14	Compensation of officers, directors, and trustees (Schedul <u>a K)</u>	14	
15	Salaries and wages RECEIVED	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562) OGDEN, UT [20]	5. ° ·	
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion /	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	0
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-3,553,367
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018		

For Paperwork Reduction Act Notice, see instructions. \$23701 01-27-20 LHA

Unrelated business taxable income. Subtract line 30 from line 29

(see instructions)

Form 990-T (2019)

-3,553,367.

SEE STATEMENT 2

Form 991	T (SQ16)	THE MASSACHUSETTS GENERAL HOSPITAL	04-	1564655 Page 2
Part		Total Unrelated Business Taxable Income		
	/ 	unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-3,553,367.
33		ts paid for disallowed fringes	33	·
34		ble contributions (see instructions for limitation rules)	34	0.
35	Total ur	nrelated business taxable income before pre 2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	-3,553,367.
36	Deducti	on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	0.
37	Total of	unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-3,553,367.
38	Specific	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelat	ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	111	
		e smaller of zero or line 37	39	-3,553,367.
Part	: IV]	Tax Computation		
40	Organiz	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	$\overline{}$	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	<u> </u>	
		ax rate schedule or Schedule D (Form 1041)	41	
42	-	ax See instructions	42	
43		tive minimum tax (trusts only)	43	
44		Noncompliant Facility Income See instructions	44	0.
45 Dart		Add lines 42, 43, and 44 to line 40 or 41, whichever applies Tax and Payments	45	<u> </u>
	- 1 - 1 -	tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		
•	_	redits (see instructions) 46b	1	
		business credit Attach Form 3800 46c	1 1	
C		or prior year minimum tax (attach Form 8801 or 8827)	1	
		redits. Add lines 46a through 46d	46e	
47		at line 46e from line 45	47	0.
48		axes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49		ix. Add lines 47 and 48 (see instructions)	49	0.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0,
51 a	Paymer	nts: A 2018 overpayment credited to 2019		
b	2019 es	stimated tax payments 51b		
c	Tax dep	posited with Form 8868 51c]	
d	Foreign	organizations: Tax paid or withheld at source (see instructions) 51d		
е	Backup	withholding (see instructions) 51e	1	
f	Credit f	or small employer health insurance premiums (attach Form 8941)	1 1	
g	Other c	redits, adjustifients, and payments 70fm 2439		
	F(orm 4136X Other8,827. Total ▶ 31g 69,858.	-1	
52		ayments. Add lines 51a through 51g SEE STATEMENT 3	52	69,858.
53		red tax penalty (see instructions) Check if Form 2220 is attached	53	
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	60.050
55		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55 56	69,858.
Part		ne amount of line 55 you want: Credited to 2020 estimated tax Statements Regarding Certain Activities and Other Information (see instructions)	<u>56 </u>	69,858.
57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	-	Voc. No.
37	•	inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		Yes No
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country		
	here	>		-x
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		x
•	_	see instructions for other forms the organization may have to file.		
59		ne amount of tax-exempt interest received <u>or accrued during the tax</u> year 🕒 \$		
	Ur	nder penalties of perjury, I declare that I have experience, and complete Declaration of preparer (SIGN) HERE information of which preparer has any knowledge	dge and belo	ef, it is true,
Sign		Δ	av the IRS d	scuss this return with
Here		Mully Musin Hatal EVP, CAO & CFO to	-	nown below (see
		'Signature of officer Date Title	structions)?	Yes No
		Print/Type preparer's name Preparer's signature Date Check	f PTIN	
Paid	ı	self- employed		
Prep	oarer			
	Only	Firm's name ► Firm's EIN ►		
	-			
		Firm's address Phone no	_	
923711	01-27-20		ı	orm 990-T (2019)

Schedule A - Cost of Goods	s Sold. Enter met	thod of invento	ory valuation N/A	_				
1 Inventory at beginning of year	1		6 Inventory at end of yea	r		6		
2 Purchases	2		7 Cost of goods sold. Su	ıbtract lı	ine 6			
3 Cost of labor	3		from line 5, Enter here		B C			
4 a Additional section 263A costs			line 2		ĺ	7		
(attach schedule)	4a		8 Do the rules of section	vith respect to		Yes	No	
b Other costs (attach schedule)	4b		property produced or a	-	•			
5 Total. Add lines 1 through 4b	5		the organization?		, , , , ,			х
Schedule C - Rent Income ((see instructions)	(From Real Pro	perty and		eased	d With Real Prope	erty)	•	
Description of property								
(1)								
(2)								
(3)								
(4)								-
(4)	2. Rent received or	accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of	of rent for per	d personal property (if the percentages sonal property exceeds 50% or if its based on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	connecte d 2(b) (at	d with the income in ach schedule)	1
(1)		uie ieit	as based on profit of income)					
(2)								
(3)	-							
(4)								
Total	O. Tot	al		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	ot-Financed Inc	come (see in	nstructions)					
			Gross income from or allocable to debt-		3. Deductions directly conn to debt-finance	ed proper	ty	
1. Description of debt-fin	nanced property		financed property	, ,	Straight line depreciation (attach schedule)	1	(b) Other deduction (attach schedule)	ns
			5 255 224	S'	PATEMENT 5	+-	rement 6	
(1) RENTAL INCOME			6,357,931.		977,577	-	8,933	,721.
(2)						-		
(3)						┼		
(4)	т-					 		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 7	5. Average adjust of or alloca debt-financed (attach sch STATEMENT	ble to I	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		 Allocable deduct plumn 6 x total of co 3(a) and 3(b)) 	
(1) 100,000,000.		9,638,643.	100.00%		6,357,931.		9,911	298.
(2)			%					
(3)			%		_			
(4)			%		•			
	-	•			nter here and on page 1, Part I, line 7, column (A)		ter here and on pag art I, line 7, column	
Totals			.		6,357,931	.1	9,911	298.
Total dividends-received deductions in	ncluded in column 8				•	1		0.

Schedule F - Interest,				From Co	ntrolle	d Organiza	tions	see ins	struction	s)
		E	empt (Controlled O	rganızatı	ons				
Name of controlled organization	2. Em identification	cation		elated income instructions)	4. Tot payr	al of specified nents made	ınclud	rt of column 4 led in the contration's gross	rolling	Deductions directly connected with income in column 5
(1)							<u> </u>	_		
(2)					-		<u> </u>		- -	
(3)			=							
									- 	
(4) Nonexempt Controlled Organi	zations						<u> </u>	· ·		
7. Taxable Income	8 Net unrelated incon	ne (loss)	O Total	of specified payr	nents	10. Part of colur	nn 0 tha	t is included	11 Do	ductions directly connected
7. Taxabid income	(see instructions		9. 10tal	made	iicii S	in the controlli	ng organ	nization's	with	income in column 10
(1)										
(2)										
(3)										1
(4)										
		,	-			Add colum Enter here and line 8, c		1, Part I,	Enter h	ld columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					▶			0.		0
Schedule G - Investme	ent Income of a S	Section 5	01(c)(7	'), (9), or (17) Org	anization		•		
(see inst	ructions)							,		
1. Desc	cription of income			2. Amount of	ıncome	 Deduction directly conne 	cted	4. Set-	asides schedule)	Total deductions and set-asides
(1)						(attach sched	uie)	,	,	(col 3 plus col 4)
				 -				 		-
(2)										+
(3)										
(4)				Enter here and	nn naga 1	2014 0 002966000000			OSTOL HELIOTHE	Enter here and on page 1
Totals			•	Part I, line 9, co						Part I, line 9, column (B)
Schedule I - Exploited		Income,	Other	Than Adv	ertisin	g Income			٠.	,
(see instri	detions)			1 .				 		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exper directly con with produ of unrela business in	inected iction ited	4. Net incom from unrelated business (co minus colum gain, compute through	I trade or Ilumn 2 n 3) If a a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colu		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)									-	
(4)				,						
	Enter here and on	Enter here			- 250%		100		7701 W	Enter here and
	page 1, Part I, line 10, col (A)	page 1, P line 10, co				in a second				on page 1, Part II, line 25
Totals	0.		0.							0
Schedule J - Advertisi		nstructions)	· · · · ·	To parties a meser		2.32-30 - 1000 -	2.002.0		br. + 5-4303000	V
Part Income From	_ _			solidated	Basis			·	_	
<u>*** </u>										
1. Name of periodical	2. Gross advertising income		Direct sing costs		ising gain of 2 minus ain, comput arough 7	5. Circulat		6. Read		7. Excess readership, costs (column 6 minus column 5, but not more than column 4)
(1)				10-10				1		
(2)						\[\frac{1}{2}\]				
(3)										
(4)	- 					?}		 		
(7)				30x24,3/5000	83 S. <u>Ol^er</u> an.	 		 		A CAMERA CAMERA CAMERA
Totals (carry to Part II, line (5))	•	0.	().						, 0

Form 990-T (2019) THE MASSACHUSETTS GENERAL HOSPITAL 04-1564655

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of period	odical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	>	0.	0.		14. EM. 14.		0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	•	٠ 0.	0.				, 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1	1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)			%	
(2)			%	,
(3)			%	
(4)			%	
Total. Enter here and on p	age 1, Part II, line 14			0.

Form 990-T (2019)

FORM 990-T	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT	1
CORPORATION'S	NAME						IDENTIFYING	NO
MASS GENERAL	BRIGHAM	INCORPORATED					04-3230035	

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/19	2,599,440.	0.	2,599,440.	2,599,440.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	2,599,440.	2,599,440.

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 3
DESCRIPTION		AMOUNT
FORM 8827, LINE 5C		69,858.
TOTAL INCLUDED ON FORM	990-T, PAGE 2, PART V, LINE 51G	69,858.
FORM 990-T	NET OPERATING LOSS DEDUCTION	STATEMENT 4
	LOCC	

		LOSS PREVIOUSLY	LOSS	AVAILABLE
TAX YEAR	LOSS SUSTAINED	APPLIED	REMAINING	THIS YEAR
09/30/07	50,259.	50,259.	0.	0.
09/30/08	2,252,804.	2,252,804.	0.	0.
09/30/09	3,884,836.	2,415,647.	1,469,189.	1,469,189.
09/30/10	4,073,921.	0.	4,073,921.	4,073,921.
09/30/11	2,930,700.	0.	2,930,700.	2,930,700.
09/30/12	683,856.	0.	683,856.	683,856.
09/30/13	1,079,727.	0.	1,079,727.	1,079,727.
09/30/14	511,818.	0.	511,818.	511,818.
09/30/16	194,869.	0.	194,869.	194,869.
09/30/18	1,314,066.	0.	1,314,066.	1,314,066.
NOL CARRYC	OVER AVAILABLE THIS	YEAR	12,258,146.	12,258,146.

FORM 990-T	SCHEDULE E - DEPRECIA	TION DEDUCT	ION	STATEMENT 5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
STRAIGHT-LINE DEP	RECIATION - SUBTOTAL -	. 1	977,577.	. 977,577
momat on none 000	-T, SCHEDULE E, COLUMN	3(1)		977,577
TOTAL OF FORM 990	-1, SCHEDOLE E, COLOMN	JAM		
FORM 990-T		DEDUCTIONS		STATEMENT 6
			AMOUNT	~~~
FORM 990-T		ACTIVITY NUMBER		STATEMENT 6

FORM 990-T			DEBT ON OR		STATEMENT 7
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISI DEBT-FINANCED P	ROPERTY	SUBTOTAL -	1	100,000,000.	100,000,000.
TOTAL OF FORM 9	90-T, SCHEDULE	E, COLUMN	4		100,000,000.

FORM 990-T	AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY			STATEMENT 8	
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ADJUSTED PROPERTY	D BASIS ON DEBT-FINANCED - SUBTOTAL -	1	79,638,643.	79,638,643.	
TOTAL OF FORM 99	00-T, SCHEDULE E, COLUMN	5		79,638,643.	

Form **8827**

(Rev May 2020) Department of the Treasury Internal Revenue Service

Credit for Prior Year Minimum Tax - Corporations

➤ Attach to the corporation's tax return.

➤ Go to www.irs.gov/Form8827 for the latest information.

OMB No 1545-0123

2019

Employer identification number

THE MASSACHUSETTS GENERAL HOSPITAL			04-1564655	
1	Minimum tax credit carryforward from 2018 Enter the amount from line 9 of the 2018 Form 8827 STMT 9	1	69,858.	
2	Enter the corporation's 2019 regular income tax liability minus allowable tax credits (see instructions)	2		
3	Enter the refundable minimum tax credit (see instructions)	3	69,858.	
4	Add lines 2 and 3	4	69,858.	
5 a	Enter the smaller of line 1 or line 4. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	5a	69,858.	
t	Current year minimum tax credit. Enter the smaller of line 1 or line 2 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line			
	3, go to line 5c. Otherwise, skip line 5c	5b		
•	Subtract line 5b from line 5a. This is the current year refundable minimum tax credit. Include this amount on Form 1120, Schedule J, Part III, line 20c (or the applicable line of your return)	5c	69,858.	
6	Minimum tax credit carryforward. Subtract line 5a from line 1 Keep a record of this amount to carry			
	forward and use in future years	6		