

## **Audited Financial Statements**

Explanation of most recent Audited Financial Statement

Attached are the Partners Healthcare System, Inc. (PHS) and Affiliates Consolidated Financial Statements for September 30, 2011 and 2010. As a member of PHS, Partners HealthCare at Home (PHH) financials are included in these statements. PHH is also listed in these documents under Partners Continuing Care (PCC).

# **Partners HealthCare System, Inc. and Affiliates**

**Consolidated Financial Statements  
September 30, 2011 and 2010**

# Partners HealthCare System, Inc. and Affiliates

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September 30, 2011 and 2010

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## Report of Independent Auditors

To the Board of Directors of  
Partners HealthCare System, Inc. and Affiliates

In our opinion, the accompanying consolidated balance sheets and the related consolidated statements of operations, changes in net assets and cash flows present fairly, in all material respects, the financial position of Partners HealthCare System, Inc. and its Affiliates at September 30, 2011 and 2010, and the results of their operations, their changes in net assets and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America. These financial statements are the responsibility of Partners HealthCare System, Inc. and Affiliates' management. Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

*PricewaterhouseCoopers LLP*

December 2, 2011

**Partners HealthCare System, Inc. and Affiliates**  
**Consolidated Balance Sheets**  
**Years Ended September 30, 2011 and 2010**

<i>(dollars in thousands)</i>	<b>2011</b>	<b>2010</b>
<b>Assets</b>		
Current assets		
Cash and equivalents	\$ 439,537	\$ 626,919
Investments	1,256,257	1,050,749
Collateral held under securities lending arrangements	157,872	129,183
Current portion of investments limited as to use	1,309,628	1,084,877
Patient accounts receivable, net of allowance for bad debts (2011 - \$101,902; 2010 - \$114,425)	729,076	698,380
Research grants receivable	127,210	132,512
Other current assets	276,449	252,620
Receivable for settlements with third-party payers	33,379	39,472
Total current assets	<u>4,329,408</u>	<u>4,014,712</u>
Investments limited as to use, less current portion	2,077,403	2,106,023
Long-term investments	833,815	838,913
Pledges receivable, net and contributions receivable from trusts, less current portion	209,257	162,839
Property and equipment, net	3,944,757	3,749,234
Other assets	110,503	118,614
Total assets	<u>\$ 11,505,143</u>	<u>\$ 10,990,335</u>
<b>Liabilities and Net Assets</b>		
Current liabilities		
Current portion of long-term obligations	\$ 294,829	\$ 489,913
Accounts payable and accrued expenses	548,829	596,916
Accrued compensation and benefits	555,536	532,410
Collateral due under securities lending arrangements	157,872	129,183
Current portion of accrual for settlements with third-party payers	93,990	34,144
Unexpended funds on research grants	161,777	152,513
Total current liabilities	<u>1,812,833</u>	<u>1,935,079</u>
Other liabilities		
Accrual for settlements with third-party payers, less current portion	6,382	15,453
Accrued professional liability	80,908	70,260
Accrued employee benefits	1,241,562	977,836
Interest rate swaps liability	375,202	271,402
Accrued other	195,881	216,764
	<u>1,899,935</u>	<u>1,551,715</u>
Long-term obligations, less current portion	<u>2,338,788</u>	<u>1,977,033</u>
Total liabilities	<u>6,051,556</u>	<u>5,463,827</u>
Commitments and contingencies		
Net assets		
Unrestricted	4,331,876	4,391,191
Temporarily restricted	783,798	824,426
Permanently restricted	337,913	310,891
Total net assets	<u>5,453,587</u>	<u>5,526,508</u>
Total liabilities and net assets	<u>\$ 11,505,143</u>	<u>\$ 10,990,335</u>

The accompanying notes are an integral part of these consolidated financial statements.

**Partners HealthCare System, Inc. and Affiliates**  
**Consolidated Statements of Operations**  
**Years Ended September 30, 2011 and 2010**

<i>(dollars in thousands)</i>	<b>2011</b>	<b>2010</b>
<b>Operating revenue</b>		
Net patient service revenue, net of provision for bad debts (2011 - \$101,118; 2010 - \$117,140)	\$ 6,342,273	\$ 6,065,311
Direct academic and research revenue	1,175,548	1,045,789
Indirect academic and research revenue	355,953	324,583
Other revenue	607,338	572,488
Total operating revenue	<u>8,481,112</u>	<u>8,008,171</u>
<b>Operating expenses</b>		
Employee compensation and benefits	4,629,275	4,427,300
Supplies and other expenses	1,964,080	1,907,881
Direct academic and research expenses	1,175,548	1,045,789
Depreciation and amortization	397,199	356,844
Interest	82,193	75,677
Total operating expenses	<u>8,248,295</u>	<u>7,813,491</u>
Income from operations	<u>232,817</u>	<u>194,680</u>
Nonoperating gains (expenses)		
Income from investments	33,512	109,941
Change in fair value of nonhedging interest rate swaps	(35,868)	(40,690)
Gifts and other, net of fundraising and other expenses	(39,545)	(37,985)
Academic and research gifts, net of expenses	72,872	42,539
Total nonoperating gains, net	<u>30,971</u>	<u>73,805</u>
Excess of revenues over expenses	263,788	268,485
Other changes in net assets		
Change in net unrealized appreciation on marketable investments	(115,943)	58,545
Change in fair value of hedging interest rate swaps	(67,932)	(45,820)
Funds utilized for property and equipment	104,648	75,420
Net assets acquired through merger	-	193,818
Other	263	5,412
Change in funded status of defined benefit plans	(244,139)	(10,460)
(Decrease) increase in unrestricted net assets	<u>\$ (59,315)</u>	<u>\$ 545,400</u>

The accompanying notes are an integral part of these consolidated financial statements.

**Partners HealthCare System, Inc. and Affiliates**  
**Consolidated Statements of Changes in Net Assets**  
**Years Ended September 30, 2011 and 2010**

<i>(dollars in thousands)</i>	<b>Unrestricted</b>	<b>Temporarily Restricted</b>	<b>Permanently Restricted</b>	<b>Total</b>
<b>Net assets at October 1, 2009</b>	<b>\$ 3,845,791</b>	<b>\$ 829,928</b>	<b>\$ 298,894</b>	<b>\$ 4,974,613</b>
Increases (decreases)				
Income from operations	194,680	-	-	194,680
Income from investments	109,941	4,800	279	115,020
Gifts and other	(37,985)	23,652	14,903	570
Academic and research gifts, net of expenses	42,539	-	-	42,539
Change in net unrealized appreciation on marketable investments	58,545	6,372	364	65,281
Change in fair value of interest rate swaps				
Nonhedging	(40,690)	-	-	(40,690)
Hedging	(45,820)	-	-	(45,820)
Funds utilized for property and equipment	75,420	(38,848)	-	36,572
Net assets acquired through merger	193,818	-	-	193,818
Other	5,412	(1,478)	(3,549)	385
Change in funded status of defined benefit plans	(10,460)	-	-	(10,460)
Change in net assets	<u>545,400</u>	<u>(5,502)</u>	<u>11,997</u>	<u>551,895</u>
<b>Net assets at September 30, 2010</b>	<b><u>4,391,191</u></b>	<b><u>824,426</u></b>	<b><u>310,891</u></b>	<b><u>5,526,508</u></b>
Increases (decreases)				
Income from operations	232,817	-	-	232,817
Income (loss) from investments	33,512	(6,490)	449	27,471
Gifts and other	(39,545)	65,326	24,041	49,822
Academic and research gifts, net of expenses	72,872	-	-	72,872
Change in net unrealized appreciation on marketable investments	(115,943)	(20,688)	851	(135,780)
Change in fair value of interest rate swaps				
Nonhedging	(35,868)	-	-	(35,868)
Hedging	(67,932)	-	-	(67,932)
Funds utilized for property and equipment	104,648	(76,827)	-	27,821
Other	263	(1,949)	1,681	(5)
Change in funded status of defined benefit plans	(244,139)	-	-	(244,139)
Change in net assets	<u>(59,315)</u>	<u>(40,628)</u>	<u>27,022</u>	<u>(72,921)</u>
<b>Net assets at September 30, 2011</b>	<b><u>\$ 4,331,876</u></b>	<b><u>\$ 783,798</u></b>	<b><u>\$ 337,913</u></b>	<b><u>\$ 5,453,587</u></b>

The accompanying notes are an integral part of these consolidated financial statements.

**Partners HealthCare System, Inc. and Affiliates**  
**Consolidated Statements of Cash Flows**  
**Years Ended September 30, 2011 and 2010**

<i>(dollars in thousands)</i>	<b>2011</b>	<b>2010</b>
<b>Cash flows from operating activities</b>		
Change in net assets	\$ (72,921)	\$ 551,895
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Net assets acquired through merger	-	(193,818)
Change in funded status of defined benefit plans	244,139	10,460
Loss on refunding of debt	2,613	3,180
Change in fair value of interest rate swaps	103,800	86,510
Depreciation and amortization	397,199	356,844
Provision for bad debts	101,118	117,140
Loss on disposal of property	1,627	1,425
Net realized and change in unrealized appreciation on investments	44,668	(213,105)
Restricted contributions and investment income	(85,670)	(73,471)
Increase (decrease) in cash resulting from a change in		
Patient accounts receivable	(131,814)	(103,282)
Research grants receivable	5,302	678
Other current assets	(22,668)	5,297
Pledges receivable and contributions receivable from trusts	(47,579)	(6,240)
Other assets	2,926	(14,020)
Accounts payable and accrued expenses	(48,087)	15,038
Accrued compensation and benefits	26,173	53,972
Settlements with third-party payers	56,868	(24,154)
Unexpended funds on research grants	9,264	(12,977)
Accrued employee benefits and other	6,305	10,366
Net cash provided by operating activities	<u>593,263</u>	<u>571,738</u>
<b>Cash flows from investing activities</b>		
Purchase of property and equipment	(590,281)	(607,039)
Proceeds from sale of property	3,393	-
Purchase of investments	(1,832,903)	(1,290,358)
Proceeds from sales of investments	1,391,694	1,112,040
Net cash used for investing activities	<u>(1,028,097)</u>	<u>(785,357)</u>
<b>Cash flows from financing activities</b>		
Payments on long-term obligations	(39,644)	(65,098)
Proceeds from long-term obligations, net of financing costs	432,496	504,027
Decrease in auction rate securities holdings	-	20,000
Deposits into refunding trusts	(231,070)	(253,094)
Restricted contributions and investment income	85,670	73,471
Net cash provided by financing activities	<u>247,452</u>	<u>279,306</u>
Net (decrease) increase in cash and equivalents	(187,382)	65,687
Cash and equivalents at beginning of year	626,919	561,232
Cash and equivalents at end of year	<u>\$ 439,537</u>	<u>\$ 626,919</u>

The accompanying notes are an integral part of these consolidated financial statements.



# Partners HealthCare System, Inc. and Affiliates

## Notes to Consolidated Financial Statements

### September 30, 2011 and 2010

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*(dollars in thousands)*

#### 1. Organization and Community Benefit Commitments

Partners HealthCare System, Inc. (PHS) is the sole member of The Massachusetts General Hospital (MGH), Brigham and Women's/Faulkner Hospitals, Inc. (BW/F), NSMC HealthCare, Inc. (NSMC), Newton-Wellesley Health Care System, Inc. (NWHCS), Partners Continuing Care, Inc. (PCC) and Partners International Medical Services, LLC (PIMS). PHS appoints the two physicians who are the members of Partners Community HealthCare, Inc. (PCHI). The individual serving as the PHS President and Chief Executive Officer is the sole member of Partners Harvard Medical International, Inc. (PHMI). PHS, together with all of its affiliates, is referred to as "Partners HealthCare."

Partners HealthCare currently operates two tertiary and six community acute care hospitals in eastern Massachusetts, one facility providing inpatient and outpatient mental health services and four facilities providing inpatient and outpatient services in rehabilitation medicine and long term care. Partners HealthCare also operates physician organizations and practices, a home health agency, nursing homes, and a graduate level program for health professions. Partners HealthCare provides services to patients primarily from the Greater Boston area as well as New England and beyond. In addition, Partners HealthCare is a nonuniversity-based nonprofit private medical research enterprise and is a principal teaching affiliate of the medical and dental schools of Harvard University.

On September 30, 2010, the Massachusetts Biomedical Research Corporation (MBRC) merged into The General Hospital Corporation (the General). MBRC was a tax-exempt organization created for the purposes of promoting and supporting basic and applied biomedical and other scientific research, owning and leasing real estate in order to enhance and to provide facilities for the conduct of such research and other hospital-related support functions, and promoting and supporting education in the field of medicine. MBRC purchased real estate which was subsequently leased to and occupied by the General. MBRC was a related party but not controlled by either PHS, the General or any other affiliate of PHS, and therefore was not previously consolidated within these financial statements. The merger was accounted for at historical cost, similar to a pooling of interests; however, prior period financial statements were not restated as the impact of the transaction on the consolidated financial statements was not considered to be material. The effect of the merger was to increase unrestricted net assets by \$193,818 on September 30, 2010, which was reported as a component of other changes in unrestricted net assets.

PHS is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code (IRC). All affiliates of PHS, except for PCHI, PIMS and Newton-Wellesley Physician Hospital Organization, Inc. (NWPHO), are also tax-exempt organizations under Section 501(c)(3) of the IRC. Accordingly, no provision for income taxes related to these entities has been made. PCHI and NWPHO are taxable entities and PIMS is a single member LLC that is disregarded for income tax purposes. As of September 30, 2011, PCHI has available net operating loss carryforwards of approximately \$47,500 for income tax purposes, expiring in 2012 through 2024.

# Partners HealthCare System, Inc. and Affiliates

## Notes to Consolidated Financial Statements

### September 30, 2011 and 2010

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*(dollars in thousands)*

#### **Community Benefit**

Partners HealthCare's community benefit programs include working with communities to address a number of public health issues including racial disparities, alcohol and substance abuse among young people, infant mortality, domestic violence and cancer. Partners HealthCare provides economic opportunity for low income Boston residents by helping people advance into nursing and other healthcare careers through its public school partnerships and workforce development programs. In addition, twenty-one community health centers are licensed by or affiliated with Partners HealthCare entities and provide high quality, culturally competent primary care and access to Partners HealthCare's hospitals. Partners HealthCare invests in these health centers' infrastructure, programming and operation and also helps with relocation, renovation and other capital requirements.

The Massachusetts Attorney General's Community Benefits Guidelines direct health maintenance organizations and nonprofit acute care hospitals to prepare annual reports documenting the status and level of their community benefit programs and initiatives. These annual reports serve the important purpose of providing the public with access to useful information about these programs and initiatives. Partners HealthCare files its report annually with the Massachusetts Attorney General. The report summarizes community benefit activities on a systemwide basis. In addition, each of the acute care hospitals within Partners HealthCare has a community benefit planning and service delivery structure and files separate community benefit reports. Partners HealthCare's nonacute care hospitals also file community benefit reports annually.

#### **Uncompensated Care**

Partners HealthCare provides care to all patients regardless of their ability to pay. The cost of providing that care is reflected in the statements of operations. The cost related to those patients for which Partners HealthCare receives either partial or no reimbursement for healthcare services provided is summarized as follows:

#### **State Programs**

##### ***Uncompensated Care***

Free care services are partially reimbursed to acute care hospitals through the statewide Health Safety Net (HSN, formerly known as the Uncompensated Care Pool) established by the Massachusetts Health Care Reform Law (Chapter 58 of the Acts of 2006). A portion of the funding for the HSN is paid by hospitals through a statewide hospital assessment levied each year by the Massachusetts Legislature. All acute care hospitals in the state are assessed their share of this total statewide hospital assessment amount (\$160,000 in 2011 and 2010) based on each hospital's charges for private sector payers. Partners HealthCare's hospitals report this assessment as a deduction from net patient service revenue.

Hospitals are reimbursed for free care based on claims for eligible patients and eligible services that are submitted to and adjudicated by the HSN. Rates of payment are based on Medicare rates and payment policies. In 2011, the HSN is projected to be under-funded by approximately \$85,000, with approximately \$21,300 allocated to Partners HealthCare's hospitals. This shortfall is allocated to hospitals based on their share of total statewide patient care costs. Each hospital's share of the overall state shortfall cannot exceed its total free care reimbursement. Hospitals with a high proportion of free care and government funding receive more favorable reimbursement, including limiting their shortfall allocation to no more than 15% of their payments for free care. In

# Partners HealthCare System, Inc. and Affiliates

## Notes to Consolidated Financial Statements

### September 30, 2011 and 2010

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*(dollars in thousands)*

aggregate, Partners HealthCare acute care hospitals' received uncompensated care funding covering 43% of the estimated cost of free care provided in 2011 and 49% of the estimated cost in 2010, excluding the assessment.

#### **Medicaid**

Medicaid is a means-tested health insurance program jointly funded by state and federal governments. States administer the program and set rules for eligibility, benefits and provider payments within broad federal guidelines. The program provides health care coverage to low-income children and families, pregnant women, long-term unemployed adults, seniors and persons with disabilities. Eligibility is determined by a variety of factors, which include income relative to the federal poverty line, age and immigrant status and assets.

Medicaid payments to Partners HealthCare do not cover the full cost of services provided. In aggregate, reimbursement from Medicaid covered 64% of the estimated cost of services provided in 2011 and 2010.

#### **Federal Program**

##### **Medicare**

Medicare is a federally sponsored health insurance program for people age 65 or older, under age 65 with certain disabilities and any age with End-Stage Renal Disease. For many years, Medicare payments have not kept pace with increases in the cost of care provided at many hospitals. Additionally, payments to physicians have seen little or no increases over the past several years. Compounding this shortfall in payments is the shift of care from higher paying inpatient services to lower paying outpatient services.

Consequently, Medicare payments to Partners HealthCare also do not cover the full cost of services provided. In aggregate, reimbursement from Medicare covered 75% of the estimated cost of services provided in 2011 and 76% of the estimated cost of services provided in 2010.

**Partners HealthCare System, Inc. and Affiliates**  
**Notes to Consolidated Financial Statements**  
**September 30, 2011 and 2010**

(dollars in thousands)

For free care, Medicaid and Medicare, the total estimated cost of services provided by Partners HealthCare exceeded the net reimbursement received under these programs by \$912,971 and \$837,422 for the years ended September 30, 2011 and 2010, respectively. The following summarizes, by program, the cost of services provided, net reimbursement and cost of services in excess of reimbursement for each year:

	<b>Years Ended September 30,</b>	
	<b>2011</b>	<b>2010</b>
Cost of services provided		
Free Care, including assessment payment to HSN of \$50,553 and \$50,233 in 2011 and 2010, respectively	\$ 158,768	\$ 145,002
Medicaid	687,921	658,273
Medicare	2,174,623	2,026,833
	<u>\$ 3,021,312</u>	<u>\$ 2,830,108</u>
Net reimbursement		
Free Care	\$ 36,456	\$ 36,296
Medicaid	438,769	418,307
Medicare	1,633,116	1,538,083
	<u>\$ 2,108,341</u>	<u>\$ 1,992,686</u>
Cost of services in excess of reimbursement		
Free Care	\$ 122,312	\$ 108,706
Medicaid	249,152	239,966
Medicare	541,507	488,750
	<u>\$ 912,971</u>	<u>\$ 837,422</u>

**Bad Debts**

In addition to free care and inadequate funding from the Medicaid and Medicare programs, there are significant losses related to self-pay patients who fail to make payment for services rendered or insured patients who fail to remit co-payments and deductibles as required under the applicable health insurance arrangement. The provision for bad debts of \$101,118 in 2011 and \$117,140 in 2010 represents charges for services provided that are deemed to be uncollectible. The estimated cost of providing these services was approximately \$38,252 and \$44,791 for 2011 and 2010, respectively.

**2. Summary of Significant Accounting Policies**

**Basis of Accounting**

The accompanying consolidated financial statements have been prepared on the accrual basis of accounting and include the accounts of PHS and its affiliates. Significant interaffiliate accounts and transactions have been eliminated.

# Partners HealthCare System, Inc. and Affiliates

## Notes to Consolidated Financial Statements

### September 30, 2011 and 2010

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*(dollars in thousands)*

#### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Significant estimates are made in the areas of patient accounts receivable, research grants receivable, pledges receivable, investments, receivables and accruals for settlements with third-party payers, accrued professional liability, accrued compensation and employee benefits, interest rate swaps and accrued other.

#### **Fair Value of Financial Instruments**

The fair value of financial instruments approximates the carrying amount reported in the consolidated balance sheets for cash and equivalents, investments, investments limited as to use, collateral held under securities lending arrangements, patient accounts receivable, research grants receivable, accounts payable, collateral due under securities lending arrangements and interest rate swaps. More information can be found in Note 4, Fair Value Measurements.

#### **Cash and Equivalents**

Cash and equivalents represent money market and highly liquid debt instruments with a maturity at the date of purchase of three months or less. Most of Partners HealthCare's banking activity, including cash and equivalents, is maintained with several national banks and from time to time cash deposits exceed federal insurance limits. It is Partners HealthCare's policy to monitor these banks' financial strength on an ongoing basis and no losses have been experienced to date.

#### **Investments**

Investments in equity securities with readily determinable fair values and all investments in debt securities (marketable investments) are measured at fair value based on quoted market prices. The change in net unrealized appreciation on these marketable investments is excluded from excess of revenues over expenses.

Alternative investments, including hedge funds and private equities, do not have readily ascertainable market values. Alternative investments are valued by the investment manager and assessed for reasonableness by management using the following methodology: investments in securities sold short or traded on a national securities exchange are valued based on quoted market prices; investments in securities that are not traded and restricted securities of public companies are valued based on amounts reported by the fund manager and evaluated by management. The reported value of these investments represents the amount Partners HealthCare would expect to receive if it liquidated its investments at the balance sheet date on a nondistressed basis. Investments in hedge funds, private equity, private debt and other private partnerships (collectively, private partnerships) for which Partners HealthCare owns more than 5% of the overall investment are generally recorded as equity method investments. The change in value of equity method investments is included in excess of revenues over expenses as a component of income from investments. All other investments are recorded at cost.

Income from investments (including realized gains and losses, change in value of equity method investments, interest, dividends and endowment income distributions) is included in excess of revenues over expenses unless the income or loss is restricted by donor or law. Income from investments is reported net of investment-related expenses.

# Partners HealthCare System, Inc. and Affiliates

## Notes to Consolidated Financial Statements

### September 30, 2011 and 2010

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*(dollars in thousands)*

Investments whose cost exceeds fair value are reviewed each quarter to determine whether these investments are other-than-temporarily impaired. Externally managed marketable investments with fair value below cost are considered to be other-than-temporarily impaired and, accordingly, the unrealized depreciation is recognized as realized losses through a write-down in the cost basis of these investments. All other investments are subject to a further review, which considers factors including the anticipated holding period for the investment and the extent and duration of below cost valuation. A similar write-down is recorded when the impairment on these investments has been judged to be other-than-temporary.

Depending on any donor-imposed restrictions on the underlying investments, the amount of the write-down is reported as a realized loss in either temporarily restricted net assets or in excess of revenues over expenses as a component of income from investments, with no adjustment in the cost basis for subsequent recoveries in fair value.

Partners HealthCare has an endowment spending policy for pooled endowment funds. A fixed distribution rate for spending is determined each year which will come from either income and/or net accumulated appreciation in market value.

#### **Investments Limited as to Use**

Investments limited as to use primarily include assets whose use is contractually limited by external parties as well as assets set aside by the boards (or management) for identified purposes and over which the boards (or management) retain control such that the boards (or management) may, at their discretion, subsequently use such assets for other purposes. Certain investments corresponding to deferred compensation are accounted for such that all income and appreciation (depreciation) is recorded as a direct addition (reduction) to the asset balance and corresponding liability balance.

#### **Securities Loaned**

Investments that have been loaned to another institution are reported as pledged assets within investments in the consolidated financial statements. Cash or investments held by the custodian on behalf of Partners HealthCare as collateral on the securities lending transaction are also reported as assets on the balance sheet. Because the collateral must be returned in the future, a corresponding liability is also reported in the consolidated financial statements.

#### **Derivative Instruments**

Derivatives are recognized on the balance sheet at fair value. Partners HealthCare designates at inception whether the derivative contract is considered hedging or nonhedging for accounting purposes. For hedges, Partners HealthCare formally documents at inception all relationships between hedging instruments and hedged items, as well as its risk management objectives and strategies for undertaking various accounting hedges. Partners HealthCare uses its derivatives, designated as hedging for accounting purposes, as cash flow hedges. Cash flow hedges are used to minimize the variability in cash flows of interest-bearing liabilities or forecasted transactions caused by changes in interest rates. Changes in the fair value of derivatives designated for hedging activities that are highly effective as hedges are excluded from excess of revenues over expenses. Hedge ineffectiveness, if any, is recorded in excess of revenues over expenses. For nonhedging derivatives, changes in the fair value are recorded in excess of revenues over expenses.

# Partners HealthCare System, Inc. and Affiliates

## Notes to Consolidated Financial Statements

### September 30, 2011 and 2010

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*(dollars in thousands)*

#### **Patient Accounts Receivable**

Partners HealthCare receives payments for services rendered from federal and state agencies (under the Medicare and Medicaid programs), managed care payers, commercial insurance companies and patients. Patient accounts receivable are reported net of contractual allowances and reserves for denials, uncompensated care and doubtful accounts. The level of reserves is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental and private employer health care coverage and other collection indicators.

#### **Research Grants Receivable**

Partners HealthCare receives research funding from departments and agencies of the U.S. Government, industry and corporate sponsors and other private sponsors. Research grants receivable include amounts due from these sponsors of externally funded research. The amounts have been billed or are billable to the sponsor, or in limited circumstances, represent accelerated spending in anticipation of future funding. Research grants receivable are reported net of reserves for uncollectible accounts.

#### **Property and Equipment**

Property and equipment is reported on the basis of cost less accumulated depreciation. Donated items are recorded at fair value at the date of contribution. All research grants received for capital are recorded in the year of expenditure as a change in net assets. Property and equipment is reviewed for recoverability whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. Depreciation of property and equipment is calculated by use of the straight-line method at rates intended to depreciate the cost of assets over their estimated useful lives, which generally range from three to forty years. Interest costs incurred on borrowed funds during the period of construction of capital assets are capitalized, net of any interest earned, as a component of the cost of acquiring those assets.

#### **Asset Retirement Obligations**

Asset retirement obligations, reported in accrued other, are legal obligations associated with the retirement of long-lived assets. These liabilities are initially recorded at fair value and the related asset retirement costs are capitalized by increasing the carrying amount of the related assets by the same amount as the liability. Asset retirement costs are subsequently depreciated over the useful lives of the related assets. Partners HealthCare records changes in the liability resulting from the passage of time and revisions to either the timing or the amount of the original liability estimate. Partners HealthCare reduces these liabilities when the related obligations are settled.

#### **Other Assets**

Other assets consist of long-term receivables, deferred financing costs, intangible assets, investments in healthcare related limited partnerships and benefit assets for over-funded defined benefit plans. Deferred financing costs are amortized over the terms of the related obligations. The carrying value of other assets is reviewed if the facts and circumstances suggest that it may be impaired.

#### **Compensated Absences**

In accordance with formal policies concerning vacation and other compensated absences, accruals of \$196,299 and \$186,921 were recorded as of September 30, 2011 and 2010, respectively.

# Partners HealthCare System, Inc. and Affiliates

## Notes to Consolidated Financial Statements

### September 30, 2011 and 2010

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*(dollars in thousands)*

#### **Unexpended Funds on Research Grants**

Research grants received in advance of corresponding grant expenditures are accounted for as a direct addition to investments limited as to use and unexpended funds on research grants.

#### **Self-Insurance Reserves**

Partners HealthCare is generally self-insured for employee healthcare, disability, workers' compensation and certain other employee benefits. These costs are accounted for on an accrual basis to include estimates of future payments for claims incurred.

#### **Net Assets**

Permanently restricted net assets include the historical dollar amounts of gifts and the income and gains on such gifts which are required by donors to be permanently retained. Temporarily restricted net assets include gifts and the income and gains on permanently restricted net assets which can be expended but for which restrictions have not yet been met. Such restrictions include purpose restrictions where donors have specified the purpose for which the net assets are to be spent, or time restrictions imposed by donors or implied by the nature of the gift (capital projects, pledges to be paid in the future, life income funds) or by interpretations of law (gains available for appropriation but not appropriated in the current period). Unrestricted net assets include all of the remaining net assets of Partners HealthCare. See Note 12 for further information on the composition of restricted net assets.

Realized gains and losses are classified as unrestricted net assets unless they are restricted by the donor or law. Unless permanently restricted by the donor, realized gains and unrealized net appreciation on permanently restricted gifts are classified as temporarily restricted until appropriated for spending by Partners HealthCare in accordance with policies established by Partners HealthCare and the Massachusetts Uniform Prudent Management of Institutional Funds Act (UPMIFA). Net losses on permanently restricted endowment funds are classified as a reduction to unrestricted net assets until such time as the fair value of these funds exceeds historical cost.

#### **Gifts and Grants**

Unconditional promises to give cash and other assets to Partners HealthCare are reported at fair value at the date the promise is received. Conditional promises to give are recognized when the conditions are substantially met. Gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted gifts in the accompanying financial statements.

Gifts of long-lived assets with explicit restrictions that specify use of assets and gifts of cash or other assets that must be used to acquire long-lived assets are reported as additions to temporarily restricted net assets if the assets are not placed in service during the year.

Grants and contracts normally provide for the recovery of direct and indirect costs, subject to audit. Partners HealthCare recognizes revenue associated with direct and indirect costs as direct costs are incurred. The recovery of indirect costs is based on predetermined rates for U.S. Government grants and contracts and negotiated rates for other grants and contracts.



# Partners HealthCare System, Inc. and Affiliates

## Notes to Consolidated Financial Statements

### September 30, 2011 and 2010

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*(dollars in thousands)*

#### **Statement of Operations**

All activities of Partners HealthCare deemed by management to be ongoing, major and central to the provision of healthcare services, teaching and research activities are reported as operating revenue and expenses. Other activities are deemed to be nonoperating and include unrestricted gifts (net of fundraising expenses), net change in unexpended academic and research gifts, change in fair value of nonhedging interest rate swaps, and substantially all income (loss) from investments. Academic and research gifts largely consist of donor contributions (and the related investment income including realized gains and losses) designated to support the clinical, teaching or research efforts of a physician or department as directed by the donor. These gifts are reported as unrestricted, net of related support expenses, when donor restrictions are of a general nature that are inherent in the normal activities of the organization.

Partners HealthCare recognizes changes in third-party payer settlements and other estimates in the year of the change in estimate. For the years ended September 30, 2011 and 2010, adjustments to prior year estimates resulted in an increase to income from operations of \$7,377 and \$21,071, respectively.

Effective October 1, 2007, the Centers for Medicare and Medicaid Services (CMS) adopted the MS-DRG patient classification system (MS-DRGs) for inpatient services to better recognize severity of illness in Medicare payment rates for acute care hospitals. The adoption of MS-DRGs resulted in the expansion of the number of diagnosis related groups (DRGs), a system of classifying patients for purposes of inpatient reimbursement. By increasing the number of DRGs and more fully taking into account patients' severity of illness in Medicare payment rates for acute care hospitals, the use of MS-DRGs encourages hospitals to improve their documentation and coding of patient diagnoses. CMS has determined that the adoption of the MS-DRGs has increased aggregate payments to hospitals due to additional documentation and coding without a corresponding increase in actual patient severity of illness.

CMS is required by its enabling statute to maintain budget neutrality by prospectively adjusting the Medicare payment rate to eliminate the effect of changes in DRG classification that do not reflect real changes in case-mix. Congress mandated that CMS recoup any overpayments made to hospitals in 2008 and 2009 resulting from increased coding and documentation. CMS has calculated the overpayments, net of rate reductions already assessed against hospitals, to be 1.9% in 2008 and an additional 2% in 2009. CMS intends to recoup these overpayments through equal rate reductions in 2011 and 2012.

Partners HealthCare has recorded the estimated overpayment amounts received as deferred revenue, to be amortized into net patient service revenue in 2011 and 2012 to offset the rate reductions. Management believes this accounting treatment better reflects the financial impact of this rate methodology and more accurately presents the recognition of revenue. For the year ended September 30, 2011, amortization amounted to \$19,255. As of September 30, 2011 the remaining amount to be amortized is \$19,254.

The statement of operations include excess of revenues over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses include change in net unrealized appreciation on marketable investments, change in fair value of hedging interest rate swaps, contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for acquisition of such assets) and change in funded status of defined benefit plans.

**Partners HealthCare System, Inc. and Affiliates**  
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*(dollars in thousands)*

**Net Patient Service Revenue**

Partners HealthCare maintains agreements with CMS of the United States Department of Health and Human Services (DHHS) under the Medicare program, The Commonwealth of Massachusetts (the Commonwealth) under the Medicaid program and various managed care payers that govern payment for services rendered to patients covered by these agreements. The agreements generally provide for per case or per diem rates or payments based on discounted charges for inpatient care and discounted charges or fee schedules for outpatient care. Certain contracts also provide for payments that are contingent upon meeting agreed upon quality and efficiency measures.

Partners HealthCare recognizes patient service revenue associated with services provided to patients who have third-party payer coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, Partners HealthCare recognizes revenue on the basis of its standard rates (subject to discounts) for services provided. On the basis of historical experience, a significant portion of Partners HealthCare's uninsured patients are unable or fail to pay for the services provided. Consequently, Partners HealthCare records a provision for bad debts related to uninsured patients in the period the services are provided. The approximate percentages of patient service revenue, net of contractual allowances and discounts (before the provision for bad debts), for the year ended September 30, 2011 from these two payer sources, are as follows:

	<b>Third-Party Payers</b>	<b>Uninsured Patients</b>	<b>Total All Payers</b>
Patient service revenue (net of contractual allowances and discounts)	96.7 %	3.3 %	100 %

Net patient service revenue includes estimated retroactive revenue adjustments due to future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations. Contracts, laws and regulations governing the Medicare, Medicaid and HSN programs (Note 1) and managed care payer arrangements are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. A portion of the accrual for settlements with third-party payers has been classified as long-term because such amounts, by their nature or by virtue of regulation or legislation, will not be paid within one year.

**Charity Care**

Partners HealthCare provides either full or partial charity care to patients who cannot afford to pay for their medical services based on income and family size. Charity care is generally available to qualifying patients for medically necessary services. Partners HealthCare reports certain bad debts related to emergency services as charity care. Charity care is reported at gross charges with an offsetting allowance, as there is no expectation of collection. Accordingly, there is no net patient service revenue related to charity care.

**Other Revenue**

Other revenue includes institutional revenue (for example, billing for services provided to other healthcare providers), royalties and management services.

# Partners HealthCare System, Inc. and Affiliates

## Notes to Consolidated Financial Statements

### September 30, 2011 and 2010

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(dollars in thousands)

#### **Adoption of New Accounting Guidance**

In July 2011, the Financial Accounting Standards Board issued Accounting Standards Update 2011-7 (ASU 2011-7), *Health Care Entities: Presentation and Disclosure of Net Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts*. Under the new guidance, bad debts relating to patient service revenue will be separately disclosed in the statement of operations and reported as a component of net patient service revenue. Bad debts associated with activities other than patient service revenue will continue to be reported as an operating expense. For Partners HealthCare, ASU 2011-7 would be effective for fiscal years beginning after December 15, 2011, but early adoption is permitted.

Partners HealthCare elected to early adopt ASU 2011-7 for 2011 and changed its reporting of the provision for bad debts. Accordingly, certain amounts in the 2010 financial statements have been reclassified to conform with the 2011 presentation. The previously reported provision for bad debts of \$119,861 has been reclassified, with \$117,140 reported as a reduction to net patient service revenue and \$2,721 reported as an increase to supplies and other expenses. The reclassification had no impact on the previously reported excess of revenues over expenses for 2010.

#### **Reclassification**

Certain amounts in the 2010 financial statements have been reclassified to conform with the 2011 presentation.

### **3. Investments and Investments Limited as to Use**

Investments are either separately invested or included in pooled investment funds. The Partners HealthCare System Pooled Investment Accounts (Partnership) is structured as a single general partnership composed of four investment pools, with PHS and substantially all of its affiliates participating in the pools as partners. Each partner's interest in the Partnership is based on its underlying investments in one or more of the four separate pools. Amounts included in the investment pools are accounted for using the fair value method whereby each partner is assigned a number of units based on the fair value of the assets of a pool at the time of entry of the funds into the pool. Current fair value is used to determine the number of units allocated to additional amounts placed in a pool and to value withdrawals from a pool. Income from investments of the pools, including realized gains and losses, is allocated on a unitized basis to a partner based on the partner's share of units in a pool.

The Partnership invests in private partnerships whose assets include equity, fixed income and other investments. As of September 30, 2011, Partners HealthCare has unfunded commitments of approximately \$271,267 which will be drawn down by the various general partners over the next several years. The maximum annual drawdown is expected to be less than 2% of investments and investments limited as to use.

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Investments and investments limited as to use are recorded in the balance sheet as follows:

	<b>September 30,</b>	
	<b>2011</b>	<b>2010</b>
Current assets		
Investments	\$ 1,256,257	\$ 1,050,749
Current portion of investments limited as to use	<u>1,309,628</u>	<u>1,084,877</u>
	2,565,885	2,135,626
Investments limited as to use, less current portion	2,077,403	2,106,023
Long-term investments	<u>833,815</u>	<u>838,913</u>
	<u>\$ 5,477,103</u>	<u>\$ 5,080,562</u>

Investments limited as to use consist of the following:

	<b>September 30, 2011</b>		<b>September 30, 2010</b>	
	<b>Current Portion</b>	<b>Long-Term Portion</b>	<b>Current Portion</b>	<b>Long-Term Portion</b>
Internally designated funds				
Reserved for capital expenditures	\$ 557,475	\$ -	\$ 534,900	\$ -
Unexpended academic and research gifts	-	1,699,107	-	1,677,428
Deferred compensation	-	146,429	-	139,679
Other	<u>466,216</u>	<u>199,399</u>	<u>321,344</u>	<u>235,249</u>
	<u>1,023,691</u>	<u>2,044,935</u>	<u>856,244</u>	<u>2,052,356</u>
Externally limited funds				
Unexpended funds on research	161,777	-	152,513	-
Contributions held for others	8,116	-	26,951	-
Professional liability trust fund	-	32,468	-	44,541
Held by trustees under debt and other agreements	<u>116,044</u>	<u>-</u>	<u>49,169</u>	<u>9,126</u>
	<u>285,937</u>	<u>32,468</u>	<u>228,633</u>	<u>53,667</u>
	<u>\$ 1,309,628</u>	<u>\$ 2,077,403</u>	<u>\$ 1,084,877</u>	<u>\$ 2,106,023</u>

**Partners HealthCare System, Inc. and Affiliates**  
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Investments and investments limited as to use are reported at either fair value or on the equity or cost methods of accounting. The composition of these investments, segregated between pooled investments and those that are separately invested, is as follows:

	At Fair Value	September 30, 2011		Total
		On Equity Method	On Cost Method	
<b>Pooled investments</b>				
Invested cash equivalents	\$ 96,455	\$ -	\$ -	\$ 96,455
Separately managed investments	1,912,574	-	-	1,912,574
Mutual funds	424,600	-	-	424,600
Commingled funds	372,376	-	-	372,376
Private partnerships	-	634,061	1,552,506	2,186,567
	<u>2,806,005</u>	<u>634,061</u>	<u>1,552,506</u>	<u>4,992,572</u>
<b>Separately invested</b>				
Invested cash equivalents	215,548	-	-	215,548
Equities	24,548	-	7,136	31,684
U.S. Government and domestic fixed income securities	5,109	-	-	5,109
Mutual funds	148,396	-	-	148,396
Other	8,597	-	75,197	83,794
	<u>402,198</u>	<u>-</u>	<u>82,333</u>	<u>484,531</u>
	<u>\$ 3,208,203</u>	<u>\$ 634,061</u>	<u>\$ 1,634,839</u>	<u>\$ 5,477,103</u>

Separately managed investments include cash and equivalents of \$152,444, equities of \$410,817 and fixed income securities of \$1,349,313 as of September 30, 2011.

	At Fair Value	September 30, 2010		Total
		On Equity Method	On Cost Method	
<b>Pooled investments</b>				
Invested cash equivalents	\$ 109,653	\$ -	\$ -	\$ 109,653
Separately managed investments	1,852,860	-	-	1,852,860
Mutual funds	296,137	-	-	296,137
Commingled funds	347,949	-	-	347,949
Private partnerships	-	631,554	1,446,045	2,077,599
	<u>2,606,599</u>	<u>631,554</u>	<u>1,446,045</u>	<u>4,684,198</u>
<b>Separately invested</b>				
Invested cash equivalents	137,053	-	-	137,053
Equities	26,184	-	4,965	31,149
U.S. Government and domestic fixed income securities	4,760	-	-	4,760
Mutual funds	141,377	-	-	141,377
Other	8,104	-	73,921	82,025
	<u>317,478</u>	<u>-</u>	<u>78,886</u>	<u>396,364</u>
	<u>\$ 2,924,077</u>	<u>\$ 631,554</u>	<u>\$ 1,524,931</u>	<u>\$ 5,080,562</u>

**Partners HealthCare System, Inc. and Affiliates**  
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Separately managed investments include cash and equivalents of \$124,094, equities of \$529,917 and fixed income securities of \$1,198,849 as of September 30, 2010.

For the private partnerships reflected in the balance sheet at cost, the difference (unrecorded net unrealized appreciation) between the value reported by the investment managers and the cost for these investments was \$509,436 and \$439,927 as of September 30, 2011 and 2010, respectively.

The fair value and gross unrealized depreciation of investments and investments limited as to use, with a fair value less than cost, that are not deemed to be other-than-temporarily impaired at September 30, 2011 are as follows:

	Less than 12 Months		12 Months or Greater	
	Fair Value	Gross Unrealized Depreciation	Fair Value	Gross Unrealized Depreciation
Pooled investments				
Mutual funds	\$ 58,117	\$ (1,985)	\$ 881	\$ (13)
Commingled funds	124,127	(24,273)	99,105	(49,471)
	<u>182,244</u>	<u>(26,258)</u>	<u>99,986</u>	<u>(49,484)</u>
Separately invested				
Equities	2,685	(192)	15,066	(2,414)
U.S. Government and domestic fixed income securities	-	-	1,597	(610)
External trusts	-	-	6,930	(1,744)
	<u>2,685</u>	<u>(192)</u>	<u>23,593</u>	<u>(4,768)</u>
	<u>\$ 184,929</u>	<u>\$ (26,450)</u>	<u>\$ 123,579</u>	<u>\$ (54,252)</u>

In addition, for certain private partnerships recorded at cost, gross unrealized depreciation amounted to \$21,408 as of September 30, 2011, with \$8,731 of that amount unrealized for 12 months or greater.

Based on management's quantitative and qualitative assessment, investments whose cost exceeds fair value are not considered to be other-than-temporarily impaired at September 30, 2011. Management believes these investments will recover their values and there is no intention to liquidate these positions.

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Investment income and gains (losses) from cash and equivalents, investments (including long-term) and investments limited as to use are comprised of the following:

	<b>Years Ended September 30,</b>	
	<b>2011</b>	<b>2010</b>
<b>Unrestricted</b>		
Dividends, interest and other income	\$ 52,117	\$ 62,498
Endowment income distributions, net of reinvested gains	28,020	25,070
Net realized gains (losses) on investments		
Realized gains	202,563	77,552
Other-than-temporary impairment	(84,887)	(17,213)
Change in value of equity method investments	(47,554)	54,454
(Losses) recovery on endowment funds	<u>(1,857)</u>	<u>1,629</u>
Total investment activity included in excess of revenues over expenses	148,402	203,990
Change in net unrealized appreciation on marketable investments	<u>(115,943)</u>	<u>58,545</u>
Total unrestricted investment activity	<u>32,459</u>	<u>262,535</u>
<b>Temporarily restricted</b>		
Dividends and interest income	4,498	4,694
Endowment income distributions	(33,388)	(31,069)
Net realized gains (losses) on investments		
Realized gains	52,109	18,411
Other-than-temporary impairment	<u>(17,753)</u>	<u>(2,823)</u>
	<u>5,466</u>	<u>(10,787)</u>
Change in value of equity method investments	(11,956)	15,557
Change in net unrealized appreciation on marketable investments	(22,545)	8,000
Losses (recovery) on endowment funds	<u>1,857</u>	<u>(1,629)</u>
	<u>(32,644)</u>	<u>21,928</u>
Total temporarily restricted investment activity	<u>(27,178)</u>	<u>11,141</u>
<b>Permanently restricted</b>		
Dividends and interest income	2	21
Net realized gains on investments	447	258
Change in net unrealized appreciation on investments	<u>851</u>	<u>364</u>
Total permanently restricted investment activity	<u>1,300</u>	<u>643</u>
	<u>\$ 6,581</u>	<u>\$ 274,319</u>

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Investment income (loss) included in operating results and excess of revenues over expenses is comprised of the following:

	<b>Years Ended September 30,</b>	
	<b>2011</b>	<b>2010</b>
Investment income included in operations and reported in		
Other revenue	\$ 10,477	\$ 9,157
Investment income included in nonoperating gains (expenses) and reported in		
Income from investments	33,512	109,941
Academic and research gifts, net of expenses	<u>104,413</u>	<u>84,892</u>
Total investment activity included in excess of revenues over expenses	<u>\$ 148,402</u>	<u>\$ 203,990</u>

**Securities Lending**

The Partnership may lend securities to qualified financial institutions through a program administered by the Partnership custodian. All loans are callable at any time and are fully collateralized. Income is earned based on the collateral held and invested during the period of lending. Cash collateral requirements are 102% and 105% for domestic and foreign securities, respectively. The custodian continually monitors borrowers' creditworthiness and protects against borrower default through full indemnification. If a borrower failed to return a loaned security whose market value has increased over the amount in collateral, the custodian will cover the difference. The custodian will also cover operational losses, such as the failure of the borrower to make substitute dividend payments to the lender.

The fair value of loaned securities and related collateral at September 30, 2011 and 2010 is as follows:

	<b>2011</b>		<b>2010</b>	
	<b>Loaned Securities</b>	<b>Collateral</b>	<b>Loaned Securities</b>	<b>Collateral</b>
Equities, U.S. government, domestic and foreign fixed income securities	<u>\$ 151,454</u>	<u>\$ 157,872</u>	<u>\$ 125,172</u>	<u>\$ 129,183</u>

Income generated by the Partnership from securities lending arrangements was \$291 and \$237 for the years ended September 30, 2011 and 2010, respectively.



# Partners HealthCare System, Inc. and Affiliates

## Notes to Consolidated Financial Statements

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#### 4. Fair Value Measurements

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (also referred to as exit price). Therefore, a fair value measurement should be determined based on the assumptions that market participants would use in pricing the asset or liability. In determining fair value, the use of various valuation approaches, including market, income and cost approaches, is permitted.

##### **Fair Value Hierarchy**

A fair value hierarchy has been established based on whether the inputs to valuation techniques are observable or unobservable. Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect the reporting entity's assumptions about the inputs market participants would use. The fair value hierarchy requires the reporting entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. In addition, for hierarchy classification purposes, the reporting entity should not look through the form of an investment to the nature of the underlying securities held by an investee.

The hierarchy is described below.

- Level 1 - Valuations using quoted prices in active markets for identical assets or liabilities. Valuations of these products do not require a significant degree of judgment. Level 1 assets and liabilities primarily include debt and equity securities that are traded in an active exchange market.
- Level 2 - Valuations using observable inputs other than Level 1 prices such as quoted prices in active markets for similar assets or liabilities; quoted prices for identical or similar assets or liabilities in markets that are not active; broker or dealer quotations; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Level 2 assets and liabilities primarily include debt securities with quoted prices that are traded less frequently than exchange-traded instruments as well as debt securities and derivative contracts whose value is determined using a pricing model with inputs that are observable in the market or can be derived principally from or corroborated by observable market data.
- Level 3 - Valuations using unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities. Level 3 includes assets and liabilities whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques reflecting the reporting entity's assumptions about the assumptions market participants would use as well as those requiring significant management judgment.

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**Valuation Techniques**

Pooled investments (except for private partnerships, which are reported on either the equity method or cost method of accounting), separately invested cash equivalents, debt and equity securities, and collateral held under securities lending arrangements are classified within Level 1 or Level 2 of the fair value hierarchy as they are valued using quoted market prices, broker or dealer quotations, or other observable pricing sources. Certain types of investments are classified within Level 3 of the fair value hierarchy because they have little or no market activity and therefore have little or no observable inputs with which to measure fair value.

The valuation of interest rate swaps is determined using widely accepted valuation techniques, including discounted cash flow analysis on the expected cash flows of each derivative. This analysis reflects the contractual terms of the derivatives, including the period to maturity, and uses observable market-based inputs, including interest rate curves and implied volatilities.

The following tables summarize fair value measurements at September 30, 2011 and 2010 for financial assets and liabilities measured at fair value on a recurring basis:

	Fair Value at September 30, 2011	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Items (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<b>Assets</b>				
Pooled investments				
Invested cash equivalents	\$ 96,455	\$ 26,216	\$ 70,239	\$ -
Separately managed investments	1,912,574	1,091,142	821,432	-
Mutual funds	424,600	424,600	-	-
Commingled funds	372,376	-	372,376	-
	<u>2,806,005</u>	<u>1,541,958</u>	<u>1,264,047</u>	<u>-</u>
Separately invested				
Invested cash equivalents	215,548	215,548	-	-
Equities	24,548	20,343	2,298	1,907
U.S. Government and domestic fixed income securities	5,109	3,599	1,510	-
Mutual funds	148,396	148,396	-	-
Other	8,597	121	-	8,476
	<u>402,198</u>	<u>388,007</u>	<u>3,808</u>	<u>10,383</u>
	<u>\$ 3,208,203</u>	<u>\$ 1,929,965</u>	<u>\$ 1,267,855</u>	<u>\$ 10,383</u>
Collateral held under securities lending arrangements	\$ 157,872		\$ 157,872	
<b>Liabilities</b>				
Interest rate swaps	\$ 375,202		\$ 375,202	

**Partners HealthCare System, Inc. and Affiliates**  
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	Fair Value at September 30, 2010	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Items (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<b>Assets</b>				
Pooled investments				
Invested cash equivalents	\$ 109,653	\$ 12,187	\$ 97,466	\$ -
Separately managed investments	1,852,860	531,214	1,321,646	-
Mutual funds	296,137	296,137	-	-
Commingled funds	347,949	-	347,949	-
	<u>2,606,599</u>	<u>839,538</u>	<u>1,767,061</u>	<u>-</u>
Separately invested				
Invested cash equivalents	137,053	137,053	-	-
Equities	26,184	20,884	1,963	3,337
U.S. Government and domestic fixed income securities	4,760	3,298	1,462	-
Mutual funds	141,377	141,377	-	-
Other	8,104	120	-	7,984
	<u>317,478</u>	<u>302,732</u>	<u>3,425</u>	<u>11,321</u>
	<u>\$ 2,924,077</u>	<u>\$ 1,142,270</u>	<u>\$ 1,770,486</u>	<u>\$ 11,321</u>
Collateral held under securities lending arrangements	\$ 129,183		\$ 129,183	
<b>Liabilities</b>				
Interest rate swaps	\$ 271,402		\$ 271,402	

For the years ended September 30, 2011 and 2010, the changes in the fair value of the assets measured using significant unobservable inputs (Level 3) were comprised of the following:

	2011	2010
Balance at beginning of year	\$ 11,321	\$ 12,276
Total gains (losses)		
Dividends and interest income	49	47
Net realized gains on investments	468	213
Change in net unrealized appreciation on investments	405	408
Purchases and sales, net	<u>(1,860)</u>	<u>(1,623)</u>
Balance at end of year	<u>\$ 10,383</u>	<u>\$ 11,321</u>

**Partners HealthCare System, Inc. and Affiliates**  
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**5. Pledges Receivable and Contributions Receivable from Trusts**

Pledges receivable represent unconditional promises to give and are net of allowances for uncollectible amounts. Pledges are recorded at the present value of their estimated future cash flows. Pledges collectible within one year are classified as other current assets, net of allowances, and total \$94,197 and \$93,036 as of September 30, 2011 and 2010, respectively. Estimated cash flows due after one year are discounted using published treasury bond and note yields that are commensurate with estimated collection risks. The blended discount rate was 0.6% and 0.9% for 2011 and 2010, respectively. Pledges are expected to be collected as follows:

	<b>September 30,</b>	
	<b>2011</b>	<b>2010</b>
Amounts due		
Within one year	\$ 119,913	\$ 106,672
In one to five years	181,895	134,556
In more than five years	<u>19,770</u>	<u>19,830</u>
Total pledges receivable	321,578	261,058
Less: Unamortized discount	<u>4,254</u>	<u>5,535</u>
	317,324	255,523
Less: Allowance for uncollectibles	<u>42,075</u>	<u>23,640</u>
Net pledges receivable	275,249	231,883
Contributions receivable from trusts	<u>28,205</u>	<u>23,992</u>
	<u>\$ 303,454</u>	<u>\$ 255,875</u>

**6. Property and Equipment**

Property and equipment consists of the following:

	<b>September 30,</b>	
	<b>2011</b>	<b>2010</b>
Land and land improvements	\$ 157,601	\$ 156,877
Buildings and building improvements	4,700,716	4,110,842
Equipment	1,286,770	1,237,484
Construction in progress	<u>466,432</u>	<u>691,337</u>
	6,611,519	6,196,540
Accumulated depreciation	<u>(2,666,762)</u>	<u>(2,447,306)</u>
Property and equipment, net	<u>\$ 3,944,757</u>	<u>\$ 3,749,234</u>

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Depreciation expense for the years ended September 30, 2011 and 2010 was \$389,738 and \$352,736, respectively. Interest costs, net of interest earned, aggregating \$20,800 and \$19,661 were capitalized in 2011 and 2010, respectively.

For the years ended September 30, 2011 and 2010, fully depreciated assets with an original cost of \$170,282 and \$109,387, respectively, were written off.

**7. Long-Term Obligations**

Long-term obligations issued by PHS and its affiliates consist of the following:

	September 30,	
	2011	2010
Massachusetts Health and Educational Facilities Authority Revenue Bonds		
Partners HealthCare System Series A, average interest rate of 5.13%, final maturity in 2011	\$ -	\$ 6,863
Partners HealthCare System Series B, average interest rate of 5.25%, final maturity in 2029	72,831	80,134
Partners HealthCare System Series C, average interest rate of 5.69%, final maturity in 2032	12,857	47,473
Partners HealthCare System Series D, variable interest rate of 0.11% and 0.24% at September 30, 2011 and 2010, respectively, final maturity in 2038	104,655	304,405
Partners HealthCare System Series E, average interest rate of 5.00%, final maturity in 2023	22,937	28,193
Partners HealthCare System Series F, average fixed interest rate of 4.99%, variable interest rate of 0.38% and 0.31% at September 30, 2011 and 2010, respectively, final maturity in 2040	384,242	390,156
Partners HealthCare System Series G, average fixed interest rate of 4.91%, variable interest rate of 0.36% and 0.44% at September 30, 2011 and 2010, respectively, final maturity in 2047	461,627	468,900
Partners HealthCare System Series H, variable interest rate of 0.20% and 0.34% at September 30, 2011 and 2010, respectively, final maturity in 2042	171,148	171,143
Partners HealthCare System Series I, average fixed interest rate of 4.74%, variable interest rate of 0.10% and 0.23%, at September 30, 2011 and 2010, respectively, final maturity in 2044	229,148	229,503
Partners HealthCare System Series J, average interest rate of 4.99%, final maturity in 2039	508,599	508,931
Partners HealthCare System Series P, variable interest rate of 0.11% and 0.24% at September 30, 2011 and 2010, respectively, final maturity in 2027	150,000	150,000
Massachusetts Development Finance Agency Revenue Bonds		
Partners HealthCare System Series K, average fixed interest rate of 4.18%, variable interest rate of 0.40% at September 30, 2011, final maturity in 2046	435,453	-
Partners HealthCare System Series 2007 taxable bonds, fixed interest rate of 6.26%, final maturity in 2037	100,000	100,000
Other obligations	6,952	6,787
Capital lease obligations	3,168	4,458
	<u>2,663,617</u>	<u>2,496,946</u>
Less current portion	294,829	489,913
Less auction rate securities held	30,000	30,000
	<u>\$ 2,338,788</u>	<u>\$ 1,977,033</u>

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As of September 30, 2011 and 2010, Partners HealthCare was holding \$30,000 of the Series F and Series G Revenue Bonds issued as auction rate securities (ARS). Although not legally extinguished, the bonds have been reflected as extinguished under generally accepted accounting principles.

Aggregate maturities and payments of long term obligations during the next five years and thereafter, and other amounts classified as current liabilities, are as follows:

	<b>Scheduled Maturities</b>	<b>Bonds Supported by Partners HealthCare Liquidity</b>	<b>Total</b>
2012	\$ 42,159	\$ 252,670	\$ 294,829
2013	40,490	-	40,490
2014	45,233	-	45,233
2015	45,760	-	45,760
2016	55,305	-	55,305
Thereafter	<u>2,152,000</u>	<u>-</u>	<u>2,152,000</u>
	<u>\$ 2,380,947</u>	<u>\$ 252,670</u>	<u>\$ 2,633,617</u>

The scheduled maturities represent annual payments as required under debt repayment schedules. The current portion of long-term obligations includes the payments scheduled to be made in 2012 along with variable rate bonds supported by Partners HealthCare liquidity. The variable rate bonds supported by Partners HealthCare liquidity provide the bondholder with an option to tender the bonds to Partners HealthCare. Accordingly, these bonds are classified as a current liability.

The fair value of long-term obligations was \$2,796,802 and \$2,563,706 as of September 30, 2011 and 2010, respectively. The carrying amount of the variable rate debt is a reasonable estimate of its fair value. The fair value of the fixed rate debt is estimated based on quoted market prices for the same or similar issues.

Interest expense approximates interest paid, net of capitalized interest, during the years ended September 30, 2011 and 2010.

**Massachusetts Development Finance Agency (Agency) Revenue Bonds**

In January 2011, PHS issued Partners HealthCare System Series K Revenue Bonds of \$423,165 plus bond premium of \$12,854. The bond proceeds, net of issuance costs of \$3,523, were used to finance certain capital projects totaling \$201,331 and to refund a portion of Partners HealthCare System Series C Revenue Bonds (\$32,467) that were issued as fixed rate bonds, and a portion of Partners HealthCare System Series D Revenue Bonds (\$198,698) that were issued as variable rate demand bonds (VRDBs). The Series K Bonds were issued in six subseries, with \$100,000 of VRDBs supported by standby bond purchase agreements, \$74,775 of index floating rate bonds, \$118,195 of term rate bonds and \$130,195 of fixed rate bonds.

# Partners HealthCare System, Inc. and Affiliates

## Notes to Consolidated Financial Statements

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#### **Massachusetts Health and Educational Facilities Authority (Authority) Revenue Bonds**

In January 2010, PHS issued Partners HealthCare System Series J Revenue Bonds of \$499,410 in fixed rate mode, plus bond premium of \$9,768. The bond proceeds, net of issuance costs of \$5,151, were used to finance certain capital projects totaling \$249,904 and to refund a portion of Partners HealthCare System Series A Revenue Bonds (\$101,915) that were insured and issued as fixed rate bonds, a portion of Partners HealthCare System Series B Revenue Bonds (\$77,033) that were issued as fixed rate bonds, and a portion of Partners HealthCare System Series G Revenue Bonds (\$75,175) that were insured and issued as ARS.

As of September 30, 2011, approximately \$9,525 of refunded revenue bonds, which are considered extinguished for accounting purposes, remain outstanding and will be fully redeemed in 2012.

Partners HealthCare Series 2007 taxable bonds, the Authority's Series B through J bonds and the Agency's Series K bonds and the Series P loan to PHS, (collectively, PHS Bonds) are unsecured general obligations of PHS supported by guarantees from BW/F, The Brigham and Women's Hospital, Inc. (BWH), MGH and the General which may be suspended under certain conditions.

PHS bond agreements contain certain covenants, including a minimum debt service coverage ratio and limitations on additional indebtedness and asset transfers.

#### **Credit Agreement**

Partners HealthCare maintains a \$150,000 Credit Agreement (the Agreement) with several banks that provides access to same day funds. Advances under the Agreement bear a variable rate of interest based on the London Interbank Offered Rate (LIBOR). There were no amounts outstanding under the Agreement as of September 30, 2011. The Agreement expires in June 2012.

#### **Derivatives**

Partners HealthCare uses derivative financial instruments principally to manage interest rate risk and has entered into derivatives to lock in fixed rates for anticipated issuances and refundings of debt. By using derivative financial instruments to manage the risk of changes in interest rates, Partners HealthCare exposes itself to credit risk and market risk. Credit risk is the failure of the counterparty to perform under the terms of the derivative contracts. When the fair value of a derivative contract is positive, the counterparty has a liability to Partners HealthCare, which creates credit risk. Partners HealthCare minimizes its credit risk by entering into derivative agreements with several counterparties and requiring the counterparty to post collateral for the benefit of Partners HealthCare based on the credit rating of the counterparty and the fair value of the derivative contract. When the fair value of a derivative contract is negative, Partners HealthCare has a liability to the counterparty and, therefore, it does not possess credit risk. Under certain circumstances Partners HealthCare may be required to post collateral for the benefit of the counterparty. Market risk is the adverse effect on the value of a financial instrument that results from a change in interest rates. The market risk associated with interest rate changes is managed by establishing and monitoring parameters that limit the types and degree of market risk that may be undertaken.

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Partners HealthCare maintains interest rate swap programs on certain of its variable rate revenue bonds. These bonds expose Partners HealthCare to variability in interest payments due to changes in interest rates. Management believes that it is prudent to limit the variability of its interest payments. To meet this objective and to take advantage of low interest rates, Partners HealthCare entered into various interest rate swap agreements to manage fluctuations in cash flows resulting from interest rate risk. These agreements involve the exchange of fixed rate payments by Partners HealthCare for variable rate payments from several counterparties that are based on a percentage of LIBOR.

In 2010, PHS terminated an \$80,000 interest rate swap associated with the Series G-6 Bonds because the bond owner exercised an interest rate conversion option. Partners HealthCare received a termination payment of \$4,096, and the interest rate on the Series G-6 Bonds was converted from the Securities Industry and Financial Markets Association (SIFMA) index plus 11 basis points to SIFMA plus 88.25 basis points until June 2017.

The following is a summary of the outstanding positions under these interest rate swap agreements at September 30, 2011:

<b>Bond Series</b>	<b>Notional Amount</b>	<b>Maturity Date (July)</b>	<b>Rate Paid</b>	<b>Rate Received</b>	<b>Hedging Status</b>
1997 P1,P2	\$ 150,000	2035	4.40%	67% 1-month LIBOR	Nonhedging
2003 D5,D6	27,200	2015	5.11%	67% 6-month LIBOR	Hedging
2005 F1,F2	150,000	2040	3.63%	67% 1-month LIBOR	Nonhedging
2005 F3,F4	53,000	2025	5.11%	67% 6-month LIBOR	Hedging
2007 G2	75,000	2042	3.46%	67% 1-month LIBOR	Nonhedging
2008 H1	75,000	2042	3.46%	67% 1-month LIBOR	Nonhedging
2009 I1,I2	100,000	2044	3.71%	67% 1-month LIBOR	Hedging
2011 K1,K2	100,000	2046	3.74%	67% 1-month LIBOR	Hedging
2013	100,000	2048	3.80%	67% 1-month LIBOR	Hedging
2015	100,000	2050	3.80%	67% 1-month LIBOR	Hedging
2017	100,000	2052	3.74%	67% 1-month LIBOR	Hedging

Partners HealthCare designates its interest rate swaps that are used to minimize the variability in cash flows of interest-bearing liabilities or forecasted transactions caused by changes in interest rates as hedging instruments at the inception of each contract, with the intention of maintaining hedge accounting treatment over the term of the agreement. However, circumstances may arise whereby the variability in cash flows exceeds the threshold for hedging qualification or the structure of the bonds is changed, resulting in de-designation of the hedge. In 2008, Partners HealthCare de-designated \$450,000 of its interest rate swaps as they ceased to qualify for hedge accounting.

Hedging swaps are designated as cash flow hedges; accordingly, the change in fair value of the effective portion of the hedge is reflected as a change in unrestricted net assets and the ineffective portion of the hedge is reflected as a component of nonoperating gains (expenses) in the consolidated statements of operations. Nonhedging swaps are either swaps that have been de-designated as hedges or not designated as hedging instruments at the inception of the agreement; accordingly, the change in fair value is recorded as a component of nonoperating gains (expenses) in the consolidated statements of operations.



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The fair value of interest rate swaps is as follows:

Balance Sheet Location	September 30,	
	2011	2010
<b>Derivatives designated as hedging instruments</b>		
Interest rate swaps liability	\$ 210,354	\$ 143,621
<b>Derivatives not designated as hedging instruments</b>		
Interest rate swaps liability	164,848	127,781
	<u>\$ 375,202</u>	<u>\$ 271,402</u>

The effects of interest rate swaps on the consolidated statements of operations are as follows:

Statement of Operations Location	Amount of Gain (Loss) Recognized in Changes in Unrestricted Net Assets Years Ended September 30,		Amount of Gain (Loss) Recognized in Excess of Revenues Over Expenses Years Ended September 30,	
	2011	2010	2011	2010
<b>Derivatives designated as hedging instruments</b>				
Change in fair value of hedging interest rate swaps	\$ (68,750)	\$ (46,638)	\$ -	\$ -
Amortization of swaption premiums	-	-	1,483	1,486
Hedge ineffectiveness	-	-	534	(3,939)
<b>Derivatives not designated as hedging instruments</b>				
Change in fair value of nonhedging interest rate swaps	-	-	(37,067)	(37,419)
Reclassification of net asset balance upon hedge de-designation	818	818	(818)	(818)
	<u>\$ (67,932)</u>	<u>\$ (45,820)</u>	<u>\$ (35,868)</u>	<u>\$ (40,690)</u>

Partners HealthCare's derivative contracts contain provisions that require collateral to be posted under certain circumstances. The collateral thresholds reflect the current credit ratings issued by major credit rating agencies on Partners HealthCare's and the counterparty's debt. Declines in Partners HealthCare's or the counterparty's credit ratings would result in decreases in the collateral thresholds and consequently, the potential for additional collateral postings by Partners HealthCare or the counterparty. As of September 30, 2011 and 2010, the aggregate fair value of all derivative instruments was a liability of \$375,202 and \$271,402, respectively, for which Partners HealthCare had posted collateral of \$115,777 and \$48,948, respectively. Partners HealthCare has established procedures to ensure that liquidity is available to meet collateral posting requirements.

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Upon the occurrence of certain events of default or termination events identified in the derivative contracts, either Partners HealthCare or the counterparty could terminate the contracts in accordance with their terms. Termination results in the payment of a termination amount by one party that attempts to compensate the other party for its economic losses. If interest rates at the time of termination are lower than those specified in the derivatives contract, Partners HealthCare will make a payment to the counterparty. Conversely, if interest rates at such time are higher, the counterparty will make a payment to Partners HealthCare.

Partners HealthCare also enters into foreign currency options and futures primarily as hedges on securities and indices. Forward contracts are used as currency hedges. These agreements are limited in use and generally do not exceed one year.

**8. Commitments**

**Leases**

Partners HealthCare has capital and noncancelable operating leases for certain buildings and equipment. Minimum future lease commitments under noncancelable leases for the next five years and thereafter are as follows:

	<b>Capital Leases</b>	<b>Operating Leases</b>
2012	\$ 1,455	\$ 169,753
2013	995	154,506
2014	748	144,653
2015	252	131,744
2016	-	117,580
Thereafter	-	565,324
Total lease payments	<u>3,450</u>	<u>\$ 1,283,560</u>
Less amount representing interest	<u>282</u>	
Capital lease obligations at September 30, 2011	<u>\$ 3,168</u>	

Rental expense under operating leases approximated \$162,895 in 2011 and \$209,785 in 2010.

**Construction Projects**

BWH is constructing a building (the Brigham Building for the Future or BBF) and a parking garage (the Brigham Patient Parking project or BPP). The BBF will expand research and clinical space on the BWH campus, with a focus on the Neuroscience and Musculoskeletal programs, and increase flexibility for future campus redevelopment while allowing for lease consolidation. Phase 1 of the project, which involves preparing the site and constructing two smaller facilities to be used by the Commonwealth, is underway with accumulated costs of approximately \$57,484 as of September 30, 2011. Outstanding construction contracts for Phase 1 approximate \$9,802, with completion expected in November 2011. The associated land is leased to BWH by the Commonwealth through 2105. Planning for Phase 2 (construction of the BBF) has begun and will continue into 2012 with construction to begin in 2013. Phase 2 cost is expected to be approximately \$499,000 with occupancy scheduled for late 2017.

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BPP locates a 400 space parking facility under BWH's 15 Francis Street entrance. BPP eliminates a parking shortage on campus and also satisfies commitments to the community and regulators. BPP includes a "greening" landscaped park over the garage as required by the City of Boston. BPP's total project cost is expected to be approximately \$63,500 with construction scheduled to begin in 2012 and the garage opening scheduled for late 2013.

In October 2005, PHS paid \$4,750 in exchange for the development rights to certain parcels of land in Charlestown, Massachusetts (Yards End), the planned site of a new facility for Spaulding Rehabilitation Hospital Corporation (Spaulding). Spaulding's share of the purchase price was \$2,048. Ground breaking for the 132-bed hospital at Yards End was held in October 2010. As of September 30, 2011, costs incurred in connection with the new facility approximated \$98,938 with approximately \$90,739 in outstanding construction contracts. The total project cost is expected to be approximately \$225,000 with occupancy scheduled for 2013.

**9. Pension and Postretirement Healthcare Benefit Plans**

Substantially all employees of Partners HealthCare are covered under various noncontributory defined benefit pension plans and various defined contribution pension plans. In addition, certain affiliates provide subsidized healthcare benefits for retired employees on a self-insured basis, with the benefit obligation being partially funded. These retiree healthcare benefits are administered through an insurance company and are accounted for on the accrual basis, which includes an estimate of future payments for claims incurred.

Total expense for these plans consists of the following:

	<b>Years Ended September 30,</b>	
	<b>2011</b>	<b>2010</b>
Defined benefit plans	\$ 174,282	\$ 151,573
Defined contribution plans	125,449	118,237
Postretirement healthcare benefit plans	8,297	7,852
	<u>\$ 308,028</u>	<u>\$ 277,662</u>

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Information regarding benefit obligations, plan assets, funded status, expected cash flows and net periodic benefit cost follows within this footnote.

**Benefit Obligations**

Change in Benefit Obligations	Defined Benefit Pension Plans		Postretirement Healthcare Benefit Plans	
	2011	2010	2011	2010
Benefit obligations at beginning of year	\$ 2,999,341	\$ 2,819,575	\$ 101,267	\$ 87,880
Service cost	180,806	162,594	4,365	3,879
Interest cost	171,716	168,154	5,083	4,772
Plan amendments	3,202	(1,380)	-	-
Actuarial loss	71,026	42,947	1,762	3,671
Benefits paid	(72,526)	(185,167)	(4,577)	(4,144)
Expenses paid	(6,629)	(7,382)	-	-
Employee contributions	-	-	5,782	5,209
Benefit obligations at end of year	<u>\$ 3,346,936</u>	<u>\$ 2,999,341</u>	<u>\$ 113,682</u>	<u>\$ 101,267</u>

The accumulated benefit obligation for all defined benefit pension plans at the end of 2011 and 2010 was \$3,129,352 and \$2,768,122, respectively.

Weighted-Average Assumptions Used to Determine End of Year Benefit Obligation	Defined Benefit Pension Plans		Postretirement Healthcare Benefit Plans	
	2011	2010	2011	2010
Discount rate	5.30%	5.50%	4.15% - 5.30%	4.00% - 5.50%
Rate of compensation increase				
Professional staff	4.45%	4.95%	N/A	N/A
Other than professional staff	3.00% - 3.50%	3.00% - 4.00%	N/A	N/A
Healthcare cost trend rate for next year	N/A	N/A	7.50%	8.00%
Rate to which the cost trend rate is to decline	N/A	N/A	5.00%	5.00%
Year that rate reaches the ultimate trend rate	N/A	N/A	2017	2017

Assumed healthcare cost trend rates have a significant effect on the amounts reported for the healthcare plans. A one-percentage-point change in assumed healthcare cost trend rates would have the following effect:

	One-Percentage-Point Increase	One-Percentage-Point Decrease
Effect on postretirement benefit obligation	\$ 1,361	\$ (1,254)

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**Plan Assets**

Change in Plan Assets	Defined Benefit Pension Plans		Postretirement Healthcare Benefit Plans	
	2011	2010	2011	2010
Fair value of plan assets at beginning of year	\$ 2,261,997	\$ 2,052,797	\$ 27,302	\$ 20,479
Actual return on plan assets	10,667	213,136	250	1,614
Employer contributions	175,482	188,613	4,577	4,144
Employee contributions	-	-	5,782	5,209
Benefits paid	(72,526)	(185,167)	(4,577)	(4,144)
Expenses paid	(6,629)	(7,382)	-	-
Fair value of plan assets at end of year	<u>\$ 2,368,991</u>	<u>\$ 2,261,997</u>	<u>\$ 33,334</u>	<u>\$ 27,302</u>

The assets of the defined benefit pension plans are aggregated in a single master trust (Master Trust) and managed as one asset pool. The investment objective for the Master Trust is to achieve the highest reasonable total return after considering (i) plan liabilities, (ii) funding status and projected cash flows, (iii) projected market returns, valuations and correlations for various asset classes and (iv) Partners HealthCare's ability and willingness to incur market risk.

Oversight of the management of Partners HealthCare's investable assets, including the Master Trust, is provided by the Investment Committee of the Board of Directors. The Committee seeks to add incremental returns by manager selection and asset allocation (increasing/decreasing allocations within allowable ranges based on current and projected valuations). The Committee is supported by a professional staff, an outside investment consultant and a pension actuarial consultant.

Partners HealthCare utilizes a policy benchmark allocation that balances projected returns, correlations and volatility of various asset classes within the overall risk tolerance. The allocations are actively managed based on relative valuations among and within asset classes and the perceived ability of managers to outperform passive benchmarks. Exposure by asset class is the sum of the net exposures reported by each manager. Asset performance is monitored monthly and the portfolio is rebalanced if asset classes exceed explicit ranges.

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The following table presents the policy benchmark allocation components (and allowable ranges) and the reported exposures of the Master Trust:

	<b>September 30, 2011</b>		<b>September 30, 2010</b>	
	<b>Policy Benchmarks</b>	<b>Reported Exposures</b>	<b>Policy Benchmarks</b>	<b>Reported Status</b>
Domestic equity	22 %	17 %	22 %	20 %
Foreign developed equity	22	18	23	21
Emerging markets equity	6	10	7	10
Private equity	10	10	8	8
Total equity (+/- 15%)	60 %	55 %	60 %	59 %
Fixed income (+/- 10%)	20	20	20	23
Inflation defensive (+/- 10%)	10	7	10	5
Cash and other (+/- 10%)	10	18	10	13
	<u>100 %</u>	<u>100 %</u>	<u>100 %</u>	<u>100 %</u>

Inflation defensive strategies include investments in real estate assets, commodities, timber and inflation protection bonds. Other exposures include currency and volatility based strategies.

Within the Master Trust, assets are allocated to managers with investment mandates that may range from a single sub-asset class to very broad mandates; with restrictions that range from long-only to unconstrained; and with management structures ranging from separately managed funds to mutual/commingled funds to private partnerships. Less market sensitive managers employ absolute return, long/short equity and diversified strategies, which in the aggregate are expected to generate positive returns on a consistent basis. Investment risks (concentration, correlation, valuation, liquidity, leverage, mandate compliance, etc.) are measured at the manager level as well as the pool level. The active risk of the Master Trust is determined by a statistical regression of the most recent two (2) year return series to that of the policy benchmark.

The following table presents the capital allocations by manager mandate within the Master Trust. Some managers, particularly Real assets and Less market sensitive managers, invest allocated capital among multiple policy benchmark asset classes.

	<b>September 30, 2011</b>		<b>September 30, 2010</b>	
	<b>Dollars</b>	<b>Percentage</b>	<b>Dollars</b>	<b>Percentage</b>
Traditional U.S. equity	\$ 277,916	12 %	\$ 288,142	13 %
Traditional foreign developed equity	354,587	15	364,556	16
Traditional emerging markets equity	197,301	8	203,951	9
Private equity	179,604	8	131,721	6
Real assets	273,148	11	217,880	10
Less market sensitive managers	737,876	31	685,508	30
Fixed income managers	348,559	15	370,239	16
	<u>\$ 2,368,991</u>	<u>100 %</u>	<u>\$ 2,261,997</u>	<u>100 %</u>

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The postretirement healthcare benefit plans assets are commingled funds, with the objective of achieving returns to satisfy plan obligations and with a level of volatility commensurate with Partners HealthCare's overall financial profile.

The following table presents plan assets, by form of ownership, as of September 30, 2011 and 2010 measured at fair value on a recurring basis using the fair value hierarchy defined in Note 4:

	Fair Value at September 30, 2011	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Items (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<b>Defined Benefit Pension Plans</b>				
Invested cash equivalents	\$ 38,976	\$ 38,976	\$ -	\$ -
Separately managed investments	475,085	324,664	150,421	-
Mutual funds	157,353	157,353	-	-
Commingled funds	240,171	-	240,171	-
Private partnerships	1,457,406	-	842,368	615,038
	<u>2,368,991</u>	<u>520,993</u>	<u>1,232,960</u>	<u>615,038</u>
<b>Postretirement Healthcare Benefit Plans</b>				
Commingled funds	33,334	1,670	28,361	3,303
Total plan assets	<u>\$ 2,402,325</u>	<u>\$ 522,663</u>	<u>\$ 1,261,321</u>	<u>\$ 618,341</u>

	Fair Value at September 30, 2010	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Items (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<b>Defined Benefit Pension Plans</b>				
Invested cash equivalents	\$ 10,419	\$ 10,419	\$ -	\$ -
Separately managed investments	589,289	296,607	292,682	-
Mutual funds	133,238	133,238	-	-
Commingled funds	199,159	-	199,159	-
Private partnerships	1,329,892	-	786,432	543,460
	<u>2,261,997</u>	<u>440,264</u>	<u>1,278,273</u>	<u>543,460</u>
<b>Postretirement Healthcare Benefit Plans</b>				
Mutual funds	27,302	24,020	3,282	-
Total plan assets	<u>\$ 2,289,299</u>	<u>\$ 464,284</u>	<u>\$ 1,281,555</u>	<u>\$ 543,460</u>

In evaluating the level at which Partners HealthCare's private partnerships have been classified within the fair value hierarchy, management has assessed factors including, but not limited to price transparency, the ability to redeem these investments at net asset value at the measurement date, and the existence or absence of certain restrictions at the measurement date. Investments in private partnerships generally have limited redemption options for investors and, subsequent to final closing, may or may not permit subscriptions by new or existing investors. These entities may

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also have the ability to impose gates, lockups, and other restrictions on an investor's ability to readily redeem out of their investment interest in the fund. At September 30, 2011 and 2010, certain private partnerships where Partners HealthCare has the ability and the right to redeem interests within the next twelve months have been classified as Level 2 investments in the plan assets' fair value table.

During the years ended September 30, 2011 and 2010, the change in the fair value of the plan assets measured using significant unobservable inputs (Level 3) is comprised of the following:

	<b>2011</b>	<b>2010</b>
Balance at beginning of year	\$ 543,460	\$ 488,320
Total gains (losses)		
Dividends and interest income	2,965	446
Net realized gains on investments	6,972	12,536
Change in net unrealized appreciation on investments	37,011	39,604
Purchases and sales, net	29,895	16,359
Transfers out of Level 3	<u>(1,962)</u>	<u>(13,805)</u>
Balance at end of year	<u>\$ 618,341</u>	<u>\$ 543,460</u>



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**Funded Status**

The funded status of the plans recognized in the balance sheet and the amounts recognized in unrestricted net assets, follows:

End of Year	Defined Benefit Pension Plans		Postretirement Healthcare Benefit Plans	
	2011	2010	2011	2010
Fair value of plan assets at measurement date	\$ 2,368,991	\$ 2,261,997	\$ 33,334	\$ 27,302
Benefit obligations at measurement date	(3,346,936)	(2,999,341)	(113,682)	(101,267)
Funded status	<u>\$ (977,945)</u>	<u>\$ (737,344)</u>	<u>\$ (80,348)</u>	<u>\$ (73,965)</u>
<b>Amounts recognized in the balance sheet consist of</b>				
Noncurrent assets	\$ -	\$ -	\$ 543	\$ -
Current liabilities	(718)	(3,904)	(3,715)	(3,575)
Long-term liabilities	(977,227)	(733,440)	(77,176)	(70,390)
	<u>\$ (977,945)</u>	<u>\$ (737,344)</u>	<u>\$ (80,348)</u>	<u>\$ (73,965)</u>
<b>Amounts not yet recognized in net periodic benefit cost and included in unrestricted net assets consist of</b>				
Actuarial net loss (gain)	\$ 946,565	\$ 706,713	\$ 20,571	\$ 17,929
Prior service cost (credit)	12,760	11,135	(62)	(82)
	<u>\$ 959,325</u>	<u>\$ 717,848</u>	<u>\$ 20,509</u>	<u>\$ 17,847</u>
<b>Amounts recognized in unrestricted net assets consist of</b>				
Current year actuarial (gain) loss	\$ 262,448	\$ 23,066	\$ 3,544	\$ 3,579
Amortization of actuarial gain (loss)	(22,597)	(16,308)	(903)	(743)
Current year prior service cost (credit)	3,203	(1,380)	-	-
Amortization of prior service (cost) credit	(1,577)	2,226	21	20
	<u>\$ 241,477</u>	<u>\$ 7,604</u>	<u>\$ 2,662</u>	<u>\$ 2,856</u>

At the end of 2011 and 2010, the projected benefit obligation, accumulated benefit obligation and fair value of plan assets for pension plans with an accumulated benefit obligation in excess of plan assets were as follows:

Accumulated Benefit Obligation in Excess of Plan Assets	2011	2010
Projected benefit obligation	\$ 3,346,936	\$ 2,999,341
Accumulated benefit obligation	3,129,352	2,768,122
Fair value of plan assets	2,368,991	2,261,997

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**Expected Cash Flows**

Information about the expected cash flows for the defined benefit and postretirement healthcare benefit plans is as follows:

	<b>Defined Benefit Pension Plans</b>	<b>Postretirement Healthcare Benefit Plans</b>	
Expected employer contributions 2012	\$ 257,918	\$	5,463
			<b>Medicare Subsidy</b>
Expected benefit payments (receipts) 2012	\$ 127,311	\$	5,781
2013	136,206	\$	(318)
2014	153,095		(307)
2015	165,093		(294)
2016	176,075		(278)
2017–2021	1,137,797		(261)
			(1,001)

**Net Periodic Benefit Cost**

	<b>Defined Benefit Pension Plans</b>		<b>Postretirement Healthcare Benefit Plans</b>	
	<b>2011</b>	<b>2010</b>	<b>2011</b>	<b>2010</b>
Service cost	\$ 180,806	\$ 162,594	\$ 4,365	\$ 3,879
Interest cost	171,716	168,154	5,083	4,772
Expected return on plan assets	(202,414)	(193,257)	(2,033)	(1,522)
Amortization of				
Prior service cost (credit)	1,577	(2,226)	(21)	(20)
Actuarial net (gain) loss	22,597	16,308	903	743
Net periodic benefit cost	<u>\$ 174,282</u>	<u>\$ 151,573</u>	<u>\$ 8,297</u>	<u>\$ 7,852</u>

Amounts expected to be amortized from unrestricted net assets into net periodic benefit cost during the year ending September 30, 2012 are as follows:

	<b>Defined Benefit Pension Plans</b>	<b>Postretirement Healthcare Benefit Plans</b>
Actuarial net loss	\$ 33,442	\$ 1,091
Prior service cost (credit)	1,847	(21)

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Weighted-Average Assumptions Used to Determine Net Periodic Pension and Postretirement Cost	Defined Benefit Pension Plans		Postretirement Healthcare Benefit Plans	
	2011	2010	2011	2010
Discount rate	5.50%	5.75%	4.00% - 5.50%	4.55% - 5.75%
Expected return on plan assets	8.25%	8.25%	7.50%	7.50%
Rate of compensation increase				
Professional staff	4.95%	6.02%	N/A	N/A
Other than professional staff	3.00% - 4.00%	5.00% - 5.10%	N/A	N/A
Healthcare cost trend rate for this year	N/A	N/A	8.00%	8.50%
Rate to which the cost trend rate is to decline	N/A	N/A	5.00%	5.00%
Year that rate reaches the ultimate trend rate	N/A	N/A	2017	2017

Partners HealthCare uses a long term return assumption which is validated annually by obtaining long term asset return, volatility and correlation projections for relevant asset class indexes; modifying volatility and correlations to reflect the actual historical experience of the active managers; calculating the expected return using benchmark weights and indexes; and comparing the return assumption to the sum of the expected return and the historical outperformance of the actual return versus the benchmark. Partners HealthCare regularly monitors the active risk of the Master Trust by a statistical regression of the return series of the actual portfolio to that of the policy benchmark.

Assumed healthcare cost trend rates have a significant effect on the amounts reported for the healthcare plans. A one-percentage-point change in assumed healthcare cost trend rates would have the following effect:

	One-Percentage-Point Increase	One-Percentage-Point Decrease
Effect on service and interest cost	\$ 80	\$ (73)

**10. Professional Liability Insurance**

Partners HealthCare insures substantially all of its professional and general liability risk on a claims-made basis in cooperation with other healthcare organizations in the Greater Boston area through a captive insurance company, Controlled Risk Insurance Company Ltd. (CRICO). The policies cover claims made during their respective terms, but not those occurrences for which claims may be made after expiration of the policy, except for certain tail liabilities which CRICO has assumed on an occurrence basis through December 31, 2011. Management intends to renew its coverage on a claims-made basis and has no reason to believe that it will be prevented from such renewal.

PHS owns 10% of CRICO. The investment is accounted for on the cost basis of accounting. In addition, Partners HealthCare follows the accounting policy of establishing reserves to cover all professional liability claims incurred but not reported to the insurance company as of the end of the year (tail liability), excluding the tail liability that has been assumed by CRICO. These reserves have been recorded on a discounted basis using an interest rate of 3.75% and 4.75% at September 30, 2011 and 2010, respectively.

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Management is not aware of any claims against Partners HealthCare or factors affecting CRICO that would cause the expense for professional liability risks to vary materially from the amount provided.

#### **11. Concentration of Credit Risk**

Financial instruments that potentially subject Partners HealthCare to concentration of credit risk consist of patient accounts receivable, research grants receivable, pledges receivable, certain investments and interest rate swaps.

Partners HealthCare receives a significant portion of its payments for services rendered from a limited number of government and commercial third-party payers, including Medicare, Medicaid, Blue Cross and Blue Shield of Massachusetts, Harvard Pilgrim Health Care and Tufts Health Plan. Research funding is provided through many government and private sponsors. Pledges receivable are due from multiple donors. Partners HealthCare assesses the credit risk for pledges based on history and the financial wherewithal of donors, most of which are individuals or organizations well known to Partners HealthCare.

Investments, which include government and agency securities, stocks and corporate bonds, and private partnerships and other investments are not concentrated in any corporation or industry or with any single counterparty. Alternative investments are less liquid than Partners HealthCare's other investments. The reported values of the alternative investments may differ significantly from the values that would have been used had a ready market for those securities existed. These instruments may contain elements of both credit and market risk. Such risks include, but are not limited to, limited liquidity, absence of oversight, dependence upon key individuals, emphasis on speculative investments and nondisclosure of portfolio composition.

Partners HealthCare minimizes its credit risk by entering into interest rate swap agreements with several counterparties and requiring the counterparties to post collateral for the benefit of Partners HealthCare when the fair value of the swap is positive. Partners HealthCare minimizes its counterparty risk by contracting with six counterparties, none of which accounts for more than 30% of the aggregate notional amount of the swap contracts.

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**12. Restricted Net Assets**

Restricted net assets are available for the following purposes:

	<b>September 30,</b>	
	<b>2011</b>	<b>2010</b>
Temporarily restricted		
Charity care	\$ 91,123	\$ 100,626
Buildings and equipment	131,300	191,370
Clinical care, research and academic	<u>561,375</u>	<u>532,430</u>
	<u>\$ 783,798</u>	<u>\$ 824,426</u>
Permanently restricted		
Charity care	\$ 19,101	\$ 19,134
Buildings and equipment	2,433	2,433
Clinical care, research and academic	<u>316,379</u>	<u>289,324</u>
	<u>\$ 337,913</u>	<u>\$ 310,891</u>

**Endowment**

Partners HealthCare's endowment consists of over 1,000 individual funds established for a variety of purposes. The endowment includes both donor-restricted endowment funds and funds designated by the boards to function as endowments. As required by generally accepted accounting principles, net assets associated with endowment funds, including funds designated by the boards to function as endowments, are classified and reported as restricted or unrestricted based on the existence or absence of donor-imposed restrictions.

Partners HealthCare has interpreted UPMIFA as requiring the preservation of the value of the original gift of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, Partners HealthCare classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts donated to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by Partners HealthCare in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, Partners HealthCare considers several factors in making a determination to appropriate or accumulate donor-restricted endowment funds. These factors include: the duration and preservation of the fund; the purposes of the organization and the donor-restricted endowment fund; general economic conditions; the possible effect of inflation and deflation; the expected total return from income and the appreciation of investments; other resources of the organization; and the investment policies of the organization.

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**Endowment Funds with Deficits**

From time to time, the value of assets associated with individual donor-restricted endowment funds may fall below the value of the initial and subsequent donor gift amounts. When such endowment deficits exist, they are classified as a reduction to unrestricted net assets. Deficits of this nature reported in unrestricted net assets were \$3,556 and \$1,699 at September 30, 2011 and 2010, respectively. These deficits resulted from unfavorable market fluctuations that occurred after the investment of new permanently restricted contributions or subsequent endowment additions.

The following presents the endowment net asset composition by type of fund as of September 30, 2011 and 2010 and the changes in endowment assets for the years ended September 30, 2011 and 2010:

<b>Endowment Net Asset Composition by Type of Fund as of September 30, 2011</b>	<b>Unrestricted</b>	<b>Temporarily Restricted</b>	<b>Permanently Restricted</b>	<b>Total</b>
Donor-restricted endowment funds	\$ (3,556)	\$ 404,753	\$ 323,736	\$ 724,933
Board-designated endowment funds	797,707	-	-	797,707
Total funds	<u>\$ 794,151</u>	<u>\$ 404,753</u>	<u>\$ 323,736</u>	<u>\$ 1,522,640</u>
<b>Changes in Endowment Net Assets for the Year Ended September 30, 2011</b>				
	<b>Unrestricted</b>	<b>Temporarily Restricted</b>	<b>Permanently Restricted</b>	<b>Total</b>
Endowment net assets at September 30, 2010	<u>\$ 805,480</u>	<u>\$ 431,757</u>	<u>\$ 298,168</u>	<u>\$ 1,535,405</u>
Investment return				
Investment income	3,262	3,667	13	6,942
Net realized and unrealized appreciation (depreciation)	6,344	2,955	(208)	9,091
Total investment return	9,606	6,622	(195)	16,033
Contributions	5,384	-	24,082	29,466
Appropriation of endowment assets for expenditure	(34,715)	(33,431)	-	(68,146)
Other changes	8,396	(195)	1,681	9,882
Total changes	<u>(11,329)</u>	<u>(27,004)</u>	<u>25,568</u>	<u>(12,765)</u>
Endowment net assets at September 30, 2011	<u>\$ 794,151</u>	<u>\$ 404,753</u>	<u>\$ 323,736</u>	<u>\$ 1,522,640</u>
<b>Endowment Net Asset Composition by Type of Fund as of September 30, 2010</b>				
	<b>Unrestricted</b>	<b>Temporarily Restricted</b>	<b>Permanently Restricted</b>	<b>Total</b>
Donor-restricted endowment funds	\$ (1,699)	\$ 431,757	\$ 298,168	\$ 728,226
Board-designated endowment funds	807,179	-	-	807,179
Total funds	<u>\$ 805,480</u>	<u>\$ 431,757</u>	<u>\$ 298,168</u>	<u>\$ 1,535,405</u>

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<b>Changes in Endowment Net Assets for the Year Ended September 30, 2010</b>	<b>Unrestricted</b>	<b>Temporarily Restricted</b>	<b>Permanently Restricted</b>	<b>Total</b>
Endowment net assets at October 1, 2009	\$ 715,764	\$ 423,331	\$ 286,522	\$ 1,425,617
Investment return				
Investment income	4,746	3,903	15	8,664
Net realized and unrealized appreciation	69,830	37,631	270	107,731
Total investment return	74,576	41,534	285	116,395
Contributions	3,869	-	14,910	18,779
Appropriation of endowment assets for expenditure	(31,071)	(33,199)	-	(64,270)
Other changes	42,342	91	(3,549)	38,884
Total changes	89,716	8,426	11,646	109,788
Endowment net assets at September 30, 2010	\$ 805,480	\$ 431,757	\$ 298,168	\$ 1,535,405

**Conditional Pledge**

During 2009, the General signed an agreement (Ragon Agreement) with The Massachusetts Institute of Technology (MIT), The President and Fellows of Harvard College (Harvard) and The Phillip T. and Susan M. Ragon Foundation (Ragon Foundation) to establish the Phillip T. and Susan M. Ragon Institute (Ragon Institute) as a joint research center of the General, MIT and Harvard with the purpose of harnessing the potential of the immune response to combat and conquer human diseases, integrating biomedical research with emerging engineering technologies (with the main initial focus being the development of an AIDS vaccine) and educating and training scientists. The Ragon Foundation committed to provide funding for the Ragon Institute of \$100,000 over ten years through the General (as the administrative home for the Ragon Institute), beginning retroactively on January 1, 2008. The Ragon Foundation has the ability to slow, suspend or eliminate funding based on restrictions described in the Ragon Agreement. Additionally, any funding not paid by December 31, 2017 will no longer be due by the Ragon Foundation. Due to the conditions within the Ragon Agreement, funding is recognized when received, with no pledge receivable recorded for the balance of the commitment.

Through September 30, 2011, total funding of \$44,000 was received, with \$10,000 received for the year ended September 30, 2011, and total net expenses of \$28,351 were incurred, including \$9,356 for the year ended September 30, 2011. As of September 30, 2011, unspent funding of \$15,649 has been recorded as temporarily restricted net assets, to be released to unrestricted net assets after qualifying expenses have been incurred.

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**Unconditional Pledge**

During 2011, a pledge was made by the Ragon Foundation to support a new facility for the Ragon Institute. The gift proceeds will be used to fund space fit out and associated lab equipment and was recorded at \$26,300, based on the estimate of capital costs. The final gift amount will be adjusted to reflect the actual expenses and will only cover capital costs incurred within 18 months of the lease signing. Additionally, the gift may be reduced by any grant that pays for some or all of these expenses. If the amount of the gift received exceeds the actual costs, the excess amount will be applied to the Ragon Agreement obligation.

**13. Functional Expenses**

Total operating expenses by function are as follows:

	<b>Years Ended September 30,</b>	
	<b>2011</b>	<b>2010</b>
Healthcare services	\$ 5,926,833	\$ 5,680,532
Research and academic	1,531,501	1,370,372
General and administrative	789,961	762,587
	<u>\$ 8,248,295</u>	<u>\$ 7,813,491</u>

**14. Contingencies**

Partners HealthCare is subject to complaints, claims and litigation which have risen in the normal course of business. In addition, Partners HealthCare is subject to reviews and investigations by various federal and state government agencies to assure compliance with applicable laws, some of which are subject to different interpretations. Governmental review of compliance by healthcare institutions, including Partners HealthCare, has increased.

**15. Subsequent Events**

Partners HealthCare has assessed the impact of subsequent events through December 2, 2011, the date the audited financial statements were issued, and has concluded that there were no such events, other than the pending acquisition described below, that require adjustment to the audited financial statements or disclosure in the notes to the audited financial statements.

On October 28, 2011 PHS signed an agreement to acquire Neighborhood Health Plan, Inc. (NHP). NHP is a licensed, not-for-profit Managed Care Organization (MCO) founded in 1986 that provides health insurance products to the Medicaid, Commonwealth Care (a health insurance program for uninsured adults who meet income and other eligibility requirements) and commercial populations. The transaction is contingent upon NHP's meeting certain conditions. The acquisition is also subject to regulatory approval by the Massachusetts Division of Insurance and review by federal and state antitrust agencies.