Form 990-T	Exempt Organ	•			ax Return	<u>}</u>	OMB No 1545-0687
3	For calendar year 2016 or other tax year			, and ending SEP	30, 2017	WI	2016
	Information about Form					 	2010
Department of the Tre Internal Revenue Sen	asury					50	pen to Public Inspection for 01(c)(3) Organizations Only
A Check bo) Employ	er identification number yees' trust, see
address o	hanged BRIGHAM AND WOMEN'	S PHYSICIANS				instruc	
B Exempt under	section Print ORGANIZATION, INC.						-3466314
x 501(c)(3			see in:	structions.			ed business activity codes structions)
408(e) [<u>\</u>		VE, NO. 645					•
408A (🔀	530(a) City or town, state or provin	ice, country, and ZIP or t	foreign	postal code			
529(a)	SOMERVILLE, MA 02	145		·		52599	0
C Book value of all a at end of year	·		<u> </u>				
593,85		x 501(c) corporation		501(c) trust	401(a) trust		Other trust
H Describe the or	panization's primary unrelated business activit	ty. LIMITED PART	INERS	HIP INCOME			
	ear, was the corporation a subsidiary in an aff				► L	X Yes	No No
	e name and identifying number of the parent (corporation. Description SEI	E STA	TEMENT 3		_	
	n care of PARTNERS FINANCE				one number > 8!		
Part I Un	related Trade or Business Inco	ome		(A) Income	(B) Expenses		(C) Net
1a Gross recei						İ	
9		c Balance	1c				
2)	ls sold (Schedule A, line-7-)		_2_				
7	Subtract line 2 from line 1c	_	3				
· ·	net income (attach Schedule D)		4a	144,048.			144,048.
🗀 🛚 b Net gaın (lo	s) (Form 4797, Part II, line 17) (attach Form 4	1797)	4b				
,	deduction for trusts		4c	275 621	ammen of		275 601
	s) from partnerships and S corporations (attac	ch statement)	5	275,691.	STMT		275,691.
	(Schedule C)	-	6	-7,573.	8	P1 A	ED -7,573.
	bt-financed income (Schedule E)		7		ISI AUC	0 0	
	uities, royalties, and rents from controlled org		8		1-1-1-1	<u>U</u> 4	018 3
	ncome of a section 501(c)(7), (9), or (17) org	janization (Schedule G)	9		COGNE	AV	\\ \sigma_{\sigma} \ \sigma_{\s
•	empt activity income (Schedule I)	-	10		- 600	<u> </u>	7 =
-	income (Schedule J)	}	11				
-	e (See instructions; attach schedule)	-	12	412,166,			412,166.
	bine lines 3 through 12 ductions Not Taken Elsewhere	None restrictions for		<u> </u>			412,100.
© Part II DE	cept for contributions, deductions must l	be directly connected	with	the unrelated business	/ suncome.)		
Y=	tion of officers, directors, and trustees (Sched			- iC 1 C	/ 	14	
		iule K)		$\sim \langle \langle \langle \rangle \rangle \langle \rangle$		15	
Salaries ai	d maintenance			() 0		16	
517 Bad debts	- Indifficitation			U		17	
=18 Interest (a	tach schedule)					18	
79 Taxes and	· ·					19	16,233.
4	contributions (See instructions for limitation r	ules)				20	<u></u>
	on (attach Form 4562)	,	•	21			
	ciation claimed on Schedule A and elsewhere	on return		22a		1 22b	
23 Depletion			•			23	
	ons to deferred compensation plans		•	•		24	
	benefit programs					25	
	mpt expenses (Schedule I)					26	
	dership costs (Schedule J)					27	
	ictions (attach schedule)			SEE STATEMEN	т 2	28	116,456.
	ections. Add lines 14 through 28					29	132,689.
	pusiness taxable income before net operating	loss deduction. Subtract	line 2	from line 13		30	279,477.
	ing loss deduction (limited to the amount on li			SEE STATEMEN	т 4	31	203,739.
	pusiness taxable income before specific deduc		om line	30		32	75,738.
	duction (Generally \$1,000, but see line 33 ins				-	33	1,000.
	business taxable income. Subtract line 33 fr			than line 32, enter the sn	naller of zero or		
line 32		<u></u>				34	74,738.
623701 11-22-17	LHA For Paperwork Reduction Act Notice,	, see instructions.					Form 990-T (2016)

35 Organizations Taxable as Corporations. See nistructions for its computation. Controlled group members (sections 1561 and 1563) check her ≥ "Last. See instructions and: a Enter your sharr of the \$50,000, \$25,000, and \$9,925,000 backb in mome brackets (in the forder): (1) S 0 (2) A distonal 39% but you from the \$100,000) c lincome tax on the amount on line 34 7 Treats Tazable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: Tixer Tazable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: Tixer Taxable at Trust Rates. See instructions of tax computation. Income tax on the amount on line 34 from: Tixer Taxable at Trust Rates. See instructions of tax computation. Income tax on the amount on line 34 from: Tixer Taxable at Trust Rates. See instructions of tax computation. Income tax on the amount on line 34 from: Tixer Taxable at Trust Rates. See instructions of tax computation. Income tax on the amount on line 34 from: Tixer Taxable at Trust Rates. See instructions of tax computation. Income tax on the amount on line 34 from: Tixer Taxable at Trust Rates. See instructions of taxable from 1041) Tixer Taxable at Trust Rates. See instructions of taxable from 1041) Tixer Taxable at Trust Rates. See instructions of taxable from 1118; trusts attach from 1118; trusts atta	Part	Tax Computation		
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(1) S	•	Controlled group members (sections 1561 and 1563) check here ► X See instructions and:	1 1	
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C General business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 41 att brough 41d 42 Subtract line 41e from line 40 30 Other faves. Check if from: Form 4255 Form 8611 Form 8697 Form 8666 Other (entach schedule) 43 Other faves. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (entach schedule) 44 Total tax. Add lines 42 and 43 45 a Payments: A 2015 overpayment credited to 2016 b 2016 estimated tax payments 1 Tax deposted with Form 8680 d Foreign organizations; Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments. Form 2439 Form 4136 Form 2439 Total Form 4136 Form 2439 46 Total payments. Add lines 45a thriough 45g 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached Form 8440 Form 844			i]	
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44 Total tax. Add lines 42 and 43 45 a Payments: A 2015 overpayment credited to 2016 b 2016 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations; Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 4136 Other Total	42		42	36,113.
45 a Payments: A 2015 overpayment credited to 2016 b 2016 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations; Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 2439 Form 4136 Other Form 4136 Total payments. Add lines 45a through 45g f Estimated tax penalty (see instructions), Check if Form 2220 is attached 46 Total payments. Add lines 45a through 45g f Estimated 45 is less than the total of lines 44 and 47, enter amount owed f Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid f Estimated 15 through 15 t	43	Ofther taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	43	
b 2016 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 2439 Form 4136 Other Form 4136 Total payments. Add lines 45a through 45g Total payments. Add lines 45a through 45g Total payments. Add lines 45a through 45g Tax due, If line 46 is less than the total of lines 44 and 47, enter amount owerd 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 50 Enter the amount of line 49 you want. Credited to 2017 estimated tax 51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file FinCEN Form 114, Report of Foreign forms the organization may have to file FinCEN Form 114, Report of Foreign forms the organization may have to file FinCEN Form 114, Payment forms the organization may have to file FinCEN Form 114, Report of Foreign forms the organization may have to file FinCEN Form 114, Payment forms the organization may have to file FinCEN Form 114, Report of Foreign forms the organization may have to file FinCEN Form 114, Payment forms the organization may have to file FinCEN Form 114, Payment foreign forms the organization may have to file FinCEN Form 114, Payment forms the organization may have to file FinCEN Form 114, Payment forms the organization may have to file FinCEN Form 114,	44	Total tax. Add lines 42 and 43	44	36,113.
e Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments:	45 a	Payments: A 2015 overpayment credited to 2016 45a 1,180.]]	
d Foreign organizations; Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments:	b	2016 estimated tax payments	1 1	
e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments:	C	Tax deposited with Form 8868 45c 89, 331.	1	
f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments:	d	Foreign organizations; Tax paid or withheld at source (see instructions) 45d		
Gother credits and payments:	е	Backup withholding (see instructions)	<u> </u>	
Form 4136 Other Total 45g 46 Total payments. Add lines 45a through 45g 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached 47 48 Tax due, if line 46 is less than the total of lines 44 and 47, enter amount owed 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 50 Enter the amount of line 49 you want. Credited to 2017 estimated tax 54, 398. Refunded 50 0. Part V Statements Regarding Certain Activities and Other Information (see instructions) 51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file. FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 52 During the tax year, did the organization may have to file. 53 Enter the amount of a exempt interest received or accrued during the tax year \$ Under penalties of perjun/! declare that I have examined this return, including accompanying achedules and statements, and to the best of my knowledge and belief, it is true. CHIEF FINANCIAL OPPICER May the PS discuss this return with the preparer shown below (see instructions)? Yes No Print/Type priparer's name Preparer's signature Date Check If PTIN Self-employed	f	Credit for small employer health insurance premiums (Attach Form 8941) 45f		
46 Total payments. Add lines 45a through 45g 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶	9	Other credits and payments: Form 2439]	
47 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 50 Enter the amount of line 49 you want. Credited to 2017 estimated tax Fart V Statements Regarding Certain Activities and Other Information (see instructions) 51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 53 Enter the amount of 12 Yes, when therest received or accrued during the tax year Signature of officer Signature of other than taxpayor) is based on all information of which proparer has any knowledge and belief, it is true. CHIEF FINANCIAL OFFICER May the IRS discuss this return with the preparer shown below (see instructiona)? Yes No Print/Type priparer's name Preparer's signature Date Check If PTIN Self- employed PTIN Self- employed PTIN Self- employed Self- employed PTIN Self- employed Self- employed PTIN Self- employed		Form 4136 Other Total ▶ 45g]]	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 50 Enter the amount of line 49 you want. Credited to 2017 estimated tax ▶ 54,398. Refunded ▶ 50	46	Total payments. Add lines 45a through 45g	46	90,511.
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 50 Enter the amount of line 49 you want: Credited to 2017 estimated tax ▶ 54, 398. Refunded ▶ 50 0. Part V Statements Regarding Certain Activities and Other Information (see instructions) 51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 53 Enter the amount of accompany interest received or accrued during the tax year ▶\$ Under penaltier of pérjury. 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. Signatures officer Date Chief Financial Officer Title Print/Type pri parer's name Preparer signature Date Check from PTIN self-employed Print/Type pri parer's name Print/Type pri parer's name Print/Type priparer's name Preparer's signature Date Check from PTIN self-employed PTIN	47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	47	
Statements Regarding Certain Activities and Other Information (see instructions) Statements Regarding Certain Activities and Other Information (see instructions)	48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
Part V Statements Regarding Certain Activities and Other Information (see instructions) 51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 53 Enter the amount or ax exempt interest received or accrued during the tax year \$ Under penalties of perfuny. 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. Sign Here Originally For Officer Date Originally Financial Oppicer Date Originally Financial Oppicer Date Originally Financial Oppicer Fittle Originally Financial Check If PTIN self-employed Print/Type priparer's name Preparer's signature Originally Financial Oppicer Fittle Originally Financial Oppicer Fittle Financial Check If PTIN self-employed	49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	54,398.
At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Enter the amount of lax-exempt interest received or accrued during the tax year \$ Under penalties of pérjunt 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 taxpayer) is based on all information of which proparer has any knowledge Way the IRS discuss this return with the preparer shown below (see instructions)? Yes No Print/Type preparer's name Print/Type preparer's name Preparer's signature Date Check if PTIN Self- employed	50	Enter the amount of line 49 you want. Credited to 2017 estimated tax 54,398. Refunded	50	0.
over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 53 Enter the amount of all exempt interest received or accrued during the tax year \$ 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 Disclaration of preparer (other than taxpayer) is based on all information of which proparer has any knowledge Print/Type priparer's name	Part \			
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Enter the amount of ax exempt interest received or accrued during the tax year Sign Under penalties of pérjury. 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 taxpayer) is based on all information of which proparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? Yes No Print/Type priparer's name Preparer's signature Date Check if PTIN Self- employed	51	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority		Yes No
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Enter the amount of ax exempt interest received or accrued during the tax year Sign Under penalties of pérjury. 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 taxpayer) is based on all information of which proparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? Yes No Print/Type priparer's name Preparer's signature Date Check if PTIN Self- employed		over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file		
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If YES, see instructions for other forms the organization may have to file. 53 Enter the amount of a exempt interest received or accrued during the tax year \$ Under penalties of pérjun, 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 obclaration of preparer (other than taxpayer) is based on all information of which proparer has any knowledge Chief Financial Officer Date Check If PTIN				l l x
If YES, see instructions for other forms the organization may have to file. 53 Enter the amount of a exempt interest received or accrued during the tax year \$ Under penalties of pérjun, 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 obclaration of preparer (other than taxpayer) is based on all information of which proparer has any knowledge Chief Financial Officer Date Check If PTIN	52	During the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign trust?		x
Enter the amount of tax exempt interest received or accrued during the tax year \$ Sign Here Under penalties of pérjunt 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 taxpayer) is based on all information of which proparer has any knowledge CHIEF FINANCIAL OFFICER Title Print/Type priparer's name Preparer's signature Date Check from PTIN Self- employed Print/Type priparer's name Print/Type priparer's name Print/Type priparer's name Preparer Final CIAL OFFICER In PTIN Self- employed Print/Type priparer's name				
Sign Here Under penalties of pérjury. 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 taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? Yes No Print/Type priparer's name Preparer's signature Date Check fr PTIN Self- employed Preparer Financial of the best of my knowledge and belief, it is true, or correct, and complete Declaration of preparer shown below (see instructions)? Yes No	53	· // - · · · · · · · · · · · · · · · · ·		1 1
Here CHIEF FINANCIAL OPPICER May the IRS discuss this return with the preparer shown below (see instructions)? Yes No		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known	wledge and belief, it	ls true,
Here CHIEF FINANCIAL OPPICER CHIEF FINANCIAL OPPICER The preparer shown below (see Instructions)? Yes No	Sign	_		
Signature of officer Date Title Instructions)7 Yes No Print/Type preparer's name Preparer's signature Date Check if Self- employed Preparer Figure 1.5 Self- employed			•	
Print/Type proparer's name Preparer's signature Date Check if PTIN self- employed Preparer		No.		·— 1
Paid Preparer				es
Preparer			' [
' Francis		1		
Use Only Till Still		Francis 1 1 1 1 1 1 1 1 1		
	Use (Only I am S man Print S city		
Firm's address Phone no		Firm's address		
Phone no.		Phone no.	F C	100 T (004 C)

Form 990-T (2016) ORGANIZATION, INC.

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation N/A	,				
1 . Inventory at beginning of year	1		6 Inventory at end of y	ear		6		
2 Purchases	2		7 Cost of goods sold.	Subtract 1	ine 6			
3 Cost of labor	3		from line 5. Enter he	re and in I	Part I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section		•		Yes	No
 Other costs (attach schedule) 	4b		property produced o	r acquired	d for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					Х
Schedule C - Rent Income ((see instructions)	From Real	Property and	d Personal Propert	y Leas	ed With Real Pro	pert	y) 	
1. Description of property								
(1) LIMITED PARTNERSHIP FLOW	THROUGH RE	NTAL INCOME						
(2)								
(3)								
(4)								
		ed or accrued			3(a) Deductions directly	v conne	ted with the income	ın.
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	and personal property (if the percentersonal property exceeds 50% of it is based on profit or income)	entage r ıf	columns 2(a) a	nd 2(b) (attach schedule)	
-(1)				<u>7,573</u> .				
(2)								
(3)								
(4)								
Total	0.	Total		7,573.			_	
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		ter		7,573.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb		Income (see			1,, , , , , , , , , , , , , , , , ,			<u> </u>
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2. Gross income from		3. Deductions directly cor to debt-finance			
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ıs
_(1)				1		十一		
(2)								
(3)					· ·	1		
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable deduct column 6 x total of cc 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					Enter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals			, I	▶ L		ا. د		0.
Total dividends-received deductions in	cluded in colum	18			>	•		0.
							Form 990-T	

Schedule F - Interest, A		yanao, t		Controlled O			-4110	isee in	Struction	15)
. 1. Name of controlled organizat	uon 2	. Employer dentification number	3. Net unr	elated income instructions)	4. Tot	al of specified nents made	includ	rt of column 4 led in the cont zation's gross	trolling	6. Deductions directly connected with income in column 5
(1)			+						-+	
(2)			 							
(3)								·		-
(4)							-			
Nonexempt Controlled Organi	zations			~~						
7. Taxable Income	8. Net unrelated	Income (loss)	0 Total	of specified payr	mente	10 Part of colu	ma 0 the	t in included	11 5	
1. Taxable modifie	(see instri		9. 10121	made	nens	10. Part of coluin the controlling gross	ing orga income	nization's	wit	eductions directly connected h income in column 10
(1)										
(2)										
(3)										
(4)										
Totals						Add colun Enter here and line 8, c		e 1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Schedule G - Investme	ent Income o	f a Section	on 501(c)(7), (9). or	(17) Or	ganization	<u> </u>	<u> </u>	<u> </u>	0
(see insti					,					
1, Desc	ription of income			2. Amount of	income	3. Deduction directly connected (attach scheduler)	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
Totals				Enter here and o Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
Schedule I - Exploited		vity Inco	me, Othe	r Than Ad		ng Income				0
(see instru	uctions)			T 4						
1. Description of exploited activity	2. Gross unrelated busines income from trade or business	s directly with	Expenses y connected production unrelated ess income	4. Net incom from unrelated business (co minus columi gain, compute through	trade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)	l									
(3)										
(4)	Enter here and or page 1, Part I,		here and on e 1, Part I,							Enter here and
Totala	line 10, col (A).	line 1	10, col (B)							on page 1, Part II, line 28
Totals > Schedule J - Advertisi	na Income 1	0. see instruction	0. ons)	L						0
Part I Income From I				solidated	Basis	-				
										
1. Name of periodical	2. Gri adverti incor	sing	3. Direct tvertising costs	4. Advert or (loss) (co col 3) if a ga cols 5 th	ol 2 minus un, comput	5. Circulat income	ion	6. Reade cost		Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))	•	0.		o.						0
-3										Form 990-T (2016

Total. Enter here and on page 1, Part II, line 14

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) 4. Advertising gain or (loss) (col. 2 minus col. 3) if a gain, compute cols. 5 through 7 7. Excess readership costs (column 6 minus 2. Gross advertising income 3. Direct 5. Circulation 6. Readership 1. Name of periodical advertising costs column 5, but not more than column 4) costs (1) (2) (3) (4) 0 0 Totals from Part I 0. Enter here and on Enter here and on Enter here and page 1, Part I, line 11, col (A) page 1, Part I, line 11, col (B) on page 1, Part II, line 27 Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business Compensation attributable to unrelated business 1. Name 2. Title (1) % (2) % (3) % (4)

0.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No 1545-0123

Name

BRIGHAM AND WOMEN'S PHYSICIANS

ORGANIZATION, INC.

Employer identification number

04-3466314

Part I Short-Term Capital Ga	ins and Losses - As	sets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai	n	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part I, line 2, column (g	9,) 	column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b		•			
1b Totals for all transactions reported on		<u> </u>		_	
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on	<u>-</u>				
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked	l				8,565.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		_4_	
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach comput	ation)		•	6	(
7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in columi	ı h		7	8,565.
Part II Long-Term Capital Ga	ins and Losses - Ass	sets Held More Than	one Year		
See instructions for how to figure the amounts to enter on the lines below.	(d)	(0)	(0)		(h)
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	(0) Adjustments to gai or loss from Form(s) 894 Part II, line 2, column (g	9,	(ħ) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked	<u></u>				135,483.
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combin	<u></u>	ın h		15	135,483.
Part III Summary of Parts I an					
16 Enter excess of net short-term capital gain (II				16	8,565.
17 Net capital gain. Enter excess of net long-tern		•	7)	17	135,483.
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns. If			
the corporation has qualified timber gain, als				18	144,048.
Note: If losses exceed gains, see Capital loss	ses in the instructions.				

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2016

JWA

Deat IV Alternative Tay for Cornerations with Qualified T	imbor Coin Complete B	art IV ask of the corporation has	
Part IV Alternative Tax for Corporations with Qualified T			
qualified timber gain under section 1201(b). Skip this part if you are filing		ions.	
19 Enter qualified timber gain (as defined in section 1201(b)(2))	19		
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line			
of your tax return	20		
21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or		1	
(c) the amount on Part III, line 17	21		
22 Multiply line 21 by 23.8% (0.238)		22	
On O. bernether 47 from him On Manage as long anter O	23		
23 Subtract line 17 from line 20. If zero or less, enter -0-	L		
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) at	opropriate for		
the return with which Schedule D (Form 1120) is being filed	1 1	24	
OF Add lines O1 and O2	25		
25 Add lines 21 and 23	25		
26 Subtract line 25 from line 20. If zero or less, enter -0-	26		
27 Multiply line 26 by 35% (0.35)		27	
28 -Add-lines 22, 24, and 27			
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) a	ppropriate for the		
return with which Schedule D (Form 1120) is being filed		29	
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule	J, line 2, or the		
applicable line of your tax return		30	
		Schedule D (Form	1120) 2016

Form 8949

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Information about Form 8949 and its separate instructions is at www.lrs.gov/form8949.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No 1545-0074 **2016**

Attachment Sequence No 12A

Name(s) shown on return

BRIGHAM AND WOMEN'S PHYSICIANS

OPCANTZATION INC

Social security number or taxpayer identification no.

04-3466314

ORGANIZATION, INC.	04-3466314
Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from you statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported and may even tell you which box to check.	r broker A substitute orted to the IRS by your
Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8	for which no adjustments or
You must check Box A, B, or C below. Check only one box, if more than one box applies for your short-term transactions, complete a separate Form if you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need	n 8949, page 1, for each applicable box
(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)	
(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS	
X (C) Short-term transactions not reported to you on Form 1099-B	

1	(a) Description of property (Example, 100 sh XYZ Co.)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	l loss. If v	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e from column (d) & combine the result with column (g)
SH	ORT TERM CAPITAL GAINS							
(L	OSSES)	VARIOUS	VARIOUS					8,565
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2	Totals. Add the amounts in colu	umns (d), (e), (g)	and (h) (subtract					
	negative amounts) Enter each	total here and inc	clude on your					
	Schedule D, line 1b (if Box A at]			
	above is checked), or line 3 (if	Box C above is o	checked) >					8,565.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

623011 12-07-16 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2016)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side BRIGHAM AND WOMEN'S PHYSICIANS

Social security number or taxpayer identification no.

ORGANIZATION, INC

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box, If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

___ (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example, 100 sh XYZ Co.)	(b) Date acquired (Mo , day, yr.)	(c) Date sold or disposed of (Mo., day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	loss. If y in column column (f	(g) Amount of	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
<u> </u>	ONG TERM CAPITAL GAINS	 	 	<u> </u>	the instructions		adjustment	with column (g)
_	OSSES)	VARIOUS	VARIOUS			 	 	135 493
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_	Totale Add the amounts in self-	umps (d) (s) (=)	and (b) (cubtrost					
2	Totals. Add the amounts in columegative amounts). Enter each	total here and inc	clude on your					
	Schedule D, line 8b (if Box D al]			
	above is checked), or line 10 (if	Box F above is	checked)	ĺ	ĺ	Ì		135,483.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

623012 12-07-16

Form **8827**

Credit for Prior Year Minimum Tax - Corporations

OMB No. 1545-0123

2016

Department of the Treasury Internal Revenue Service

Attach to the corporation's tax return.

▶ Information about Form 8827 and its instructions is at www.irs.gov/form8827.

BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZATION, INC. 04-3466314 1 Alternative minimum tax (AMT) for 2015. Enter the amount from line 14 of the 2015 Form 4626 1,053. 2 Minimum tax credit carryforward from 2015. Enter the amount from line 9 of the 2015 Form 8827 3 Enter any 2015 unallowed qualified electric vehicle credit (see instructions) 4 Add lines 1, 2, and 3 1,053. 5 Enter the corporation's 2016 regular income tax liability minus allowable tax credits (see instructions) 26,158. 6 Is the corporation a "small corporation" exempt from the AMT for 2016 (see instructions)? • Yes. Enter 25% of the excess of line 5 over \$25,000. If line 5 is \$25,000 or less, enter -0-• No. Complete Form 4626 for 2016 and enter the tentative minimum tax from line 12 7a Subtract line 6 from line 5. If zero or less, enter -0-7a b For a corporation electing to accelerate the minimum tax credit, enter the bonus depreciation amount attributable to the minimum tax credit (see instructions) c Add lines 7a and 7b 7c 8a Enter the smaller of line 4 or line 7c. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions 8a b Current year minimum tax credit. Enter the smaller of line 4 or line 7a 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 7b, go to line 8c. Otherwise, skip line 8c 8b c Subtract line 8b from line 8a. This is the refundable amount for a corporation electing to accelerate the minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line 19c (or the applicable line of 8c 9 Minimum tax credit carryforward to 2017. Subtract line 8a from line 4. Keep a record of this amount to carry forward and use in future years 1,053.

Form 4626 Department of the Treasury Internal Revenue Service

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

OMB No 1545-0123

Nan	me BRIGHAM AND WOMEN'S PHYSICIANS			Employer identification number
	ORGANIZATION, INC.			04-3466314
	Note: See the instructions to find out if the corporation is a small corporation exempt			
	from the alternative minimum tax (AMT) under section 55(e).			
1	Taxable income or (loss) before net operating loss deduction		1	278,477.
2	Adjustments and preferences:			
	a Depreciation of post-1986 property		2a	12,207.
	b Amortization of certified pollution control facilities		2b	
	c Amortization of mining exploration and development costs		2c	
	d Amortization of circulation expenditures (personal holding companies only)		2d	
	e Adjusted gain or loss		2e	-19,645.
	f Long-term contracts		2f	
	g Merchant marine capital construction funds		2g	
	h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		2h	
	i Tax shelter farm activities (personal service corporations only)		2i	
	j Passive activities (closely held corporations and personal service corporations only)		2j	
	k Loss limitations		2k	
	_I_Depletion		_2I_	
	m Tax-exempt interest income from specified private activity bonds		2m	
	n Intangible drilling costs		2n	
	o Other adjustments and preferences		20	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o		3	271,039.
4	Adjusted current earnings (ACE) adjustment			
	a ACE from line 10 of the ACE worksheet in the instructions 4a	271,039.		
	b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a		1	
	negative amount. See instructions	0.		
	c Multiply line 4b by 75% (0.75). Enter the result as a positive amount 4c		1	
	d Enter the excess, if any, of the corporation's total increases in AMTI from prior		1	
	year ACE adjustments over its total reductions in AMTI from prior year ACE			
	adjustments. See instructions. Note: You must enter an amount on line 4d			
	(even if line 4b is positive)			
	e ACE adjustment.	-		
	If line 4b is zero or more, enter the amount from line 4c			
	 If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 		4e	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT		5	271,039.
6	Alternative tax net operating loss deduction. See instructions	E STATEMENT 6	6	90,476.
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a resid	ual		
	interest in a REMIC, see instructions		7	180,563.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8i	c):		
	a Subtract \$150,000 from line 7 (if completing this line for a member of a controlled			
	group, see instructions). If zero or less, enter -0-			
	b Multiply line 8a by 25% (0.25)	7,641.		
	c Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled			
	group, see instructions). If zero or less, enter -0-		8c	0.
9	Subtract line 8c from line 7. If zero or less, enter -0-		9	180,563.
10	Multiply line 9 by 20% (0.20)		10	36,113.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions		11	
12	Tentative minimum tax. Subtract line 11 from line 10		12	36,113.
13	Regular tax liability before applying all credits except the foreign tax credit		13	26,158.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter here and	on		
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return		14	9,955.
JW	A For Paperwork Reduction Act Notice, see separate instructions.			Form 4626 (2016)

	Adjusted Current Earning See ACE Worksheet ►			
Pre-adjustment AMTI. Enter the amount from I	una 2 of Form ASSS		1	271,039.
2 ACE depreciation adjustment:	1116 3 01 1 01111 4020		 '- 	271,037.
		ا مما	1 1	
a AMT depreciation		2a		
b ACE depreciation:	[0](4)			
(1) Post-1993 property	2b(1)			
(2) Post-1989, pre-1994 property	2b(2)			
(3) Pre-1990 MACRS property	2b(3)		1 1	
(4) Pre-1990 original ACRS property	2b(4)			
(5) Property described in sections]]	1 1	1 1	
168(f)(1) through (4)	2b(5)			
(6) Other property	2b(6)			
(7) Total ACE depreciation. Add lines 2b(1)	through 2b(6)	2b(7)		
c ACE depreciation adjustment, Subtract line 2b	(7) from line 2a		2c	
3 Inclusion in ACE of items included in earnings	and profits (E&P):			
a Tax-exempt interest income		3a		
b Death benefits from life insurance contracts		3b		
c All other distributions from life insurance conti	acts (including surrenders)	3c		
d Inside buildup of undistributed income in life in	surance contracts	3d		
e Other items (see Regulations sections 1.56(g)-	-1(c)(6)(iii) through (ix)			
for a partial list)		3e		
f Total increase to ACE from inclusion in ACE of	items included in E&P. Add lines 3a	through 3e	3f	
4 Disallowance of items not deductible from E&F				
a Certain dividends received		4a		
b Dividends paid on certain preferred stock of public util	ities that are deductible under section 247 (as		
affected by P L 113-295, Drv A, section 221(a)(41)(A),	Dec 19, 2014, 128 Stat 4043)	4b	1 1	
c Dividends paid to an ESOP that are deductible	under section 404(k)	4c		
d Nonpatronage dividends that are paid and ded	uctible under section			
1382(c)		4d	1 1	
e Other items (see Regulations sections 1.56(g)	-1(d)(3)(ı) and (ıı) for a			
partial list)		4e		
f Total increase to ACE because of disallowance	of items not deductible from E&P. A	dd lines 4a through 4e	4f	
5 Other adjustments based on rules for figuring	E&P:	•		
a Intangible drilling costs		5a	1 1	
b Circulation expenditures		5b		
c Organizational expenditures		5c	 	
d LIFO inventory adjustments		5d		
e Installment sales		5e	 -	
f Total other E&P adjustments. Combine lines 5	a through 5e			
6 Disallowance of loss on exchange of debt pool	=		6	
7 Acquisition expenses of life insurance compan			7 7	
8 Depletion			8	
9 Basis adjustments in determining gain or loss	from sale or exchange of ore-1994 or	ronerty	9	
10 Adjusted current earnings. Combine lines 1, 2	·	• •	 	
Form 4626			10	271,039.
	<u> </u>	<u>. </u>		,

		SS) FROM PARTNERS: CORPORATIONS	HIPS	STATEMENT	1
DESCRIPTION				AMOUNT	
LIMITED PART	NERSHIP UNRELATEI	DEBT FINANCE IN	COME	275,	691
TOTAL TO FOR	M 990-T, PAGE 1,	LINE 5		275,	691
FORM 990-T		OTHER DEDUCTI	ONS	STATEMENT	
DESCRIPTION				AMOUNT	
LIMITED PART	NERSHIP FLOW THRO	OUGH UBIT EXPENSE	S	116,	456
TOTAL TO FOR	M 990-T, PAGE 1,	LINE 28		116-,	456
					
FORM 990-T	PARENT CORPORAT	rion's name and i	DENTIFYING NUMBER	STATEMENT	3
		rion's name and i	DENTIFYING NUMBER	STATEMENT	
CORPORATION'			DENTIFYING NUMBER	<u> </u>	
CORPORATION'	S NAME AND WOMEN'S HEALT			IDENTIFYING	
CORPORATION' THE BRIGHAM FORM 990-T	S NAME AND WOMEN'S HEALT	THCARE INC.		IDENTIFYING : 04-2921338	NO
CORPORATION'S THE BRIGHAM FORM 990-T TAX YEAR	S NAME AND WOMEN'S HEALT	THCARE INC. OPERATING LOSS DE LOSS PREVIOUSLY	EDUCTION LOSS	IDENTIFYING 04-2921338 STATEMENT AVAILABLE	NO
CORPORATION' THE BRIGHAM FORM 990-T TAX YEAR 09/30/08 09/30/09	S NAME AND WOMEN'S HEALT NET LOSS SUSTAINED 45,412. 108,886.	OPERATING LOSS DE LOSS PREVIOUSLY APPLIED 45,412. 108,886.	EDUCTION LOSS REMAINING 0.	IDENTIFYING 04-2921338 STATEMENT AVAILABLE THIS YEAR	0. 0.
CORPORATION' THE BRIGHAM FORM 990-T TAX YEAR 09/30/08 09/30/09 09/30/10	S NAME AND WOMEN'S HEALT NET LOSS SUSTAINED 45,412. 108,886. 125,731.	CHCARE INC. OPERATING LOSS DE LOSS PREVIOUSLY APPLIED 45,412. 108,886. 44,958.	EDUCTION LOSS REMAINING 0. 0. 80,773.	IDENTIFYING 04-2921338 STATEMENT AVAILABLE THIS YEAR	0. 0. 73.
CORPORATION' THE BRIGHAM FORM 990-T TAX YEAR 09/30/08 09/30/09 09/30/10 09/30/11	S NAME AND WOMEN'S HEALT NET LOSS SUSTAINED 45,412. 108,886. 125,731. 72,310.	CHCARE INC. OPERATING LOSS DE LOSS PREVIOUSLY APPLIED 45,412. 108,886. 44,958. 0.	EDUCTION LOSS REMAINING 0. 0. 80,773. 72,310.	IDENTIFYING 04-2921338 STATEMENT AVAILABLE THIS YEAR 80,7	0. 0. 73.
CORPORATION' THE BRIGHAM FORM 990-T TAX YEAR 09/30/08 09/30/09 09/30/10 09/30/11 09/30/12	S NAME AND WOMEN'S HEALT NET LOSS SUSTAINED 45,412. 108,886. 125,731. 72,310. 50,530.	CHCARE INC. OPERATING LOSS D LOSS PREVIOUSLY APPLIED 45,412. 108,886. 44,958. 0. 0.	LOSS REMAINING 0. 0. 80,773. 72,310. 50,530.	IDENTIFYING 04-2921338 STATEMENT AVAILABLE THIS YEAR 80,7' 72,3: 50,5:	0. 0. 73. 10.
FORM 990-T TAX YEAR 09/30/08 09/30/09 09/30/10 09/30/11	S NAME AND WOMEN'S HEALT NET LOSS SUSTAINED 45,412. 108,886. 125,731. 72,310.	CHCARE INC. OPERATING LOSS DE LOSS PREVIOUSLY APPLIED 45,412. 108,886. 44,958. 0.	EDUCTION LOSS REMAINING 0. 0. 80,773. 72,310.	IDENTIFYING 04-2921338 STATEMENT AVAILABLE THIS YEAR 80,7' 72,3: 50,5:	0. 0. 73.

FORM	990-т	TAX COMPUTATION	STATEMENT 5
1.	TAXABLE INCOME		
2.	LESSER OF LINE 1 OR FIRST	BRACKET AMOUNT . 0	
3.	LINE 1 LESS LINE 2		
4.	LESSER OF LINE 3 OR SECOND	BRACKET AMOUNT . 0	
5.	LINE 3 LESS LINE 4		
6.	INCOME SUBJECT TO 34% TAX	RATE 0	
7.	INCOME SUBJECT TO 35% TAX	RATE 74,738	
8.	15 PERCENT OF LINE 2	0	
9.	25 PERCENT OF LINE 4		
10.	34 PERCENT OF LINE 6	0	
11.	35 PERCENT OF LINE 7		
12.	ADDITIONAL 5% SURTAX	0	
13.	ADDITIONAL 3% SURTAX	0	
. 14.	TOTAL OF LINES 8 THROUGH 1	3 TO FORM 990-T, PAGE 2, LINE 35C	26,158

FORM 4626	ALTERNATI	ALTERNATIVE MINIMUM TAX NOL		STATEMENT	6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING		
09/30/08	37,906.	37,906.	0.		
09/30/09 09/30/10	91,500. 120,025.	91,500. 120,025.	0.		
09/30/11 09/30/12	61,005. 38,506.	9,035. 0.	51,970. 38,506.		
AMT NOL CARRYOVER AVAILABLE THIS YEAR			90,476.		