcareEverett City Hall 484 Broadway Room 27 Everett, MA 02149	10-0001184	501(c)(1)	20,000				Community Benefits
Camp Harbor View Foundation200 Clarendon Street Boston, MA 02116	75-3235491	501(c)(3)	125,000				Community Benefits

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
Uphams Corner Community Health 500 Columbia Road Dorchester, MA 02125	04-2708670	501(c)(1)	940,175				Community Benefits
Mass League of Community Health Centers40 Court Street Boston, MA 02108	04-2507409	501(c)(1)	322,484				Community Benefits

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
Health Care for All 30 WINTER STREET BOSTON, MA 02108	04-3071598	501(c)(1)	222,000				Community Benefits
Lynn Community Health Center269 Union Street Lynn, MA 01901	04-2525066	501(c)(1)	823,864				Community Benefits

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
Institute for Community Health 101 Station Landing Medford, MA 02155	04-3543853	501(c)(1)	220,000				Community Benefits
South Boston Community Health Center409 W Broadway St South Boston, MA 02127	04-2682152	501(c)(1)	155,000				Community Benefits

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
CURE223 West Erie Street Chicago, IL 60654	36-4253176	501(c)(3)	50,000				Community Benefits
Kenneth B Schwartz Center 205 Portland Street Boston, MA 02114	04-2697983	501(c)(3)	25,000				Community Benefits

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
Community Works 25 West Street Boston, MA 02111	04-2762623	501(c)(3)	31,000				Community Benefits
Whittier Street Health Center1125 Tremont Street Roxbury, MA 02120	04-2619517	501(c)(1)	40,000				Community Benefits

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
Health Law Advocates30 Winter Street Boston, MA 02108	04-3298116	501(c)(3)	25,000				Community Benefits
GBIO594 Columbia Road Dorchester, MA 02125	04-3355553	501(c)(3)	25,000				Community Benefits

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
American Heart Association7272 Greenville Avenue Dallas,TX 75231	13-5613797	501(c)(3)	20,000				Community Benefits
Bridge Over Troubled Waters47 West Street Boston,MA 02111	04-2472126	501(c)(3)	10,000				Community Benefits

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
Pine Street Inn434 Harrison Avenue Boston, MA 02118	04-2516093	501(c)(3)	10,000				Community Benefits
Mass Association for Mental Health 130 Bowdoin Street Boston, MA 02108	04-2104711	501(c)(1)	35,000				Community Benefits

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
South End CHC 1601 Washington Street Boston, MA 02118	04-2456134	501(c)(1)	25,000				Community Benefits
Dimock CHC55 Dimock Street Roxbury, MA 02119	04-3487835	501(c)(1)	25,000				Community Benefits

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
ABCD178 Tremont Street Boston, MA 02111	23-7225337	501(c)(3)	15,000				Community Benefits
BCIL60 Temple Place 5th Floor Boston, MA 02111	04-2546595	501(c)(3)	32,500				Community Benefits

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
The Fund for Boston Neighborhoods75 Arlington Street Boston, MA 02116	04-6185609	501(c)(3)	10,000				Community Benefits
The Boston Foundation75 Arlington Street Boston, MA 02116	04-2104021	501(c)(3)	10,000				Community Benefits

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
Hospitality Homes PO Box 15265 Boston, MA 02215	04-3204112	501(c)(3)	10,000				Community Benefits
United Way51 Sleeper Street Boston, MA 02210	04-2382233	501(c)(3)	25,000				Community Benefits

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
National Alliance for the Mentally Ill 400 West Cummings Park Woburn, MA 01801	04-2777012	501(c)(3)	18,000				Community Benefits
AIDS Action75 Amory Street Boston, MA 02119	22-2707246	501(c)(3)	7,500				Community Benefits

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
Harvard Street Health Center632 Blue Hill Avenue Dorchester, MA 02121	04-2600042	501(c)(1)	10,000				Community Benefits
Big Sister Association161 Massachusetts Avenue Boston, MA 02115	04-2150651	501(c)(3)	10,000				Community Benefits

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
The New England Council19 Stuart Street Boston, MA 02116	04-1661090	501(c)(3)	15,000				Community Benefits
Boston Public Schools26 Court Street Boston, MA 02108	04-2080791	501(c)(1)	85,000				Community Benefits

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
Jewish Vocational Service29 Winter Street Boston, MA 02108	04-2104357	501(c)(3)	6,667				Community Benefits
Hale Reservation80 Carby Street Westwood, MA 02090	04-2111550	501(c)(3)	25,000				Community Benefits

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
Massachusetts Business Alliance for Education400 Atlantic Avenue Boston, MA 02110	04-3274599	501(c)(3)	6,500				Community Benefits
Edward M Kennedy Health Careers Academy110 The Fenway Boston, MA 02115	04-3418167	501(c)(3)	15,000				Community Benefits

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
Charlestown Recovery House15 Bunker Hill Street Charlestown, MA 02129	04-3505037	501(c)(3)	25,000				Community Benefits
RPC Social Impact Center328 Warren Street Roxbury, MA 02119	04-3506648	501(c)(3)	15,000				Community Benefits

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
The American Ireland Fund211 Congress Street Boston, MA 02110	25-1306992	501(c)(3)	15,000				Community Benefits
Health Career Connection300 Frank Ogawa Plaza Oakland, CA 94612	25-1904312	501(c)(3)	6,500				Community Benefits

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
Higher Ground - Roxbury Community Health Improvem384 Warren Street Roxbury, MA 02119	27-3660369	501(c)(1)	50,000				Community Benefits
Boston Scholar Athlete Program65 Allerton Street Boston, MA 02119	27-3987854	501(c)(3)	9,000				Community Benefits

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
Partners Continuing Care Inc800 Boylston Street Boston, MA 02451	26-0003495	501(c)(3)	103,645,000				To Support its Tax Exempt Affiliates
Massachusetts General Physicians Organization Inc55 Fruit Street Boston, MA 02114	04-2807148	501(c)(3)	35,000				To Support its Tax Exempt Affiliates

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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
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Partners HealthCare System Inc

Employer identification number
04-3230035

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed 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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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 with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

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

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
Participation in a supplemental nonqualified retirement plan	Part I, Line 4b	These amounts are already included in the compensation disclosed on Schedule J, Part II Gary L Gottlieb, M D M B A - $512,726 Peter K Markell - $185,157 Dennis D Colling - $99,536 G Allen Peckham - $97,122 Brent L Henry, Esq - $128,079 Andrew L Warshaw, M D - $334,792 Jay B Pieper - $71,813
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
409A Document Correction Under VI B of Notice 2010-6	Part III	Partners HealthCare System, Inc (Employer) 409A Document Correction Under VI B of Notice 2010-6 Service Recipient Attachment - EIN 04-3230035 Service Provider and Taxpayer Identification Number The Name and Social Security Number of the nine (9) Plan Participants are available upon request Date of Correction December 6, 2012 Employment Agreement Employment Agreement Amount Involved No amount is involved with regard to the document failure Service Provider and Taxpayer Identification Number The Name and Social Security Number of the one (1) Plan Participant is available upon request Date of Correction December 11, 2012 Employment Agreement Employment Agreement Amount Involved No amount is involved with regard to the document failure The document failures are eligible for correction under the terms of VI B of Notice 2010-6 with respect to failures to comply with 409A of the Internal Revenue Code of 1986, as amended The Employer has taken all actions reasonably required and has otherwise met all requirements for such correction as of the last day of the Employer's taxable year in which the correction is made
Receipt of Severance Payments	Part I, Line 4a	Thomas P Glynn, Ph D - $821,567

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 04-3230035
Name: Partners HealthCare System 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				
Neslı Basgoz MD	(I)	0	0	0	0	0	0	0
	(II)	241,552	16,883	13,305	33,865	6,823	312,428	0
Gary L Gottlıeb MD MBA	(I)	1,362,861	140,000	592,421	33,861	34,057	2,163,200	0
	(II)	0	0	0	0	0	0	0
Joseph Loscalzo MD PhD	(I)	0	0	0	0	0	0	0
	(II)	541,807	66,397	3,236	33,863	22,060	667,363	0
Maury E McGough MD	(I)	0	0	0	0	0	0	0
	(II)	437,991	66,746	32,199	39,471	29,380	605,787	0
Andrew L Warshaw MD	(I)	0	0	0	0	0	0	0
	(II)	469,603	167,538	416,770	33,862	30,608	1,118,381	0
Beverly Woo MD	(I)	0	0	0	0	0	0	0
	(II)	157,798	3,758	16,885	23,761	17,838	220,040	0
Maureen Goggın	(I)	128,720	500	35,467	11,654	16,974	193,315	0
	(II)	0	0	0	0	0	0	0
Peter K Markell	(I)	1,032,243	101,000	243,143	333,862	25,250	1,735,498	0
	(II)	0	0	0	0	0	0	0
Mıchael T Mannıng	(I)	448,389	297,950	71,766	30,269	25,589	873,963	0
	(II)	0	0	0	0	0	0	0
James W Noga	(I)	393,831	91,697	105,616	47,894	31,074	670,112	0
	(II)	0	0	0	0	0	0	0
Dennıs D Collıng	(I)	458,396	50,000	164,838	33,864	32,390	739,488	0
	(II)	0	0	0	0	0	0	0
Tımothy G Ferrıs MD	(I)	425,000	91,170	38,964	33,864	16,959	605,957	0
	(II)	0	0	0	0	0	0	0
Brent L Henry Esq	(I)	558,900	60,000	194,175	33,862	15,777	862,714	0
	(II)	0	0	0	0	0	0	0
Thomas H Lee MD	(I)	721,760	73,101	51,969	36,610	47,270	930,710	0
	(II)	0	0	0	0	0	0	0
G Allen Peckham	(I)	422,640	45,000	142,914	33,861	23,828	668,243	0
	(II)	0	0	0	0	0	0	0
Thomas P Glynn PhD	(I)	0	0	965,463	0	0	965,463	0
	(II)	0	0	0	0	0	0	0
Mary C Lalonde Esq	(I)	135,446	10,500	8,797	14,721	27,223	196,687	0
	(II)	0	0	0	0	0	0	0
Jay B Pıeper	(I)	109,750	286,132	226,446	18,381	7,097	647,806	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Partners HealthCare System Inc

Employer identification number
04-3230035

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MHEFA Partners HealthCare System Inc Series D	04-2456011	57585K3N6	05-28-2003	343,630,000	SERIES D - SEE SCHEDULE K PART VI		X		X		X
B	MHEFA PARTNERS HEALTHCARE SYSTEM INC SERIES E	04-2456011	57585K4Q8	06-12-2003	62,476,437	SERIES E - SEE SCHEDULE K PART VI	X			X		X
C	MHEFA PARTNERS HEALTHCARE SYSTEM INC SERIES F	04-2456011	57586CGW9	06-10-2005	411,566,153	SERIES F - SEE SCHEDULE K PART VI		X		X		X
D	MHEFA PARTNERS HEALTHCARE SYSTEM INC SERIES G-5	04-2456011	57586CZL2	06-07-2007	326,508,722	SERIES G5 - SEE SCHEDULE K PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	240,130,000	42,745,000	32,300,000	26,570,000
2	Amount of bonds defeased	0	10,370,000	0	0
3	Total proceeds of issue	344,268,619	62,476,437	419,448,101	329,345,063
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	15,436,586	0	18,398,432	9,382,534
6	Proceeds in refunding escrow	0	0	0	0
7	Issuance costs from proceeds	2,026,416	272,039	2,671,595	2,338,149
8	Credit enhancement from proceeds	0	0	2,650,000	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	249,756,929	0	326,493,380	164,128,012
11	Other spent proceeds	77,048,688	62,204,398	69,234,694	153,496,369
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2005	1994	2007	2009

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X	X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X				X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X				X		X

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X				X		X
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X				X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X				X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?	X			X	X			X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X			X	X			X
b	Name of provider	BEAR STERNS CAPITAL		0		BEAR STEARNS CAPITAL			
c	Term of hedge	32 2				35			
d	Was the hedge superintegrated?		X				X		
e	Was a hedge terminated?		X				X		
4a	Were gross proceeds invested in a GIC?	X			X	X		X	
b	Name of provider	TRINITY PLUS		0		XL ASSET FUNDING		CITIGROUP FINANCIAL	
c	Term of GIC	2 4				1 8			1 7
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X				X		X	
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☑ Yes ☐ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Partners HealthCare System Inc

Employer identification number
04-3230035

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MHEFA PARTNERS HEALTHCARE SER G-1G-2G-3G-4G-6	04-2456011	57586CZW8	06-07-2007	380,000,000	SERIES G1,G2,G3,G4,G6 SEE PART VI		X		X		X
B	MHEFA PARTNERS HEALTHCARE SYSTEM INC SERIES H	04-2456011	57586CW27	04-01-2008	171,320,000	SERIES H - SEE SCHEDULE K PART VI		X		X		X
C	MHEFA PARTNERS HEALTHCARE SYSTEM INC SERIES I	04-2456011	57586EHR5	05-14-2009	229,977,036	SERIES I - SEE SCHEDULE K PART VI		X		X		X
D	MHEFA PARTNERS HEALTHCARE SYSTEM INC SERIES J	04-2456011	57586ENK3	01-05-2010	509,178,736	SERIES J - SEE SCHEDULE K PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	225,000,000	0	0	17,150,000
2	Amount of bonds defeased	0	0	0	0
3	Total proceeds of issue	386,190,828	171,320,000	229,981,250	509,258,319
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	20,479,076	0	0	0
6	Proceeds in refunding escrow	0	0	0	0
7	Issuance costs from proceeds	2,776,552	420,000	2,556,080	5,151,067
8	Credit enhancement from proceeds	4,696,147	0	116,071	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	358,239,054	0	227,309,098	249,983,765
11	Other spent proceeds	0	170,900,000	0	254,123,487
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2009	2009	2009	2010

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		X
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?	X		X		X			X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X			X	X			X
b	Name of provider	GOLDMAN SACHS CAP		0		MERRILL LYNCH CAP			
c	Term of hedge	35				35			
d	Was the hedge superintegrated?		X				X		
e	Was a hedge terminated?		X				X		
4a	Were gross proceeds invested in a GIC?	X		X			X		X
b	Name of provider	CITIGROUP FINANCAL		CITIGROUP FINANCIAL		0		0	
c	Term of GIC	17		08					
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X					
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Partners HealthCare System Inc

Employer identification number
04-3230035

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MDFA PARTNERS HEALTHCARE SYSTEM INC SERIES K	04-3431814	57583R6W0	01-13-2011	436,019,104	SERIES K - SEE SCHEDULE K PART VI		X		X		X
B	MDFA PARTNERS HEALTHCARE SYSTEM INC SERIES L	04-3431814	57583UMV7	01-04-2012	353,501,227	SERIES L - SEE SCHEDULE K PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	610,000	0		
2	Amount of bonds defeased	0	0		
3	Total proceeds of issue	436,030,814	353,317,750		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrow	0	10,874,465		
7	Issuance costs from proceeds	3,523,063	3,056,210		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	201,342,457	260,903,277		
11	Other spent proceeds	231,165,294	78,483,798		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2011	2012		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?	X		X					
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2	Is the bond issue a variable rate issue?	X			X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X			X				
b	Name of provider	MERRILL LYNCH CAP		0					
c	Term of hedge	35							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?	X		X					

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Partners HealthCare System Inc

Employer identification number
04-3230035

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? 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.

Complete if the organization 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	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $				0						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 04-3230035
Name: Partners HealthCare System 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**
L Connors	Family - Connors	126,195	Salary-Brigham & Women's Phys		No
D Shtasel	Family - Gottlieb	210,248	Salary-Mass General Phys Org		No
A Moriarty	Family - Moriarty	150,637	Salary-Brigham & Women's Hosp		No
J Cunningham	Family - Woo	181,984	Salary-Brigham & Women's Phys		No
J Bryant	Family - Woo	241,370	Salary-Brigham & Women's Hosp		No
E Woo	Family - Woo	234,555	Salary-Mass General Phys Org		No
B Woo	Family - Woo	256,090	Salary-Mass General Phys Org		No
Covidien	Connors - Director	25,034,740	Health Products		No
Bank of America	Finucane - Officer	1,842,421	Banking		No
Bank of America	Gifford - Director	1,842,421	Banking		No
NSTAR	Gifford - Director	19,544,943	Utilities		No
Medicalis	Holman - Director	1,949,101	Decision Support		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction $	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ThermoFisher	Manzi - Director	15,164,678	Products		No
CRICO	Moriarty - Director	91,665,352	Insurance		No
CRICO	Minehan - Director	91,665,352	Insurance		No
Becton Dickinson Company	Minehan - Director	15,988,445	Medical Supplies		No
Abiomed	Termeer - Director	799,000	Products & Services		No
MedSim	Termeer - Director	349,996	Products & Services		No
Forest LaboratoriesForest Pharmac	Basgoz - Director	338,834	Products		No
CRICO	Markell - Officer	91,665,352	Insurance		No
CRICO	Lawrence - Director	91,665,352	Insurance		No

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Partners HealthCare System Inc

Employer identification number
04-3230035

Identifier	Return Reference	Explanation
Statement of Program Service Accomplishments	Form 990, Part III, Line 4a	PARTNERS HEALTHCARE SYSTEM, INC , (PARTNERS) ESTABLISHED IN MARCH 1994, IS THE CORPORATION OVERSEEING THE AFFILIATION OF BRIGHAM AND WOMEN'S HEALTH CARE, THE MASSACHUSETTS GENERAL HOSPITAL, NSMC HEALTHCARE, INC , NEWTON-WELLESLEY HEALTH CARE SYSTEM, INC AND PARTNERS CONTINUING CARE, INC PARTNERS IS DEVELOPING AN INTEGRATED HEALTH CARE DELIVERY SYSTEM THROUGHOUT THE REGION THAT OFFERS PATIENTS A CONTINUUM OF COORDINATED, HIGH-QUALITY CARE THE SYSTEM INCLUDES PRIMARY CARE PHYSICIANS AND SPECIALISTS, COMMUNITY HOSPITALS, THE TWO FOUNDING ACADEMIC MEDICAL CENTERS (MGH AND BWH) AND OTHER HEALTH-RELATED ENTITIES PARTNERS IS CREATING A FRAMEWORK IN WHICH ALL ASPECTS OF THE HEALTH CARE DELIVERY SYSTEM ARE COORDINATED BETWEEN AND AMONG PROVIDERS AND FACILITIES PARTNERS IMPROVES THE QUALITY OF HEALTH CARE AND FURTHER SERVES THE PUBLIC AT LARGE BY SUPPORTING ITS MEMBER ORGANIZATIONS SO THAT THEY MAY PURSUE THEIR TEACHING AND RESEARCH MISSIONS THE MEMBER ORGANIZATIONS OF PARTNERS HAVE JOINED TOGETHER IN A COMMITMENT TO SERVE THE COMMUNITY TOGETHER, THESE ORGANIZATIONS ARE DEDICATED TO ENHANCING PATIENT CARE, TEACHING AND RESEARCH, AND TO TAKING A LEADERSHIP ROLE AS AN INTEGRATED HEALTH CARE SYSTEM Partners is committed to leading the way in designing integrated patient and family-centered care with the goals of enhancing the quality of patient care and slowing the increase in health care costs Partners has launched a series of strategic initiatives to redesign care with an emphasis on improving quality and affordability Multi-disciplinary teams from Partners and from Partners HealthCare hospitals were assembled to develop and implement strategies for change, focusing on the following key areas Care Redesign initiatives that seek improvement in patient quality and outcomes while reducing the cost to deliver those outcomes Patient Affordability initiatives to manage cost growth and reduce per unit costs in direct patient care and overhead Additional and ongoing initiatives include the following Promoting payment systems that support more integrated, patient-centered care Providing population health management for the sickest patient groups Delivering safety across the continuum of care Redesigning primary care Maximizing the use of new information technology PLEASE VISIT HTTP://WWW PARTNERS ORG/ABOUT/PHILANTHROPY/COMMITMENT-TO-GIVING/DEFAULT AS PX FOR MORE INFORMATION ABOUT SPECIFIC PARTNERS' PROGRAMS AND INITIATIVES

Identifier	Return Reference	Explanation
Form 990 Review	Form 990, Part VI, Section B, Line 11b	The Form 990 was prepared and reviewed by the Partners HealthCare System, Inc (PHS) Tax Department Certain key sections were also reviewed by the PHS Executive Vice President of Administration and Finance, CFO and Treasurer, the PHS Vice President of Human Resources and by the PHS General Counsel The Executive Vice President of Administration and Finance, CFO and Treasurer reviewed and signed the Form 990 The compensation disclosures were presented to and discussed with the PHS Compensation Committee at the May 2, 2013 meeting The process for preparing and reviewing Form 990 was discussed at the May 8, 2013 meeting of the Audit Committee of the PHS Board of Directors The final filing version of the Form 990 was provided to each voting Board member prior to filing

Identifier	Return Reference	Explanation
Audited Financial Statements	Form 990, Part XII, Line 2c	The Organization's financial statements are audited by an independent auditor as a part of a consolidated audit of Partners HealthCare System, Inc and Affiliates The Partners HealthCare System audit committee of the board assumes oversight for the financial statement audit

Identifier	Return Reference	Explanation
Public Availability of Financial Statements and Governing Documents	Part VI, Section C, Line 19	The Organization's governing documents are filed with Massachusetts Secretary of State and the Financial Statements are filed with Massachusetts Attorney General, all of which are open to public inspection

Identifier	Return Reference	Explanation
Process for Determining Compensation	Form 990, Part VI, Line 15a&b	The organization has a board level compensation committee that reviews and approves the compensation for all listed officers and key employees except the Secretary The committee is comprised of members of the board who are not employed by the organization, and no member may participate in the review and approval of compensation if the member has a conflict of interest with respect to that compensation arrangement The committee relies on data, provided by an independent compensation consultant, which includes comparable compensation for similarly qualified persons, in functionally comparable positions, at similarly situated organizations The deliberations and decisions of the committee are documented in minutes of the meeting This review process occurs on an annual basis

Identifier	Return Reference	Explanation
Conflict of Interest Policy	Form 990, Part VI, Section B, Line 12c	For purposes of its annual tax filing, Partners HealthCare has an annual questionnaire process for obtaining information on interests that may give rise to conflicts from all officers, directors, trustees and key employees In addition, in connection with Partners' Conflict of Interest Policy, the Partners Office for Interactions with Industry and Office of General Counsel work together to periodically distribute, collect and review disclosure statements from these individuals The information on each such disclosure is reviewed by each individual's supervisor (who in the case of directors and trustees is deemed to consist of the Chairman of the Board and the entity's President/CEO, who review the disclosures with the assistance of the General Counsel or attorney representatives of his office) Partners has a Conflict of Interest Policy that applies to all entities in the system, and which is designed to (1) identify relationships and conduct that create either conflicts of interest or conflicts of commitment, (2) establish a system for disclosing and resolving potential conflicts, and (3) ensure that transactions are negotiated at arm's length and that payments are at fair market value Under our policy, when a conflict arises, the individual associated with the outside entity in question must provide full disclosure and completely recuse him/herself from any institutional decision-making about the transaction In appropriate circumstances, (i) the Corporation must consider at least two alternative disinterested competitive proposals, or must determine that two such competitive proposals do not exist or that it would be impractical to elicit or consider such competitive proposals, and (ii) the Corporation must determine that, notwithstanding the apparent conflict, the transaction is fair and reasonable to the Corporation and is in the best interests of the Corporation A written record must be made of these determinations Furthermore, transactions that present particularly significant conflicts are reviewed by an independent committee of Partners, which review is also documented Conflicts of commitment by the Partners President and CEO are addressed by requiring outside activities to be approved by the Partners Board Chair

Identifier	Return Reference	Explanation
Joint Venture Policy	Form 990, Part VI, Section B, Line 16b	Partners HealthCare System, Inc and affiliates adopted a written policy during fiscal year 2013

Identifier	Return Reference	Explanation
Decisions of Governing Body Subject to Member Approval	Form 990, Part VI, Section A, Lines 7a&b	Pursuant to the corporate bylaws of the organization, the authority for the following actions is reserved to the members of the organization - Members shall determine the number of PHS Directors and shall elect PHS Directors Members may, by a vote, increase the number of PHS directors Members my decrease the number of PHS Directors, but only to eliminate vacancies existing by reason of the death, resignation or removal of one or more elected PHS Directors - Members may remove a PHS Director with or without cause by vote - Members may amend PHS bylaws in whole or in part or may repeal and adopt new bylaws Members may adopt, amend or repeal any Bylaw, including any Bylaws adopted, amended or repealed by the Directors Pursuant to the laws of Massachusetts, the authority for the following actions is reserved to the member of the organization - Amend or restate the Articles of Organization - Consolidation or merger - Sale, lease, exchange or disposition of all or substantially all of the organizations property or assets

Identifier	Return Reference	Explanation
Business and Family Relationships	Form 990, Part VI, Section A, Line 2	PETER MARKELL & RICHARD HOLBROOK - BUSINESS RELATIONSHIP G MARSHALL MORIARTY, CATHY MINEHAN, PETER MARKELL & EDWARD LAWRENCE - BUSINESS RELATIONSHIP CHARLES GIFFORD & ANNE FINUCANE - BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
Independent Voting Board Members	Part VI, Line 1b	Partners HealthCare System, 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 Three such vendors are nationally-known suppliers of health-care and/or research-related products, another is a primary regional supplier of electricity In addition, multiple Board members sit on the Board of our jointly-owned captive liability insurance company As described on this Schedule O, Partners HealthCare System, Inc has a conflict of interest policy to address instances where Partners HealthCare System, 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 Partners HealthCare System, Inc

Identifier	Return Reference	Explanation
Other Changes in Net Assets or Fund Balances	Part XI, Line 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES RELATE TO NET UNREALIZED GAIN/(LOSS) ON INVESTMENTS, CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PLANS, CHANGE IN FAIR VALUE OF HEDGING INTEREST RATE SWAPS, AND OTHER CHANGES IN NET ASSETS

Identifier	Return Reference	Explanation
Other Expenses	Part IX, Line 24e	Other expenses include a one-time charge of $112,041,874 related to a shift in strategic direction for Partners clinical information systems

Identifier	Return Reference	Explanation
Executive Committee	Part VI, Section A, Line 1a	The Executive Committee has all of the responsibilities and authority of the Directors during intervals between meetings of the Directors except for the powers specified in Section 55 of Massachusetts General Laws, Chapter 156B The Committee consists of three to five Directors of the Corporation appointed annually by the Board of Directors

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990 PART IX	DESCRIPTION BAD DEBT TOTAL EXPENSES 40000 PROGRAM SERVICES 40000

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990 PART IX	DESCRIPTION MISCELLANEOUS EXPENSES TOTAL EXPENSES 10354156 MANAGEMENT AND GENERAL 10351833 FUNDRAISING 2323

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990 PART IX	DESCRIPTION IMPAIRMENT EXPENSE - NONREC TOTAL EXPENSES 112041874 MANAGEMENT AND GENERAL 112041874

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990 PART IX	DESCRIPTION PROGRAM SUPPORT/SUBSIDY EXP TOTAL EXPENSES 3143551 MANAGEMENT AND GENERAL 3143551

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Partners HealthCare System Inc

Employer identification number
04-3230035

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Partners HealthCare International LLC 800 Boylston Street Boston, MA 02199 20-5281203	Med Training	MA	12,234,443	10,610,334	PHS
(2) PD Productions LLC 101 Merrimac Street 3rd Floor Boston, MA 02114 56-2383458	Med Education	MA	0	0	PHS
(3) Partners Private Care LLC 1101 Worcester Road Framingham, MA 01701 26-3871702	Home Health	MA	0	0	PHC
(4) GeneInsight LLC 101 Huntington Avenue Boston, MA 02199 46-1081053	R & D	MA	0	0	PHS

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) PHS Bay Colony Fund LP 245 Park Avenue NY, NY 10167 13-3887448	Investments	DE	PPIA	Excluded	-48,901	582,970		No	-13,009		No	7 137 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) BSC Inc 75 Francis Street Boston, MA 02115 04-2987478	Communication	MA	BWHC	C	0	0	0 %
(2) Partners Community HealthCare Inc 800 Boylston Street Boston, MA 02199 04-3236175	Healthcare	MA	PHS	C	222,864,438	116,833,098	100 000 %
(3) Newton-Wellesley Physician Hospital Org 2014 Washington Street Newton, MA 02462 04-3209749	Healthcare	MA	NWHC	C	4,567,394	11,430,238	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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 related organization(s)	**1b**	**Yes**	
c	Gift, grant, or capital contribution from related organization(s)	**1c**	**Yes**	
d	Loans or loan guarantees to or for related organization(s)	**1d**	**Yes**	
e	Loans or loan guarantees by related organization(s)	**1e**		**No**
f	Sale of assets to related organization(s)	**1f**		**No**
g	Purchase of assets from related organization(s)	**1g**		**No**
h	Exchange of assets with related organization(s)	**1h**		**No**
i	Lease of facilities, equipment, or other assets to related organization(s)	**1i**	**Yes**	
j	Lease of facilities, equipment, or other assets from related organization(s)	**1j**	**Yes**	
k	Performance of services or membership or fundraising solicitations for related organization(s)	**1k**	**Yes**	
l	Performance of services or membership or fundraising solicitations by related organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1m**	**Yes**	
n	Sharing of paid employees with related organization(s)	**1n**	**Yes**	
o	Reimbursement paid to related organization(s) for expenses	**1o**		**No**
p	Reimbursement paid by related organization(s) for expenses	**1p**	**Yes**	
q	Other transfer of cash or property to related organization(s)	**1q**		**No**
r	Other transfer of cash or property from related 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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	See Additional Data Table			
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 04-3230035
Name: Partners HealthCare System Inc

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	g Section 512(b)(13) controlled organization	
The Massachusetts General Hospital (MGH) 55 Fruit Street Boston, MA 02114 04-1564655	Healthcare	MA	501(c)(3)	7	PHS	Yes	
The General Hospital Coporation 55 Fruit Street Boston, MA 02114 04-2697983	Healthcare	MA	501(c)(3)	3	MGH	Yes	
Massachusetts General Physicians Org 55 Fruit Street Boston, MA 02114 04-2807148	Healthcare	MA	501(c)(3)	9	MGH	Yes	
The MGH Health Services Corporation 55 Fruit Street Boston, MA 02114 22-2717383	Healthcare	MA	501(c)(3)	11a	MGH	Yes	
The MGH Institute of Health Professions 36 First Avenue Charlestown, MA 02129 04-2868893	Med Education	MA	501(c)(3)	2	MGH	Yes	
McLean HealthCare Inc (MHC) 115 Mill Street Belmont, MA 02478 20-4572876	Admin Support	MA	501(c)(3)	11a	MGH	Yes	
The McLean Hospital Corporation 115 Mill Street Belmont, MA 02478 04-2697981	Healthcare	MA	501(c)(3)	3	MHC	Yes	
Martha's Vineyard Hospital Inc (MVH) Linton Lane PO Box 1477 Oak Bluffs, MA 02557 04-2104691	Healthcare	MA	501(c)(3)	3	MGH	Yes	
WNR Inc 1 Linton Lane Oak Bluffs, MA 02557 04-3419920	Nursing Svcs	MA	501(c)(3)	9	MVH	Yes	
Nantucket Cottage Hospital (NCH) 57 Prospect Street Nantucket, MA 02554 04-2103823	Healthcare	MA	501(c)(3)	3	MGH	Yes	
Nantucket Cottage Hospital Foundation 57 Prospect Street Nantucket, MA 02554 04-3829745	Admin Support	MA	501(c)(3)	11a	NCH	Yes	
Brigham and Women's Health Care (BWHC) 75 Francis Street Boston, MA 02115 04-2921338	Admin Support	MA	501(c)(3)	7	PHS	Yes	
The Brigham and Women's Hospital (BWH) 75 Francis Street Boston, MA 02115 04-2312909	Healthcare	MA	501(c)(3)	3	BWHC	Yes	
Biosciences Research Foundation Inc 75 Francis Street Boston, MA 02115 22-2483849	Promote Res	MA	501(c)(3)	11a	BWHC	Yes	
BWH Research Inc 75 Francis Street Boston, MA 02115 04-3011445	Med Research	MA	501(c)(3)	11a	BWHC	Yes	
Brigham Community Practices Inc 75 Francis Street Boston, MA 02115 22-2588069	Healthcare	MA	501(c)(3)	9	BWHC	Yes	
Brigham and Women's Phys Org (BWPO) 75 Francis Street Boston, MA 02115 04-3466314	Healthcare	MA	501(c)(3)	9	BWHC	Yes	
BWH Anesthesia Res & Educ Foundation 75 Francis Street Boston, MA 02115 04-3492603	Med Res & Edu	MA	501(c)(3)	7	BWPO	Yes	
Brigham Medical Res & Edu Foundation 75 Francis Street Boston, MA 02115 04-3539249	Med Res & Edu	MA	501(c)(3)	11a	BWPO	Yes	
Brigham & Women's Ob-Gyn Res & Edu 75 Francis Street Boston, MA 02115 04-3494863	Med Res & Edu	MA	501(c)(3)	7	BWPO	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
Brigham Pathology Res & Edu Foundation 75 Francis Street Boston, MA 02115 04-3541111	Med Res & Edu	MA	501(c)(3)	11a	BWPO	Yes	
Brigham Radiology Res & Edu Foundation 75 Francis Sreet Boston, MA 02115 04-3425905	Med Res & Edu	MA	501(c)(3)	11a	BWPO	Yes	
BWH Radiation Oncology Res & Edu Found 75 Francis Street Boston, MA 02115 03-0411731	Med Res & Edu	MA	501(c)(3)	7	BWPO	Yes	
Brigham and Women's Faulkner Hosp (BWFH) 1153 Centre Street Boston, MA 02130 04-2768256	Healthcare	MA	501(c)(3)	3	BWHC	Yes	
West Roxbury Medical Group Inc 1828 Centre Street Boston, MA 02132 04-3148310	Healthcare	MA	501(c)(3)	11a	BWFH	Yes	
Faulkner Breast Centre Inc 1153 Centre Street Boston, MA 02130 04-3195325	Healthcare	MA	501(c)(3)	11a	BWFH	Yes	
Faulkner Community Medical Corporation 1153 Centre Street Boston, MA 02130 04-3235613	Healthcare	MA	501(c)(3)	11a	BWFH	Yes	
Village Manor Nursing Home Inc 1153 Centre Street Boston, MA 02130 04-2775265	Nursing Home	MA	501(c)(3)	3	BWFH	Yes	
Partners Continuing Care Inc (PCC) Prudential Tower 800 Boylston Stre Boston, MA 02199 26-0003495	Admin Support	MA	501(c)(3)	11a	PHS	Yes	
Spaulding Rehabilitation Hospital Corp 300 First Avenue Charlestown, MA 02129 04-2551124	Healthcare	MA	501(c)(3)	3	PCC	Yes	
Rehab Hospital of the Cape & Islands 311 Service Road East Sandwich, MA 02537 04-3071419	Healthcare	MA	501(c)(3)	3	PCC	Yes	
Shaughnessy-Kaplan Rehabilitation Hosp Dove Avenue Salem, MA 01970 04-3067082	Healthcare	MA	501(c)(3)	3	PCC	Yes	
Partners Home Care Inc (PHC) 281 Winter Street Waltham, MA 02451 04-2918280	Home Health	MA	501(c)(3)	9	PCC	Yes	
Partners Hospice Inc 48 Woerd Avenue 102 Waltham, MA 02453 04-2730504	Home Health	MA	501(c)(3)	7	PHC	Yes	
FRC Inc 101 Merrimac Street Boston, MA 02114 22-2632121	Healthcare	MA	501(c)(3)	3	PCC	Yes	
NSMC HealthCare Inc (NSHC) 81 Highland Avenue Salem, MA 01970 04-3294420	Admin Support	MA	501(c)(3)	11a	PHS	Yes	
North Shore Medical Center Inc 81 Highland Avenue Salem, MA 01970 04-3399616	Healthcare	MA	501(c)(3)	3	NSHC	Yes	
North Shore Physicians Group Inc 81 Highland Avenue Salem, MA 01970 04-3080484	Healthcare	MA	501(c)(3)	11a	NSHC	Yes	
Newton-Wellesley HealthCare System (NWHC) 2014 Washington Street Newton, MA 02462 20-4295282	Admin Support	MA	501(c)(3)	11a	PHS	Yes	
Newton-Wellesley Hospital 2014 Washington Street Newton, MA 02462 04-2103611	Healthcare	MA	501(c)(3)	3	NWHC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
Newton-Wellesley Ambulatory Services 2014 Washington Street Newton, MA 02462 22-2560501	Healthcare	MA	501(c)(3)	11a	NWHC	Yes	
Newton-Wellesley Hosp Charitable Found 2014 Washington Street Newton, MA 02462 04-3455952	Fundraising	MA	501(c)(3)	7	NWHC	Yes	
Newton-Wellesley Children's Corner Inc 2014 Washington Street Newton, MA 02462 04-2650246	Child Care	MA	501(c)(3)	9	NWHC	Yes	
Partners Medical International Inc 100 Cambridge Street Boston, MA 02114 04-3197711	Med Training	MA	501(c)(3)	11a	PHS	Yes	
The Friends of The Brigham & Women's Hos 75 Francis Street Boston, MA 02115 04-2239449	Fundraising	MA	501(c)(3)	11a	BWHC	Yes	
Spaulding Hospital - Cambridge Inc 1575 Cambridge Street Cambridge, MA 02138 27-0273715	Hospital	MA	501(c)(3)	3	PCC	Yes	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	The Massachusetts General Hospital	1a(i)	13,003,465	FMV
(2)	The General Hospital Corporation	1a(i)	20,620,680	FMV
(3)	Newton-Wellesley Hospital	1a(i)	6,135,289	FMV
(4)	Nantucket Cottage Hospital	1a(i)	194,631	FMV
(5)	The Brigham and Women's Hospital	1a(i)	26,844,753	FMV
(6)	The McLean Hospital Corporation	1a(i)	747,342	FMV
(7)	The Spaulding Rehabilitation Hospital Corp	1a(i)	560,911	FMV
(8)	Rehabilitation Hospital of the Cape & Islands	1a(i)	432,244	FMV
(9)	Brigham and Women's Faulkner Hospital Inc	1a(i)	852,847	FMV
(10)	North Shore Medical Center	1a(i)	8,879,308	FMV
(11)	FRC Inc	1a(i)	215,091	FMV
(12)	Partners Home Care Inc	1a(i)	1,125	FMV
(13)	Partners Continuing Care	1a(i)	115,558	FMV
(14)	Shaughnessy-Kaplan Rehabilitation Hospital	1a(i)	81,334	FMV
(15)	The MGH Institute of Health Professions	1a(i)	155,913	FMV
(16)	Partners Continuing Care	1b	103,645,000	FMV
(17)	Brigham and Women's Health Care Inc	1c	44,404,070	FMV
(18)	The Massachusetts General Hospital	1c	54,284,553	FMV
(19)	The Massachusetts General Hospital	1c	13,892,611	FMV
(20)	The Brigham and Women's Hospital	1c	41,354,355	FMV

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(21)	McLean HealthCare System	1c	3,063,389	FMV
(22)	NSMC HealthCare	1c	8,885,598	FMV
(23)	Newton-Wellesley Hospital	1c	9,017,118	FMV
(24)	Newton-Wellesley Health Care System	1c	8,342,892	FMV
(25)	Partners Continuing Care	1c	7,364,434	FMV
(26)	The Brigham and Women's Hospital	1d	50,641,000	FMV
(27)	The General Hospital Corporation	1d	6,580,000	FMV
(28)	The McLean Hospital Corporation	1d	13,516,000	FMV
(29)	North Shore Medical Center	1d	73,700,000	FMV
(30)	Newton-Wellesley Hospital	1d	10,000,000	FMV
(31)	The MGH Institute of Health Professions	1d	3,000,000	FMV
(32)	The Massachusetts General Hospital	1j	944,370	FMV
(33)	The Massachusetts General Hospital	1k	6,197,928	FMV
(34)	The General Hospital Corporation	1k	174,184,714	FMV
(35)	Massachusetts General Physicians Organization	1k	6,223,979	FMV
(36)	The Spaulding Rehabilitation Hospital Corp	1k	8,079,189	FMV
(37)	Partners Home Care	1k	3,358,168	FMV
(38)	FRC Inc	1k	755,118	FMV
(39)	Spaulding Hospital - Cambridge	1k	2,332,604	FMV
(40)	Rehabilitation Hospital of the Cape & Islands	1k	1,617,545	FMV

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(41)	Partners Continuing Care	1k	803,631	FMV
(42)	Marthas Vineyard Hospital	1k	345,988	FMV
(43)	Nantucket Cottage Hospital	1k	1,098,155	FMV
(44)	The McLean Hospital Corporation	1k	10,393,323	FMV
(45)	The MGH Institute of Health Professions	1k	818,344	FMV
(46)	The MGH Health Services Corporation	1k	61,213	FMV
(47)	The Brigham and Women's Hospital	1k	143,345,921	FMV
(48)	Brigham and Women's Physicians Organization	1k	4,204,906	FMV
(49)	Brigham and Women's Faulkner Hospital Inc	1k	9,857,974	FMV
(50)	North Shore Medical Center	1k	34,034,474	FMV
(51)	Shaughnessy-Kaplan Rehabilitation Hospital	1k	1,918,368	FMV
(52)	Newton-Wellesley Hospital	1k	21,322,827	FMV
(53)	Partners Community HealthCare	1k	5,930,908	FMV