Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 10-01-2023 , and ending 09-30-2024

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

C Name of organization
MASS GENERAL BRIGHAM INCORPORATED

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 399 REVOLUTION DRIVE 645

Room/suite

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

D Employer identification number
04-3230035

E Telephone number
(857) 282-0747

G Gross receipts $ 1,904,911,087

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

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

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number

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

J Website: HTTPS://WWW.MASSGENERALBRIGHAM.ORG/

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

L Year of formation: 1993

M State of legal domicile: MA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	**5**	9,605
6	Total number of volunteers (estimate if necessary)	**6**	21
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	13,535,120
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	1,806,991

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	564,469,432	486,230,656
9	Program service revenue (Part VIII, line 2g)	1,302,825,972	1,343,711,150
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	184,504,388	84,441,137
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,239,457	-9,471,856
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,053,039,249	1,904,911,087
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	160,962,367	104,282,406
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)	989,997,574	1,077,005,849
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	995,549,146	953,779,164
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,146,509,087	2,135,067,419
19	Revenue less expenses. Subtract line 18 from line 12	-93,469,838	-230,156,332

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	9,377,106,791	9,805,737,933
21	Total liabilities (Part X, line 26)	7,751,332,198	8,312,470,566
22	Net assets or fund balances. Subtract line 21 from line 20	1,625,774,593	1,493,267,367

Part II Signature Block

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

Sign Here

Signature of officer
NIYUM GANDHI CFO / TREASURER
Type or print name and title

2025-08-14
Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name
Firm's EIN
Firm's address
Phone no.

May the IRS discuss this return with the preparer shown above? See Instructions. ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 284,008,229 including grants of $ 104,282,406) (Revenue $ 1,338,587,835)

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** 284,008,229

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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	6,781		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	9,605		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			**15**	Yes
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**	No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			**17**	

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	22		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	13		
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 on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on 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 on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
MASS GENERAL BRIGHAM FINANCE - TAX DIRECTOR 399 REVOLUTION DRIVE SUITE 645 SOMERVILLE,MA 02145
(857) 282-0747

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) ANNE KLIBANSKI MD PRESIDENT, CEO & DIRECTOR	50.00 0.00	X		X				6,843,415	0	1,564,401
(2) YOLONDA LORIG COLSON MD PHD DIRECTOR	1.00 50.00	X						0	920,786	68,004
(3) ZARA R COOPER MD DIRECTOR	1.00 50.00	X						0	715,610	67,967
(4) ROBERT G ATCHINSON DIRECTOR	1.00 1.00	X						0	0	0
(5) MARC N CASPER DIRECTOR	1.00 0.00	X						0	0	0
(6) ANNE M FINUCANE DIRECTOR UNTIL 06/30/24	1.00 1.00	X						0	0	0
(7) JOHN F FISH DIRECTOR	1.00 1.00	X						0	0	0
(8) BENJAMIN A GOMEZ DIRECTOR	1.00 1.00	X						0	0	0
(9) TIFFANY C GUEYE DIRECTOR	1.00 0.00	X						0	0	0
(10) SUSAN J HOCKFIELD PHD DIRECTOR UNTIL 06/30/24	1.00 0.00	X						0	0	0
(11) ALBERT A HOLMAN III DIRECTOR	1.00 1.00	X						0	0	0
(12) DAVID W IVES DIRECTOR	1.00 1.00	X						0	0	0
(13) JONATHAN A KRAFT DIRECTOR	1.00 1.00	X						0	0	0
(14) CARL J MARTIGNETTI DIRECTOR	1.00 1.00	X						0	0	0
(15) NITIN NOHRIA DIRECTOR	1.00 1.00	X						0	0	0
(16) DIANE B PATRICK ESQ DIRECTOR	1.00 1.00	X						0	0	0
(17) PHILLIP TERRY RAGON DIRECTOR	1.00 1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) PAULA NESS SPEERS DIRECTOR	1.00 1.00	X						0	0	0
(19) SCOTT M SPERLING CHAIRMAN	1.00 0.00	X						0	0	0
(20) JAMES D TAICLET DIRECTOR	1.00 1.00	X						0	0	0
(21) ALEXANDER L THORNDIKE DIRECTOR	1.00 1.00	X						0	0	0
(22) CAROL A VALLONE DIRECTOR	1.00 1.00	X						0	0	0
(23) MARTIN J WALSH DIRECTOR 07/01/24	1.00 1.00	X						0	0	0
(24) ANNE M WILKINS DIRECTOR	1.00 1.00	X						0	0	0
(25) NIYUM GANDHI CFO & TREASURER	50.00 1.00			X				2,275,225	0	48,357
(26) LAURA PEABODY CHIEF LEGAL OFFICER & SECRETARY	50.00 1.00			X				1,839,212	0	67,699
(27) RON M WALLS MD CHIEF OPERATING OFFICER	50.00 1.00				X			3,145,963	0	64,959
(28) GREGG S MEYER MD MSC PRESIDENT, COMMUNITY DIVISION	50.00 1.00				X			2,777,857	0	66,759
(29) JANE D MORAN CHIEF INFORMATION & DIGITAL OFFICER	50.00 0.00				X			1,693,644	0	50,441
(30) PAUL ANDERSON MD PHD CHIEF ACADEMIC OFFICER	50.00 0.00				X			0	1,374,919	59,081
(31) EMMA SOMERS-ROY CHIEF INVESTMENT OFFICER	50.00 1.00				X			1,202,191	0	36,644
(32) ELIZABETH L BALDWIN PORTFOLIO MANAGER	50.00 0.00					X		2,267,210	0	82,411
(33) KATHERINE L KAMM PORTFOLIO MANAGER	50.00 0.00					X		2,250,983	0	62,013
(34) O'NEIL BRITTON MD ASSOCIATE CHIEF OPERATING OFFICER	50.00 1.00					X		1,563,833	0	76,284
(35) JEFF A WEISS CHIEF STRATEGY & TRANSFORMATION OFF.	50.00 0.00					X		1,498,758	0	58,720
(36) THOMAS DEAN SEQUIST MD CHIEF MEDICAL OFFICER	50.00 1.00					X		1,421,069	0	73,785
(37) KEVIN S SCHLICKE FORMER INTERIM TREASURER	50.00 1.00						X	761,661	0	73,386
(38) PETER K MARKELL FORMER - EVP, CFO & TREASURER	0.00 0.00						X	515,469	0	397
(39) MAUREEN GOGGIN FORMER SECRETARY	50.00 0.00						X	153,981	0	4,564
(40) JOHN R BARKER FORMER CHIEF INVESTMENT OFFICER	50.00 1.00						X	3,524,475	0	12,240
(41) ROSEMARY R SHEEHAN FORMER CHIEF HUMAN RESOURCES OFFICER	50.00 0.00						X	1,389,698	0	37,621
(42) JAMES W NOGA FORMER VP & CHIEF INFORMATION OFF.	0.00 0.00						X	834,226	0	711
(43) ALISTAIR ERSKINE MD FORMER CHIEF DIGITAL HEALTH OFFICER	50.00 0.00						X	225,490	0	19,203
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A . .										
d Total (add lines 1b and 1c)								36,184,360	3,011,315	2,595,647

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 2,805

			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
BOATHOUSE GROUP INC PO BOX 133 NEWTON, MA 02462	MARKETING SERVICES	32,971,916
KPMG LLP DEPT 0754 PO BOX 120754 DALLAS, TX 753120754	CONSULTING SERVICES	26,759,632
RANDSTAD HEALTHCARE PO BOX 742689 ATLANTA, GA 303742689	STAFFING SERVICES	19,420,319
HURON CONSULTING GROUP INC 3005 MOMENTUM PLACE CHICAGO, IL 606895330	CONSULTING SERVICES	19,238,605
ACCENTURE LLP PO BOX 70629 CHICAGO, IL 606730629	CONSULTING SERVICES	17,912,713

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 206

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts				
1a Federated campaigns . .	1a			
b Membership dues . .	1b			
c Fundraising events . .	1c			
d Related organizations	1d	486,230,656		
e Government grants (contributions)	1e			
f All other contributions, gifts, grants, and similar amounts not included above	1f			
g Noncash contributions included in lines 1a - 1f:$	1g	4,600		
h **Total.** Add lines 1a-1f		486,230,656		
Program Service Revenue	Business Code			
2a ADMINISTRATIVE FEE	561000	1,335,405,150	1,330,281,835	5,123,315
b PARTNERSHIP INCOME	900099	8,306,000	8,306,000	
c				
d				
e				
f All other program service revenue.				
g **Total.** Add lines 2a–2f.	1,343,711,150			
3 Investment income (including dividends, interest, and other similar amounts)		11,243,419		7,100,901	4,142,518
4 Income from investment of tax-exempt bond proceeds		20,000			20,000
5 Royalties		12,244			12,244
	(i) Real	(ii) Personal			
6a Gross rents 6a	795,644				
b Less: rental expenses 6b	0				
c Rental income or (loss) 6c	795,644				
d Net rental income or (loss)		795,644			809,043
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory 7a	73,177,718				
b Less: cost or other basis and sales expenses 7b	0				
c Gain or (loss) 7c	73,177,718				
d Net gain or (loss)		73,177,718			73,177,718
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . 8a					
b Less: direct expenses 8b					
c Net income or (loss) from fundraising events . .					
9a Gross income from gaming activities. See Part IV, line 19 . . . 9a					
b Less: direct expenses 9b					
c Net income or (loss) from gaming activities . .					
10a Gross sales of inventory, less returns and allowances . . 10a					
b Less: cost of goods sold . . 10b					
c Net income or (loss) from sales of inventory . .					
Other Revenue	Business Code			
11a CFC INSURANCE INCOME	524298	1,324,303		1,324,303	
b PARKING INCOME	812930	437,258			437,258
OtherRevenueMiscAmt c OTHER REVENUE	900099	-12,041,305			-12,041,305
d All other revenue					
e **Total.** Add lines 11a–11d		-10,279,744			
12 **Total revenue.** See instructions		1,904,911,087	1,338,587,835	13,535,120	66,557,476

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	104,282,406	104,282,406		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	36,184,360		36,184,360	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	692,990,114		692,990,114	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	174,706,409	23,811,691	150,894,718	
9 Other employee benefits	98,938,773	13,484,906	85,453,867	
10 Payroll taxes	74,186,193	10,111,241	64,074,952	
11 Fees for services (non-employees):				
a Management				
b Legal	16,983,009	2,314,707	14,668,302	
c Accounting	1,826,963	249,007	1,577,956	
d Lobbying	1,527,768		1,527,768	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	137,871,807	18,791,302	119,080,505	
12 Advertising and promotion	30,979,089	4,222,309	26,756,780	
13 Office expenses	32,167,098	4,384,229	27,782,869	
14 Information technology	204,097,351	27,817,543	176,279,808	
15 Royalties				
16 Occupancy	14,304,658	1,949,660	12,354,998	
17 Travel	2,618,859	356,939	2,261,920	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	345,322	47,066	298,256	
20 Interest	229,177,520	31,235,856	197,941,664	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	74,053,791	10,093,196	63,960,595	
23 Insurance	4,136,463	563,781	3,572,682	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS EXPENSES	184,742,046	27,783,270	156,958,776	
b UNRELATED BUSINESS TAX	538,000		538,000	
c PROGRAM SUPPORT/SUBSIDY	14,303,111	1,949,449	12,353,662	
d MEALS	1,653,844	225,411	1,428,433	
e All other expenses	2,452,465	334,260	2,118,205	
25 **Total functional expenses.** Add lines 1 through 24e	2,135,067,419	284,008,229	1,851,059,190	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		-97,355,614	2	-225,575,672
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		109,877,674	4	152,289,159
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		3,578,204,345	7	3,741,161,274
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		43,935,647	9	95,837,173
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,234,410,007			
	b	Less: accumulated depreciation	10b 344,467,886	745,955,881	10c	889,942,121
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		2,185,129,416	12	2,647,971,105
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,811,359,442	15	2,504,112,773
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		9,377,106,791	16	9,805,737,933
Liabilities	17	Accounts payable and accrued expenses		1,671,833,566	17	1,766,232,697
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		3,973,326,195	20	4,336,329,003
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		2,106,172,437	25	2,209,908,866
	26	**Total liabilities.** Add lines 17 through 25		7,751,332,198	26	8,312,470,566
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☑ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		1,624,414,149	27	1,460,140,537
	28	Net assets with donor restrictions		1,360,444	28	33,126,830
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,625,774,593	32	1,493,267,367
	33	Total liabilities and net assets/fund balances		9,377,106,791	33	9,805,737,933

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,904,911,087
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,135,067,419
3	Revenue less expenses. Subtract line 2 from line 1	3	-230,156,332
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,625,774,593
5	Net unrealized gains (losses) on investments	5	329,389,492
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-231,740,386
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	1,493,267,367

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 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.)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	1,209,696,539	497,110,612	494,355,285	564,469,432	486,230,656	3,251,862,524
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	1,209,696,539	497,110,612	494,355,285	564,469,432	486,230,656	3,251,862,524
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.						3,251,862,524

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. .	1,209,696,539	497,110,612	494,355,285	564,469,432	486,230,656	3,251,862,524
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	18,327,008	14,112,616	12,896,200	8,702,981	467,260	54,506,065
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .	1,961,141	3,180,941	3,253,753	944,808	1,430,088	10,770,731
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						3,317,139,320

12	Gross receipts from related activities, etc. (see instructions)	12	6,061,585,253

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	98.030 %
15	Public support percentage for 2022 Schedule A, Part II, line 14	15	97.530 %

16a **33 1/3% support test—2023.** 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—2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2023.** 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—2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI****.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

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

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in **Part VI**)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2023 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2023**	**(iii) Distributable Amount for 2023**
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018.			
b From 2019.			
c From 2020.			
d From 2021.			
e From 2022.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2023

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33$^{1}/_{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of** ***exclusively*** **religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)** ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	**Employer identification number**
MASS GENERAL BRIGHAM INCORPORATED	04-3230035

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ $

3 Volunteer hours for political campaign activities. See instructions

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,527,768
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			1,527,768
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
LOBBYING EXPENSES	THE CORPORATION MAY ON OCCASION CONTACT ITS EMPLOYEES WITH A VOLUNTARY OPPORTUNITY TO PARTICIPATE IN THE CONVERSATION TO PROTECT AGAINST CUTS IN FEDERAL FUNDING THAT WOULD HAVE AN ADVERSE IMPACT ON THE CORPORATION AND ITS AFFILIATES AS WELL AS THE PACE OF MEDICAL ADVANCES, THE ECONOMY, AND THE GLOBAL COMPETITIVENESS OF THE CORPORATION. THE CORPORATION MAY ON OCCASION REVIEW PROPOSED LEGISLATION FOR THE PURPOSE OF DETERMINING THE EFFECT UPON ITS TAX-EXEMPT PURPOSES. THE CORPORATION MAY ON OCCASION ALSO APPEAR BEFORE A LEGISLATIVE COMMITTEE, CONFER WITH LEGISLATORS OR OTHERWISE ATTEMPT TO INFLUENCE LEGISLATION. HOWEVER, IT WILL NOT PARTICIPATE, IN ANY WAY, IN POLITICAL CAMPAIGNS. THE CORPORATION'S INVOLVEMENT IN LEGISLATIVE ACTIVITIES CONSTITUTES AN INSUBSTANTIAL PART OF ITS ACTIVITIES.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	**1c**
d	Additions during the year	**1d**
e	Distributions during the year	**1e**
f	Ending balance	**1f**

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,777,568	11,758,490	14,136,358	11,170,715	10,550,317
b Contributions . . .	408,554	392,151	350,737	290,131	299,379
c Net investment earnings, gains, and losses	2,278,780	1,192,293	-2,216,235	3,103,948	768,774
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .	581,301	565,366	512,370	428,436	447,755
f Administrative expenses					
g End of year balance	14,883,601	12,777,568	11,758,490	14,136,358	11,170,715

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

- **a** Board designated or quasi-endowment ▶ 89.610 %
- **b** Permanent endowment ▶ 7.730 %
- **c** Term endowment ▶ 2.660 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations . . . . . **3a(i)**		No
(ii) Related organizations . . . . . **3a(ii)**		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	13,601,826	58,165,612		71,767,438
b Buildings	37,652,870	530,649,083	167,683,529	400,618,424
c Leasehold improvements		5,932,912	2,329,030	3,603,882
d Equipment		293,086,068	149,783,092	143,302,976
e Other		295,321,636	24,672,235	270,649,401
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				889,942,121

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INV IN MGB POOLED INVESTMENTS	46,568,405	F
(B) INV IN MGB POOLED HOLDINGS	2,601,402,700	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	2,647,971,105	

Part VIII Investments - Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER ASSETS	1,844,662,091
(2) DUE FROM AFFILIATES	659,450,682
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	2,504,112,773

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
SETTLEMENTS - THIRD PARTY PAYORS	190,031,200
TAXABLE BONDS	1,878,644,000
INTEREST RATE SWAPS LIABILITY	139,170,150
OTHER LIABILITIES	2,063,516
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	2,209,908,866

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part lV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2:	MASS GENERAL BRIGHAM INCORPORATED DOES NOT HAVE A FIN 48 (ASC 740) FOOTNOTE DISCLOSURE IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS.
INTENDED USE OF ENDOWMENT FUNDS	THE ENDOWMENT FUNDS OF MASS GENERAL BRIGHAM INCORPORATED ARE USED IN FURTHERANCE OF THE ORGANIZATION'S TAX-EXEMPT MISSION.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	EAST ASIA AND THE PACIFIC	1	0	PROGRAM SERVICES	PAT. CARE, RESEARCH & EDUCATION	40,963
(2)	EUROPE	0	0	PROGRAM SERVICES	PAT. CARE, RESEARCH & EDUCATION	2,646,569
(3)	EUROPE	0	0	PROGRAM SERVICES	FOREIGN INSURANCE	73,741
(4)	EUROPE	0	0	PROGRAM SERVICES	INTERNATIONAL GRANTS	2,368
(5)	MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	PAT. CARE, RESEARCH & EDUCATION	544,801
(6)	NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	PAT. CARE, RESEARCH & EDUCATION	1,481,690
(7)	SOUTH AMERICA	0	0	PROGRAM SERVICES	PAT. CARE, RESEARCH & EDUCATION	116
(8)	SOUTH ASIA	0	0	PROGRAM SERVICES	PAT. CARE, RESEARCH & EDUCATION	20,850
(9)	SOUTH ASIA	0	0	PROGRAM SERVICES	INTERNATIONAL GRANTS	4,600
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total . . .	1	0			4,811,098
b	Total from continuation sheets to Part I . . .	0	0			4,600
c	**Totals** (add lines 3a and 3b)	1	0			4,815,698

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	**(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of noncash assistance	**(h)** Description of noncash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☑ Yes	☐ No

Part V **Supplemental Information**

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

ReturnReference	Explanation
ACCOUNTING METHOD	THE ORGANIZATION USES THE ACCRUAL METHOD TO REPORT FOREIGN EXPENDITURES TO BE CONSISTENT WITH THE REPORTING USED FOR THE FINANCIAL STATEMENTS.

Additional Data

Software ID:

Software Version:

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

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LYNN COMMUNITY HEALTH CENTER INC 269 MADISON AVE ROOM 9 LYNN,MA 01901	04-2525066	501(C)(3)	800,000	0			COMMUNITY BENEFIT PROGRAM
(2) BOSTON MEDICAL CENTER 1 BOSTON MEDICAL CENTER PL BOSTON,MA 021182908	04-3314093	501(C)(3)	500,000	0			COMMUNITY BENEFIT PROGRAM
(3) NORTH SHORE COMMUNITY HEALTH INC 47 CONGRESS ST SUITE 513 SALEM,MA 01970	04-2610447	501(C)(3)	232,500	0			COMMUNITY BENEFIT PROGRAM
(4) BOSTON HEALTH CARE FOR THE HOMELESS PROGRAM 780 ALBANY ST BOSTON,MA 02118	04-3160480	501(C)(3)	230,000	0			COMMUNITY BENEFIT PROGRAM
(5) YMCA OF GREATER BOSTON 316 HUNTINGTON AVE BOSTON,MA 02115	04-2103551	501(C)(3)	200,000	0			COMMUNITY BENEFIT PROGRAM
(6) HEALTH CARE FOR ALL INC ONE FEDERAL ST 5TH FLOOR BOSTON,MA 02110	04-3071598	501(C)(3)	183,855	0			COMMUNITY BENEFIT PROGRAM
(7) JEWISH VOCATIONAL SERVICE 75 FEDERAL ST 3RD FLOOR BOSTON,MA 02110	04-2104357	501(C)(3)	120,000	0			COMMUNITY BENEFIT PROGRAM
(8) EAST BOSTON NEIGHBORHOOD HEALTH CENTER 10 GOVE ST CRADOCK BUILDING 20 MAVERICK SQ EAST BOSTON,MA 02128	23-7425849	501(C)(3)	75,000	0			COMMUNITY BENEFIT PROGRAM
(9) WHITTIER STREET HEALTH CENTER 1290 TREMONT ST ROXBURY,MA 02120	04-2619517	501(C)(3)	60,604	0			COMMUNITY BENEFIT PROGRAM
(10) COMMUNITY SERVICE CARE INC PO BOX 300040 JAMAICA PLAIN,MA 02130	04-2754281	501(C)(3)	55,356	0			COMMUNITY BENEFIT PROGRAM
(11) MATTAPAN COMMUNITY HEALTH INC 1575 BLUE HILL AVE MATTAPAN,MA 02126	04-2544151	501(C)(3)	52,274	0			COMMUNITY BENEFIT PROGRAM
(12) INNOVATION FOR LIVING COMMUNITIES 156 GROVER LN TAMWORTH,NH 03886	20-5097409	501(C)(3)	50,000	0			COMMUNITY BENEFIT PROGRAM
(13) MASSACHUSETTS WOMEN'S POLITICAL CAUCUS LEADERSHIP DEVELOPMENT EDUCATION A 89 SOUTH ST SUITE 603 BOSTON,MA 02111	04-2738443	501(C)(3)	30,000	0			COMMUNITY BENEFIT PROGRAM
(14) URBAN LEAGUE OF EASTERN MASSACHUSETTS 88 WARREN ST ROXBURY,MA 02119	23-7349132	501(C)(3)	26,500	0			COMMUNITY BENEFIT PROGRAM
(15) AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS,TX 75231	13-5613797	501(C)(3)	25,000	0			COMMUNITY BENEFIT PROGRAM
(16) HEALTH EQUITY COMPACT 40 COURT ST BOSTON,MA 02108	99-0943875	501(C)(3)	25,000	0			COMMUNITY BENEFIT PROGRAM
(17) NEW ENGLAND COUNCIL INC 98 N WASHINGTON ST SUITE 201 BOSTON,MA 02114	04-1661090	501(C)(3)	25,000	0			COMMUNITY BENEFIT PROGRAM
(18) ASSOCIATED INDUSTRIES OF MASSACHUSETTS (AIM) 30 FEDERAL ST 5TH FLOOR BOSTON,MA 02110	04-1045830	501(C)(3)	20,000	0			COMMUNITY BENEFIT PROGRAM
(19) BOYS & GIRLS CLUB OF BOSTON INC 200 HIGH ST 3RD FLOOR BOSTON,MA 02110	04-2103922	501(C)(3)	10,000	0			COMMUNITY BENEFIT PROGRAM
(20) NEHI INC 1 BROADWAY 15TH FLOOR CAMBRIDGE,MA 02142	01-0624865	501(C)(3)	10,000	0			COMMUNITY BENEFIT PROGRAM
(21) THE BOSTON FOUNDATION 75 ARLINGTON ST 3RD FLOOR BOSTON,MA 02116	04-2104021	501(C)(3)	10,000	0			COMMUNITY BENEFIT PROGRAM
(22) IRELAND FUNDS AMERICA 10 POST OFFICE SQ SUITE N450 BOSTON,MA 02109	25-1306992	501(C)(3)	8,000	0			COMMUNITY BENEFIT PROGRAM
(23) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON,MA 02115	04-1679980	501(C)(3)	62,160	0			COMMUNITY BENEFIT PROGRAM
(24) UNIVERSITY OF MASSACHUSETTS BOSTON 100 MORRISSEY BLVD BOSTON,MA 02125	04-3167352	501(C)(3)	57,500	0			COMMUNITY BENEFIT PROGRAM
(25) SIMMONS UNIVERSITY 300 THE FENWAY BOSTON,MA 02115	04-2103629	501(C)(3)	35,500	0			COMMUNITY BENEFIT PROGRAM
(26) BOSTON UNIVERSITY ONE SILBER WAY BOSTON,MA 02215	04-2103547	501(C)(3)	26,500	0			COMMUNITY BENEFIT PROGRAM
(27) BENTLEY UNIVERSITY 175 FOREST ST WALTHAM,MA 02452	04-1081650	501(C)(3)	16,000	0			COMMUNITY BENEFIT PROGRAM
(28) SUFFOLK UNIVERSITY 73 TREMONT ST BOSTON,MA 02108	04-2133255	501(C)(3)	15,500	0			COMMUNITY BENEFIT PROGRAM
(29) ROXBURY COMMUNITY COLLEGE 1234 COLUMBUS AVE ROXBURY,MA 02120	04-2726857	501(C)(3)	11,000	0			COMMUNITY BENEFIT PROGRAM
(30) BUNKER HILL COMMUNITY COLLEGE 250 NEW RUTHERFORD AVE BOSTON,MA 02129	04-2710011	501(C)(3)	10,500	0			COMMUNITY BENEFIT PROGRAM
(31) MASSACHUSETTS COLLEGE OF PHARMACY AND HEALTH SCIENCES 179 LONGWOOD AVE BOSTON,MA 02115	04-2104700	501(C)(3)	10,000	0			COMMUNITY BENEFIT PROGRAM
(32) SALEM STATE UNIVERSITY 352 LAFAYETTE SALEM,MA 01970	04-2325342	501(C)(3)	10,000	0			COMMUNITY BENEFIT PROGRAM
(33) MASSACHUSETTS COLLEGE OF LIBERAL ARTS 375 CHURCH ST NORTH ADAMS,MA 01247	04-2613803	501(C)(3)	9,000	0			COMMUNITY BENEFIT PROGRAM
(34) TRUSTEES OF TUFTS COLLEGE 419 BOSTON AVE MEDFORD,MA 02155	04-2103634	501(C)(3)	8,000	0			COMMUNITY BENEFIT PROGRAM
(35) UNIVERSITY OF MASSACHUSETTS DARTMOUTH 285 OLD WESTPORT RD NORTH DARTMOUTH,MA 02747	04-3167352	501(C)(3)	6,500	0			COMMUNITY BENEFIT PROGRAM
(36) BROWN UNIVERSITY 13 BROWN ST PROVIDENCE,RI 02912	05-0258809	501(C)(3)	5,500	0			COMMUNITY BENEFIT PROGRAM
(37) FISHER COLLEGE 118 BEACON ST BOSTON,MA 02116	04-2005934	501(C)(3)	5,500	0			COMMUNITY BENEFIT PROGRAM
(38) MASSBAY COMMUNITY COLLEGE 50 OAKLAND ST WELLESLEY HILLS,MA 02481	22-2581930	501(C)(3)	5,500	0			COMMUNITY BENEFIT PROGRAM
(39) RUTGERS THE STATE UNIVERSITY 3 RUTGERS PL NEW BRUNSWICK,NJ 08901	22-6001086	501(C)(3)	5,500	0			COMMUNITY BENEFIT PROGRAM
(40) SAINT ANSELM COLLEGE 100 SAINT ANSELM DR GOFFSTOWN,NH 03102	02-0222182	501(C)(3)	5,500	0			COMMUNITY BENEFIT PROGRAM
(41) TRUSTEES OF BOSTON COLLEGE 140 COMMONWEALTH AVE CHESTNUT HILL,MA 02467	04-2103545	501(C)(3)	5,500	0			COMMUNITY BENEFIT PROGRAM
(42) UNIVERSITY OF PHOENIX PO BOX 52125 PHOENIX,AZ 85072	94-2473210	501(C)(3)	5,500	0			COMMUNITY BENEFIT PROGRAM
(43) VANDERBILT UNIVERSITY 2301 WEST END AVE NASHVILLE,TN 37235	62-0476822	501(C)(3)	5,500	0			COMMUNITY BENEFIT PROGRAM
(44) VASSAR COLLEGE 282 LG RAYMOND AVE POUGHKEEPSIE,NY 12603	14-1385871	501(C)(3)	5,500	0			COMMUNITY BENEFIT PROGRAM
(45) WAGNER COLLEGE CAMPUS RD STATEN ISLAND,NY 10301	13-5604699	501(C)(3)	5,500	0			COMMUNITY BENEFIT PROGRAM
(46) THE MASSACHUSETTS EYE AND EAR HOSPITAL 50 FRUIT ST BOSTON,MA 02114	04-1564655	501(C)(3)	10,306,092	0			EXEMPT AFFILIATE SUPPORT
(47) THE GENERAL HOSPITAL CORPORATION 55 FRUIT ST BOSTON,MA 02114	04-2697983	501(C)(3)	5,834,645	0			EXEMPT AFFILIATE SUPPORT
(48) MASSACHUSETTS EYE AND EAR INFIRMARY ORGANIZATION INC 55 FRUIT ST BOSTON,MA 02114	04-2807148	501(C)(3)	17,274,650	0			EXEMPT AFFILIATE SUPPORT
(49) THE SPAULDING REHABILITATION HOSPITAL CORPORATION 300 FIRST AVE CHARLESTOWN,MA 02129	27-0273715	501(C)(3)	390,073	0			EXEMPT AFFILIATE SUPPORT
(50) MASS GENERAL BRIGHAM HOME CARE INC 95 WELLS AVE NEWTON,MA 02459	04-2918280	501(C)(3)	596,799	0			EXEMPT AFFILIATE SUPPORT
(51) SPAULDING NURSING AND THERAPY CENTER BRIGHTON INC 100 NORTH BEACON ST BRIGHTON,MA 02134	22-2632121	501(C)(3)	124,200	0			EXEMPT AFFILIATE SUPPORT
(52) SPAULDING HOSPITAL-CAMBRIDGE INC 1575 CAMBRIDGE ST CAMBRIDGE,MA 02138	27-0273715	501(C)(3)	374,598	0			EXEMPT AFFILIATE SUPPORT
(53) SPAULDING REHABILITATION INC 800 BOYLSTON ST BOSTON,MA 02199	26-0003495	501(C)(3)	1,000,000	0			EXEMPT AFFILIATE SUPPORT
(54) REHABILITATION HOSPITAL OF THE CAPE AND ISLANDS CORPORATION 311 SERVICE RD EAST SANDWICH,MA 02537	04-3071419	501(C)(3)	314,298	0			EXEMPT AFFILIATE SUPPORT
(55) THE MCLEAN HOSPITAL CORPORATION 115 MILL ST BELMONT,MA 02478	04-2697981	501(C)(3)	561,955	0			EXEMPT AFFILIATE SUPPORT
(56) THE BRIGHAM AND WOMEN'S HOSPITAL INC 75 FRANCIS ST BOSTON,MA 02115	04-2312909	501(C)(3)	1,476,860	0			EXEMPT AFFILIATE SUPPORT
(57) BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION INC 75 FRANCIS ST BOSTON,MA 02115	04-3466314	501(C)(3)	12,504,195	0			EXEMPT AFFILIATE SUPPORT
(58) BRIGHAM AND WOMEN'S FAULKNER HOSPITAL INC 1153 CENTRE ST BOSTON,MA 02130	04-2768256	501(C)(3)	416,125	0			EXEMPT AFFILIATE SUPPORT
(59) NORTH SHORE MEDICAL CENTER INC 81 HIGHLAND AVE SALEM,MA 01970	04-3399616	501(C)(3)	641,986	0			EXEMPT AFFILIATE SUPPORT
(60) MASS GENERAL BRIGHAM MEDICAL GROUP NORTHERN MASSACHUSETTS INC 81 HIGHLAND AVE SALEM,MA 01970	04-3080484	501(C)(3)	5,987,653	0			EXEMPT AFFILIATE SUPPORT
(61) NEWTON-WELLESLEY HOSPITAL 2014 WASHINGTON ST NEWTON,MA 02462	04-2103611	501(C)(3)	2,220,060	0			EXEMPT AFFILIATE SUPPORT
(62) MASS GENERAL BRIGHAM MEDICAL GROUP SUBURBAN MASSACHUSETTS INC 2014 WASHINGTON ST NEWTON,MA 02462	22-2560501	501(C)(3)	426,808	0			EXEMPT AFFILIATE SUPPORT
(63) NANTUCKET COTTAGE HOSPITAL 57 PROSPECT ST NANTUCKET,MA 02554	04-2103823	501(C)(3)	157,133	0			EXEMPT AFFILIATE SUPPORT
(64) WNH INC LINTON LN OAK BLUFFS,MA 02557	04-3419920	501(C)(3)	6,399	0			EXEMPT AFFILIATE SUPPORT
(65) COOLEY DICKINSON HOSPITAL INC 30 LOCUST ST NORTHAMPTON,MA 01060	22-2617175	501(C)(3)	311,027	0			EXEMPT AFFILIATE SUPPORT
(66) VNA & HOSPICE OF COOLEY DICKINSON INC 168 INDUSTRIAL DR NORTHAMPTON,MA 01060	04-2104788	501(C)(3)	24,399	0			EXEMPT AFFILIATE SUPPORT
(67) MASS GENERAL BRIGHAM MEDICAL GROUP WESTERN MASSACHUSETTS INC PO BOX 913 NORTHAMPTON,MA 01060	04-3194547	501(C)(3)	160,082	0			EXEMPT AFFILIATE SUPPORT
(68) MASS GENERAL BRIGHAM COMMUNITY PHYSICIANS INC 800 BOYLSTON ST BOSTON,MA 02199	04-3236175	501(C)(3)	6,914,494	0			EXEMPT AFFILIATE SUPPORT
(69) MASS GENERAL BRIGHAM SPECIALTY PHARMACY INC 800 BOYLSTON ST BOSTON,MA 02199	82-1707493	501(C)(3)	28,879,112	0			EXEMPT AFFILIATE SUPPORT
(70) WENTWORTH-DOUGLASS HOSPITAL 789 CENTRAL AVE DOVER,NH 03820	02-0260334	501(C)(3)	1,212,622	0			EXEMPT AFFILIATE SUPPORT
(71) WENTWORTH-DOUGLASS PHYSICIAN CORPORATION 789 CENTRAL AVE DOVER,NH 03820	02-0497927	501(C)(3)	1,126,383	0			EXEMPT AFFILIATE SUPPORT
(72) MASSACHUSETTS EYE & EAR INFIRMARY 243 CHARLES STREET BOSTON,MA 02114	04-2103591	501(C)(3)	1,066,833	0			EXEMPT AFFILIATE SUPPORT
(73) SCHEPENS EYE RESEARCH INSTITUTE INC 243 CHARLES STREET BOSTON,MA 02114	04-2129889	501(C)(3)	17,560	0			EXEMPT AFFILIATE SUPPORT
(74) MASSACHUSETTS EYE & EAR ASSOCIATES INC 243 CHARLES STREET BOSTON,MA 02114	22-2658209	501(C)(3)	468,000	0			EXEMPT AFFILIATE SUPPORT
(75) MASS GENERAL BRIGHAM MEDICAL GROUP INC 800 BOYLSTON ST BOSTON,MA 02199	84-1908707	501(C)(3)	405,154	0			EXEMPT AFFILIATE SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 67

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 8

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	MASS GENERAL BRIGHAM INCORPORATED MAKES DONATIONS TO VARIOUS TAX-EXEMPT ORGANIZATIONS. THESE DONATIONS CAN BE USED BY THE RECIPIENT ONLY IN FURTHERANCE OF THEIR TAX-EXEMPT MISSION.

Additional Data

Return to Form

Software ID:

Software Version:

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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANNE KLIBANSKI MD PRESIDENT, CEO & DIRECTOR	(i)	2,384,133	4,284,478	174,804	1,536,300	28,101	8,407,816	0
	(ii)	0	0	0	0	0	0	0
2 JOHN R BARKER FORMER CHIEF INVESTMENT OFFICER	(i)	9,167	3,462,523	52,785	11,533	707	3,536,715	0
	(ii)	0	0	0	0	0	0	0
3 RON M WALLS MD CHIEF OPERATING OFFICER	(i)	1,998,599	846,896	300,468	36,300	28,659	3,210,922	0
	(ii)	0	0	0	0	0	0	0
4 GREGG S MEYER MD MSC PRESIDENT, COMMUNITY DIVISION	(i)	1,547,500	355,981	874,376	36,300	30,459	2,844,616	0
	(ii)	0	0	0	0	0	0	0
5 ELIZABETH L BALDWIN PORTFOLIO MANAGER	(i)	620,123	1,610,437	36,650	23,100	59,311	2,349,621	0
	(ii)	0	0	0	0	0	0	0
6 NIYUM GANDHI CFO & TREASURER	(i)	1,468,140	714,897	92,188	19,800	28,557	2,323,582	0
	(ii)	0	0	0	0	0	0	0
7 KATHERINE L KAMM PORTFOLIO MANAGER	(i)	582,623	1,610,437	57,923	23,100	38,913	2,312,996	0
	(ii)	0	0	0	0	0	0	0
8 LAURA PEABODY CHIEF LEGAL OFFICER & SECRETARY	(i)	1,147,578	580,444	111,190	36,300	31,399	1,906,911	0
	(ii)	0	0	0	0	0	0	0
9 JANE D MORAN CHIEF INFORMATION & DIGITAL OFFICER	(i)	1,220,000	386,610	87,034	29,700	20,741	1,744,085	0
	(ii)	0	0	0	0	0	0	0
10 O'NEIL BRITTON MD ASSOCIATE CHIEF OPERATING OFFICER	(i)	1,206,324	258,584	98,925	36,300	39,984	1,640,117	0
	(ii)	0	0	0	0	0	0	0
11 JEFF A WEISS CHIEF STRATEGY & TRANSFORMATION OFF.	(i)	982,942	409,161	106,655	29,700	29,020	1,557,478	0
	(ii)	0	0	0	0	0	0	0
12 THOMAS DEAN SEQUIST MD CHIEF MEDICAL OFFICER	(i)	997,500	323,302	100,267	36,300	37,485	1,494,854	0
	(ii)	0	0	0	0	0	0	0
13 PAUL ANDERSON MD PHD CHIEF ACADEMIC OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	1,048,791	207,669	118,459	51,391	7,690	1,434,000	0
14 ROSEMARY R SHEEHAN FORMER CHIEF HUMAN RESOURCES OFFICER	(i)	680,625	370,329	338,744	36,300	1,321	1,427,319	0
	(ii)	0	0	0	0	0	0	0
15 EMMA SOMERS-ROY CHIEF INVESTMENT OFFICER	(i)	354,457	836,551	11,183	0	36,644	1,238,835	0
	(ii)	0	0	0	0	0	0	0
16 YOLONDA LORIG COLSON MD PHD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	706,000	105,100	109,686	39,600	28,404	988,790	0
17 KEVIN S SCHLICKE FORMER INTERIM TREASURER	(i)	557,927	139,659	64,075	36,300	37,086	835,047	0
	(ii)	0	0	0	0	0	0	0
18 JAMES W NOGA FORMER VP & CHIEF INFORMATION OFF.	(i)	0	0	834,226	0	711	834,937	0
	(ii)	0	0	0	0	0	0	0
19 ZARA R COOPER MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	580,500	89,550	45,560	39,600	28,367	783,577	0
20 PETER K MARKELL FORMER - EVP, CFO & TREASURER	(i)	0	0	515,469	0	397	515,866	0
	(ii)	0	0	0	0	0	0	0
21 ALISTAIR ERSKINE MD FORMER CHIEF DIGITAL HEALTH OFFICER	(i)	204,686	0	20,804	17,662	1,541	244,693	0
	(ii)	0	0	0	0	0	0	0
22 MAUREEN GOGGIN FORMER SECRETARY	(i)	102,164	0	51,817	2,150	2,415	158,546	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
TRUSTEE COMPENSATION	TRUSTEES RECEIVE NO COMPENSATION OR CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS FOR SERVICE ON THE BOARD OR ITS COMMITTEES. BOARD MEMBERS WHO ARE ALSO EMPLOYED BY THE CORPORATION OR A MASS GENERAL BRIGHAM INCORPORATED AFFILIATE RECEIVE COMPENSATION ONLY FOR THEIR SERVICES AS EMPLOYEES.
PART I, LINE 1A:	HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES WERE PROVIDED TO A CERTAIN KEY EMPLOYEE LISTED ON FORM 990, PART VII. THIS BENEFIT WAS PROVIDED PURSUANT TO A WRITTEN POLICY. THE HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES WERE TREATED AS TAXABLE COMPENSATION.
PART I, LINES 4A-B:	RECEIPT OF SEVERANCE PAYMENT PETER K. MARKELL - $478,275 JAMES W. NOGA - $810,263 ROSEMARY R. SHEEHAN - $244,375 NONQUALIFIED RETIREMENT PLAN PARTICIPATION IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THESE AMOUNTS ARE ALREADY INCLUDED IN THE COMPENSATION DISCLOSED ON SCHEDULE J, PART II GREGG S. MEYER, M.D - $758,015 RON M. WALLS, M.D. - $167,297
PART I, LINE 7	CERTAIN EMPLOYEES RECEIVED INCENTIVE COMPENSATION BASED ON ACHIEVEMENT OF ORGANIZATIONAL AND INDIVIDUAL GOALS. THE COMPENSATION COMMITTEE OF MASS GENERAL BRIGHAM INCORPORATED OR THE COMPENSATION COMMITTEES OF MASS GENERAL BRIGHAM INCORPORATED SUBORDINATE ENTITIES HAVE THE FINAL AUTHORITY FOR SUCH PAYMENTS.

Additional Data

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MHEFA PARTNERS HEALTHCARE SYSTEM INC SERIES F	04-2456011	57586CGW9	06-10-2005	411,566,153	SERIES F - SEE SCHEDULE K PART VI		X		X		X
B	MHEFA PARTNERS HEALTHCARE SER G-1G-2G-3G-4G-6	04-2456011	57586CZW8	06-07-2007	380,000,000	SERIES G - SEE SCHEDULE K PART VI		X		X		X
C	MHEFA PARTNERS HEALTHCARE SYSTEM INC SERIES H	04-2456011	57586CW27	04-01-2008	171,320,000	SERIES H - SEE SCHEDULE K PART VI		X		X		X
D	MDFA PARTNERS HEALTHCARE SYSTEM INC SERIES K	04-3431814	57583R6W0	01-13-2011	436,019,104	SERIES K - SEE SCHEDULE K PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	185,275,000	305,000,000	17,645,000	323,165,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	419,448,101	386,190,828	171,320,000	436,030,814
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	18,398,432	20,479,076		
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	2,671,595	2,776,551	420,000	3,523,063
8	Credit enhancement from proceeds	2,650,000	4,696,147		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	326,493,380	358,239,054		201,342,457
11	Other spent proceeds	69,234,694		170,900,000	231,165,294
12	Other unspent proceeds				
13	Year of substantial completion	2007	2009	2009	2011

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?	X			X	X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, 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
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	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	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X		X	
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X	X	
b	Name of provider	BEAR STEARNS CAPITAL MARKETS		GOLDMAN SACHS CAPITAL MARKETS				MERRILL LYNCH CAPITAL SERVICES	
c	Term of hedge	3500.0000000000 %		3500.0000000000 %				3500.0000000000 %	
d	Was the hedge superintegrated?		X		X				X
e	Was the hedge terminated?	X		X				X	
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X		X		X			X
b	Name of provider	XL ASSET FUNDING COMPANY I LLC		CITIGROUP FINANCIAL PRODUCTS INC		CITIGROUP FINANCIAL PRODUCTS INC			
c	Term of GIC	180.0000000000 %		170.0000000000 %		80.0000000000 %			
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X		X			
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation
PART I BOND ISSUES (F) DESCRIPTION OF PURPOSE	(A) FINANCING A PORTION OF THE FOLLOWING PROJECTS: TENANT IMPROVEMENTS AND FIT OUT OF LEASED SPACE; CONSTRUCTION AND RENOVATION OF OPERATING ROOMS AT AN AMBULATORY SURGERY CENTER; RENOVATIONS TO VARIOUS CLINICAL AREAS. FINANCING A PORTION OF THE FOLLOWING PROJECTS: ACQUISITION OF A FACILITY AND A SMALL PARCEL OF VACANT LAND; CONSTRUCTION OF A CARDIOVASCULAR CENTER; THE ACQUISITION AND INSTALLATION OF CAPITAL EQUIPMENT AND CONSTRUCTION OF IMPROVEMENTS AND RENOVATIONS TO VARIOUS EXISTING FACILITIES. FINANCING A PORTION OF THE CONSTRUCTION AND RENOVATION OF FACILITIES. FINANCING THE ACQUISITION AND IMPROVEMENTS OF A PORTION OF A BUILDING AND INSTALLATION OF CAPITAL EQUIPMENT THEREIN. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, NEWTON-WELLESLEY HOSPITAL ISSUE, SERIES E, ISSUED 9/20/95. (B) FINANCING A PORTION OF CONSTRUCTION OF A CARDIOVASCULAR CENTER. FINANCING THE FOLLOWING PROJECTS: A PORTION OF THE CONSTRUCTION OF A BUILDING AND A RECEIVING DOCK; A PORTION OF THE COST OF ACQUISITION OF CONDOMINIUM UNITS; AND RENOVATIONS TO CLINICAL SPACE. FINANCING A PORTION OF RENOVATIONS AND IMPROVEMENTS TO INPATIENT CLINICAL AREAS. FINANCING A PORTION OF THE FOLLOWING PROJECTS: CONSTRUCTION AND EQUIPPING OF AN AMBULATORY CARE CENTER; THE ACQUISITION AND INSTALLATION OF A SYSTEM-WIDE REVENUE MANAGEMENT SYSTEM. (C) REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES G-1 AND G-3, ISSUED 6/28/07. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY VARIABLE RATE DEMAND REVENUE BONDS, NEWTON-WELLESLEY HOSPITAL ISSUE, SERIES F, ISSUED 11/16/1995. (D) FINANCING A PORTION OF RENOVATIONS AND IMPROVEMENTS TO AN EMERGENCY DEPARTMENT. FINANCING A PORTION OF THE FOLLOWING PROJECTS: THE CONSTRUCTION OF A BUILDING AND A RECEIVING DOCK; CONSTRUCTION AND EQUIPPING OF A MULTI-SPECIALTY AMBLUATORY CARE CENTER; AND RENOVATIONS TO CLINICAL SPACE. FINANCING A PORTION OF PLANNING COSTS INCLUDING ENVIRONMENTAL REMEDIATION COSTS ASSOCIATED WITH THE DEVELOPMENT OF A NEW REHABILITATION HOSPITAL FACILITY. FINANCING A PORTION OF THE FOLLOWING PROJECTS: THE ACQUISITION AND INSTALLATION OF A SYSTEM-WIDE REVENUE MANAGEMENT SYSTEM AND AN ACUTE CARE DOCUMENTATION MANAGEMENT SYSTEM. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES C. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES D-1, D-2 & D-4.
PART I BOND ISSUES (F) DESCRIPTION OF PURPOSE (CONTINUE)	(E) FINANCING A PORTION OF THE CONSTRUCTION OF A NEW BUILDING AT BRIGHAM AND WOMEN'S HOSPITAL'S MAIN CAMPUS AND A NEW BUILDING TO HOUSE A 132-BED REPLACEMENT FACILITY FOR SPAULDING REHABILITATION HOSPITAL. FINANCING A PORTION OF THE CONSTRUCTION OF AN UNDERGROUND PARKING FACILITY. FINANCING A PORTION OF THE ACQUISITION AND INSTALLATION OF A SYSTEM-WIDE REVENUE MANAGEMENT AND CLINICAL APPLICATION SYSTEM. FINANCING A PORTION OF THE CONSTRUCTION OF A TWO STORY DATA CENTER AND A NEW POWER PLANT. FINANCING A PORTION OF THE RENOVATION, EQUIPPING AND FURNISHING OF VARIOUS FACILITIES. REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES K-3. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES D-3. (F) REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES F-4. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES I-1. (G) FINANCING A PORTION OF THE CONSTRUCTION OF A NEW BUILDING AT BRIGHAM AND WOMEN'S HOSPITAL'S MAIN CAMPUS. FINANCING A PORTION OF THE CONSTRUCTION OF AN UNDERGROUND PARKING FACILITY. FINANCING A PORTION OF THE CONSTRUCTION OF A TWO STORY DATA CENTER AND A NEW POWER PLANT. FINANCING A PORTION OF THE ACQUISITION AND INSTALLATION OF A SYSTEM-WIDE REVENUE MANAGEMENT AND CLINICAL APPLICATION SYSTEM. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES F-5. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES G-5.
PART I BOND ISSUES (F) DESCRIPTION OF PURPOSE (CONTINUE)	(H) FINANCING A PORTION OF THE CONSTRUCTION OF A NEW BUILDING AT BRIGHAM AND WOMEN'S HOSPITAL'S MAIN CAMPUS. FINANCING A PORTION OF THE RENOVATION OF A NEONATAL INTENSIVE CARE UNIT AND CONSTRUCTION OF A SPECIAL CARE NURSERY. FINANCING A PORTION OF THE CONSTRUCTION OF A TWO STORY DATA CENTER. FINANCING A PORTION OF THE ACQUISITION AND INSTALLATION OF A SYSTEM-WIDE REVENUE MANAGEMENT AND CLINICAL APPLICATION SYSTEM. REFINANCING INTERIM BORROWING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES K-4. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES F-5. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES G-5. (I) REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES G-5. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES G-6. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES I-2 & I-3. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES J-1. REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES K-5. REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES L. REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES M-3 & M-5. REFINANCING NEW HAMPSHIRE HEALTH AND EDUCATION FACILITIES AUTHORITY REVENUE BONDS, WENTWORTH-DOUGLAS HOSPITAL ISSUE, SERIES 2011 A. REFINANCING NEW HAMPSHIRE HEALTH AND EDUCATION FACILITIES AUTHORITY REVENUE BONDS, WENTWORTH-DOUGLAS HOSPITAL ISSUE, SERIES 2016 A & B. (J) REFINANCING

	LINE OF CREDIT DRAW, WHICH WAS USED TO FINANCE A PORTION OF THE COSTS OF CONSTRUCTION, IMPROVEMENT, RENOVATION AND EQUIPPING OF CERTAIN MASSACHUSETTS EYE AND EAR (MEE) FACILITIES. REFINANCING MASSACHUSETTS HEALTH & EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, MASSACHUSETTS EYE AND EAR INFIRMARY ISSUE, SERIES D. REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES M-2. (K) FINANCING A PORTION OF THE CONSTRUCTION OF A BUILDING AND RENOVATION OF AN EXISTING BUILDING, ON THE MAIN CAMPUS OF NORTH SHORE MEDICAL CENTER, INC.'S SALEM HOSPITAL. FINANCING A PORTION OF THE RENOVATION AND EQUIPPING OF THE BRIGHAM AND WOMEN'S HEALTH CARE CENTER IN WESTWOOD. FINANCING A PORTION OF THE ACQUISITION, RENOVATION AND EQUIPPING OF 830 AND 850 BOYLSTON STREET IN BOSTON. RENOVATION AND EQUIPPING OF THE BRIGHAM AND WOMEN'S/MASS GENERAL HEALTH CARE CENTER AT FOXBOROUGH. REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES O-3. REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES M-1. REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES J-2. (L) REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES R-1. REFINANCING MASS GENERAL BRIGHAM TAXABLE COMMERCIAL PAPER NOTES, SERIES B-1, THAT REFINANCED ON AN INTERIM BASIS, MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES S-5.
PART I BOND ISSUES (F) DESCRIPTION OF PURPOSE (CONTINUE)	(M) REFINANCING MASS GENERAL BRIGHAM TAXABLE COMMERCIAL PAPER NOTES, SERIES B-1, THAT REFINANCED ON AN INTERIM BASIS, MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES S-3. (N) FINANCING A PORTION OF THE CONSTRUCTION, RENOVATION AND EQUIPPING OF A NEW HOSPITAL BUILDING IN BOSTON. FINANCING A PORTION OF THE CONSTRUCTION, RENOVATION AND EQUIPPING OF A 5-STORY ADDITION TO AN EXISTING HOSPITAL FACILITY AND RENOVATION AND CONSTRUCTION OF GARAGE FACILITIES IN BOSTON. REFINANCING MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES S-4. REFINANCING MASS GENERAL BRIGHAM TAXABLE COMMERCIAL PAPER NOTES, SERIES B-1, THAT REFINANCED ON AN INTERIM BASIS, MASSACHUSETTS DEVELOPMENT FINANCE AGENCY, PARTNERS HEALTHCARE SYSTEM ISSUE, SERIES R-2.
PART II PROCEEDS (3)	TOTAL PROCEEDS INCLUDE INVESTMENT EARNINGS.
PART III, LINE 9	WITH RESPECT TO PROPERTY FOR WHICH POTENTIAL PRIVATE USE HAS BEEN IDENTIFIED AT THE TIME OF ISSUANCE OR MAY BE ANTICIPATED, MASS GENERAL BRIGHAM INCORPORATED DOES NOT UTILIZE TAX-EXEMPT BOND FINANCING FOR THAT PORTION OF THE PROPERTY. MASS GENERAL BRIGHAM INCORPORATED HAS PROCEDURES IN PLACE THAT PERMITS MONITORING OF ANY PRIVATE USES ARISING POST-ISSUANCE.
PART IV ARBITRAGE (1)	FORM 8038-T HAS NOT BEEN FILED AS ARBITRAGE REBATE PAYMENTS HAVE NOT BEEN REQUIRED. A 7/16/2020 B 7/7/2022 C 5/16/2023 D 2/24/2021 E 3/13/2024 F 10/11/2019 G 3/5/2020 H 2/2/2021 I 11/11/2022 J 3/13/2024
PART IV ARBITRAGE (4E)	(A) ONE OF THE ORIGINAL TWO QUALIFIED HEDGES WAS AMENDED AND DEEMED TERMINATED IN 2020.

Additional Data

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MDFA PARTNERS HEALTHCARE SYSTEM INC SERIES M	04-3431814	57583UG77	01-30-2014	510,376,675	SERIES M - SEE SCHEDULE K PART VI		X		X		X
B	MDFA PARTNERS HEALTHCARE SYSTEM SERIES N-1 AND N-2	04-3431814	NONEAVAIL	08-27-2014	141,350,000	SERIES N - SEE SCHEDULE K PART VI		X		X		X
C	MDFA PARTNERS HEALTHCARE SYSTEM SERIES O	04-3431814	57583UW20	01-29-2015	357,583,529	SERIES O - SEE SCHEDULE K PART VI	X			X		X
D	MDFA PARTNERS HEALTHCARE SYSTEM SERIES Q	04-3431814	57584XJG7	01-28-2016	491,625,624	SERIES Q - SEE SCHEDULE K PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	494,205,000	19,100,000	99,645,000	39,595,000
2	Amount of bonds legally defeased			58,100,000	
3	Total proceeds of issue	510,376,950	141,350,000	359,440,557	492,608,063
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	4,042,015		2,813,646	3,731,911
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	360,854,935		214,703,942	402,774,737
11	Other spent proceeds	145,480,000	141,350,000	141,922,969	86,101,415
12	Other unspent proceeds				
13	Year of substantial completion	2014	2009	2015	2016

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?	X		X			X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, 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
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	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	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X		X	
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X			X

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X			X
b	Name of provider	BEAR STEARNS CAPITAL MARKETS		BANK OF AMERICA N A		BEAR STEARNS CAPITAL MARKETS			
c	Term of hedge	3500.0000000000 %		3500.0000000000 %		3500.0000000000 %			
d	Was the hedge superintegrated?		X		X		X		
e	Was the hedge terminated?		X	X			X		
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation

Additional Data

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MDFA PARTNERS HEALTHCARE SYSTEM SERIES S	04-3431814	57584X8W4	12-28-2017	1,187,892,482	SERIES S - SEE SCHEDULE K PART VI		X		X		X
B	MDFA PARTNERS HEALTHCARE SYSTEM SERIES T-1 AND T-2	04-3431814	57584YPF0	01-29-2019	158,250,000	SERIES T - SEE SCHEDULE K PART VI		X		X		X
C	MDFA MASS GENERAL BRIGHAM INCORPORATED SERIES 2020 A	04-3431814	57584YWK1	01-29-2020	384,146,531	SERIES A - SEE SCHEDULE K PART VI		X		X		X
D	MDFA MASS GENERAL BRIGHAM INCORPORATED SERIES 2022 B	04-3431814	NONEAVAIL	10-03-2022	100,230,000	SERIES B - SEE SCHEDULE K PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	310,440,000	50,000,000	36,755,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	1,218,798,835	158,250,000	384,146,531	100,230,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	5,920,978		1,510,330	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds			243,871,031	
11	Other spent proceeds	1,212,877,857	158,250,000	138,765,169	100,230,000
12	Other unspent proceeds				
13	Year of substantial completion	2016	2014	2019	2016

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, 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
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	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	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X		X	
b	Exception to rebate?	X		X			X		X
c	No rebate due?	X		X			X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X	X	

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X	X	
b	Name of provider	BANK OF AMERICA N A		JPMORGAN CHASE BANK N A				BANK OF AMERICA N A	
c	Term of hedge	2700.0000000000 %		2940.0000000000 %				2970.0000000000 %	
d	Was the hedge superintegrated?		X		X				X
e	Was the hedge terminated?	X			X				X
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation

Additional Data

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MDFA MASS GENERAL BRIGHAM INCORPORATED SERIES 2023 C	04-3431814	NONEAVAIL	12-13-2023	69,870,000			X		X		X
B	MDFA MASS GENERAL BRIGHAM INCORPORATED SERIES 2024 D & E	04-3431814	57584Y7Y9	01-25-2024	493,233,765			X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	69,870,000	493,233,765		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds		3,903,480		
8	Credit enhancement from proceeds		350,500		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		369,498,952		
11	Other spent proceeds	69,870,000	119,480,833		
12	Other unspent proceeds				
13	Year of substantial completion	2016	2024		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?		X	X					
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, 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				
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		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	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?		X		X				
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X					

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

1	**(a)** Name of disqualified person	**(b)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of assistance	**(d)** Type of assistance	**(e)** Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) T BYRNE	FAMILY - HOCKFIELD	20,000	SALARY-MGPO		No
(2) E BYRNE	FAMILY - HOCKFIELD	90,750	SALARY-MGPO		No
(3) K HOLMAN	FAMILY - HOLMAN	52,332	SALARY-GHC		No
(4) N NOHRIA	FAMILY - NOHRIA	313,282	SALARY-BWH		No
(5) R SOBERMAN	FAMILY - KLIBANSKI	130,000	SALARY-MGPO		No
(6) A THORNDIKE	FAMILY - THORNDIKE	252,519	SALARY-MGPO		No
(7) SUFFOLK CONSTRUCTION	DIRECTOR - FISH	48,964,572	CONSTR SVCS		No
(8) NPP DEVELOPMENT	DIRECTOR - KRAFT	8,210,840	LEASE		No
(9) NPS LLC	DIRECTOR - KRAFT	1,500,000	MARKETING		No
(10) INTERSYSTEMS	DIRECTOR - RAGON	709,351	PROD & SVCS		No

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	MASS GENERAL BRIGHAM INCORPORATED ESTABLISHED IN MARCH 1994, IS THE CORPORATION OVERSEEING THE AFFILIATION OF BRIGHAM, INC. THE MASSACHUSETTS GENERAL HOSPITAL, NORTH SHORE MEDICAL CENTER, INC., NEWTON-WELLESLEY HOSPITAL, SPAULDING REHABILITATION, INC., MASS GENERAL BRIGHAM HEALTH PLAN, INC., AND THE FOUNDATION OF THE MASSACHUSETTS EYE AND EAR INFIRMARY, INC. MASS GENERAL BRIGHAM 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. MASS GENERAL BRIGHAM IS CREATING A FRAMEWORK IN WHICH ALL ASPECTS OF THE HEALTH CARE DELIVERY SYSTEM ARE COORDINATED BETWEEN AND AMONG PROVIDERS AND FACILITIES. MASS GENERAL BRIGHAM IMPROVES THE QUALITY OF HEALTH CARE AND FURTHER SERVES THE PUBLIC AT LARGE BY SUPPORTING ITS MEMBER ORGANIZATIONS SO THAT THEY MAY PURSUE THEIR PATIENT CARE, TEACHING AND RESEARCH MISSIONS. THE MEMBER ORGANIZATIONS OF MASS GENERAL BRIGHAM HAVE JOINED TOGETHER IN A COMMITMENT TO SERVE THE 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. MASS GENERAL BRIGHAM 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. MASS GENERAL BRIGHAM INCORPORATED IS COMMITTED TO WORKING WITH COMMUNITY RESIDENTS AND ORGANIZATIONS TO MAKE MEASURABLE, SUSTAINABLE IMPROVEMENTS IN THE HEALTH STATUS OF UNDERSERVED POPULATIONS. MASS GENERAL BRIGHAM AND ITS HOSPITALS ARE MAKING A DIFFERENCE IN THE COMMUNITIES IN WHICH WE LIVE AND WORK THROUGH INITIATIVES ON WORKFORCE DEVELOPMENT, PREVENTION AND ACCESS TO HEALTH CARE. IN ADDITION, MASS GENERAL BRIGHAM HOSPITALS HAVE PROVIDED CARE TO MORE THAN 100,000 UNINSURED AND MEDICAID PATIENTS ANNUALLY. MASS GENERAL BRIGHAM COMMUNITY BENEFIT PROGRAMS AND GRANTS FOCUS ON THREE IMPORTANT AREAS: ENHANCING ACCESS TO HEALTH CARE - MASS GENERAL BRIGHAM AND ITS HOSPITALS ARE COMMITTED TO WORKING WITH COMMUNITY RESIDENTS AND ORGANIZATIONS TO MAKE MEASURABLE AND SUSTAINABLE IMPROVEMENTS IN THE HEALTH STATUS OF UNDERSERVED POPULATIONS. WE SEEK TO INCREASE ACCESS TO QUALITY CARE REGARDLESS OF PATIENTS' ABILITY TO PAY, INSURANCE STATUS, OR OTHER POTENTIAL BARRIERS TO CARE. - MASS GENERAL BRIGHAM LICENSED AND AFFILIATED HEALTH CENTERS PROVIDE CARE TO 325,000 PATIENTS. - SINCE 1998, MASS GENERAL BRIGHAM HAS COMMITTED A TOTAL OF MORE THAN $83 MILLION TO ENSURE THAT HEALTH CENTERS HAVE THE SPACE AND TECHNOLOGY THEY NEED TO PROVIDE THEIR PATIENTS WITH EXCELLENT CARE. - MASS GENERAL BRIGHAM INVESTS MORE THAN $27 MILLION ANNUALLY IN OPERATING FUNDS TO STRENGTHEN COMMUNITY HEALTH CENTERS. BUILDING TOMORROW'S HEALTH CARE WORKFORCE - MASS GENERAL BRIGHAM INCORPORATED'S COMMITMENT TO PROVIDING ACCESS TO JOBS WITH FAMILY-SUSTAINING WAGES, EXCELLENT BENEFITS, AND OPPORTUNITIES FOR ADVANCEMENT IS A FOUNDATIONAL PRINCIPLE FOR MASS GENERAL BRIGHAM'S WORKFORCE DEVELOPMENT PROGRAMS. THROUGH CAREER PIPELINES FOR YOUTH, ADULT COMMUNITY RESIDENTS, AND CURRENT WORKERS, MBG CREATES EMPLOYMENT, TRAINING, AND EDUCATIONAL OPPORTUNITIES FOR INDIVIDUALS AND CONTRIBUTES TO THE ECONOMIC HEALTH OF COMMUNITIES IN WHICH THEY LIVE. - THOUSANDS OF MASS GENERAL BRIGHAM EMPLOYEES HAVE PARTICIPATED IN INTERNAL SKILL DEVELOPMENT OPPORTUNITIES. - MORE THAN 600 ADULT COMMUNITY RESIDENTS HAVE GRADUATED FROM OUR HEALTH CARE TRAINING AND EDUCATION PROGRAM OVER THE PAST 14 YEARS. - MORE THAN 400 STUDENTS EACH YEAR ARE EMPLOYED BY BRIGHAM AND WOMEN'S HOSPITAL (BWH), BRIGHAM AND WOMEN'S FAULKNER HOSPITAL (BWFH), MASSACHUSETTS GENERAL HOSPITAL (MGH), AND NORTH SHORE MEDICAL CENTER (NSMC) DURING THE SUMMER. MASS GENERAL BRIGHAM OFFERS MENTORING, ACADEMIC TUTORING, CAREER EXPOSURE, AND SCHOLARSHIP PROGRAMS TO AREA HIGH SCHOOL STUDENTS IMPROVING HEALTH THROUGH PREVENTION - MASS GENERAL BRIGHAM AND ITS HOSPITALS PROVIDE EFFECTIVE, COORDINATED, AND MEASURABLE LOCAL SUPPORT TO ADDRESS AND PREVENT SOCIO-MEDICAL PROBLEMS THAT FACE OUR COMMUNITIES. WE RAISE AWARENESS, ADVOCATE FOR PUBLIC POLICY CHANGES, IMPLEMENT PREVENTION PROGRAMS, AND SUCCESSFULLY DEVELOP ADDITIONAL TREATMENT RESOURCES TO HELP COMMUNITY RESIDENTS STAY HEALTHY. - MASS GENERAL BRIGHAM HOSPITALS' DOMESTIC VIOLENCE PROGRAMS HAVE SERVED 17,000 CLIENTS SINCE 1997. - OVER THE PAST 13 YEARS THE REVERE CARES SUBSTANCE ABUSE PREVENTION PROGRAM HAS HELPED REDUCE BINGE DRINKING BY 39% AND SMOKING BY 32% AMONG REVERE HIGH SCHOOL STUDENTS. CLINICIAN-LED INITIATIVES MASS GENERAL BRIGHAM'S PEOPLE SHARE A PASSIONATE COMMITMENT TO HEAL AND TO CARE FOR THOSE IN NEED. MASS GENERAL BRIGHAM SUPPORTS THE PASSION OF DEDICATED CLINICIANS BOTH DIRECTLY AND BY "SEEDING" THEIR START-UP INITIATIVES SO THEY CAN TACKLE COMPLEX HEALTH CARE CHALLENGES AND HELP MEET THE EVOLVING MEDICAL NEEDS OF THE GLOBAL COMMUNITY. FROM RESEARCH ON INFECTIOUS DISEASES INCLUDING HIV/AIDS AND TUBERCULOSIS AND BUILDING COMMUNITY-BASED TREATMENT PROGRAMS FOR THESE DISEASES, TO BUILDING CARDIAC SURGERY CENTERS IN RWANDA AND TRAINING PHYSICIANS IN UGANDA, INITIATIVES FUNDED BY MASS GENERAL BRIGHAM HAVE GROWN INTO WORLD-CLASS INSTITUTES SUPPORTED BY MAJOR PHILANTHROPISTS AND FOUNDATIONS. PLEASE VISIT: HTTPS://WWW.MASSGENERALBRIGHAM.ORG/EN/ABOUT/ADVANCING-CARE FOR MORE INFORMATION ABOUT SPECIFIC MASS GENERAL BRIGHAM'S PROGRAMS AND INITIATIVES.
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS AND FAMILY RELATIONSHIPS MARC CASPER & SCOTT SPERLING - BUSINESS RELATIONSHIP SUSAN HOCKFIELD & PHILLIP RAGON - BUSINESS RELATIONSHIP DIANE PATRICK & SCOTT SPERLING - BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 6	DECISIONS OF GOVERNING BODY SUBJECT TO MEMBER APPROVAL PURSUANT TO THE CORPORATE BYLAWS OF THE ORGANIZATION, THE AUTHORITY FOR THE FOLLOWING ACTIONS IS RESERVED TO THE MEMBERS OF THE ORGANIZATION: - MEMBERS SHALL DETERMINE THE NUMBER OF MASS GENERAL BRIGHAM DIRECTORS AND SHALL ELECT MASS GENERAL BRIGHAM DIRECTORS. MEMBERS MAY, BY A VOTE, INCREASE THE NUMBER OF MASS

Return Reference	Explanation
	GENERAL BRIGHAM DIRECTORS. - MEMBERS MAY DECREASE THE NUMBER OF MASS GENERAL BRIGHAM DIRECTORS, BUT ONLY TO ELIMINATE VACANCIES EXISTING BY REASON OF THE DEATH, RESIGNATION OR REMOVAL OF ONE OR MORE ELECTED MASS GENERAL BRIGHAM DIRECTORS. - MEMBERS MAY REMOVE A MASS GENERAL BRIGHAM DIRECTOR WITH OR WITHOUT CAUSE BY VOTE. - MEMBERS MAY AMEND MASS GENERAL BRIGHAM BYLAWS IN WHOLE OR IN PART OR MAY REPEAL AND ADOPT NEW BYLAWS. MEMBERS MAY ADOPT, AMEND OR REPEAL ANY BYLAW, INCLUDING ANY BYLAWS ADOPTED, AMENDED OR REPEALED BY THE DIRECTORS. PURSUANT TO THE LAWS OF MASSACHUSETTS, THE AUTHORITY FOR THE FOLLOWING ACTIONS IS RESERVED TO THE MEMBER OF THE ORGANIZATION: - AMEND OR RESTATE THE ARTICLES OF ORGANIZATION - CONSOLIDATION OR MERGER - SALE, LEASE, EXCHANGE OR DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATIONS PROPERTY OR ASSETS.
FORM 990, PART VI, SECTION A, LINE 7A	EXECUTIVE COMMITTEE UNLESS THE DIRECTORS OTHERWISE DETERMINE, ANY EXECUTIVE COMMITTEE APPOINTED BY THE DIRECTORS SHALL HAVE ALL OF THE POWERS OF THE DIRECTORS DURING INTERVALS BETWEEN MEETINGS OF THE DIRECTORS, EXCEPT FOR THE POWERS SPECIFIED IN SECTION 55 OF CHAPTER 156B OF THE MASSACHUSETTS GENERAL LAWS.
FORM 990, PART VI, SECTION A, LINE 7B	SEE STATEMENT ON QUESTION 6
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW THE FORM 990 WAS PREPARED AND REVIEWED BY THE MASS GENERAL BRIGHAM TAX DEPARTMENT. CERTAIN KEY SECTIONS WERE ALSO REVIEWED BY THE MASS GENERAL BRIGHAM CFO AND TREASURER; AND BY THE MASS GENERAL BRIGHAM CHIEF LEGAL OFFICER. THE CFO AND TREASURER REVIEWED AND SIGNED THE FORM 990. THE PROCESS FOR PREPARING AND REVIEWING FORM 990 WAS DISCUSSED AT THE MAY 2025 MEETING OF THE AUDIT AND COMPLIANCE COMMITTEE OF THE MASS GENERAL BRIGHAM BOARD OF DIRECTORS. THE COMPENSATION DISCLOSURES WERE PROVIDED TO THE MASS GENERAL BRIGHAM COMPENSATION COMMITTEE WHICH MET IN AUGUST 2025. THE FINAL FILING VERSION OF THE FORM 990 WAS PROVIDED TO EACH VOTING BOARD MEMBER PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY FOR PURPOSES OF ITS ANNUAL TAX FILING, MASS GENERAL BRIGHAM INCORPORATED HAS AN ANNUAL QUESTIONNAIRE PROCESS FOR OBTAINING INFORMATION ON INTERESTS THAT MAY GIVE RISE TO CONFLICTS FROM ALL OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES. IN ADDITION, IN CONNECTION WITH MASS GENERAL BRIGHAM'S CONFLICT OF INTEREST POLICY, THE MASS GENERAL BRIGHAM OFFICE FOR INTERACTIONS WITH INDUSTRY AND OFFICE OF THE GENERAL COUNSEL WORK TOGETHER TO PERIODICALLY DISTRIBUTE, COLLECT AND REVIEW DISCLOSURE STATEMENTS FROM THESE INDIVIDUALS. THE INFORMATION ON EACH SUCH DISCLOSURE IS REVIEWED BY EACH INDIVIDUAL'S SUPERVISOR (WHO IN THE CASE OF DIRECTORS AND TRUSTEES IS DEEMED TO CONSIST OF THE CHAIRMAN OF THE BOARD AND THE ENTITY'S PRESIDENT/CEO, WHO REVIEW THE DISCLOSURES WITH THE ASSISTANCE OF THE GENERAL COUNSEL OR ATTORNEY REPRESENTATIVES OF HER OFFICE). MASS GENERAL BRIGHAM HAS A CONFLICT OF INTEREST POLICY THAT APPLIES TO ALL ENTITIES IN THE SYSTEM*, AND WHICH IS DESIGNED TO: (1) IDENTIFY RELATIONSHIPS AND CONDUCT THAT CREATE EITHER CONFLICTS OF INTEREST OR CONFLICTS OF COMMITMENT; (2) ESTABLISH A SYSTEM FOR DISCLOSING AND RESOLVING POTENTIAL CONFLICTS; AND (3) ENSURE THAT TRANSACTIONS ARE NEGOTIATED AT ARM'S LENGTH AND THAT PAYMENTS ARE AT FAIR MARKET VALUE. UNDER OUR POLICY, WHEN A CONFLICT ARISES, THE INDIVIDUAL ASSOCIATED WITH THE OUTSIDE ENTITY IN QUESTION MUST PROVIDE FULL DISCLOSURE AND COMPLETELY RECUSE HIM/HERSELF FROM ANY INSTITUTIONAL DECISION-MAKING ABOUT THE TRANSACTION. IN APPROPRIATE CIRCUMSTANCES, (I) THE CORPORATION MUST CONSIDER AT LEAST TWO ALTERNATIVE DISINTERESTED COMPETITIVE PROPOSALS; OR MUST DETERMINE THAT TWO SUCH COMPETITIVE PROPOSALS DO NOT EXIST OR THAT IT WOULD BE IMPRACTICAL TO ELICIT OR CONSIDER SUCH COMPETITIVE PROPOSALS; AND (II) THE CORPORATION MUST DETERMINE THAT, NOTWITHSTANDING THE APPARENT CONFLICT, THE TRANSACTION IS FAIR AND REASONABLE TO THE CORPORATION AND IS IN THE BEST INTERESTS OF THE CORPORATION. A WRITTEN RECORD MUST BE MADE OF THESE DETERMINATIONS. FURTHERMORE, TRANSACTIONS THAT PRESENT PARTICULARLY SIGNIFICANT CONFLICTS ARE REVIEWED BY AN INDEPENDENT COMMITTEE OF MASS GENERAL BRIGHAM, WHICH REVIEW IS ALSO DOCUMENTED. CONFLICTS OF COMMITMENT BY THE MASS GENERAL BRIGHAM PRESIDENT AND CEO ARE ADDRESSED BY REQUIRING OUTSIDE ACTIVITIES TO BE APPROVED BY THE MASS GENERAL BRIGHAM BOARD CHAIR. * AS INSTITUTIONS ARE ADDED TO MASS GENERAL BRIGHAM INCORPORATED THERE IS A TRANSITION PERIOD.
FORM 990, PART VI, SECTION B, LINE 15	PROCESS FOR DETERMINING COMPENSATION THE ORGANIZATION HAS A BOARD LEVEL COMPENSATION COMMITTEE THAT REVIEWS AND APPROVES THE COMPENSATION FOR ALL CURRENT OFFICERS AND KEY EMPLOYEES. THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD WHO ARE NOT EMPLOYED BY THE ORGANIZATION, AND NO MEMBER MAY PARTICIPATE IN THE REVIEW AND APPROVAL OF COMPENSATION IF THE MEMBER HAS A CONFLICT OF INTEREST WITH RESPECT TO THAT COMPENSATION ARRANGEMENT. THE COMMITTEE RELIES ON DATA, PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT, WHICH INCLUDES COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS, IN FUNCTIONALLY COMPARABLE POSITIONS, AT SIMILARLY SITUATED ORGANIZATIONS. THE DELIBERATIONS AND DECISIONS OF THE COMMITTEE ARE DOCUMENTED IN MINUTES OF THE MEETING. THIS REVIEW PROCESS OCCURS AT LEAST ON AN ANNUAL BASIS.
FORM 990, PART VI, SECTION C, LINE 18	N/A
FORM 990, PART VI, SECTION C, LINE 19	PUBLIC AVAILABILITY OF FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS THE ORGANIZATION'S GOVERNING DOCUMENTS ARE FILED WITH THE MASSACHUSETTS SECRETARY OF STATE AND THE FINANCIAL STATEMENTS ARE FILED WITH THE MASSACHUSETTS ATTORNEY GENERAL, ALL OF WHICH ARE OPEN TO PUBLIC INSPECTION. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.
FORM 990, PART XI, LINE 9:	NON-SERVICE RELATED PENSION INCOME 222,910,442. CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PLANS -454,650,828.
FORM 990, PART XII, LINE 2C:	NO CHANGES FROM PRIOR YEAR.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
MASS GENERAL BRIGHAM INCORPORATED

Employer identification number
04-3230035

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MERRIMACK VALLEY ENDOSCOPY LLC ONE PARKWAY HAVERHILL, MA 01830 04-3578297	MEDICAL SERVICES	MA	5,482,871	359,053	MGBCP
(2) PARTNERS INNOVATION II LLC 800 BOYLSTON STREET BOSTON, MA 02199 81-4444790	INVESTMENTS	MA	0	0	MGB
(3) MASS GENERAL BRIGHAM VENTURES LLC 800 BOYLSTON STREET BOSTON, MA 02199 81-4431654	INVESTMENTS	MA	0	0	MGB
(4) MASSACHUSETTS EYE & EAR ASSOCIATES LLC 243 CHARLES STREET BOSTON, MA 02114 47-4262843	BILLING SERVICES	MA	1,010	0	MEEA
(5) PORTLAND INVESTMENTS-PIA LLC 399 REVOLUTION DRIVE SOMERVILLE, MA 02145	INVESTMENTS	ME	0	17,265,326	MGBPI
(6) PORTLAND INVESTMENTS-EP LLC 399 REVOLUTION DRIVE SOMERVILLE, MA 02145	INVESTMENTS	ME	0	15,183,291	MGBPI
(7) BRIGHAM HEALTH INTERNATIONAL LLC 75 FRANCIS STREET BOSTON, MA 02115 83-1118331	GLOBAL HEALTH CARE	MA	2,613,446	5,948,071	BH
(8) MEEA - CAPE COD PHO LLC 243 CHARLES STREET BOSTON, MA 02114 83-3091607	BILLING SERVICES	MA	45	0	MEEA
(9) MEEA - WINCHESTER PHO LLC 243 CHARLES STREET BOSTON, MA 02114 83-3077580	BILLING SERVICES	MA	0	0	MEEA
(10) MASS GENERAL BRIGHAM HEALTH PLAN SELECT LLC 399 REVOLUTION DRIVE SOMERVILLE, MA 02145 84-4317115	INSURANCE COMPANY - HMO	MA	43,559	1,122,591	MGBHP
(11) MASS GENERAL BRIGHAM GP III LLC 215 FIRST STREET SUITE 500 CAMBRIDGE, MA 02142 86-1874441	INVESTMENTS	MA	0	47,443,338	MGB
(12) MASSACHUSETTS EYE & EAR ASSOCIATES NORTH SUBURBAN 243 CHARLES STREET BOSTON, MA 02114 30-0976066	BILLING SERVICES	MA	1,048,881	0	MEEA
(13) NSPG BILLING 2 CORPORATION WAY SUITE 180 PEABODY, MA 01960 87-4097366	BILLING SERVICES	MA	0	0	NSPG

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 entity? Yes	No
(1) THE MASSACHUSETTS GENERAL HOSPITAL (MGH) 55 FRUIT STREET BOSTON, MA 02114 04-1564655	HEALTHCARE	MA	501(C)(3)	7	MGB	Yes	
(2) THE GENERAL HOSPITAL CORPORATION (GHC) 55 FRUIT STREET BOSTON, MA 02114 04-2697983	HOSPITAL	MA	501(C)(3)	3	MGH	Yes	
(3) MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION INC (MGPO) 55 FRUIT STREET BOSTON, MA 02114 04-2807148	PROVIDES PHYSICIAN SERVICES	MA	501(C)(3)	10	MGH	Yes	
(4) THE MGH INSTITUTE OF HEALTH PROFESSIONS INC (IHP) 36 FIRST AVENUE CHARLESTOWN, MA 02129 04-2868893	MED EDUCATION	MA	501(C)(3)	2	MGH	Yes	
(5) THE MCLEAN HOSPITAL CORPORATION (MCL) 115 MILL STREET BELMONT, MA 02478 04-2697981	HOSPITAL	MA	501(C)(3)	3	MGB	Yes	
(6) 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	
(7) WNR INC (WNR) 1 LINTON LANE OAK BLUFFS, MA 02557 04-3419920	NURSING SVCS.	MA	501(C)(3)	10	MVH	Yes	
(8) NANTUCKET COTTAGE HOSPITAL (NCH) 57 PROSPECT STREET NANTUCKET, MA 02554 04-2103823	HOSPITAL	MA	501(C)(3)	3	MGH	Yes	
(9) BRIGHAM INC (BH) 75 FRANCIS STREET BOSTON, MA 02115 04-2921338	ADMIN SUPPORT	MA	501(C)(3)	7	MGB	Yes	
(10) THE BRIGHAM AND WOMEN'S HOSPITAL INC (BWH) 75 FRANCIS STREET BOSTON, MA 02115 04-2312909	HOSPITAL	MA	501(C)(3)	3	BH	Yes	
(11) BIOSCIENCES RESEARCH FOUNDATION INC (BRF) 75 FRANCIS STREET BOSTON, MA 02115 22-2483849	PROMOTE RES.	MA	501(C)(3)	12A	BH	Yes	
(12) BWH RESEARCH INC (BWHR) 75 FRANCIS STREET BOSTON, MA 02115 04-3011445	MED RESEARCH	MA	501(C)(3)	12A	BH	Yes	
(13) BRIGHAM COMMUNITY PRACTICES INC (BCP) 75 FRANCIS STREET BOSTON, MA 02115 22-2588069	PROVIDES PHYSICIAN SERVICES	MA	501(C)(3)	10	BH	Yes	
(14) BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION INC (BWPO) 75 FRANCIS STREET BOSTON, MA 02115 04-3466314	PROVIDES PHYSICIAN SERVICES	MA	501(C)(3)	10	BH	Yes	
(15) BRIGHAM AND WOMEN'S FAULKNER HOSPITAL INC (BWFH) 1153 CENTRE STREET BOSTON, MA 02130 04-2768256	HOSPITAL	MA	501(C)(3)	3	BH	Yes	
(16) SPAULDING REHABILITATION INC (SR) PRUDENTIAL TOWER 800 BOYLSTON STREE BOSTON, MA 02199 26-0003495	ADMIN SUPPORT	MA	501(C)(3)	12A	MGB	Yes	
(17) THE SPAULDING REHABILITATION HOSPITAL CORPORATION (SRH) 300 FIRST AVENUE CHARLESTOWN, MA 02129 04-2551124	HOSPITAL	MA	501(C)(3)	3	SR	Yes	
(18) REHABILITATION HOSPITAL OF THE CAPE & ISLANDS CORPORATION (RHCI) 311 SERVICE ROAD EAST SANDWICH, MA 02537 04-3071419	HOSPITAL	MA	501(C)(3)	3	SR	Yes	
(19) SHAUGHNESSY-KAPLAN REHABILITATION HOSPITAL INC (SKRH) DOVE AVENUE SALEM, MA 01970 04-3067082	HEALTHCARE	MA	501(C)(3)	3	SR	Yes	
(20) MASS GENERAL BRIGHAM HOME CARE INC (MGBHC) 95 WELLS AVENUE NEWTON, MA 02459 04-2918280	HOME HEALTH	MA	501(C)(3)	10	MGB	Yes	
(21) SPAULDING NURSING AND THERAPY CENTER BRIGHTON INC (SNTCB) 101 MERRIMAC STREET BOSTON, MA 02114 22-2632121	HEALTHCARE	MA	501(C)(3)	3	SR	Yes	
(22) NORTH SHORE MEDICAL CENTER INC (NSMC) 81 HIGHLAND AVENUE SALEM, MA 01970 04-3399616	HOSPITAL	MA	501(C)(3)	3	MGBCD	Yes	
(23) MASS GENERAL BRIGHAM MEDICAL GROUP NORTHERN MASSACHUSETTS INC (MGBMGNM) F 81 HIGHLAND AVENUE SALEM, MA 01970 04-3080484	PROVIDES PHYSICIAN SERVICES	MA	501(C)(3)	12A	MGBMG	Yes	
(24) NEWTON-WELLESLEY HOSPITAL (NWH) 2014 WASHINGTON STREET NEWTON, MA 02462 04-2103611	HOSPITAL	MA	501(C)(3)	3	MGBCD	Yes	
(25) MASS GENERAL BRIGHAM MEDICAL GROUP SUBURBAN MASSACHUSETTS INC (MGBMGSM) F 2014 WASHINGTON STREET NEWTON, MA 02462 22-2560501	PROVIDES PHYSICIAN SERVICES	MA	501(C)(3)	10	MGBMG	Yes	
(26) PARTNERS MEDICAL INTERNATIONAL INC (PMI) 100 CAMBRIDGE STREET BOSTON, MA 02114 04-3197711	MED. TRAINING	MA	501(C)(3)	12A	MGB	Yes	
(27) SPAULDING HOSPITAL-CAMBRIDGE INC (SHC) 1575 CAMBRIDGE STREET CAMBRIDGE, MA 02138 27-0273715	HOSPITAL	MA	501(C)(3)	3	SR	Yes	
(28) NANTUCKET PHYSICIAN ORGANIZATION INC(NPO) 57 PROSPECT STREET NANTUCKET, MA 02554 26-4349357	PROVIDES PHYSICIAN SERVICES	MA	501(C)(3)	10	MGH	Yes	
(29) MASS GENERAL BRIGHAM HEALTH PLAN INC (MGBHP) 253 SUMMER STREET BOSTON, MA 02210 04-2932021	INSURANCE	MA	501(C)(4)	NONE	MGB	Yes	
(30) COOLEY DICKINSON HOSPITAL INC (CDH) 30 LOCUST STREET NORTHAMPTON, MA 01060 22-2617175	HOSPITAL	MA	501(C)(3)	3	MGH	Yes	
(31) VNA & HOSPICE OF COOLEY DICKINSON INC (VHCD) 168 INDUSTRIAL DRIVE NORTHAMPTON, MA 01060 04-2104788	HOME HEALTH	MA	501(C)(3)	10	CDH	Yes	
(32) MASS GENERAL BRIGHAM MEDICAL GROUP WESTERN MASSACHUSETTS INC (MGBMGWM) FK POBOX 911 NORTHAMPTON, MA 01060 04-3194547	PROVIDES PHYSICIAN SERVICES	MA	501(C)(3)	10	MGBMG	Yes	
(33) WENTWORTH-DOUGLASS HOSPITAL (WDH) 789 CENTRAL AVE DOVER, NH 03820 02-0260334	HOSPITAL	NH	501(C)(3)	3	MGH	Yes	
(34) WENTWORTH-DOUGLASS PHYSICIAN CORPORATION (WDPC) 789 CENTRAL AVE DOVER, NH 03820 02-0497927	PROVIDES PHYSICIAN SERVICES	NH	501(C)(3)	3	WDH	Yes	
(35) WENTWORTH-DOUGLASS HOSPITAL & HEALTH FOUNDATION (WDHF) 789 CENTRAL AVE DOVER, NH 03820 51-0491062	SUPPORT	NH	501(C)(3)	12B	WDH	Yes	
(36) FOUNDATION OF THE MASSACHUSETTS EYE AND EAR INFIMARY INC (FMMEI) 243 CHARLES STREET BOSTON, MA 02114 04-2785453	SUPPORT	MA	501(C)(3)	7	MGB	Yes	
(37) MASSACHUSETTS EYE & EAR INFIRMARY (MEEI) 243 CHARLES STREET BOSTON, MA 02114 04-2105591	HOSPITAL	MA	501(C)(3)	3	FMEEI	Yes	
(38) MASSACHUSETTS EYE & EAR ASSOCIATES INC (MEEA) 243 CHARLES STREET BOSTON, MA 02114 22-2658209	PROVIDES PHYSICIAN SERVICES	MA	501(C)(3)	10	FMEEI	Yes	
(39) MGB POOLED HOLDINGS LLC (MGBPH) 800 BOYLSTON STREET BOSTON, MA 02199 82-1715859	SUPPORT ORGANIZATION - HOLDS INTERESTS IN MGBPI	MA	501(C)(3)	12A	MGB	Yes	
(40) MASS GENERAL BRIGHAM SPECIALTY PHARMACY INC (MGBSP) 800 BOYLSTON STREET BOSTON, MA 02199 82-1707493	SPECIALTY PHARMACY	MA	501(C)(3)	12A	MGB	Yes	
(41) MASS GENERAL BRIGHAM URGENT CARE LLC (MGBUC) 920 WINTER STREET WALTHAM, MA 02451 47-1683619	URGENT CARE CENTERS	MA	501(C)(3)	10	MGB	Yes	
(42) HARBOR MEDICAL ASSOCIATES INC (HMA) 541 MAIN STREET SUITE 400 SO WEYMOUTH, MA 02190 04-2702579	PROVIDES PHYSICIAN SERVICES	MA	501(C)(3)	10	BH	Yes	
(43) SOUTH SHORE ENDOSCOPY CENTER INC (SSEC) 541 MAIN STREET SUITE 400 SO WEYMOUTH, MA 02190 04-3306443	PROVIDES PHYSICIAN SERVICES	MA	501(C)(3)	10	BH	Yes	
(44) MASS GENERAL BRIGHAM COMMUNITY PHYSICIANS INC (MGBCP) 800 BOYLSTON STREET BOSTON, MA 02199 04-3230175	ORGANIZE AND OPERATE PHYSICIAN NETWORK	MA	501(C)(3)	10	MGB	Yes	
(45) SCHEPENS EYE RESEARCH INSTITUTE INC (SERI) 20 STANFORD STREET BOSTON, MA 02114 04-2129889	RESEARCH	MA	501(C)(3)	7	FMEEI	Yes	
(46) MASS GENERAL BRIGHAM MEDICAL GROUP INC (MGBMG) 800 BOYLSTON STREET BOSTON, MA 02199 84-1908707	PROVIDES PHYSICIAN SERVICES	MA	501(C)(3)	10	MGB	Yes	
(47) FRIENDS OF MASS GENERAL CANADA INC 160 ELGIN STREET SUITE 2600 OTTAWA, ONTARIO CA	ADVANCE EDUCATION THROUGH RESEARCH AT MGH	CA		12A	MGH	Yes	
(48) MASS GENERAL BRIGHAM HEALTH PLAN HOLDING COMPANY INC (MGBHPHC) 399 REVOLUTION DRIVE SOMERVILLE, MA 02145 83-1039882	HOLDING COMPANY	MA	501(C)(3)	12B	MGB	Yes	
(49) MASS GENERAL BRIGHAM AMSURG INC (MGBAS) 399 REVOLUTION DRIVE SOMERVILLE, MA 02145 85-4372153	HOLDS THE CLINIC LICENSE FOR MGBMG	MA	501(C)(3)	12B	MGB	Yes	
(50) MASS GENERAL BRIGHAM COMMUNITY DIVISION INC (MGBCD) 399 REVOLUTION DRIVE SOMERVILLE, MA 02145 88-2110204	SUPPORT ORGANIZATION	MA	501(C)(3)	12B	MGB	Yes	
(51) MASS GENERAL BRIGHAM POPULATION HEALTH SERVICES INC (MGBPHS) 399 REVOLUTION DRIVE SOMERVILLE, MA 02145 99-0817225	PROVIDES HEALTHCARE SERVICES	MA	501(C)(3)	10	MGB	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) MGB POOLED INVESTMENTS LLC 399 REVOLUTION DRIVE SOMERVILLE, MA 02145 04-3268842	INVESTMENTS	MA	MGB	EXCLUDED	902,317,613	16,284,523,878		No		Yes		100.000 %
(2) PARTNERS INNOVATION FUND LLC 101 HUNTINGTON AVENUE BOSTON, MA 02199 26-2899986	INVESTMENTS	MA	MGB	EXCLUDED	22,005,641	90,384,781		No		Yes		100.000 %
(3) RADIATION THERAPY OF SOUTHEASTERN MA LLC 375 LONGWOOD AVENUE BOSTON, MA 02115 01-0873580	RADIATION THERAPY SERVICES	MA	BH	EXCLUDED	3,904,064	3,269,259		No		Yes		51.000 %
(4) MASS GENERAL BRIGHAM ACO LLC 399 REVOLUTION DRIVE SOMERVILLE, MA 02145 81-2762122	ACCOUNTABLE CARE ORGANIZATION	MA	MGB	EXCLUDED	1,998,173	1,135,176		No		Yes		100.000 %
(5) WENTWORTH SURGERY CENTER LLC 6 WORKS WAY SOMERSWORTH, NH 03878 90-0975583	SURGICAL CENTER	NH	WDH	EXCLUDED	8,803,349	3,799,779		No		Yes		98.000 %
(6) MASS GENERAL BRIGHAM GLOBAL ADVISORY LLC 399 REVOLUTION DRIVE SOMERVILLE, MA 02145 86-2788781	HEALTH CARE EDUCATION AND CONSULTING	MA	MGB	EXCLUDED	8,701,224	9,544,394		No		Yes		100.000 %
(7) NEW ENGLAND SURGERY CENTER HOLDINGS LLC 1550 W MCEWEN DRIVE SUITE 350 FRANKLIN, TN 37067 99-4930217	SURGERY CENTER	DE	MGB	EXCLUDED				No		Yes		70.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)NEWTON-WELLESLEY PHYSICIAN HOSPITAL ORG 2014 WASHINGTON STREET NEWTON, MA 02462 04-3209749	HEALTHCARE	MA	NWH	C	5,080,112	6,410,311	100.000 %		No
(2)MASS GENERAL BRIGHAM HEALTH INSURANCE COMPANY 399 REVOLUTION DRIVE SOMERVILLE, MA 02145 83-0970929	INSURANCE COMPANY	MA	MGB	C	77,402,418	55,726,360	100.000 %		No
(3)HEALTH PARTNERS OF NEW HAMPSHIRE INC 789 CENTRAL AVENUE DOVER, NH 03820 03-0443397	MANAGEMENT SERVICES	NH	WDH	C	769,057	2,057,286	50.000 %		No
(4)WENTWORTH HOMECARE AND HOSPICE LLC 121 BROADWAY SUITE 115 DOVER, NH 03820 87-2100049	HOMECARE & HOSPICE SERVICES	NH	WDH	C	6,197,983	1,576,301	50.000 %		No
(5)MGBV TH HOLDCO INC ONE MAIN STREET SUITE 510 CAMBRIDGE, MA 02142 93-2163190	INVESTMENTS	DE	MGBF III	C		625,000	100.000 %		No

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION INC	A	718,366	FMV
(2) MARTHA'S VINEYARD HOSPITAL	A	26,208	FMV
(3) THE MGH INSTITUTE OF HEALTH PROFESSIONS INC	A	37,127	FMV
(4) THE BRIGHAM AND WOMEN'S HOSPITAL INC	A	53,962,091	FMV
(5) THE GENERAL HOSPITAL CORPORATION	A	14,711,188	FMV
(6) THE MASSACHUSETTS GENERAL HOSPITAL	A	16,175,814	FMV
(7) THE MCLEAN HOSPITAL CORPORATION	A	5,348,326	FMV
(8) THE SPAULDING REHABILITATION HOSPITAL CORPORATION	A	205,322	FMV
(9) REHABILITATION HOSPITAL OF THE CAPE AND ISLANDS CORPORATION	A	28,172	FMV
(10) BRIGHAM AND WOMEN'S FAULKNER HOSPITAL INC	A	215,159	FMV
(11) NORTH SHORE MEDICAL CENTER INC	A	8,691,071	FMV
(12) NEWTON-WELLESLEY HOSPITAL	A	9,372,317	FMV
(13) SPAULDING NURSING AND THERAPY CENTER BRIGHTON INC	A	6,105	FMV
(14) SPAULDING REHABILITATION INC	A	276,391	FMV
(15) MASS GENERAL BRIGHAM COMMUNITY PHYSICIANS INC	A	30,974	FMV
(16) WENTWORTH-DOUGLASS HOSPITAL	A	3,790,435	FMV
(17) MASSACHUSETTS EYE & EAR INFIRMARY	A	5,506,782	FMV
(18) COOLEY DICKINSON HOSPITAL INC	A	1,164,776	FMV
(19) MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION INC	A	593,567	FMV
(20) SPAULDING REHABILITATION INC	B	284,972	FMV
(21) THE MASSACHUSETTS GENERAL HOSPITAL	B	10,306,092	FMV
(22) THE GENERAL HOSPITAL CORPORATION	B	5,834,645	FMV
(23) MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION INC	B	14,597,518	FMV
(24) THE SPAULDING REHABILITATION HOSPITAL CORPORATION	B	1,105,101	FMV
(25) REHABILITATION HOSPITAL OF THE CAPE AND ISLANDS CORPORATION	B	314,298	FMV
(26) THE MCLEAN HOSPITAL CORPORATION	B	551,595	FMV
(27) COOLEY DICKINSON HOSPITAL INC	B	311,027	FMV
(28) MASS GENERAL BRIGHAM HOME CARE INC	B	596,799	FMV
(29) MASS GENERAL BRIGHAM MEDICAL GROUP WESTERN MASSACHUSETTS INC	B	160,002	FMV
(30) SPAULDING HOSPITAL-CAMBRIDGE INC	B	374,598	FMV
(31) NANTUCKET COTTAGE HOSPITAL	B	157,133	FMV
(32) WENTWORTH-DOUGLASS HOSPITAL	B	1,164,317	FMV
(33) THE BRIGHAM AND WOMEN'S HOSPITAL INC	B	1,376,035	FMV
(34) BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION INC	B	11,000,415	FMV
(35) NORTH SHORE MEDICAL CENTER INC	B	641,986	FMV
(36) MASS GENERAL BRIGHAM MEDICAL GROUP NORTHERN MASSACHUSETTS INC	B	1,058,598	FMV
(37) NEWTON-WELLESLEY HOSPITAL	B	2,220,060	FMV
(38) MASS GENERAL BRIGHAM MEDICAL GROUP SUBURBAN MASSACHUSETTS INC	B	426,808	FMV
(39) MASS GENERAL BRIGHAM HEALTH PLAN INC	B	4,000,000	FMV
(40) MASSACHUSETTS EYE & EAR INFIRMARY	B	1,066,833	FMV
(41) MASSACHUSETTS EYE & EAR ASSOCIATES INC	B	405,000	FMV
(42) MASS GENERAL BRIGHAM COMMUNITY PHYSICIANS INC	B	1,157,893	FMV
(43) SPAULDING NURSING AND THERAPY CENTER BRIGHTON INC	B	124,200	FMV
(44) MASS GENERAL BRIGHAM HEALTH PLAN INC	C	1,356,000	FMV
(45) BRIGHAM INC	C	63,485,113	FMV
(46) COOLEY DICKINSON HOSPITAL INC	C	3,738,400	FMV
(47) FOUNDATION OF THE MASSACHUSETTS EYE AND EAR INFIRMARY INC	C	8,596,638	FMV
(48) THE MCLEAN HOSPITAL CORPORATION	C	4,845,831	FMV
(49) MASS GENERAL BRIGHAM HOME CARE INC	C	1,754,802	FMV
(50) THE MASSACHUSETTS GENERAL HOSPITAL	C	83,695,866	FMV
(51) MARTHA'S VINEYARD HOSPITAL	C	2,484,902	FMV
(52) NANTUCKET COTTAGE HOSPITAL	C	1,165,855	FMV
(53) NORTH SHORE MEDICAL CENTER INC	C	8,375,824	FMV
(54) NEWTON-WELLESLEY HOSPITAL	C	10,326,049	FMV
(55) SPAULDING REHABILITATION INC	C	4,830,860	FMV
(56) WENTWORTH-DOUGLASS HOSPITAL	C	8,176,464	FMV
(57) BRIGHAM AND WOMEN'S FAULKNER HOSPITAL INC	C	7,351,137	FMV
(58) THE BRIGHAM AND WOMEN'S HOSPITAL INC	D	69,300,000	FMV
(59) THE GENERAL HOSPITAL CORPORATION	D	337,000,000	FMV
(60) THE MCLEAN HOSPITAL CORPORATION	D	7,500,000	FMV
(61) BRIGHAM AND WOMEN'S FAULKNER HOSPITAL INC	D	81,000,000	FMV
(62) NORTH SHORE MEDICAL CENTER INC	D	9,910,000	FMV
(63) NEWTON-WELLESLEY HOSPITAL	D	7,500,000	FMV
(64) COOLEY DICKINSON HOSPITAL INC	D	8,300,000	FMV
(65) THE MGH INSTITUTE OF HEALTH PROFESSIONS INC	D	2,200,000	FMV
(66) THE MASSACHUSETTS GENERAL HOSPITAL	K	739,611	FMV
(67) MASS GENERAL BRIGHAM URGENT CARE LLC	L	1,412,089	FMV
(68) MASS GENERAL BRIGHAM MEDICAL GROUP INC	L	5,098,069	FMV
(69) THE GENERAL HOSPITAL CORPORATION	L	491,905,480	FMV
(70) MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION INC	L	34,174,984	FMV
(71) THE SPAULDING REHABILITATION HOSPITAL CORPORATION	L	24,507,844	FMV
(72) MASS GENERAL BRIGHAM HOME CARE INC	L	8,726,093	FMV
(73) SPAULDING NURSING AND THERAPY CENTER BRIGHTON INC	L	2,448,999	FMV
(74) SPAULDING HOSPITAL-CAMBRIDGE INC	L	7,096,970	FMV
(75) SPAULDING REHABILITATION INC	L	1,968,703	FMV
(76) REHABILITATION HOSPITAL OF THE CAPE AND ISLANDS CORPORATION	L	4,929,128	FMV
(77) MARTHA'S VINEYARD HOSPITAL	L	8,574,718	FMV
(78) NANTUCKET COTTAGE HOSPITAL	L	4,879,518	FMV
(79) THE MCLEAN HOSPITAL CORPORATION	L	27,056,479	FMV
(80) THE MGH INSTITUTE OF HEALTH PROFESSIONS INC	L	1,431,697	FMV
(81) WENTWORTH-DOUGLASS HOSPITAL	L	36,076,295	FMV
(82) COOLEY DICKINSON HOSPITAL INC	L	15,635,247	FMV
(83) THE BRIGHAM AND WOMEN'S HOSPITAL INC	L	372,152,701	FMV
(84) BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION INC	L	13,414,427	FMV
(85) BRIGHAM AND WOMEN'S FAULKNER HOSPITAL INC	L	28,441,255	FMV
(86) NORTH SHORE MEDICAL CENTER INC	L	61,568,690	FMV
(87) NEWTON-WELLESLEY HOSPITAL	L	63,771,546	FMV
(88) MASS GENERAL BRIGHAM MEDICAL GROUP SUBURBAN MASSACHUSETTS INC	L	567,997	FMV
(89) MASSACHUSETTS EYE & EAR INFIRMARY	L	35,835,348	FMV
(90) MASS GENERAL BRIGHAM COMMUNITY PHYSICIANS INC	L	14,332,490	FMV
(91) MASS GENERAL BRIGHAM HEALTH PLAN INC	L	7,262,567	FMV
(92) THE MASSACHUSETTS GENERAL HOSPITAL	M	6,216,498	FMV

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version: