

Return of Organization Exempt From Income Tax

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE BRIGHAM AND WOMEN'S HOSPITAL, INC Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 75 FRANCIS STREET City or town, state or country, and ZIP + 4 BOSTON, MA 02115	D Employer identification number 04-2312909
	F Name and address of principal officer: ELIZABETH G. NABEL, M.D. 75 FRANCIS STREET BOSTON, MA 02115	E Telephone number (617) 724-9841
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ 2,036,603,915. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	J Website: WWW.BRIGHAMANDWOMENS.ORG	H(c) Group exemption number <input type="checkbox"/>
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>	L Year of formation: 1963	M State of legal domicile: MA

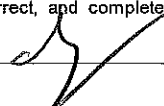
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>ACUTE CARE TEACHING AND RESEARCH HOSPITAL</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of employees (Part V, line 2a)	5	15,042
	6 Total number of volunteers (estimate if necessary)	6	990
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	-300,686.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-336,842.	
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	503,706,779.	493,630,337.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,403,530,642.	1,535,826,769.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,473,253.	-8,075,664.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,465,372.	24,812,949.
		1,936,176,046.	2,046,194,391.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	42,361,908.	92,193,131.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	864,132,309.	975,213,278.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses, Part IX, column (D), line 25		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	928,261,959.	984,394,930.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,834,756,176.	2,051,801,339.	
19 Revenue less expenses. Subtract line 18 from line 12	101,419,870.	-5,606,948.	
Net Assets or Fund Balances		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	1,709,241,814.	1,725,366,103.
	21 Total liabilities (Part X, line 26)	901,310,709.	1,230,068,899.
22 Net assets or fund balances. Subtract line 21 from line 20.	807,931,105.	495,297,204.	

Part II Signature Block

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

Sign Here

Signature of officer  Date 7/30/08

MICHAEL L. RONEY SR. V.P. OF FINANCE
Type or print name and title

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

ACUTE CARE TEACHING AND RESEARCH HOSPITAL

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

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,387,174,296. including grants of \$ 92,193,131.) (Revenue \$ 1,535,826,769.)

PATIENT CARE - THE HOSPITAL HAD APPROXIMATELY 46,500 INPATIENT ADMISSIONS, THE AMBULATORY CARE DEPARTMENT HAD APPROX. 570,000 VISITS, AND THE NEIGHBORHOOD HEALTH CENTERS HAD APPROX. 119,000 VISITS. THE EMERGENCY ROOM HAD APPROX. 57,400 VISITS DURING THE YEAR.

SEE SCHEDULE O FOR DETAIL OF COMMUNITY BENEFIT PROGRAMS

4b (Code:) (Expenses \$ 450,795,057. including grants of \$ NONE) (Revenue \$ 390,062,978.)

RESEARCH - THE CONDUCT OF BIOMEDICAL RESEARCH IS ONE OF THE HOSPITAL'S CORE MISSIONS AND ACTIVITIES AND INCLUDES FUNDAMENTAL BENCH RESEARCH IN ALL OF THE LIFE SCIENCES DISCIPLINES, PATIENT-CENTERED RESEARCH WITHIN THE INPATIENT AND OUTPATIENT SERVICES OF THE HOSPITAL, CLINICAL TRIALS OF NEW DRUGS, DIAG. TESTS AND DEVICES AND EPIDEMIOLOGICAL RESEARCH.

4c (Code:) (Expenses \$ 81,695,639. including grants of \$ NONE) (Revenue \$ 19,780,617.)

TEACHING - IN THE CONTEXT OF ITS PATIENT CARE ACTIVITIES, THE CORPORATION ALSO CONTINUES TO SERVE AS A MAJOR TEACHING HOSPITAL FOR THE HARVARD MEDICAL SCHOOL. DURING THIS YEAR, THE HOSPITAL HAD APPROXIMATELY 850 INTERNS, RESIDENTS AND CLINICAL FELLOWS PARTICIPATING IN APPROVED TRAINING PROGRAMS.

4d Other program services. (Describe in Schedule O.)

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

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

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	X	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Form with questions 1a through 12b regarding IRS filings and tax compliance, including sections on prohibited tax shelter transactions, contributions, and charitable trusts. Includes a table with 'Yes' and 'No' columns.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management delegation, organizational changes, asset diversions, members/stockholders, governing body decisions, meeting documentation, local chapters, Form 990 review, and officer reachability.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policy, disclosure requirements, whistleblower policy, document retention, compensation review, joint ventures, and exempt status arrangements.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include questions about state filing requirements, public inspection of forms, governing documents availability, and physical address/telephone number.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Total 8,292,231. 4,020,947. 2,068,743.

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

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'SEE STATEMENT 1'.

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

Part VIII Statement of Revenue

04-2312909

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	9,852,864.				
	e	Government grants (contributions) . .	1e	268,669,311.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	215,108,162.				
	g	Noncash contributions included in lines 1a-1f: \$		1,373,918.				
	h	Total. Add lines 1a-1f ▶		493,630,337.				
	Program Service Revenue	2a	PATIENT CARE & RELATED SERVICES	Business Code	621990	1,535,826,769.	1,535,826,769.	
		b						
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶		1,535,826,769.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		1,514,812.			1,514,812.	
	4	Income from investment of tax-exempt bond proceeds . . . ▶		NONE				
	5	Royalties ▶		2,027,629.			2,027,629.	
	6a	Gross Rents	(i) Real	(ii) Personal				
					4,540,591.			
					4,540,591.			
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) ▶			4,540,591.		4,540,591.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses			-9,590,476.			
	c	Gain or (loss)			9,590,476.			
	d	Net gain or (loss) ▶			-9,590,476.		-300,686.	-9,289,790.
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.	a						
		b	Less: direct expenses					
		c	Net income or (loss) from fundraising events ▶			NONE		
9a	Gross income from gaming activities. See Part IV, line 19.	a						
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities ▶			NONE		
10a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory. ▶			NONE		
Miscellaneous Revenue			Business Code					
11a	PARKING INCOME		812930	13,803,562.			13,803,562.	
b	CAFETERIA REVENUE		722210	4,441,167.			4,441,167.	
c								
d	All other revenue							
e	Total. Add lines 11a-11d ▶			18,244,729.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			2,046,194,391.	1,535,826,769.	-300,686.	17,037,971.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	92,193,131.	92,193,131.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	6,410,597.		6,410,597.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	777,327,822.	754,716,000.	22,611,822.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	27,461,788.	27,461,788.		
9 Other employee benefits	111,066,958.	103,105,216.	7,961,742.	
10 Payroll taxes	52,946,113.	52,946,113.		
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	2,101,352.	673,229.	1,428,123.	
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	262,065,231.	176,116,342.	85,948,889.	
12 Advertising and promotion	4,542,435.	2,207,208.	2,335,227.	
13 Office expenses	308,742,746.	307,457,114.	1,285,632.	
14 Information technology	6,383,993.	4,293,489.	2,090,504.	
15 Royalties	NONE			
16 Occupancy	109,632,469.	109,629,996.	2,473.	
17 Travel	4,653,896.	4,564,698.	89,198.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	586,895.	527,696.	59,199.	
20 Interest	26,478,675.	26,478,675.		
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	101,406,885.	101,406,885.		
23 Insurance	15,375,940.	14,307,570.	1,068,370.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BAD_DEBT_EXPENSE -----	18,876,732.	18,876,732.		
b MEALS -----	3,354,872.	2,955,412.	399,460.	
c NON-CAPITAL EQUIPMENT -----	2,434,249.	1,749,213.	685,036.	
d OTHER_RESEARCH_EXPENSES -----	108,728,021.	108,728,021.		
e FREE_CARE_CHARGED_TO_FUNDS --	360,009.	360,009.		
f All other expenses -----	8,670,530.	8,910,455.	-239,925.	
25 Total functional expenses. Add lines 1 through 24f	2,051,801,339.	1,919,664,992.	132,136,347.	
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	34,125,319.	2	156,815,918.
	3 Pledges and grants receivable, net	158,017,126.	3	113,737,532.
	4 Accounts receivable, net	208,306,468.	4	213,697,226.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net <small>STMT. 2</small>	475,592.	7	455,781.
	8 Inventories for sales or use	10,130,222.	8	11,970,530.
	9 Prepaid expenses and deferred charges	23,931,396.	9	28,514,860.
	10a Land, buildings, and equipment: cost basis 10a 1554366446.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D. 10b 569,627,758.	964,320,905.	10c	984,738,688.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	216,400,171.	12	215,407,990.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	93,534,615.	15	27,578.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,709,241,814.	16	1,725,366,103.	
Liabilities	17 Accounts payable and accrued expenses	190,255,785.	17	425,794,421.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties <small>STMT. 3</small>	2,091,007.	23	859,585.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	708,963,917.	25	803,414,893.
	26 Total liabilities. Add lines 17 through 25.	901,310,709.	26	1,230,068,899.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	587,250,112.	27	305,445,546.
	28 Temporarily restricted net assets	170,905,974.	28	143,036,119.
	29 Permanently restricted net assets	49,775,019.	29	46,815,539.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	807,931,105.	33	495,297,204.
	34 Total liabilities and net assets/fund balances	1,709,241,814.	34	1,725,366,103.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (See instructions.)
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here.
16b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here.
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here.
17b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

- 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Lined area for supplemental information with horizontal dashed lines.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

THE BRIGHAM AND WOMEN'S HOSPITAL, INC.

04-2312909

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor informed consent.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Held at the End of the Year. Rows include purpose(s) of easements, number of easements, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, and Amount. Rows include questions about reporting art and historical treasures and the amounts reported.

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	224,693,330.				
b Contributions	8,243,420.				
c Investment earnings or losses	2,762,993.				
d Grants or scholarships	NONE				
e Other expenditures for facilities and programs	17,578,311.				
f Administrative expenses	NONE				
g End of year balance	218,121,432.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ 42.0000 %
 - b Permanent endowment ▶ 58.0000 %
 - c Term endowment ▶ _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	NONE	18,747,454.		18,747,454.
b Buildings	NONE	1108657040.	409,482,207.	699,174,833.
c Leasehold improvements	NONE	79,783,700.	24,913,038.	54,870,662.
d Equipment	NONE	298,032,078.	134,489,657.	163,542,421.
e Other	NONE	49,146,174.	742,856.	48,403,318.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				984,738,688.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other US GOV' T & OTH. FIXED INC. SEC	2,247,000.	FMV
INVESTMENT IN PARTNERS POOLED	213,160,990.	FMV
INVESTMENT ACCOUNTS		

Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶	215,407,990.	

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

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

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

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

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

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

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XIV Supplemental Information (continued)

INTENDED USE OF ENDOWMENT FUNDS

PART V, LINE 4

THE ORGANIZATION'S ENDOWMENT FUNDS ARE INTENDED TO BE USED TO FURTHER

THE ORGANIZATION'S TAX-EXEMPT MISSION.

OTHER NET ASSET ADJUSTMENTS

PART XI, LINE 8

CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PLAN - (\$284,025,642)

FINANCIAL STATEMENT ROUNDING - (\$2,100)

OTHER REVENUE INCLUDED ON RETURN BUT NOT ON BOOK

PART XII, LINE 4B

EXPENSES NETTED AGAINST REVENUE ON AFS \$498,075

GRANTS FROM AFFILIATES \$496,375

TEMP/PERM RESTRICTED ACTIVITY (\$35,228,061)

FUNDS UTILIZED FOR PP&E \$15,652,297

AFS ROUNDING \$2,271

OTHER EXPENSES INCLUDED ON RETURN BUT NOT ON BOOK

PART XIII, LINE 4B

EXPENSES NETTED AGAINST REVENUE ON AFS \$498,075

GRANTS TO AFFILIATES \$91,171,712

AFS ROUNDING \$552

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization	Employer identification number
THE BRIGHAM AND WOMEN'S HOSPITAL, INC.	04-2312909

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CENTRAL AMERICA/CARIBBEAN	NONE	NONE	PROGRAM SERVICES	PAT. CARE, RES. & EDUC	58,110.
EAST ASIA AND THE PACIFIC	NONE	NONE	PROGRAM SERVICES	PAT. CARE, RES. & EDUC	467,145.
EUROPE	NONE	NONE	PROGRAM SERVICES	PAT. CARE, RES. & EDUC	3,290,470.
MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	PAT. CARE, RES. & EDUC	142,975.
RUSSIA/INDEPENDENT STATES	NONE	NONE	PROGRAM SERVICES	PAT. CARE, RES. & EDUC	49,600.
NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	PAT. CARE, RES. & EDUC	6,054,884.
SOUTH ASIA	NONE	NONE	PROGRAM SERVICES	PAT. CARE, RES. & EDUC	10,507.
SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	PAT. CARE, RES. & EDUC	361,241.
SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	PAT. CARE, RES. & EDUC	455,166.
Totals ▶	NONE	NONE			10,890,098.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) 2008**

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Use Schedule F-1 (Form 990) if additional space is needed.

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

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

3 Enter total number of other organizations or entities

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2008

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

THE BRIGHAM AND WOMEN'S HOSPITAL, INC.

04-2312909

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

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

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Charity Care and Certain Other Community Benefits at Cost

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2008

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

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

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

Section A. Bad Debt Expense

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

	Yes	No
1		
2		
3		
4		
5		
6		
7		
8		
9a		
9b		

Section B. Medicare

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

Section C. Collection Practices

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

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

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

Part V Facility Information (Required for 2008)

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER - 24 hours	ER - other	Other (Describe)
THE BRIGHAM AND WOMEN' S HOSPITAL, INC. 75 FRANCIS STREET BOSTON MA 02115	X	X	X	X		X	X		
BROOKSIDE COMMUNITY HEALTH CENTER 3297 WASHINGTON STREET BOSTON MA 02130	X								
SOUTHERN JAMAICA PLAIN HEALTH CENTER 640 CENTRE STREET BOSTON MA 02130	X								
PARTNERS MULTIPLE SCLEROSIS CENTER ONE BROOKLINE PLACE BROOKLINE MA 02445	X								
TEEN HEALTH CENTER AT ENGLISH HIGH SCHOO 144 MCBRIDGE STREET BOSTON MA 02130	X								
BRIGHAM AND WOMEN' S AMBULATORY CARE CENT 850 BOYLSTON STREET CHESTNUT HILL MA 02467	X								
BRIGHAM AND WOMEN' S BEHAVIORAL NEUROLOGY 221 LONGWOOD AVENUE BOSTON MA 02115	X								
BRIGHAM & WOMEN' S HOS. OUTPATIENT PSYCH 221 LONGWOOD AVENUE BOSTON MA 02115	X								
BRIGHAM DERMATOLOGY ASSOCIATES 221 LONGWOOD AVENUE BOSTON MA 02115	X								
BRIGHAM AND WOMEN' S HOSPITAL CARE CENTER 1153 CENTRE STREET BOSTON MA 02130	X								
BWH ADVANCED MRI CENTRE 221 LONGWOOD AVENUE BOSTON MA 02115	X								
BRIGHAM & WOMEN' S HOSP MOHS MICRO SURG. 1153 CENTRE STREET BOSTON MA 02130	X								
OUTPATIENT ENDOCRINOLOGY & METABOLIC SVC 221 LONGWOOD AVENUE BOSTON MA 02115	X								
BWH MRI AT SOUTHEAST MEDICAL CENTER 1 COMPASS WAY EAST BRIDGEWATER MA 02333	X								
BRIGHAM & WOMEN' S/MASS GEN HEALTH CENTER 20 PATRIOTS PLACE FOXBORO MA 02035	X								
----- -----									

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

THE BRIGHAM AND WOMEN'S HOSPITAL, INC.

Employer identification number

04-2312909

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'SEE SCHEDULE I-1'.

2 Enter total number of section 501(c)(3) and government organizations 22
3 Enter total number of other organizations NONE

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

Name of the organization THE BRIGHAM AND WOMEN' S HOSPITAL, INC.	Employer identification number 04-2312909
--	---

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM AND WOMEN' S/FAULKNER HOSPITALS, INC 75 FRANCIS STREET BOSTON, MA 02115	04-2921338	501(C)(3)	91,171,712.				TO SUPPORT 501(C)(3) TAX-EXEMPT PARENT
ECUMENICAL SOCIAL ACTION COMMITTEE INC. 3313 WASHINGTON STREET BOSTON, MA 02130	04-2455301	501(C)(3)	104,707.				COMMUNITY BENEFIT PROGRAM
BOSTON PUBLIC HEALTH COMMISSION 1010 MASSACHUSETTS AVENUE BOSTON, MA 02118			84,970.				COMMUNITY BENEFIT PROGRAM
COMMONWEALTH OF MASSACHUSETTS - SOUTH STREE 24 BEACON STREET BOSTON, MA 02133			27,682.				COMMUNITY BENEFIT PROGRAM
CENTER FOR COMMUNITY HEALTH EDUCATION 716 COLUMBUS AVENUE BOSTON, MA 02120	04-3286409	501(C)(3)	43,750.				COMMUNITY BENEFIT PROGRAM
THE MEDICAL FOUNDATION 95 BERKELEY STREET BOSTON, MA 02116	04-2229839	501(C)(3)	75,000.				COMMUNITY BENEFIT PROGRAM
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	20,000.				COMMUNITY BENEFIT PROGRAM
ARCHIVES FOR WOMEN IN MEDICINE 1033 MASSACHUSETTS AVENUE	04-2103580	501(C)(3)	10,000.				COMMUNITY BENEFIT PROGRAM
ARTHRITIS FOUNDATION 29 CRAFT STREET NEWTON, MA 02458	04-2113261	501(C)(3)	5,500.				COMMUNITY BENEFIT PROGRAM
BOSTON HISTORY& INNOVATION COLLABORATIVE 650 BEACON STREET BOSTON, MA 02215	31-1587755	501(C)(3)	11,000.				COMMUNITY BENEFIT PROGRAM
BOSTON PUBLIC SCHOOLS PO BOX 6246 BOSTON, MA 02114	04-2080791		10,000.				COMMUNITY BENEFIT PROGRAM
MARCH OF DIMES 1275 MAMARONECK AVENUE	13-1846366	501(C)(3)	12,500.				COMMUNITY BENEFIT PROGRAM
MASS INSIGHT CORPORATION 18 TREMONT STREET BOSTON, MA 02108	04-3369687	501(C)(3)	10,000.				COMMUNITY BENEFIT PROGRAM
MATTAPAN COMMUNITY HEALTH CTR INC 1425 BLUE HILL AVENUE MATTAPAN, MA 02126	04-2544151	501(C)(3)	10,000.				COMMUNITY BENEFIT PROGRAM
PARTNERS IN HEALTH 641 HUNTINGTON AVENUE BOSTON, MA 02115	04-3567502	501(C)(3)	66,000.				COMMUNITY BENEFIT PROGRAM

2 Enter total number of Section 501(c)(3) and government organizations	▶ <u>22</u>
3 Enter total number of other organizations	▶ <u>NONE</u>

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

THE BRIGHAM AND WOMEN'S HOSPITAL, INC.

Employer identification number

04-2312909

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SEE SCHEDULE J-1	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
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	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Part III Supplemental Information

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

TRUSTEE COMPENSATION

PART II & SCHEDULE J-2

TRUSTEES RECEIVE NO COMPENSATION OR CONTRIBUTIONS TO EMPLOYEE BENEFIT

PLANS FOR SERVICE ON THE BOARD OR ITS COMMITTEES. BOARD MEMBERS WHO ARE

ALSO EMPLOYED BY THE CORPORATION OR A PARTNERS AFFILIATE RECEIVE

COMPENSATION ONLY FOR THEIR SERVICES AS EMPLOYEES.

PARTICIPATION IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

PART I, LINE 4B

KATE E. WALSH - \$67,498

GARY L. GOTTLIEB, MD, MBA - \$308,529

ANTHONY D. WHITTEMORE, MD - \$25,000

PETER K. MARKELL - \$286,108

ESTABLISHING CEO COMPENSATION

PART I, LINE 3

THE CHIEF EXECUTIVE OFFICER'S COMPENSATION WAS ESTABLISHED USING THE

FOLLOWING:

Part III Supplemental Information

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

- COMPENSATION COMMITTEE
- INDEPENDENT COMPENSATION CONSULTANT
- FORM 990 OF OTHER ORGANIZATIONS
- COMPENSATION SURVEY OR STUDY
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

COMPENSATION WAS ESTABLISHED BY THE PARTNERS HEALTHCARE SYSTEM, INC.'S
 COMPENSATION COMMITTEE. PARTNERS HEALTHCARE SYSTEM, INC. IS AN AFFILIATED
 TAX-EXEMPT ORGANIZATION.

LISTED BENEFITS

PART I, LINE 1A

THE LISTED BENEFITS CHECKED IN PART I, LINE 1A WERE PROVIDED TO CERTAIN
 INDIVIDUALS LISTED ON FORM 990, PART VII. THESE BENEFITS WERE SUBJECT TO
 THE PARTNERS HEALTHCARE SYSTEM, INC. AND AFFILIATES' EMPLOYEE BUSINESS
 EXPENSE REIMBURSEMENT POLICY, WHICH IS AN ACCOUNTABLE PLAN. THIS POLICY
 REQUIRES THAT THERE BE A BUSINESS PURPOSE, AND THAT ALL EXPENSES BE
 SUBSTANTIATED, AND INCLUDES OTHER IRS REQUIREMENTS FOR AN ACCOUNTABLE

**SCHEDULE J-1
(Form 990)**

Continuation Sheet for Schedule J (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information
regarding compensation.**

Name of the organization

Employer identification number

THE BRIGHAM AND WOMEN'S HOSPITAL, INC.

04-2312909

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PETER K MARKELL	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	942,405.	98,318.	412,701.	617,809.	26,903.	2,098,136.	318,585.
MICHAEL RENEY	(i)	286,837.	35,000.	76,460.	29,471.	17,909.	445,677.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KATHLEEN E WALSH	(i)	553,503.	113,623.	30,372.	99,200.	23,689.	820,387.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROBERT L BARBIERI MD	(i)	385,773.	113,750.	835.	31,700.	15,444.	547,502.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARY CZYMBOR MD	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	143,317.	15,261.	-1,593.	19,948.	15,727.	192,660.	NONE
JAY R HARRIS MD	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	484,046.	130,430.	40,334.	29,268.	14,552.	698,630.	NONE
PAULA ADINA JOHNSON MD MPH	(i)	249,976.	100.	-6,844.	31,705.	35,645.	310,582.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
THOMAS S KUPPER, MD	(i)	391,825.	57,975.	21,487.	31,704.	15,982.	518,973.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOSEPH LOSCALZO MD PHD	(i)	510,829.	62,353.	315.	31,703.	17,634.	622,834.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NAWAL M NOUR MD MPH	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	202,328.	26,637.	16,611.	31,705.	15,824.	293,105.	NONE
STEVEN E SELTZER MD	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	417,692.	124,792.	28,944.	31,952.	31,393.	634,773.	NONE
MICHAEL J ZINNER MD	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	613,956.	181,911.	47,646.	30,207.	28,075.	901,795.	NONE
GARY L GOTTLIEB MD MBA	(i)	966,593.	245,604.	61,494.	340,229.	31,017.	1,644,937.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANTHONY D WHITTEMORE MD	(i)	653,666.	64,880.	42,584.	31,702.	23,259.	816,091.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
EUGENE BRAUNWALD MD	(i)	495,000.	NONE	25,921.	31,701.	19,764.	572,386.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BOHDAN POMAHAC MD	(i)	243,338.	210,198.	16,852.	29,150.	15,847.	515,385.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-1 (Form 990) 2008

**SCHEDULE J-1
(Form 990)**

Continuation Sheet for Schedule J (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information
regarding compensation.**

Name of the organization

Employer identification number

THE BRIGHAM AND WOMEN'S HOSPITAL, INC.

04-2312909

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
PIERO ANVERSA MD	(i)	395,350.	NONE	68,468.	3,812.	17,528.	485,158.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
AUGUSTINE CHOI MD	(i)	387,500.	58,633.	15,409.	16,715.	15,972.	494,229.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BARBARA E BIERER MD	(i)	375,500.	40,000.	30,643.	31,703.	30,753.	508,599.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MAIREAD HICKEY PHD RN	(i)	314,970.	69,432.	43,748.	31,704.	25,149.	485,003.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL A GIMBRONE JR MD	(i)	341,781.	99,259.	5,533.	31,703.	27,827.	506,103.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROGER DESHAIES	(i)	122,524.	NONE	13,182.	16,360.	7,067.	159,133.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE J-2
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization THE BRIGHAM AND WOMEN'S HOSPITAL, INC.	Employer Identification number 04-2312909
---	---

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
G MARSHALL MORIARTY ESQ CHAIRMAN	1.	X					NONE	NONE	NONE	
ROBERT L BARBIERI MD TRUSTEE/PHYSICIAN	1.	X					500,358.	NONE	47,144.	
PAUL BRAVERMAN TRUSTEE	1.	X					NONE	NONE	NONE	
MARY CZYMBOR MD TRUSTEE	1.	X					NONE	156,985.	35,675.	
GRETCHEN S FISH TRUSTEE	1.	X					NONE	NONE	NONE	
STEVEN R HALEY TRUSTEE	1.	X					NONE	NONE	NONE	
JAY R HARRIS MD TRUSTEE	1.	X					NONE	654,810.	43,820.	
E JAMES HUTCHENS TRUSTEE	1.	X					NONE	NONE	NONE	
PAULA ADINA JOHNSON MD MPH TRUSTEE/PHYSICIAN	1.	X					243,232.	NONE	67,350.	
HOWARD J KESSLER TRUSTEE	1.	X					NONE	NONE	NONE	
MYRA HIATT KRAFT TRUSTEE	1.	X					NONE	NONE	NONE	
THOMAS S KUPPER, MD TRUSTEE/PHYSICIAN	1.	X					471,287.	NONE	47,686.	
ANDRES J LOPEZ TRUSTEE	1.	X					NONE	NONE	NONE	
JOSEPH LOSCALZO MD PHD TRUSTEE/PHYSICIAN	1.	X					573,497.	NONE	49,337.	
JIM MANZI TRUSTEE	1.	X					NONE	NONE	NONE	
NAWAL M NOUR MD MPH TRUSTEE	1.	X					NONE	245,576.	47,529.	
STEVEN E SELTZER MD TRUSTEE	1.	X					NONE	571,428.	63,345.	
J DALE SHERRATT TRUSTEE	1.	X					NONE	NONE	NONE	
GEOFFREY K SHERWOOD MD TRUSTEE	1.	X					NONE	95,211.	14,632.	
SCOTT M SPERLING TRUSTEE	1.	X					NONE	NONE	NONE	
DAVID A THOMAS TRUSTEE	1.	X					NONE	NONE	NONE	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization THE BRIGHAM AND WOMEN'S HOSPITAL, INC.	Employer Identification number 04-2312909
---	---

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARY ANN TYNAN TRUSTEE	1.	X						NONE	NONE	NONE
REV GLORIA E WHITE HAMMOND MD TRUSTEE	1.	X						NONE	NONE	NONE
LINDA WHITLOCK TRUSTEE	1.	X						NONE	NONE	NONE
MICHAEL J ZINNER MD TRUSTEE	1.	X						NONE	843,513.	58,282.
GARY L GOTTLIEB MD MBA PRESIDENT/TRUSTEE	50.	X		X				1,273,691.	NONE	371,246.
ALBERT A HOLMAN III SECRETARY/TRUSTEE	1.	X		X				NONE	NONE	NONE
PETER K MARKELL TREASURER	1.			X				NONE	1,453,424.	644,712.
MICHAEL RENEY DEP. TREASURER	50.			X				398,297.	NONE	47,380.
KATHLEEN E WALSH CHIEF OPERATING OFF.	50.				X			697,498.	NONE	122,889.
BARBARA E BIERER MD SENIOR VICE PRESIDENT	50.				X			446,143.	NONE	62,456.
MAIREAD HICKEY PHD RN SENIOR VICE PRESIDENT	50.				X			428,150.	NONE	56,853.
MICHAEL A GIMBRONE JR MD CHAIRMAN - DEPT. OF PATHOLOGY	50.				X			446,573.	NONE	59,530.
ANTHONY D WHITTEMORE MD CHIEF MEDICAL OFFICER	50.					X		761,130.	NONE	54,961.
EUGENE BRAUNWALD MD PHYSICIAN	50.					X		520,921.	NONE	51,465.
BOHDAN POMAHAC MD PHYSICIAN	50.					X		470,388.	NONE	44,997.
PIERO ANVERSA MD PHYSICIAN	50.					X		463,818.	NONE	21,340.
AUGUSTINE CHOI MD PHYSICIAN	50.					X		461,542.	NONE	32,687.
ROGER DESHAIES FORMER DEPUTY TREASURER	50.						X	135,706.	NONE	23,427.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization THE BRIGHAM AND WOMEN'S HOSPITAL, INC.	Employer identification number 04-2312909
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

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

Part II Loans to and/or From Interested Persons.
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

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

Part III Grants or Assistance Benefitting Interested Persons.
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SEE STATEMENT 4					

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

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

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

THE BRIGHAM AND WOMEN'S HOSPITAL, INC.

Employer identification number

04-2312909

Part I Types of Property

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

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** NONE

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

THE BRIGHAM AND WOMEN' S HOSPITAL, INC.

Employer identification number

04-2312909

FUNDRAISING EXPENSES

FORM 990, PART IX, COLUMN D

FUNDRAISING EXPENSES ARE INCURRED BY BRIGHAM AND WOMEN' S/FAULKNER

HOSPITALS, INC. (AN AFFILIATED TAX EXEMPT ORGANIZATION) .

Name of the organization THE BRIGHAM AND WOMEN' S HOSPITAL, INC.	Employer identification number 04-2312909
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STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - COMMUNITY BENEFITS

FORM 990, PART III

PLEASE SEE THE FULL-TEXT VERSION OF THE 2009 REPORT ON COMMUNITY BENEFIT ACTIVITIES AS FILED WITH THE OFFICE OF THE ATTORNEY GENERAL OF THE COMMONWEALTH OF MASSACHUSETTS (WWW.AGO.STATE.MA.US). BELOW IS A SUMMARY OF COMMUNITY BENEFITS ACTIVITIES CARRIED ON DURING THE FISCAL YEAR:

COMMUNITY BENEFITS MISSION STATEMENT:

BWH IS COMMITTED TO SERVING THE HEALTH CARE NEEDS OF PERSONS FROM DIVERSE COMMUNITIES AND MAKES A UNIQUE COMMITMENT TO THE NEIGHBORING RESIDENTS OF JAMAICA PLAIN AND MISSION HILL. THE HOSPITAL ALSO COMMITS TO MEETING THE NEEDS OF LOW-INCOME PREGNANT WOMEN AND THEIR FAMILIES FROM THE COMMUNITIES OF ROXBURY AND DORCHESTER.

PROGRAM ORGANIZATION AND MANAGEMENT:

THE CENTER FOR COMMUNITY HEALTH AND HEALTH EQUITY (CCHHE) AT BRIGHAM AND WOMEN' S HOSPITAL SERVES AS A COORDINATING DEPARTMENT FOR COMMUNITY HEALTH PROGRAMS AND ACTS AS A LIAISON BETWEEN COMMUNITY-BASED ORGANIZATIONS AND THE HOSPITAL. THE CCHHE DEVELOPS AND SUPPORTS INITIATIVES TO IMPROVE THE HEALTH OF RACIALLY AND ETHNICALLY DIVERSE AND UNDER SERVED POPULATIONS. IT COLLABORATES WITH HOSPITAL DEPARTMENTS, COMMUNITY RESIDENTS, GOVERNMENT AGENCIES, AND COMMUNITY-BASED GROUPS TO IMPROVE ACCESS TO CARE AND TO ADVANCE SYSTEMS OF CARE AND COMMUNITY HEALTH STRATEGIES TO ELEVATE THE HEALTH STATUS OF COMMUNITIES SERVED BY BWH.

COMMUNITY HEALTH NEEDS ASSESSMENT:

BWH AND THE CCHHE CLOSELY COLLABORATE WITH COMMUNITY ORGANIZATIONS AND

Name of the organization THE BRIGHAM AND WOMEN' S HOSPITAL, INC.	Employer identification number 04-2312909
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RESIDENTS TO IDENTIFY AND ADDRESS BARRIERS TO ACCESS AND MOBILIZE
 COMMUNITY RESOURCES TO HELP IMPROVE HEALTH STATUS. BWH CONVENES A
 REPRESENTATIVE GROUP FROM TEN COMMUNITY HEALTH CENTERS TO IDENTIFY UNIQUE
 LOW-INCOME AND MINORITY REPRODUCTIVE-AGED WOMEN' S ISSUES. BWH AND THE
 CCHHE PARTICIPATE IN SEVERAL COALITIONS WHERE COMMUNITY WOMEN ARE
 ACTIVELY ENGAGED AND INSTRUMENTAL TO THE PROCESS, INCLUDING THE REACH
 BOSTON 2010 COALITION TO ADDRESS BREAST AND CERVICAL CANCER MORTALITY
 AMONG BLACK WOMEN. BWH AND THE CCHHE REVIEW PUBLIC HEALTH AND HOSPITAL
 DATA AND SOLICIT INPUT FROM WOMEN AND FAMILIES WHO USE HOSPITAL AND
 HEALTH CENTERS SERVICES. THE CCHHE IS A MEMBER OF THE OPERATIONS
 COMMITTEE OF THE BOSTON ALLIANCE FOR COMMUNITY HEALTH.

COMMUNITY BENEFITS PLAN:
 THROUGH THE ABOVE PROCESSES, BWH HAS WORKED WITH COMMUNITY PARTNERS TO
 ADDRESS SEVERAL PRIORITIES RELATED TO WOMEN AND THEIR FAMILIES FROM
 BOSTON' S URBAN CORE:

- DISPARITIES IN INFANT MORTALITY
- YOUTH DEVELOPMENT
- COMPREHENSIVE PRIMARY CARE FOR WOMEN
- DOMESTIC AND COMMUNITY VIOLENCE
- WORKFORCE DEVELOPMENT

IN RESPONSE TO THESE IDENTIFIED NEEDS, BWH IS IMPLEMENTING SEVERAL
 COMMUNITY HEALTH INITIATIVES TO REACH OUT TO RACIALLY AND ETHNICALLY
 DIVERSE AND UNDER SERVED POPULATIONS TO ADDRESS BARRIERS TO ACCESSING
 QUALITY, AFFORDABLE HEALTH CARE AND RELATED SERVICES AND TO ADDRESS
 RACIAL AND ETHNIC DISPARITIES IN HEART DISEASE, CANCER, AND WOMEN' S
 HEALTH.

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04-2312909

KEY ACCOMPLISHMENTS OF REPORTING YEAR:

-THE CONNECTING HOPE, ASSISTANCE AND TREATMENT (CHAT) PROGRAM HELPED 99

WOMEN OBTAIN ITEMS AND SERVICES RELATED TO THEIR BREAST CANCER

TREATMENT.

-THE PACT PROGRAM CARED FOR NEARLY 100 HIGH-RISK PATIENTS WITH HIV/AIDS

WITH SIGNIFICANT IMPROVEMENTS IN THEIR MANAGEMENT OF HIV AND A DECREASE

IN VIRAL LOAD AND INCREASE IN CD4 COUNTS.

THE PASSAGEWAY DOMESTIC VIOLENCE PROGRAM RESPONDED TO A TOTAL OF 992

INDIVIDUALS EXPERIENCING DOMESTIC VIOLENCE.

-THE BWH SUMMER YOUTH PROGRAM PROVIDED SUMMER JOBS FOR 117 BOSTON YOUNG

PEOPLE DURING THE SUMMER OF 2009.

-THE STUDENT SUCCESS JOBS PROGRAM RECEIVED ONE OF FIVE NATIONAL 2009

AMERICAN HOSPITAL ASSOCIATION NOVA AWARDS THAT RECOGNIZE HOSPITALS AND

HEALTH SYSTEMS THAT MAKE A DISTINCTIVE CONTRIBUTION TO IMPROVING

COMMUNITY HEALTH, THE SSJP PROGRAM WAS ALSO HONORED IN 2009 AS A

RECIPIENT OF THE METLIFE FOUNDATION'S NATIONAL AFTERSCHOOL INNOVATOR

AWARD, ONE OF ONLY SIX AFTER SCHOOL PROGRAMS NATIONWIDE TO BE NAMED AN

AFTERSCHOOL INNOVATOR.

PLANS FOR NEXT REPORTING YEAR:

-ADVANCE HEALTH EQUITY THROUGH EXPANDED EFFORTS TO ADDRESS DISPARITIES IN

INFANT MORTALITY, CANCER, AND CARDIOVASCULAR DISEASE.

-EXPAND DOMESTIC VIOLENCE EFFORTS TO PROMOTE PREVENTION.

-EXPAND OUR CONTINUUM OF PROGRAMS THAT INTRODUCE YOUNG PEOPLE TO THE

HEALTH AND SCIENCE FIELD AND FOSTER THEIR SKILLS AND INTERESTS IN FUTURE

HEALTH CAREERS.

Name of the organization THE BRIGHAM AND WOMEN' S HOSPITAL, INC.	Employer identification number 04-2312909
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COMMUNITY BENEFITS PROGRAMS:

STUDENT SUCCESS JOBS PROGRAM (SSJP): A PAID INTERNSHIP PROGRAM FOR HIGH STUDENTS WHO ARE MENTORED AND GUIDED TO PURSUE CAREERS IN HEALTH CARE

THE PASSAGEWAY DOMESTIC VIOLENCE PROGRAM: TO IMPROVE AND ENHANCE THE RESPONSE TO AND COORDINATION OF SERVICES FOR THOSE EXPERIENCING DOMESTIC VIOLENCE

THE PREVENTION AND ACCESS TO CARE AND TREATMENT (PACT) PROJECT: TO IMPROVE HEALTH OUTCOMES FOR UNDERSERVED INDIVIDUALS WITH HIV DISEASE

CONNECTING HOPE, ASSISTANCE, AND TREATMENT PROGRAM (CHAT): TO ASSIST LOW-INCOME WOMEN WHO HAVE BEEN DIAGNOSED WITH BREAST CANCER

OPEN DOORS TO HEALTH COLORECTAL CANCER SCREENING INITIATIVE: TO INCREASE COLONOSCOPY SCREENING RATES AMONG PATIENTS RECEIVING CARE AT 2 BWH LICENSED COMMUNITY HEALTH CENTERS

Name of the organization THE BRIGHAM AND WOMEN' S HOSPITAL, INC.	Employer identification number 04-2312909
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TRANSMITTAL OF U. S. INFORMATION RETURNS

FORM 990, PART V, LINE 1A

ALL ACCOUNTS PAYABLE ACTIVITY FOR THE BRIGHAM AND WOMEN' S HOSPITAL IS

ADMINISTERED BY PARTNERS HEALTHCARE SYSTEM, INC., A TAX-EXEMPT AFFILIATED

ORGANIZATION. FORMS 1099 RELATING TO THE CORPORATION' S ACCOUNTS PAYABLE

ACTIVITY ARE ISSUED UNDER PARTNERS HEALTHCARE SYSTEM, INC.' S FEDERAL

EMPLOYER IDENTIFICATION NUMBER.

Name of the organization THE BRIGHAM AND WOMEN' S HOSPITAL, INC.	Employer identification number 04-2312909
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ORGANIZATION MEMBERSHIP

FORM 990, PART VI, SECTION A, LINES 6 & 7A&B

PURSUANT TO THE CORPORATE BYLAWS OF THE ORGANIZATION, THE AUTHORITY FOR THE FOLLOWING ACTIONS IS RESERVED TO THE SOLE MEMBER OF THE ORGANIZATION.

THE SOLE MEMBER OF THE ORGANIZATION IS BRIGHAM AND WOMEN' S/FAULKNER HOSPITALS, INC. (BW/F), ACTING THROUGH ITS BOARD OF TRUSTEES.

(A) APPOINT A FIRM OF PUBLIC ACCOUNTANTS ANNUALLY TO CONDUCT AN INDEPENDENT AUDIT OF THE CORPORATION' S FINANCIAL AFFAIRS DURING THE FISCAL YEAR LAST ENDED;

(B) REVIEW AND APPROVE ALL PROPOSED CAPITAL AND OPERATING BUDGETS OF THE CORPORATION AND ALL PROPOSED TRANSACTIONS BY THE CORPORATION WHICH INVOLVE AN EXPENDITURE IN EXCESS OF \$2,000,000, WHEN SUCH EXPENDITURE HAS NOT BEEN INCLUDED IN A BUDGET PREVIOUSLY APPROVED BY THE MEMBER;

(C) REVIEW AND APPROVE ANY PROPOSED DEVELOPMENT PLAN, OR ANY PROPOSED CONTRACT FOR THE DESIGN, CONSTRUCTION, ALTERATION, OR RENOVATION OF ANY PHYSICAL FACILITY OF THE CORPORATION, WHERE SUCH PLAN, DESIGN, CONSTRUCTION, ALTERATION OR RENOVATION WOULD REQUIRE AN EXPENDITURE IN EXCESS OF \$2,000,000;

(D) REVIEW AND APPROVE EACH TRANSACTION PROPOSED BY THE CORPORATION WHICH WOULD INVOLVE THE CORPORATION INCURRING DEBT THROUGH LENDER FINANCING;

(E) MANAGE THE INVESTMENTS OF THE CORPORATION;

(F) REVIEW AND APPROVE EACH SIGNIFICANT NEW BUSINESS VENTURE PROPOSED BY THE CORPORATION;

(G) REVIEW AND APPROVE EACH CAPITAL FUND RAISING CAMPAIGN PROPOSED BY THE CORPORATION;

(H) OVERSEE THE COMPENSATION AND PERSONNEL POLICIES OF THE CORPORATION;

(I) OVERSEE THE COMPLIANCE POLICIES AND PROCEDURES OF THE CORPORATION;

Name of the organization THE BRIGHAM AND WOMEN' S HOSPITAL, INC.	Employer identification number 04-2312909
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AND

(J) COORDINATE ACTIVITIES AND POLICIES AS NECESSARY BETWEEN THE CORPORATION, THE MEMBER AND ANY OTHER CORPORATION FOR WHICH THE MEMBER SERVES AS THE SOLE MEMBER OR APPOINTS AT LEAST A MAJORITY OF THE MEMBERS OR IN WHICH THE MEMBER OWNS, DIRECTLY OR BENEFICIALLY, THE MAJORITY OF THE VOTING SHARES OF SUCH CORPORATION.

(K) MEMBER MAY FROM TIME TO TIME UPON THE RECOMMENDATION OF THE JOINT NOMINATING AND GOVERNANCE COMMITTEE OF THE MEMBER DETERMINE THE NUMBER OF PERSONS COMPRISING THE BWH BOARD OF TRUSTEES.

(L) MEMBER ELECTS PERSONS NOMINATED TO SERVE AS ELECTED TRUSTEES AND AS PUBLIC TRUSTEES.

(M) MEMBER MAY FILL VACANCIES IN ELECTED TRUSTEES AND AMONG PUBLIC TRUSTEES UPON APPROPRIATE NOMINATION.

(N) MEMBER CAN REMOVE FOR CAUSE A TRUSTEE AT ANY TIME BY VOTE.

(O) PRESIDENT OF MEMBER MAY REMOVE BWH PRESIDENT WITH OR WITHOUT CAUSE AFTER CONSULTATION WITH BWH BOARD OF TRUSTEES.

(P) MEMBER SHALL ENACT, AND FROM TIME TO TIME MAY AMEND A CODE OF CONDUCT AND A POLICY ON CONFLICTS OF INTEREST.

(Q) MEMBER MAY AMEND OR REPEAL BWH BYLAWS.

PURSUANT TO THE LAWS OF MASSACHUSETTS, THE AUTHORITY FOR THE FOLLOWING ACTIONS IS RESERVED TO THE MEMBER OF THE ORGANIZATION:

(A) AMEND OR RESTATE THE ARTICLES OF ORGANIZATION

(B) CONSOLIDATION OR MERGER

(C) SALE, LEASE, EXCHANGE OR DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATIONS PROPERTY OR ASSETS.

Name of the organization THE BRIGHAM AND WOMEN' S HOSPITAL, INC.	Employer identification number 04-2312909
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(M) MEMBER MAY FILL VACANCIES IN ELECTED TRUSTEES AND AMONG PUBLIC TRUSTEES UPON APPROPRIATE NOMINATION.

(N) MEMBER CAN REMOVE FOR CAUSE A TRUSTEE AT ANY TIME BY VOTE.

(O) PRESIDENT OF MEMBER MAY REMOVE BWH PRESIDENT WITH OR WITHOUT CAUSE AFTER CONSULTATION WITH BWH BOARD OF TRUSTEES.

(P) MEMBER SHALL ENACT, AND FROM TIME TO TIME MAY AMEND A CODE OF CONDUCT AND A POLICY ON CONFLICTS OF INTEREST.

(Q) MEMBER MAY AMEND OR REPEAL BWH BYLAWS.

Name of the organization THE BRIGHAM AND WOMEN' S HOSPITAL, INC.	Employer identification number 04-2312909
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PUBLIC AVAILABILITY OF FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS
 FORM 990, PART VI, SECTION C, LINE 19
 THE ORGANIZATION' S GOVERNING DOCUMENTS ARE FILED WITH MASSACHUSETTS
 SECRETARY OF STATE AND THE FINANCIAL STATEMENTS ARE FILED WITH
 MASSACHUSETTS ATTORNEY GENERAL, ALL OF WHICH ARE OPEN TO PUBLIC
 INSPECTION.

Name of the organization THE BRIGHAM AND WOMEN' S HOSPITAL, INC.	Employer identification number 04-2312909
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FORM 990 REVIEW

FORM 990, PART VI, SECTION A, LINE 10

THE FORM 990 WAS PREPARED AND REVIEWED BY THE PARTNERS HEALTHCARE SYSTEM,

INC. (PHS) TAX DEPARTMENT. CERTAIN KEY SECTIONS WERE ALSO REVIEWED BY THE

PHS VICE PRESIDENT OF FINANCE, THE PHS VICE PRESIDENT OF HUMAN RESOURCES

AND BY THE PHS GENERAL COUNSEL.

THE SENIOR VICE PRESIDENT OF FINANCE REVIEWED AND SIGNED THE FORM 990.

THE COMPENSATION DISCLOSURES WERE PRESENTED TO AND DISCUSSED WITH THE PHS

COMPENSATION COMMITTEE AT THE APRIL 30, 2010 MEETING.

THE PROCESS FOR PREPARING AND REVIEWING FORM 990 WAS DISCUSSED AT THE MAY

11, 2010 MEETING OF THE AUDIT COMMITTEE OF THE PHS BOARD OF DIRECTORS.

THE FINAL FILING VERSION OF THE FORM 990 WAS PROVIDED TO EACH VOTING

BOARD MEMBER PRIOR TO FILING.

Name of the organization THE BRIGHAM AND WOMEN' S HOSPITAL, INC.	Employer identification number 04-2312909
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PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15A&B

THE ORGANIZATION HAS A BOARD LEVEL COMPENSATION COMMITTEE THAT REVIEWS

AND APPROVES THE COMPENSATION FOR ALL LISTED OFFICERS AND KEY EMPLOYEES

EXCEPT THE SECRETARY. THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD

WHO ARE NOT EMPLOYED BY THE ORGANIZATION, AND NO MEMBER MAY PARTICIPATE

IN THE REVIEW AND APPROVAL OF COMPENSATION IF THE MEMBER HAS A CONFLICT

OF INTEREST WITH RESPECT TO THAT COMPENSATION ARRANGEMENT. THE COMMITTEE

RELIES ON DATA, PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT, WHICH

INCLUDES COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS, IN

FUNCTIONALLY COMPARABLE POSITIONS, AT SIMILARLY SITUATED ORGANIZATIONS.

THE DELIBERATIONS AND DECISIONS OF THE COMMITTEE ARE DOCUMENTED IN

MINUTES OF THE MEETING. THIS REVIEW PROCESS OCCURS ON AN ANNUAL BASIS.

Name of the organization THE BRIGHAM AND WOMEN' S HOSPITAL, INC.	Employer identification number 04-2312909
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CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

FOR PURPOSES OF ITS ANNUAL TAX FILING, PARTNERS HEALTHCARE HAS AN ANNUAL QUESTIONNAIRE PROCESS FOR OBTAINING INFORMATION ON INTERESTS THAT MAY GIVE RISE TO CONFLICTS FROM ALL OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES. IN ADDITION, IN CONNECTION WITH PARTNERS' CONFLICT OF INTEREST POLICY, THE PARTNERS OFFICE OF COMPLIANCE AND BUSINESS INTEGRITY AND OFFICE OF GENERAL COUNSEL WORK TOGETHER TO PERIODICALLY DISTRIBUTE, COLLECT AND REVIEW DISCLOSURE STATEMENTS FROM THESE INDIVIDUALS. THE INFORMATION ON EACH SUCH DISCLOSURE IS REVIEWED BY EACH INDIVIDUAL'S SUPERVISOR (WHO IN THE CASE OF DIRECTORS AND TRUSTEES IS DEEMED TO CONSIST OF THE CHAIRMAN OF THE BOARD, THE ENTITY'S PRESIDENT/CEO, AND THE GENERAL COUNSEL OR ATTORNEY REPRESENTATIVES OF HIS OFFICE.

IN ADDITION, UNDER THE PARTNERS CONFLICT OF INTEREST POLICY, ANY TIME AN OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE IS AWARE OF A TRANSACTION IN WHICH HIS/HER INTEREST MAY CREATE A CONFLICT, HE/SHE IS REQUIRED TO PROVIDE FULL DISCLOSURE OF THE INTEREST, AND MAY NOT BE INVOLVED IN THE INSTITUTIONAL DECISION-MAKING ABOUT THE TRANSACTION. IN ADDITION, WITH RESPECT TO SUCH TRANSACTIONS, IN APPROPRIATE CIRCUMSTANCES, (I) THE CORPORATION MUST CONSIDER AT LEAST TWO ALTERNATIVE DISINTERESTED COMPETITIVE PROPOSALS; OR MUST DETERMINE THAT TWO SUCH COMPETITIVE PROPOSALS DO NOT EXIST OR THAT IT WOULD BE IMPRACTICAL TO ELICIT OR CONSIDER SUCH COMPETITIVE PROPOSALS; AND (II) THE CORPORATION MUST DETERMINE THAT, NOTWITHSTANDING THE APPARENT CONFLICT, THE TRANSACTION IS FAIR AND REASONABLE TO THE CORPORATION AND IS IN THE BEST INTERESTS OF THE CORPORATION. A WRITTEN RECORD MUST BE MADE OF THESE DETERMINATIONS.

Name of the organization

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04-2312909

FURTHERMORE, TRANSACTIONS THAT PRESENT PARTICULARLY SIGNIFICANT CONFLICTS
 ARE REVIEWED BY AN INDEPENDENT COMMITTEE OF THE PARTNERS BOARD FOR
 APPROPRIATE ACTION, WHICH REVIEW IS ALSO DOCUMENTED.

Name of the organization THE BRIGHAM AND WOMEN' S HOSPITAL, INC.	Employer identification number 04-2312909
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JOINT VENTURE POLICY

FORM 990, PART VI, SECTION B, LINE 16B

PARTNERS HEALTHCARE SYSTEM, INC. AND AFFILIATES ARE CURRENTLY DRAFTING A

WRITTEN JOINT VENTURE POLICY WHICH WILL SAFEGUARD THE EXEMPT MISSION OF

THE ORGANIZATION IN ANY JOINT VENTURE WITH TAXABLE ENTITIES. THE WRITTEN

POLICY WILL BE IMPLEMENTED DURING 2010.

Name of the organization THE BRIGHAM AND WOMEN' S HOSPITAL, INC.	Employer identification number 04-2312909
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BUSINESS AND FAMILY RELATIONSHIPS

FORM 990, PART VI, SECTION A, LINE 2

SCOTT SPERLING & JIM MANZI - BUSINESS RELATIONSHIP

Name of the organization THE BRIGHAM AND WOMEN' S HOSPITAL, INC.	Employer identification number 04-2312909
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INDEPENDENT BOARD MEMBERS

PART VI, LINE 2B

THE BRIGHAM AND WOMEN' S HOSPITAL, INC. SEEKS TO HAVE A BOARD THAT IS COMPOSED OF INDIVIDUALS WITH THE REQUISITE EXPERTISE AND COMMUNITY REPRESENTATION SO THAT IT MAY EFFECTIVELY GOVERN. DURING THIS REPORTING PERIOD, SOME MEMBERS OF THE BOARD, WHO CONTRIBUTE IMPORTANT EXPERTISE AND DIVERSE PERSPECTIVE, MAY HAVE BEEN AFFILIATED WITH AN ORGANIZATION THAT WAS INVOLVED IN A TRANSACTION REPORTED ON SCHEDULE L. IN SOME INSTANCES, THESE TRANSACTIONS INVOLVED ESSENTIAL PRODUCTS AND SERVICES FOR WHICH THE VENDOR CHOSEN WAS A LEADING NATIONAL OR REGIONAL SOURCE. ONE SUCH VENDOR IS A NATIONALLY-KNOWN SUPPLIER OF HEALTH-CARE AND/OR RESEARCH-RELATED PRODUCTS. IN ADDITION, ONE BOARD MEMBER SITS ON THE BOARD OF OUR JOINTLY-OWNED CAPTIVE LIABILITY INSURANCE COMPANY. AS DESCRIBED ON THIS SCHEDULE O, THE BRIGHAM AND WOMEN' S HOSPITAL, INC. HAS A CONFLICT OF INTEREST POLICY TO ADDRESS INSTANCES WHERE THE BRIGHAM AND WOMEN' S HOSPITAL, INC. MAY BE INVOLVED, DIRECTLY OR INDIRECTLY, IN A TRANSACTION WITH A MEMBER OF THE BOARD. THIS POLICY PROTECTS AGAINST UNDUE INFLUENCE BY BOARD MEMBERS AND ASSISTS THE BOARD IN MAKING DECISIONS THAT ARE IN THE BEST INTERESTS OF THE BRIGHAM AND WOMEN' S HOSPITAL, INC.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2008

**Open to Public
Inspection**

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

Name of the organization

THE BRIGHAM AND WOMEN' S HOSPITAL, INC.

Employer identification number

04-2312909

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
SEE SCHEDULE R-1					

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No
RADIATION ONCOLOGY CENTER MGMT C/O E, ERSON HOSPITAL, OLD RD T	RAD. ONCOLOGY	MA	GHC	N/A	NONE	NONE		X			X

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
PARTNERS COMMUNITY HEALTHCARE, INC. 04-3236175 800 BOYLSTON STREET BOSTON, MA 02199	HEALTHCARE	MA	PHS	C	NONE	NONE	NONE
BSC, INC. 04-2987478 75 FRANCIS STREET BOSTON, MA 02115	TELECOMMUNICATION	MA	BWF	C	NONE	NONE	NONE
NEWTON-WELLESLEY PHYSICIAN HOSPITAL ORG. 04-3209749 2014 WASHINGTON STREET NEWTON, MA 02462	HEALTHCARE	MA	NWHC	C	NONE	NONE	NONE

Part V Transactions With Related Organizations

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

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

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

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
PARTNERS HEALTHCARE SYSTEM, INC. (PHS) 04-3230035 PRUDENTIAL TOWER, 800 BOYLSTON BOSTON, MA 02199	HEALTHCARE	MA	501(C)(3)	7	N/A
THE MASSACHUSETTS GENERAL HOSPITAL (MGH) 04-1564655 55 FRUIT STREET BOSTON, MA 02114	HEALTHCARE	MA	501(C)(3)	7	PHS
THE GENERAL HOSPITAL COPORATION 04-2697983 55 FRUIT STREET BOSTON, MA 02114	HEALTHCARE	MA	501(C)(3)	3	MGH
MASSACHUSETTS GENERAL PHYSICIANS ORG. 04-2807148 55 FRUIT STREET BOSTON, MA 02114	HEALTHCARE	MA	501(C)(3)	9	MGH
THE MGH HEALTH SERVICES CORPORATION 22-2717383 55 FRUIT STREET BOSTON, MA 02114	HEALTHCARE	MA	501(C)(3)	11A	MGH
THE MGH INSTITUTE OF HEALTH PROFESSIONS 04-2868893 36 FIRST AVENUE CHARLESTOWN, MA 02129	MED EDUCATIO	MA	501(C)(3)	2	MGH
MCLEAN HEALTHCARE, INC (MHC) 20-4572876 115 MILL STREET BELMONT, MA 02478	ADMIN SUPPOR	MA	501(C)(3)	11A	MGH
THE MCLEAN HOSPITAL CORPORATION 04-2697981 115 MILL STREET BELMONT, MA 02478	HEALTHCARE	MA	501(C)(3)	3	MHC
MARTHA'S VINEYARD HOSPITAL, INC. (MVH) 04-2104691 LINTON LANE, P. O. BOX 1477 OAK BLUFFS, MA 02557	HEALTHCARE	MA	501(C)(3)	3	MGH
WNR, INC. 04-3419920 1 LINTON LANE OAK BLUFFS, MA 02557	NURSING SVCS	MA	501(C)(3)	9	MVH
NANTUCKET COTTAGE HOSPITAL (NCH) 04-2103823 57 PROSPECT STREET NANTUCKET, MA 02554	HEALTHCARE	MA	501(C)(3)	3	MGH
NANTUCKET COTTAGE HOSPITAL FOUNDATION 04-3829745 57 PROSPECT STREET NANTUCKET, MA 02554	ADMIN SUPPOR	MA	501(C)(3)	11A	NCH
THE BRIGHAM & WOMEN' S/FAULKNER HOS (BWF) 04-2921338 75 FRANCIS STREET BOSTON, MA 02115	ADMIN SUPPOR	MA	501(C)(3)	7	PHS
BIOSCIENCES RESEARCH FOUNDATION, INC. 22-2483849 75 FRANCIS STREET BOSTON, MA 02115	PROMOTE RES.	MA	501(C)(3)	11A	BWF
BWH RESEARCH, INC. 04-3011445 75 FRANCIS STREET BOSTON, MA 02115	MED RESEARCH	MA	501(C)(3)	11A	BWF

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
BRIGHAM COMMUNITY PRACTICES, INC. 22-2588069 75 FRANCIS STREET BOSTON, MA 02115	HEALTHCARE	MA	501(C)(3)	9	BWF
BRIGHAM AND WOMEN'S PHYS ORG. (BWPO) 04-3466314 75 FRANCIS STREET BOSTON, MA 02115	HEALTHCARE	MA	501(C)(3)	9	BWF
BWH ANESTHESIA RES. & EDUC. FOUNDATION 04-3492603 75 FRANCIS STREET BOSTON, MA 02115	MED EDU & RE	MA	501(C)(3)	7	BWPO
BRIGHAM MEDICAL RES. & EDU. FOUNDATION 04-3539249 75 FRANCIS STREET BOSTON, MA 02115	MED RES & ED	MA	501(C)(3)	11A	BWPO
BRIGHAM & WOMEN'S OB-GYN RES. & EDU. 04-3494863 75 FRANCIS STREET BOSTON, MA 02115	MED RES & ED	MA	501(C)(3)	7	BWPO
BRIGHAM PATHOLOGY RES. & EDU. FOUNDATION 04-3541111 75 FRANCIS STREET BOSTON, MA 02115	MED RES & ED	MA	501(C)(3)	11A	BWPO
BRIGHAM RADIOLOGY RES. & EDU. FOUNDATION 04-3425905 75 FRANCIS SREET BOSTON, MA 02115	MED RES & ED	MA	501(C)(3)	11A	BWPO
BWH RADIATION ONCOLOGY RES. & EDU. FOUND 03-0411731 75 FRANCIS STREET BOSTON, MA 02115	MED RES & ED	MA	501(C)(3)	7	BWPO
FAULKNER HOSPITAL, INC. (FH) 04-2768256 1153 CENTRE STREET BOSTON, MA 02130	HEALTHCARE	MA	501(C)(3)	3	BWF
WEST ROXBURY MEDICAL GROUP, INC. 04-3148310 1828 CENTRE STREET BOSTON, MA 02132	HEALTHCARE	MA	501(C)(3)	11A	FH
FAULKNER BREAST CENTRE, INC. 04-3195325 1153 CENTRE STREET BOSTON, MA 02130	HEALTHCARE	MA	501(C)(3)	11A	FH
FAULKNER COMMUNITY MEDICAL CORPORATION 04-3235613 1153 CENTRE STREET BOSTON, MA 02130	HEALTHCARE	MA	501(C)(3)	11A	FH
VILLAGE MANOR NURSING HOME, INC. 04-2775265 1153 CENTRE STREET BOSTON, MA 02130	NURSING HOME	MA	501(C)(3)	3	FH
PARTNERS CONTINUING CARE, INC. (PCC) 26-0003495 PRUDENTIAL TOWER, 800 BOYLSTON BOSTON, MA 02199	ADMIN SUPPOR	MA	501(C)(3)	11A	PHS
SPAULDING REHABILITATION HOSPITAL CORP. 04-2551124 125 NASHUA STREET BOSTON, MA 02114	HEALTHCARE	MA	501(C)(3)	3	PCC

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
REHAB. HOSPITAL OF THE CAPE & ISLANDS _____ 04-3071419 311 SERVICE ROAD EAST SANDWICH, MA 02537	HEALTHCARE	MA	501(C)(3)	3	PCC
SHAUGHNESSY-KAPLAN REHABILITATION HOSP. _____ 04-3067082 DOVE AVENUE SALEM, MA 01970	HEALTHCARE	MA	501(C)(3)	3	PCC
PARTNERS HOME CARE, INC. (PHC) _____ 04-2918280 281 WINTER STREET WALTHAM, MA 02451	HOME HEALTH	MA	501(C)(3)	9	PCC
PARTNERS HOSPICE, INC. _____ 04-2730504 48 WOERD AVENUE #102 WALTHAM, MA 02453	HOME HEALTH	MA	501(C)(3)	7	PHC
FRC, INC. _____ 22-2632121 101 MERRIMAC STREET BOSTON, MA 02114	HEALTHCARE	MA	501(C)(3)	3	PCC
NSMC HEALTHCARE, INC. (NSHC) _____ 04-3294420 81 HIGHLAND AVENUE SALEM, MA 01970	ADMIN SUPPOR	MA	501(C)(3)	11A	PHS
NORTH SHORE MEDICAL CENTER, INC. _____ 04-3399616 81 HIGHLAND AVENUE SALEM, MA 01970	HEALTHCARE	MA	501(C)(3)	3	NSHC
NORTH SHORE PHYSICIANS GROUP, INC. _____ 04-3080484 81 HIGHLAND AVENUE SALEM, MA 01970	HEALTHCARE	MA	501(C)(3)	11A	NSHC
NEWTON-WELLESLEY HEALTHCARE SYSTEM(NWHC) _____ 20-4295282 2014 WASHINGTON STREET NEWTON, MA 02462	ADMIN SUPPOR	MA	501(C)(3)	11A	PHS
NEWTON-WELLESLEY HOSPITAL _____ 04-2103611 2014 WASHINGTON STREET NEWTON, MA 02462	HEALTHCARE	MA	501(C)(3)	3	NWHC
NEWTON-WELLESLEY AMBULATORY SERVICES _____ 22-2560501 2014 WASHINGTON STREET NEWTON, MA 02462	HEALTHCARE	MA	501(C)(3)	11A	NWHC
NEWTON-WELLESLEY HOSP. CHARITABLE FOUND. _____ 04-3455952 2014 WASHINGTON STREET NEWTON, MA 02462	FUNDRAISING	MA	501(C)(3)	7	NWHC
NEWTON-WELLESLEY CHILDREN'S CORNER, INC. _____ 04-2650246 2014 WASHINGTON STREET NEWTON, MA 02462	CHILD CARE	MA	501(C)(3)	9	NWHC
PARTNERS HARVARD MEDICAL INTERNATIONAL _____ 04-3197711 131 DARTMOUTH STREET BOSTON, MA 02116	MED. TRAININ	MA	501(C)(3)	11A	PHS
THE FRIENDS OF THE BRIGHAM & WOMEN'S HOS _____ 04-2239449 75 FRANCIS STREET BOSTON, MA 02115	FUNDRAISING	MA	501(C)(3)	11A	BWF

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
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WILLIAM A BERRY AND SON INC 99 CONIFER HILL DRIVE DANVERS, MA 01923	CONSTRUCTION	77,427,628.
N P P DEVELOPMENT LLC ONE PATRIOT PLACE FOXBOROUGH, MA 02035	CONSTRUCTION	11,395,056.
SUFFOLK CONSTRUCTION COMPANY 65 ALLERTON STREET BOSTON, MA 02119	CONSTRUCTION	8,539,490.
TRAMMELL CROW CORPORATE SERVICES 65 LANDSDOWNE ST CAMBRIDGE, MA 02139	FACILITY MGMT SVCS	6,247,097.
SECURITAS SECURITY SERVICES USA INC 1 HARBOR STREET BOSTON, MA 02128	SECURITY SERVICES	5,275,172.
TOTAL COMPENSATION		----- 108,884,443. =====

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

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BORROWER: BRIGHAM AND WOMEN' S PHYSICIANS ORG.

BEGINNING BALANCE DUE	475,592.
ENDING BALANCE DUE	455,781.

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE	475,592.
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TOTAL ENDING NOTES AND LOANS RECEIVABLES	455,781.
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FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

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LENDER: CAPITAL LEASE OBLIGATIONS

BEGINNING BALANCE DUE	2,091,007.
ENDING BALANCE DUE	859,585.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	2,091,007.
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	859,585.
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SCHEDULE L, PART IV

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(A) NAME OF INTERESTED PERSON	(B) RELATIONSHIP	(C) AMOUNT	(D) DESCRIPTION OF TRANSACTION	(E) YES NO
A MORIARTY	FAMILY - MORIARTY	130,625.	SALARY	X
R SANDS	FAMILY - JOHNSON	19,590.	SALARY	X
SUFFOLK CONSTRUCTION	FAMILY - FISH	7,890,255.	CONSTRUCTION SERVICES	X
MEDICALIS	HOLMAN - DIRECTOR	614,125.	DECISION SUPPORT SERVICES	X
NPP DEVELOPMENT	FAMILY - KRAFT	6,999,509.	LEASE/CONSTRUCTION	X
THERMO FISHER SCIENTIFIC	MANZI - DIRECTOR	11,235,649.	PRODUCTS	X
CRICO	MORIARTY - DIRECTOR	375,499.	INSURANCE	X