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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Mount Auburn Hospital

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
330 Mount Auburn Street

City or town, state or country, and ZIP + 4
Cambridge, MA 02138

D Employer identification number
04-2103606

E Telephone number
(617) 499-5021

G Gross receipts $ 296,914,786

F Name and address of principal officer
Peter Semenza

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

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www mountauburnhospital org

K Type of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1871

M State of legal domicile MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Mount Auburn Hospital's primary purpose is to improve the health of the residents of Cambridge, MA and the surrounding communities Our services are delivered in a personable, convenient and compassionate manner, with respect for the dignity of our patients and their families

2 Check this box ▶ ☐ 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	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of employees (Part V, line 2a)	5	2,613
6	Total number of volunteers (estimate if necessary)	6	327
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	3,583,229
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-34,094

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	10,629,005	4,007,958
9	Program service revenue (Part VIII, line 2g)	263,186,479	280,029,007
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,015,303	-648,260
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,342,137	7,947,117
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	285,355,502	291,335,822
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,000	1,036,550
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	143,200,081	154,014,851
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,234,793		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	117,795,407	117,750,099
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	261,004,488	272,801,500
19	Revenue less expenses Subtract line 18 from line 12	24,351,014	18,534,322

		Beginning of Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	323,053,514	338,442,096
21	Total liabilities (Part X, line 26)	165,514,853	164,075,340
22	Net assets or fund balances Subtract line 21 from line 20	157,538,661	174,366,756

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: 2010-09-02

▶ Peter Semenza CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	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

Part III Statement of Program Service Accomplishments (see instructions.)

1 Briefly describe the organization's mission

Mount Auburn Hospital's primary purpose is to improve the health of the residents of Cambridge, MA and the surrounding communities Our services are delivered in a personable, convenient and compassionate manner, with respect for the dignity of our patients and their families

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 See Sch O)	(Expenses $	105,879,137	including grants of $	5,000)	(Revenue $	106,645,283)
4b	(Code See Sch O)	(Expenses $	18,861,895	including grants of $	)	(Revenue $	28,981,670)
4c	(Code See Sch O)	(Expenses $	14,454,879	including grants of $	)	(Revenue $	16,519,855)
4d	Other program services (Describe in Schedule O)						
	(Expenses $	100,292,838	including grants of $	1,031,550)	(Revenue $	127,882,199)	
4e	**Total program service expenses** ▶ $	239,488,749	*(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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 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? *If "Yes," complete Schedule C, Part III*	5		No
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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
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? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
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 ? *If "Yes," complete Schedule F, Part I*	14b		No
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? *If "Yes," complete Schedule F, Part II*	15		No
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? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
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? *If "Yes," complete Schedule L, Part II*	26		No
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? *If "Yes," complete Schedule L, Part III*	27		No

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)? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
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? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	269		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,613		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a Yes	
b	If "Yes," enter the name of the foreign country ▶EI See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	No
6a	Did the organization solicit any contributions that were not tax deductible?			6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	No
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?			7a Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	No
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	No
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			9a	No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 31		
b	Enter the number of voting members that are independent . .	1b 20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		No
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ VT , RI , NY , NJ , NH , MO , ME , MA , DC , CT

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Peter Semenza
330 Mount Auburn Street
Cambridge, MA 02138
(617) 499-5021

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) ☒ Individual Trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Thomas Simons Trustee	5 00	X						0	0	0
Susan Abookire MD QualSafety See Sch J, O	60 00				X			310,269	0	88,427
Stephen Zinner MD Trustee See Sch J	60 00	X						369,105	0	19,685
Stephen D Chubb Trustee	5 00	X		X				0	0	0
Russell J Nauta MD Trustee See Sch J, O	60 00	X						583,835	0	120,514
Rachel Kaprielian Trustee	5 00	X						0	0	0
Peter Semenza CFO See Sch J, O	60 00				X			377,670	0	266,624
Patsy Conrades Trustee See Sch O	5 00	X						0	0	0
Nicholas DiIeso COO See Sch J, O	60 00				X			338,989	0	883,542
Michael Shortsleeve MDTrustee See Sch J, O	60 00	X						23,369	0	0
Michael L O'Connell VP PlnMkt See Sch J, O	60 00				X			204,358	0	81,555
Lucienne Sanchez MD Phys Dir See Sch J	60 00					X		257,553	0	19,707
Lita L Nelsen Trustee	5 00	X						0	0	0
Lisa Gordon Trustee	5 00	X						0	0	0
Leslie Joseph Esq VP Gen Counsel See Sch J, O	60 00					X		246,204	0	94,305
Leon Palandjian Trustee See Sch O	5 00	X						0	0	0
Kathryn Burke VP Contracting See Sch J, O	60 00				X			221,934	0	82,858

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) ☒ Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Joseph Roller Trustee	5 00	X						0	0	0
John Shugert VP Development See Sch J, O	60 00					X		235,843	0	65,188
John J Canepa Trustee	5 00	X						0	0	0
John Hanify Trustee See Sch O	5 00	X						0	0	0
John Bridgeman VP Clin Svc See Sch J, O	60 00				X			214,598	0	66,932
Jeanette G Clough PresCEO See Sch J, O	60 00			X	X			-17,481	802,478	698,835
James J Rafferty Clerk See Sch O	5 00	X		X				0	0	0
Ifeanyi A Menkiti Trustee See Sch O	5 00	X						0	0	0
Howard H Stevenson Trustee	5 00	X						0	0	0
Herbert Wagner Trustee See Sch O	5 00	X						0	0	0
Gerald Reardon Trustee	5 00	X						0	0	0
George Massaro Trustee See Sch O	5 00	X						0	0	0
George E Christodoulo Trustee	5 00	X						0	0	0
Frederick H Chicos Trustee	5 00	X						0	0	0
Elizabeth Hagopian Trustee See Sch O	5 00	X						0	0	0
Eileen Dillon Former VP See Sch J, O							X	163,786	0	20,335
Donna Smerlas Trustee	5 00	X						0	0	0
Deborah Baker VP Pat Care See Sch J, O	60 00				X			265,910	0	56,169
David L Lucchino Trustee	5 00	X						0	0	0
Daniel V Calano Trustee	5 00	X						0	0	0
Christopher Shachoy Trustee	5 00	X						0	0	0
Christopher Kaneb Trustee	5 00	X						0	0	0
Charles Y Kawada MD OBGYN See Sch J, O	60 00					X		394,851	0	95,073
Charles Lukasik MAPS COO See Sch J, O	60 00					X		245,334	0	81,976
Charles J Hatem MD Trustee See Sch J, O	60 00	X						307,799	0	38,993
Casimir de Rham Jr Treasurer	5 00	X		X				0	0	0
A Kim Saal MD Trustee See Sch J, O	60 00	X						30,000	0	0
1b Total . . . . . ▶								4,773,926	802,478	2,780,718

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 222

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**	Yes	

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

(A) Name and business address	(B) Description of services	(C) Compensation
Walsh Brothers Inc 210 Commercial Street Boston, MA 02109	General contractor	21,896,334
MACIPA Inc 1380 Soldiers Field Road Brighton, MA 02135	EMR/Case Mgmt	2,467,252
Favorite Nurses PO Box 803356 Kansas City, MO 641803356	Temp nursing service	1,349,202
CareGroup Inc 109 Brookline Avenue Boston, MA 02215	Management services	2,677,132
Beth Israel Deaconess Medical Center 330 Brookline Avenue Boston, MA 02215	IT Svcs/Intern train	1,857,756

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 68

Part VIII Statement of Revenue

				(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	321,582			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	659,190			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,027,186			
	g	Noncash contributions included in lines 1a-1f $ 90,906					
	h	**Total.** Add lines 1a-1f		4,007,958			
			Business Code				
Program Service Revenue	2a	Outpatient surgery	621,990	16,519,855	16,519,855		
	b	Outpatient radiology	900,099	28,981,670	28,981,670		
	c	Inpatient ob/newborn	900,099	15,228,657	15,228,657		
	d	Inpatient med/surg svcs	900,099	106,645,283	106,645,283		
	e	Emergency department	621,990	15,619,366	15,619,366		
	f	All other program service revenue		97,034,176	97,034,176		
	g	**Total.** Add lines 2a–2f		280,029,007			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		517,848			517,848
	4	Income from investment of tax-exempt bond proceeds		172,785			172,785
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	1,635,766				
	b	Less rental expenses	857,181				
	c	Rental income or (loss)	778,585				
	d	Net rental income or (loss)			778,585		628,928	149,657
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	3,105,795	19,133			
	b	Less cost or other basis and sales expenses	4,453,720	10,101			
	c	Gain or (loss)	-1,347,925	9,032			
	d	Net gain or (loss)			-1,338,893		-48,802	-1,290,091
	8a	Gross income from fundraising events (not including $ 321,582 of contributions reported on line 1c) See Part IV, line 18	a 251,627				
	b	Less direct expenses	b 254,471				
	c	Net income or (loss) from fundraising events			-2,844			-2,844
	9a	Gross income from gaming activities See Part IV, line 19	a 6,335				
	b	Less direct expenses	b 3,491				
	c	Net income or (loss) from gaming activities			2,844		2,844	
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory			0			
		Miscellaneous Revenue	Business Code				
	11a	Parking revenue	812,930	2,101,021			2,101,021
	b	Non-patient lab services	541,380	3,042,472		3,042,472	
	c	Cafe, Coffee Shop & Vend	722,210	1,584,917			1,584,917
	d	All other revenue		440,122		-42,213	482,335
	e	**Total.** Add lines 11a–11d		7,168,532			
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		291,335,822	280,029,007	3,583,229	3,715,628

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).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,031,550	1,031,550		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	5,000	5,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,264,989	1,449,585	1,815,404	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	123,559,032	111,365,284	11,572,771	620,977
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,208,978	4,635,990	520,898	52,090
9	Other employee benefits	13,213,630	11,760,131	1,321,363	132,136
10	Payroll taxes	8,768,222	7,803,718	876,822	87,682
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	235,600		235,600	
c	Accounting	52,000		52,000	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	14,232,610	12,386,648	1,761,195	84,767
12	Advertising and promotion	1,346,964	26,818	1,319,977	169
13	Office expenses	42,296,899	40,962,447	1,250,009	84,443
14	Information technology	5,568,988	4,589,609	968,759	10,620
15	Royalties . .	0			
16	Occupancy	7,222,866	5,526,210	1,638,785	57,871
17	Travel	388,547	374,349	13,608	590
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,904,335	1,823,953		80,382
20	Interest	5,795,929	4,288,987	1,506,942	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	13,729,684	10,159,966	3,569,718	
23	Insurance	4,318,949	4,184,798	134,151	
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	Uncompensated Care	5,835,274	5,835,274		
b	Patient services	3,655,834	3,655,834		
c	Miscellaneous	9,811,083	6,725,080	3,062,937	23,066
d	Dues, Licenses & Fees	1,354,537	897,518	457,019	
e					
f	All other expenses	0			
25	**Total functional expenses.** Add lines 1 through 24f	272,801,500	239,488,749	32,077,958	1,234,793
26	**Joint Costs.** Check here ▶ ☐ 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		3,523,094	1	19,913,162
	2	Savings and temporary cash investments		15,159,088	2	9,896,266
	3	Pledges and grants receivable, net		2,258,911	3	822,993
	4	Accounts receivable, net		29,070,370	4	29,247,494
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	0
	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	0
	7	Notes and loans receivable, net		72,162	7	51,682
	8	Inventories for sale or use		3,187,682	8	2,787,445
	9	Prepaid expenses and deferred charges		2,993,238	9	3,420,765
	10a	Land, buildings, and equipment cost basis	10a 349,180,263			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 193,502,903	144,537,209	10c	155,677,360
	11	Investments—publicly traded securities		64,798,072	11	40,722,000
	12	Investments—other securities See Part IV, line 11		38,152,763	12	67,717,467
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11		19,300,925	15	8,185,462
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		323,053,514	16	338,442,096
Liabilities	17	Accounts payable and accrued expenses		35,753,376	17	35,983,149
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		120,195,297	20	118,049,774
	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			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		9,566,180	25	10,042,417
	26	**Total liabilities.** Add lines 17 through 25		165,514,853	26	164,075,340
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		146,076,960	27	164,198,532
	28	Temporarily restricted net assets		7,326,768	28	6,032,801
	29	Permanently restricted net assets		4,134,933	29	4,135,423
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		157,538,661	33	174,366,756
	34	Total liabilities and net assets/fund balances		323,053,514	34	338,442,096

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ Cash ☑ Accrual ☐ Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
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?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Mount Auburn Hospital

Employer identification number
04-2103606

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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

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

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
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, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% 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.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 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 "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **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.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% 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% 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 information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 04-2103606
Name: Mount Auburn Hospital

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Outpatient surgery	621,990	16,519,855	16,519,855		
Outpatient radiology	900,099	28,981,670	28,981,670		
Inpatient ob/newborn	900,099	15,228,657	15,228,657		
Inpatient med/surg svcs	900,099	106,645,283	106,645,283		
Emergency department	621,990	15,619,366	15,619,366		

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
Mount Auburn Hospital	04-2103606

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	$
3	Volunteer hours	

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

1	Enter the amount of any excise tax incurred by the organization under section 4955	$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	$
3	If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☑ No
4a	Was a correction made?	☐ Yes ☑ No
b	If "Yes," describe in Part IV	

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	$
2	Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities	$
3	Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	$
4	Did the filing organization file **Form 1120-POL** for this year?	☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

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

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

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		68,958
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			68,958
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

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

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Part II-B, Line 1i - Other Activities Description	See Sch O

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Mount Auburn Hospital

Employer identification number
04-2103606

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.

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

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

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

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

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

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

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's 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 the 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 why 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 the 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	11,461,701				
b	Contributions	2,711,304				
c	Investment earnings or losses	349,071				
d	Grants or scholarships					
e	Other expenditures for facilities and programs	4,353,852				
f	Administrative expenses					
g	End of year balance	10,168,224				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 40 670 %
- c Term endowment ▶ 59 330 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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		169,000		169,000
b Buildings		171,569,572	53,539,367	118,030,205
c Leasehold improvements		3,163,477	1,132,020	2,031,457
d Equipment		172,868,265	138,831,516	34,036,749
e Other		1,409,949		1,409,949
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				155,677,360

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		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	67,717,467	

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	
Professional liability claims reserve	2,729,408
Other liabilities	2,404,253
Due to affiliates	331,254
Accrued postretirement benefits	4,577,502
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	10,042,417

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 XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Net unrealized gains on investments - unrestricted $3224177 Net unrealized gains on investments - restricted $309487 Change in value of limited partnerships $3002053 Schedule K-1 CareGroup Investment Partnership Losses $48802 Schedule K-1 CareGroup Investment Partnership $42213 Transfer of unrestricted cash to Mt Auburn Professional Svcs $ -6457499 Change in funded status of employee benefit plan $ -252165 Net unrealized gains on investments - restricted $ -0 Net unrealized gains on investments - restricted $ -0 Change in value of limited partnerships $ -0 Pledges received beyond cash payments $ -1623295 Schedule K-1 CareGroup Investment Partnership $ -0
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	See Sch O

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Mount Auburn Hospital

Employer identification number
04-2103606

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☑ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total			▶			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Gala Ball (event type)	(b) Event #2 Hoffman Event (event type)	(c) Other Events 3 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	316,495	116,173	140,541	573,209
	2 Less Charitable contributions	162,189	87,973	71,420	321,582
	3 Gross revenue (line 1 minus line 2)	154,306	28,200	69,121	251,627
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses	154,306	28,200	71,965	254,471
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				254,471
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-2,844

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____		
c	If "Yes," enter name and address		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ $ _____		
	Description of services provided ▶ _____		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Mount Auburn Hospital

Employer identification number
04-2103606

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

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ 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 *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____%	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____%	3b		
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"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	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

Charity Care and Means-Tested Government Programs	(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
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)						

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, and Collection Practices *(Optional for 2008)*

Section A—Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost) 2			
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 3			
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			

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME) 5		
6	Enter Medicare allowable costs of care relating to payments on line 5 6		
7	Enter line 5 less line 6—surplus or (shortfall) 7		
8	Describe in Part VI the extent to which any shortfall reported on 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?	9a		
9b	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	9b		

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)
Mount Auburn Hospital 330 Mount Auburn Street Cambridge, MA 02138	X	X		X			X		

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

3 **Patient Education of Eligibility for Assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 **Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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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
Mount Auburn Hospital

Employer identification number
04-2103606

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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 if additional space is needed . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Springwell Inc125 Walnut Street Watertown, MA 02472	04-2616064		4,500	0			Healthy eating project
Reach Beyond Domestic Violence IncPO Box 540024 Waltham, MA 02454	04-2735449		4,500	0			Create training program
On The Rise Inc341 Broadway Cambridge, MA 02139	04-3290689		4,500	0			Assist drug/alcohol addicted homeless women
MACIPA Inc1380 Soldiers Field Road Brighton, MA 02135	04-2898888		1,000,000	0			Electronic medical record support
Joseph M Smith Community Health Center287 Western Avenue Allston, MA 02134	23-7221597		5,000	0			Medical interpreter training program
CYEP-Phillips Brooks House AssociationHarvard University Cambridge, MA 02138	04-6046123		3,550	0			Raise awareness of health svcs
Child Care Resource Center Inc130 Bishop Allen Drive Cambridge, MA 02139	51-0138647		4,500	0			Develop outreach program
Cambridge Economic Opportunity Committee11 Inman Street Cambridge, MA 02139	04-2378175		5,000	0			Medical debt guidance

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 8

3 Enter total number of other organizations . . . ▶ 1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		See Sch O

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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
Mount Auburn Hospital

Employer identification number
04-2103606

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		No
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?	**2**	Yes	
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 ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space 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 compensation				
See Additional Data Table	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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

Identifier	Return Reference	Explanation
Sch J, Part I, Line 7	Part I, Line 7 Non-Fixed payments not listed above	See Sch O
Sch J, Part I, Line 1b	Part I, Line 1b Reason for not following policy regarding payment provisions for expenses	See Sch O
Sch J, Part I, Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	

Additional Data

Return to Form

Software ID: 08000091
Software Version: 2008v2.7
EIN: 04-2103606
Name: Mount Auburn Hospital

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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 compensation				
Susan Abookire MD QualSafety	(I) (II)	221,347	62,504	26,418	71,281	17,146	398,696	
Stephen Zinner MD Trustee	(I) (II)	345,359		23,746	11,500	8,185	388,790	
Russell J Nauta MD Trustee	(I) (II)	539,250	39,375	5,210	98,592	21,922	704,349	
Peter Semenza CFO	(I) (II)	254,557	70,340	52,773	250,052	16,572	644,294	
Nicholas DiIeso COO	(I) (II)	258,214	78,781	1,994	864,352	19,190	1,222,531	
Michael Shortsleeve MDTrustee	(I) (II)	23,369					23,369	
Michael L O'Connell VP PlnMkt	(I) (II)	139,781	43,316	21,261	63,016	18,539	285,913	
Lucienne Sanchez MD Phys Dir	(I) (II)	249,918	1,320	6,315	11,500	8,207	277,260	
Leslie Joseph Esq VP Gen Counsel	(I) (II)	177,772	52,504	15,928	70,180	24,125	340,509	
Kathryn Burke VP Contracting	(I) (II)	211,914		10,020	63,082	19,776	304,792	
John Shugert VP Development	(I) (II)	154,090	46,899	34,854	45,546	19,642	301,031	
John Bridgeman VP Clin Svc	(I) (II)	163,219	35,011	16,368	49,137	17,795	281,530	
Jeanette G Clough PresCEO	(I) (II)	 400,304	1,284 338,740	-18,765 63,434	301,167 374,154	 23,514	283,686 1,200,146	
Eileen Dillon Former VP	(I) (II)	141,085	360	22,341	13,449	6,886	184,121	
Deborah Baker VP Pat Care	(I) (II)	211,720	43,264	10,926	38,220	17,949	322,079	
Charles Y Kawada MD OBGYN	(I) (II)	335,130	43,750	15,971	76,165	18,908	489,924	
Charles Lukasik MAPS COO	(I) (II)	180,999	48,552	15,783	61,108	20,868	327,310	
Charles J Hatem MD Trustee	(I) (II)	289,418	360	18,021	18,400	20,593	346,792	
A Kim Saal MD Trustee	(I) (II)	30,000					30,000	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Mount Auburn Hospital

Employer identification number
04-2103606

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Massachusetts Health and Educational Facilities Authority	04-2456011	57586C6A8	08-12-2004	49,050,000	See Sch O-CareGroup SeriesD Bonds		X		X
B	Massachusetts Health and Educational Facilities Authority	04-2456011	57586C3S2	06-09-2008	373,527,010	See Sch O-CareGroup SeriesE Bonds		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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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
Mount Auburn Hospital

Employer identification number
04-2103606

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, line 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? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? 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, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
See Additional Data Table					

Additional Data

Software ID:
Software Version:
EIN: 04-2103606
Name: Mount Auburn Hospital

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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**
PARTNERSsimons	Trustee	602,048	See Sch O		No
Schatzki Associates	Trustee	313,108	See Sch O		No
Mt Auburn Cardiology Assoc	Trustee	207,000	See Sch O		No
Associated Surgeons PC	Family Member		See Sch O		No
Katherine Rafferty	Family Member	91,532	See Sch O		No
Cardinal Health	Former Trustee	16,555,227	See Sch O		No
Cambridge Trust Co	Trustee	2,379,647	See Sch O		No
CRICORMF	Trustee	7,754,183	See Sch O		No
Christopher Peckins MD	Family member		See Sch O		No

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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
Mount Auburn Hospital

Employer identification number
04-2103606

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				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	6	90,906	market quote
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 (describe _____)				
26	Other (describe _____)				
27	Other (describe _____)				
28	Other (describe _____)				

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**

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 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? **30a**		No
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? **31**	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? **32a**		No
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		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation

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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
Mount Auburn Hospital

Employer identification number
04-2103606

Identifier	Return Reference	Explanation
	Schedule L Part IV (continued)	A Kim Saal, MD is a Trustee and Chief of Cardiology at Mount Auburn Hospital (MAH) and Director, CareGroup, Inc and is married to Janice Saal, MD, a director of Associated Surgeons, P C (ASPC) ASPC provided medical services to Mount Auburn Professional Services, Inc (MAPS), a supporting organization of MAH and a member of the CareGroup network of affiliated entities Charges for those services during the fiscal year ended September 30, 2009 were $110,088, and reflect fair market rates A Kim Saal, MD, is also an officer and director of Mount Auburn Cardiology Associates, Inc (MACA) MACA provided medical services to MAH and MAPS during the period covered by this filing Charges for these services totaled $207,000 and $1,446 respectively and reflect fair market value rates - - - - - - - - - - - - - - - - -Michael Shortsleeve, M D , a member of the Mount Auburn Hospital (MAH) Board of Trustees and Chair of the MAH Department of Radiology, is the President of Schatzki Associates Schatzki Associates provided radiology and teaching services to MAH Charges for those services during the fiscal year ended September 30, 2009 were $313,108 The fees paid to Schatzki reflected fair market value rates - - - - - - - - - - - - - - -Thomas Simons, a Trustee for MAH, is the CEO of PARTNERS + simons (P+s), a brand communications company P+s provided advertising services to MAH Charges for those services during the fiscal year ended September 30, 2009 were $602,048 and reflect fair market value rates - - - - - - - - - - - - - - - - -All Directors/Trustees serve without compensation or benefits Compensation paid to Officers, Directors, Trustees or Key Employees was earned for work performed in a capacity other than that of Director See Form 990 Part VII for further details -Mount Auburn Hospital (MAH) maintains an accountable business expense reimbursement plan From time to time, MAH may reimburse its officers, directors, trustees and/or key employees for expenses they incurred and which are properly ordinary and necessary business expenses of the reporting entity The policies and procedures required by the accountable business plan must be followed in order to receive reimbursement for such expenses and it is possible that one or more individuals received non-taxable reimbursements which totaled $1,000 or more during the fiscal period covered by this filing All of the above transactions were negotiated at arms length and in accordance with the MAH Conflict of Interest Policy

Identifier	Return Reference	Explanation
	Schedule L Part IV	Christopher Peckins, MD, husband of Dr Susan Abookire, Chair of Quality and Safety for Mount Auburn Hospital, is employed as a primary care physician by Mount Auburn Professional Services, Inc , a supporting organization of Mount Auburn Hospital His salary and other income includes Base Compensation $173,074Other Reportable Compensation $17,539Contribution to Employee Benefit Plans Includes Deferred Compensation $7,098Non-Taxable Benefits $161- - - - - - - - - - - - - - - - -The Risk Management Foundation of the Harvard Medical Institutions, Inc (CRICO/RMF) is the patient safety and medical malpractice company serving the Harvard medical community Insurance coverage is provided to its member institutions and their affiliates by Controlled Risk Insurance Company, Ltd (CRICO/Cayman) and Controlled Risk Insurance Company of Vermont, Inc (A Risk Retention Group) (CRICO/Vermont) Both CRICO/RMF and CRICO/Cayman are owned by their member institutions CRICO/Vermont is wholly owned by CRICO/RMF All CRICO/RMF and CRICO/Cayman shareholders are entities exempt from income taxes under Section 501(c) (3) of the Internal Revenue Code of 1986, as amended Members of CRICO/RMF and CRICO/Cayman are entitled to representation on the boards of these entities Stephen Chubb and A Kim Saal, MD, Trustees of Mount Auburn Hospital (MAH), also sit on the Board of CareGroup, Inc , the parent entity and supporting organization of MAH Harold Hestnes, Chair of the CareGroup Board of Directors sits on the Board of CRICO/RMF Harold Hestnes, Chair of the CareGroup Board of Directors sits on the Board of CRICO/RMF CareGroup, the parent entity and a supporting organization of MAH is a CRICO/Cayman and CRICO/RMF shareholder and through CareGroup, MAH purchased physician professional liability insurance and general liability insurance For the period covered by this filing, MAH and CareGroup paid $7,754,183 and $608,085 respectively for this coverage - - - - - - - - - - - - - - - - -Joseph Roller, a member of the Mount Auburn Hospital (MAH) Board of Trustees, is the Chief Executive Officer of Cambridge Trust Company Leon Palandjian, a member of the MAH Board of Trustees and Jeanette Clough, President and CEO of MAH each also serve as Directors for Cambridge Trust During the period covered by this filing, MAH made payments to Cambridge Trust for trust management fees in the amount of $17,647, made deposits of $1,762,000 of temporary cash investments and a deposit of $600,000 related to funding of deferred compensation arrangements In addition, CareGroup, the sole member and a support organization of MAH, made a trust deposit of $110,000 related to the funding of a deferred compensation vehicle Rates for the services provided were standard Cambridge Trust rates and are competitive with those of similar financial institutions - - - - - - - - - - - - - - - -Patsy Conrades, Trustee of Mount Auburn Hospital (MAH) is the wife of George Conrades, a former member of the MAH Board of Trustees and member of the Cardinal Health Board of Directors During the period covered by this filing, MAH made payments to Cardinal Health in the amount of $16,555,227 for medical/surgical supplies, pharmaceuticals and medications Amounts paid for these items represent fair market value - - - - - - - - - - - - - - - - - - - Katherine Rafferty, sister of James Rafferty, Trustee for Mount Auburn Hospital, serves as Director of Community Relations for Mount Auburn Hospital Her salary and other income includes Base Compensation $79,094Bonus and Incentive Compensation $360Other Reportable Compensation $5,871Contribution to Employee Benefit Plans Includes Deferred Compensation $2,870Non-Taxable Benefits $6,336- - - - - - - - - - - - - - - - -

Identifier	Return Reference	Explanation
	Schedule K Part 1F	Purposes of CareGroup Series E Bonds -To finance or refinance various renovation and construction projects and capital equipment acquisitions for BIDMC-To finance or refinance construction, renovation, furnishing and various other capital acquisitions for MAH's new and expanded facilities with approximately 250,000 square feet of new and renovated space to include a new six-story acute care facility to support additional critical care and medical /surgical beds, expanded operating rooms and interventional radiology rooms and a new parking garage-To finance or refinance construction, renovation, furnishing and various other capital acquisitions for NEBH's Master Facility Plan, including a new Atrium of approximately 2,740 square feet, a pre-operative and post anesthesia unit of approximately 14, 310 square feet, construction of a central sterile supply area of approximately 8,290 square feet and construction of new operating rooms of approximately 18,615 square feet,-To finance or refinance construction, renovation, furnishing and various other capital acquisitions for BIDN's new and expanded facilities including an approximately 59,000 square foot project on two floors to renovate and expand services in the emergency department, inpatient units, radiology department and associated support services,-To refinance 201,975,000 of debt previously issued by members of the Obligated Group, including 138,075,000 of the CareGroup Series C Bonds described, which refunded the outstanding principal balance of the Beth Israel Hospital Association Series G bonds in 2004 Purposes of CareGroup Series D Bonds -Refunding of the outstanding principal balance of the Mount Auburn Hospital Series B bonds by creating an irrevocable refunding trust dated July 13, 2004

Identifier	Return Reference	Explanation
	Schedule K Explanatory Statement	CareGroup, Inc , (CareGroup) is a Massachusetts non-profit corporation exempt from income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, that serves as a support organization and oversees a regional health care delivery system comprised of teaching and community hospitals, physician groups and other caregivers CareGroup's purposes include the support of personalized, patient centered care and excellence in medical education and research CareGroup and some of its affiliates jointly borrow debt as an Obligated Group The Obligated Group members are CareGroup, Beth Israel Deaconess Medical Center (BIDMC), Mount Auburn Hospital (MAH), New England Baptist Hospital (NEBH), Beth Israel Deaconess Hospital - Needham (BIDN), Mount Auburn Professional Services (MAPS) and Medical Care of Boston Management Corp d/b/a Affiliated Physicians Group (APG) The information reported on Schedule K for Mount Auburn Hospital, reflects the combined CareGroup Obligated Group debt issued after December 31, 2002 with an outstanding principal balance in excess of $100,000

Identifier	Return Reference	Explanation
	Schedule J Part II (continued)	Shortsleeve, M D , MichaelTrustee & Chair, Dept of Radiology- Mount Auburn HospitalPayments made by Mount Auburn Hospital Base Compensation 23,369As required by this Form 990, compensation reported by Mount Auburn Hospital for the 2008 calendar year includes $23,369 paid to Dr Shortsleeve by Schatzki Associates and related to Dr Shortsleeve's position as Chair of the Department of Radiology at Mount Auburn HospitalWagner, HerbertTrustee- Mount Auburn HospitalMr Wagner commenced his term on the Mount Auburn Hospital Board on December 1, 2008 Clough, Jeanette G President & CEO- Mount Auburn HospitalPresident & CEO- Mount Auburn Professional ServicesPayments made by Mount Auburn Hospital Base 0Bonus and Incentive Compensation 1,284Other Reportable Compensation (18,765)Deferred Compensation 301,167Payments made by CareGroup Base Compensation 400,304Bonus and Incentive Compensation 338,740Other Reportable Compensation 63,434Deferred Compensation 374,154Non-Taxable Benefits 23,514Bonus and Incentive Compensation reported for the 2008 calendar year includes 1) payments in 2008 pursuant to a long term incentive plan related to Mount Auburn Hospital's fiscal year ended September 30, 2006 in the combined amount of $152,200, and reported here as $150,916 paid by CareGroup and $1,284 paid by Mount Auburn Hospital and 2) a payment pursuant to an annual bonus plan related to the fiscal year ended September 30, 2007 in the amount of $187,824 which was paid by CareGroup to Ms Clough in 2008 Other Reportable Compensation reported by Mount Auburn Hospital includes a decrease in the value of a non-qualified retirement plan which exceeded contributions to that plan during the same 2008 calendar year period and as such, the amount is reflected as a negative amount on this filing Deferred Compensation reported by Mount Auburn Hospital for the 2008 calendar year includes the change in value of Ms Clough's Supplemental Executive Retirement Program (SERP) of $283,300 The SERP does not vest until Ms Clough reaches age 62 Deferred Compensation reported by CareGroup for the 2008 calendar year also includes two bonus payments related to the services Ms Clough performed during Mount Auburn's fiscal year ended September 30, 2008 but which were not paid to Ms Clough until after December 31, 2008 -- one in the amount of $193,000 related to an annual bonus plan, and another for $168,839 related to a long term incentive plan Dileso, NicholasCOO- Mount Auburn HospitalPayments made by Mount Auburn Hospital Base Compensation 258,214Bonus and Incentive Compensation 78,781Other Reportable Compensation 1,994Deferred Compensation 864,352Non-Taxable Benefits 19,190Deferred Compensation reported by Mount Auburn Hospital for the 2008 calendar year includes the change in value of Mr Dileso's Supplemental Executive Retirement Program (SERP) of $773,500 This was the initial year of Mr Dileso's SERP and as such, reflects the entire actuarial change in value of this unfunded and unvested SERP as of December 31, 2008 The actuarial change in value for calendar years after 2008 will be significantly less than this initial year as demonstrated by the fact that that the actuarial change in value for the calendar year 2009 was $112,600 The SERP does not vest until Mr Dileso reaches age 60 Deferred Compensation reported by Mount Auburn Hospital for the 2008 calendar year also includes a bonus in amount of $72,452 related to Mr Dileso's performance for the fiscal year ended September 30, 2008, but not paid to Mr Dileso until after December 31, 2008

Identifier	Return Reference	Explanation
	Schedule J Part II (continued)	Semenza, PeterVice President & CFO- Mount Auburn HospitalVice President Finance & Treasurer- Mount Auburn Professional ServicesPayments made by Mount Auburn Hospital Base Compensation 254,557Bonus and Incentive Compensation 70,340Other Reportable Compensation 52,773Deferred Compensation 250,052Non-Taxable Benefits 16,572Deferred Compensation reported by Mount Auburn Hospital for the 2008 calendar year includes the change in value of Mr Semenza's Supplemental Executive Retirement Program (SERP) of $159,200 The SERP does not vest until Mr Semenza reaches age 63 Deferred Compensation reported by Mount Auburn Hospital for the 2008 calendar year includes a bonus in amount of $72,452 related to Mr Semenza's performance for the fiscal year ended September 30, 2008, but not paid to Mr Semenza until after December 31, 2008 Abookire, M D , SusanChair of Quality & Safety- Mount Auburn HospitalPayments made by Mount Auburn Hospital Base Compensation 221,347Bonus and Incentive Compensation 62,504Other Reportable Compensation 26,418Deferred Compensation 71,281Non-Taxable Benefits 17,146Deferred Compensation reported by Mount Auburn Hospital for the 2008 calendar year includes a bonus in amount of $64,381 related to Dr Abookire's performance for the fiscal year ended September 30, 2008, but not paid to Dr Abookire until after December 31, 2008 Baker, DeborahVice President Patient Care Services- Mount Auburn HospitalPayments made by Mount Auburn Hospital Base Compensation 211,720Bonus and Incentive Compensation 43,264Other Reportable Compensation 10,926Deferred Compensation 38,220Non-Taxable Benefits 17,949Deferred Compensation reported by Mount Auburn Hospital for the 2008 calendar year includes a bonus in amount of $35,650 related to Ms Baker's performance for the fiscal year ended September 30, 2008, but not paid to Ms Baker until after December 31, 2008 Bridgeman, JohnVice President Clinical Services- Mount Auburn HospitalPayments made by Mount Auburn Hospital Base Compensation 163,219Bonus and Incentive Compensation 35,011Other Reportable Compensation 16,368Deferred Compensation 49,137Non-Taxable Benefits 17,795Deferred Compensation reported by Mount Auburn Hospital for the 2008 calendar year includes a bonus in amount of $36,059 related to Mr Bridgeman's performance for the fiscal year ended September 30, 2008, but not paid to Mr Bridgeman until after December 31, 2008 Burke, KathrynVice President Contracting & Business Development- Mount Auburn HospitalPayments made by Mount Auburn Hospital Base Compensation 211,914Other Reportable Compensation 10,020Deferred Compensation 63,082Non-Taxable Benefits 19,776Deferred Compensation reported by Mount Auburn Hospital for the 2008 calendar year includes a bonus in amount of $56,254 related to Ms Burke's performance for the fiscal year ended September 30, 2008, but not paid to Ms Burke until after December 31, 2008 O'Connell, Michael L Vice President Planning & Marketing- Mount Auburn HospitalPayments made by Mount Auburn Hospital Base Compensation 139,781Bonus and Incentive Compensation 43,316Other Reportable Compensation 21,261Deferred Compensation 63,016Non-Taxable Benefits 18,539Deferred Compensation reported by Mount Auburn Hospital for the 2008 calendar year includes a bonus in amount of $44,616 related to Mr O'Connell's performance for the fiscal year ended September 30, 2008, but not paid to Mr O'Connell until after December 31, 2008

Identifier	Return Reference	Explanation
	Schedule J Part II (continued)	Kawada, M D , Charles Y Chair, Dept of OB/Gyn- Mount Auburn HospitalTrustee & Chair, Dept of OB/Gyn- Mount Auburn Professional ServicesAssistant Clinical Professor of Obstetrics, Gynecology and Reproductive Biology, Harvard Medical SchoolPayments made by Mount Auburn Hospital Base Compensation 335,130Bonus and Incentive Compensation 43,750Other Reportable Compensation 15,971Deferred Compensation 76,165Non-Taxable Benefits 18,908As required by this Form 990, compensation reported by Mount Auburn Hospital for the 2008 calendar year includes the following payments from the President and Fellows of Harvard College/Harvard Medical School related to Dr Kawada's position as Chair of the Mount Auburn Hospital Department of Obstetrics and Gynecology and Assistant Clinical Professor of Obstetrics, Gynecology and Reproductive Biology, Harvard Medical School $95,730 Base and Other Reportable Compensation, $9,440 Deferred Compensation and $1,103 Non-taxable Benefits Deferred Compensation reported by MAH for the 2008 calendar year includes a bonus in amount of $50,625 related to Dr Kawada's performance for the fiscal year ended September 30, 2008, but not paid to Dr Kawada until after December 31, 2008 Joseph, Esq, LeslieVice President General Counsel- Mount Auburn HospitalPayments made by Mount Auburn Hospital Base Compensation 177,772Bonus and Incentive Compensation 52,504Other Reportable Compensation 15,928Deferred Compensation 70,180Non-Taxable Benefits 24,125Deferred Compensation reported by Mount Auburn Hospital for the 2008 calendar year includes a bonus in amount of $54,080 related to Attorney Joseph's performance for the fiscal year ended September 30, 2008, but not paid to Ms Joseph until after December 31, 2008 Lukasik, CharlesCOO & Clerk- Mount Auburn HospitalPayments made by Mount Auburn Hospital Base Compensation 180,999Bonus and Incentive Compensation 48,552Other Reportable Compensation 15,783Deferred Compensation 61,108Non-Taxable Benefits 20,868Deferred Compensation reported by Mount Auburn Hospital for the 2008 calendar year includes a bonus in amount of $45,008 related to Mr Lukasik's performance for the fiscal year ended September 30, 2008, but not paid to Mr Lukasik until after December 31, 2008 Shugert, JohnVice President Development- Mount Auburn HospitalPayments made by Mount Auburn Hospital Base Compensation 154,090Bonus and Incentive Compensation 46,899Other Reportable Compensation 34,854Deferred Compensation 45,546Non-Taxable Benefits 19,642Deferred Compensation reported by Mount Auburn Hospital for the 2008 calendar year includes a bonus in amount of $38,646 related to Mr Shugert's performance for the fiscal year ended September 30, 2008, but not paid to Mr Shugert until after December 31, 2008 Dillon, EileenDirector of Quality & Safety(Former Vice-President of Nursing)Payments made by Mount Auburn Hospital Base Compensation 141,085Bonus and Incentive Compensation 360Other Reportable Compensation 22,341Deferred Compensation 13,449Non-Taxable Benefits 6,886Ms Dillon served as Vice-President of Nursing at Mount Auburn Hospital through September 30, 2006 Since that time, Ms Dillon has provided services as Director of Quality & Safety for Mount Auburn Hospital All payments to Ms Dillon relate to her current role All Directors/Trustees serve without compensation or benefits Compensation paid to Officers, Directors, Trustees or Key Employees was earned for work performed in a capacity other than that of Director/Trustee, as denoted by the listed titles

Identifier	Return Reference	Explanation
	Schedule J Part II	Reportable Compensation listed in Form 990 Part VII includes Base Compensation, Bonus/Incentive Compensation and Other Reportable Compensation as reported in Form 990 Schedule J Other Compensation listed in Form 990 Part VII includes Deferred Compensation and Non-taxable Benefits as reported in Form 990 Schedule J Reportable Compensation Amounts not otherwise separately noted in this return but quantified In Other Reportable Compensation include amounts from one or more of the following items The employee's own contributions to a 401k Plan, the employee's own contributions to 403b Plan, Amounts deferred by the employee (plus earnings) under 457 (b) plan, Increase/Decrease in value of nonqualified 457(b) plan, Taxable employer-subsidized parking, Taxable Moving Expenses, Earned Time cashed, Taxable Life, disability, or Long-term care insurance, and Other Taxable Retirement BenefitsDeferred Compensation Amounts not otherwise separately noted but quantified in deferred compensation include amounts from one or more of the following items Employer Contributions to 401k Retirement Plan, Employer Contributions to 403b Retirement Plan, Employer contribution to Pension Plan Non-taxable Benefits Amounts not otherwise separately noted but quantified In non-taxable benefits include amounts from one or more of the non-taxable benefits Employee contributions to health insurance, Employer contributions to health insurance, Employee contributions to flexible spending accounts for dependent care and/or medical reimbursement, Group term life insurance, Disability insuranceConrades, PatsyTrustee- Mount Auburn HospitalMs Conrades's term on the Mount Auburn Hospital Board ended on April 30, 2009Hagopian, ElizabethTrustee- Mount Auburn HospitalTrustee- Mount Auburn Professional ServicesMs Hagopian's term on the Mount Auburn Hospital Board ended on December 31, 2008 Hanify, JohnTrustee- Mount Auburn HospitalMr Hanify's term on the Mount Auburn Hospital Board ended on December 1, 2008Massaro, GeorgeTrustee- Mount Auburn HospitalMr Massaro commenced his term on the Mount Auburn Hospital Board on January 27, 2009Menkiti, Ifeanyi A Trustee- Mount Auburn HospitalIfeanyi Menkiti's term on the Mount Auburn Hospital Board ended on December 31, 2008 Nauta, M D , Russell J Trustee & Chair, Dept of Surgery- Mount Auburn HospitalProfessor of Surgery- Harvard Medical SchoolPayments made by Mount Auburn Hospital Base Compensation 539,250Bonus and Incentive Compensation 39,375Other Reportable Compensation 5,210Deferred Compensation 98,592Non-Taxable Benefits 21,922As required in this Form 990, compensation reported by Mount Auburn Hospital for the 2008 calendar year includes the following payments from the President and Fellows of Harvard College/Harvard Medical School related to Dr Nauta's position as Chair of the Mount Auburn Hospital Department of Surgery and Professor of Surgery, Harvard Medical School $192,238 Base and Other Reportable Compensation, $23,981 Deferred Compensation and $141 Non-taxable BenefitsDeferred Compensation reported by Mount Auburn Hospital for the 2008 calendar year includes a bonus in amount of $56,254 related to Dr Nauta's performance for the fiscal year ended September 30, 2008, but not paid to Dr Nauta until after December 31, 2008Saal, M D , A KimTrustee & Chief, Division of Cardiology- Mount Auburn HospitalDirector- CareGroupPayments made by Mount Auburn Hospital Base Compensation 30,000As required by this Form 990, compensation reported by Mount Auburn Hospital for the 2008 calendar year includes $30,000 paid to Dr Saal by Mount Auburn Cardiology Associates and related to Dr Saal's position as Chief of the Division of Cardiology at Mount Auburn Hospital

Identifier	Return Reference	Explanation
	Schedule J - Question 4b	Additional details related to Supplemental Nonqualified Retirement Plans is included in the Compensation Explanatory Notes, below

Identifier	Return Reference	Explanation
	Schedule J - Part I Question 1B	Peter Semenza, Chief Financial Officer and John Shugert, Vice President of Development each receive an annual payment pursuant to their employment agreements, designed to ensure that their level of retirement funding at Mount Auburn Hospital matched their pre-Mount Auburn Hospital (MAH) level of retirement funding Such payments are deemed taxable income to them and as such, MAH grosses-up these payments and they are quantified in Other Compensation on Form 990 Part VII and in Other Reportable Compensation on Form 990 Schedule J The amounts received by Mr Semenza and Mr Shugert, including gross-up related to these payments w ere $20,485 and $15,899 respectively

Identifier	Return Reference	Explanation
	Schedule I - Part I Question 2	Grant fund usage is monitored by requiring the submission of reports by grant recipients

Identifier	Return Reference	Explanation
	Schedule D - Part V Line 4	Endow ment/special fund monies are held to support the operating and capital needs of various patient care program services In addition, the income from the permanent endow ment is used to fund free care Annually, the Board also appropriates 5% of the accumulated appreciation on the permanent endow ment to fund free care For the period ended September 30, 2009, these sources increased free care provided to patients by $264,000

Identifier	Return Reference	Explanation
	Schedule C - Lobbying Parts II-B - IV	From time to time, certain executives of Mount Auburn Hospital (MAH) engage in lobbying efforts related to the Hospital's activities As such, a portion of their salaries has been listed as a lobbying expense Additionally, MAH pays dues to certain membership organizations, a piece of w hich may be used by such organizations for lobbying activities on behalf of this institution and other similarly situated organizations and has been quantified here Finally, Beth Israel Deaconess Medical Center, a sister corporation to MAH, may have engaged in some lobbying efforts on behalf of this entity and other affiliated netw ork entities MAH estimates the lobbying cost by membership organizations on its behalf w as $48,358 and for directly lobbying w as $20,600 for the fiscal year ended September 30, 2009 Total combined lobbying expenditures of MAH w ere minimal and not substantial based on revenues

Identifier	Return Reference	Explanation
	Part XIII - Reconciliation of Expenses	Total expenses and losses per financial statements 324,249,000Amounts included on line 1 but not on Form 990 Other Expenses associated w ith real estate rental 857,181 Expenses associated w ith special events 257,962 Change in funded status of benefit plans 252,000 Consolidated affiliate net of eliminations 50,080,357 Add lines 2a through 2d 51,447,500Subtract line 2e from line 1 272,801,500Amounts included on Form 990, Part IX, line 25, but not on line 1 -Total expenses per tax return 272,801,500

Identifier	Return Reference	Explanation
	Part XII - Reconciliation of Revenue	Total revenue, gains and other support per financial statements 341,536,000Amounts included on line 1 but not on Form 990 Net unrealized gains on investments 6,535,000 Other Expenses associates w ith real estate rental 857,181 Expenses associated w ith special events 257,962 Consolidated affiliate net of eliminations 44,082,315 Add lines 2a through 2d 51,732,458Subtract line 2e from line 1 289,803,542Amounts included on Form 990 but not line 1 Other CareGroup Investment Partnership gains (48,802) CareGroup Investment Partnership revenue (42,213) Pledge activity (cash basis) 1,623,295 Add lines 4a and 4b 1,532,280Total revenue Add lines 3 and 4c 291,335,822

Identifier	Return Reference	Explanation
	Part XI Question 2b and 2c	As previously reported in this filing, Mount Auburn Hospital (MAH) is a public charity and a regional teaching hospital, exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended The financial records of MAH are audited each year as part of the MAH consolidated audited financial statement process and for the fiscal period covered by this filing The audit w as prepared and signed by the Boston, MA office of KPMG This process is monitored and review ed internally by the MAH Audit Committee

Identifier	Return Reference	Explanation
	Part XI - Recon of Change in Net Assets	Total revenue (Form 990, Part VIII, column (A), line (12) 291,335,822Total expenses (Form 990, Part IX, column (A), line (25) 272,801,500Excess or (deficit) for the year, Subtract line 2 from line 1 18,534,322Net unrealized gains (losses) on investments 6,535,717Other Change in funded status of employee benefit plan (252,165) Pledges activity (cash basis) (1,623,295) Schedule K-1 CareGroup Investment Partnership Gains 48,802 Schedule K-1 CareGroup Investment Partnership Income 42,213 Transfer unrestricted cash to Mount Auburn Professional Svc (6,457,499)Total adjustments (net), Add lines 4-8 (1,706,227)Excess or (deficit) for the year per fin stmts, Combine lines 3&9 16,828,095

Identifier	Return Reference	Explanation
	Part VI, Line 7b	The Member reserves the right to select the Corporation's independent auditors and has the right to approve the following actions prior to implementation thereof -Establishment or modification of compensation of or removal of the Chief Executive Officer, if any, or President of the Corporation,-Entering into of contracts which bind the Corporation and which are managed care contracts, exclusive contracts, agreements-not-to-compete or use similar arrangements, contracts for management services or other multi-year service contracts with potentially significant multi-year budgetary impact,-Adoption of a mission statement and strategic, financial and operational plan for the Corporation,-Adoption of an annual operating budget and all capital budgets,-The borrowing of, or incidence of debt in, any amount other than (I) for purpose of securing working capital from a lender which shall have been approved by the Member and pursuant to then existing and provisions relating to such borrowing which shall have been approved by the Member, and (II) debt incurred in the ordinary course of business which is anticipated in and consistent with the annual operating budget or a capital budget which shall have been approved by the Member for the year in which incurred,-Any voluntary dissolution, merger or consolidation of the Corporation, the sale or transfer of all or substantially all of the Corporation's assets, the creation, acquisition or disposal of any subsidiary or affiliated corporation or the addition or elimination of any clinical department or program, which department or program could reasonably be anticipated would materially affect the financial status of the Corporation, or its ability to conduct its business, or the entering into of any joint venture or other partnership arrangements by the entity, and,-Initiation of any bankruptcy or insolvency action on behalf of the Corporation or any subsidiary thereof

Identifier	Return Reference	Explanation
	Part VI, Line 6 & 7	CareGroup, Inc , an organization exempt from income tax under Internal Revenue Code Section 501(c)(3) of 1986, as amended and a support organization of Mount Auburn Hospital (MAH) Acting through its Board of Directors, CareGroup is the sole Member of MAH According to MAH bylaws, CareGroup approves Group 2 Trustees which compose up to 21 of a maximum of 28 Trustees

Identifier	Return Reference	Explanation
	Part VI, Line 19 - Other Org Docs	The governing documents, Conflict of Interest Policy and Financial Statements are available to the general public upon request at the following location Mount Auburn Hospital Offices330 Mount Auburn StCambridge, MA 02138

Identifier	Return Reference	Explanation
	Part VI, Line 15b-Comp Review (cont)	The Committee understands that one of its core responsibilities is to ensure that the total compensation provided to these individuals is fair and reasonable using current and credible market practice information and that all arrangements comply with applicable legal and regulatory guidelines The Compensation Committee has historically relied upon guidance outlined in written compensation surveys/studies produced under an arrangement with an independent compensation consulting firm that regularly assesses executive compensation and benefits of organizations similar to MAH The Committee has historically had a full study conducted by such firm every other year with an updated study in the other years This survey has formed the basis for the Committee fulfilling its responsibility in this regard For the periods covered in this Form 990, the Committee met several times to review the compensation of each of the individuals described above Tools utilized for this review included the compensation study prepared by the independent compensation consulting firm contracted by the Committee Further, performance of each individual was measured against previous approved goals and objectives in determining incentive compensation payments After discussion and analysis at several meetings, the Compensation Committee voted to approve the compensation arrangements of all individuals described above except for the CEO Upon excusing the CEO from its meeting , the Compensation Committee discussed the compensation of the CEO and the performance of the CEO against previously approved goals and objectives and with the input of the compensation study and voted to recommend for approval by the Board of Trustees the compensation arrangement of the CEO At a future Board of Trustees meeting, the Committee chairman made a full report to the independent Trustees of the Committees analysis of CEO compensation and after discussion recommended that the Trustees approve the CEO compensation The Trustees voted and approved the compensation All deliberations were contemporaneously documented in minutes The compensation of the MAH CEO was then also approved by the CareGroup Compensation Committee

Identifier	Return Reference	Explanation
	Part VI, Line 15b - Compensation Review	Mount Auburn Hospital (MAH) has a Compensation Committee (the "Committee")that is comprised of six members of the Board of Trustees including the current Chairman of the Board of Trustees and the MAH CEO, who serves on the Committee as an "ex officio" member without voting rights All other members of the Committee are independent The Committee operates to fulfill the following responsibilities -To review and approve the total compensation of each member of the Hospital's senior management team so as to ensure that such compensation remains competitive in the marketplace, represents good value to the Hospital for the quality and quantity of services provided and constitutes reasonable total compensation to the employee in light of the employee's position, responsibilities, qualifications and performance in accordance with internal and external reasonable compensation standards applicable to this tax exempt hospital,-To recommend to the Board of Trustees the terms and conditions of any employment agreements between the Hospital and its President/Chief Executive Officer including base salaries, incentive compensation, supplemental employee retirement plans, benefits and other lawful methods of reasonable compensation, -To recommend to the Board of Trustees for the Board's approval the terms and conditions of any Supplemental Employee Retirement Plans for Hospital Executives,-To review and approve those portions of the Federal Form 990 and the Massachusetts Form PC, or their equivalents, pertaining to the compensation of Hospital employees prior to the Hospital's filing of such forms with the regulatory authorities,-As determined to be advisable by the Committee from time to time, to engage outside compensation consultants and legal and other advisors to provide to the Committee appropriate and reliable comparable compensation data for similarly situated employees of national, regional and local peer institutions and other expert advice to assist the Committee in fulfilling its responsibilities,-To work with the Hospital's management and auditors to resolve, or to recommend to the Board of Trustees resolution of, any issues of concern pertaining to the compensation of Hospital employees that may arise during the course of the Hospital's independent audit or may be presented in the independent auditor's management letter to the Hospital,-To review and approve employee benefits programs including welfare, fringe and retirement plans and programs, and any material amendments thereto,-To adopt such policies and procedures as the Committee may determine from time to time to be necessary or useful to ensure that the Hospital pays reasonable and competitive compensation to its management team while preserving the tax exempt status of the Hospital, and -To review and reassess the Committee's charter from time to time and to recommend any proposed changes to the Hospital's Board of Trustees for its consideration and approval The Committee meets several times during the year to review and approve individual performance goals for management and the CEO, to review performance against such goals, to approve incentive compensation payments to management, to recommend compensation payments to the CEO for approval by the Trustees and to approve salary adjustments for the next year Further, the Committee will address as required any changes in individual or group compensation arrangements at such meetings (continued)

Identifier	Return Reference	Explanation
	Part VI, Line 12c - Conflicts Policy	Mount Auburn Hospital (MAH) has a comprehensive Conflict of Interest Policy applicable to both MAH and its affiliate, Mount Auburn Professional Services (MAPS) Pursuant to that policy, all Officers, Trustees and Key Employees of both entities are asked to complete an Annual Conflict which is designed to require disclosure of any business relationships maintained by Officers, Trustees or Key Employees and their family members which may result in a conflict of interest In addition, any individual who commences a term as an Officer, Director, Trustee or Key Employee is required to complete the Annual Conflict Disclosure at the time such position commences All Annual Disclosures are reviewed by the MAH Office of General Counsel for determination of any potential or actual conflict and any activity that requires action under the Conflict of Interest Policy is subject to ongoing review and action through the General Counsel's office Pursuant to the Conflict of Interest Policy, certain activities which could create Conflicts of Interest are prohibited while other types of relationships are permitted, subject to compliance with a plan to require disclosure and recusal, including appropriate documentation in the minutes CareGroup, Inc is the sole member of MAH A summary of the Annual Disclosures is provided to the CareGroup Tax Director for review in order to completely and accurately process and complete Form 990 Schedule L, Transactions with Interested Persons

Identifier	Return Reference	Explanation
	Part VI, Line 10-Form 990 Review Process	The Form 990 is reviewed by the Chief Financial Officer of the filing entity and the Tax Director of CareGroup, which is the Member of Mount Auburn Hospital The complete Form 990 including all required schedules is presented to the Audit/Compliance Committee of the filing entity for review , discussion and approval Key Schedules of the Form 990 are then presented to the Board of Trustees and copies of the final return and required schedules are available for review by each member of the Board of Trustees of the filing entity prior to submission to the Internal Revenue Service

Identifier	Return Reference	Explanation
	Part VI Line 2	The following individuals have business relationships which arise from their roles as Officers, Trustees and/or Key Employees of CareGroup, Inc and its affiliated entitities Jeanette Clough, Peter Semenza, John J Canepa, Elizabeth Hagopian, Charles Y Kawada, MD, Stephen Zinner, MD, Steven D Chubb and A Kim Saal, MD----------The following individuals have business relationships which arise from their roles as Officers and/or Trustees of Cambridge Trust Company Jeanette Clough, Leon Palandjian, and Joseph Roller

Identifier	Return Reference	Explanation
	Part IV Question 24a	As described in this Form 990, CareGroup, Inc , is a entity exempt from income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, is a support organization of and sole member of Mount Auburn Hospital (MAH) MAH is a member of the CareGroup obligated group and its tax exempt bond financing is issued through CareGroup The Schedule K as included in this Form 990 includes all of the CareGroup obligated group outstanding debt for bonds issued after December 31, 2002 only a portion of which is allocable to and reported on the balance sheet of MAH

Identifier	Return Reference	Explanation
	Part IV Question 12a	As described in this filing, Mount Auburn Hospital (MAH) is a public charity and a regional teaching hospital, exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended The financial records of MAH are audited each year as part of the MAH consolidated audited financial statement process and for the fiscal period covered by this filing, the audit was prepared and signed by the Boston, MA office of KPMG

Identifier	Return Reference	Explanation
	Part III, Line 4a - Inpatient Med Svcs	Surgeons in Mount Auburn Hospital's General Surgery Division use the latest technologies combined with advanced surgical expertise to perform surgeries that are as minimally invasive and painless as possible Our surgeons perform both elective and emergent surgeries Elective surgery involves a combination of diagnostic and interventional procedures resulting in pertinent follow-up with the patient's referring physician It is planned for and scheduled in advance Emergent surgery is most often the result of a medical emergency, such as an appendicitis attack, and is most often referred from the Emergency Department physician In either situation, Mount Auburn's surgeons are available twenty-four hours a day, seven days a week, to ensure that patients receive the most advanced treatment possible Our surgeons focus on a dual mission of clinical care and patient education Because we are a teaching hospital of Harvard Medical School, we are able to offer more surgical services than most hospitals of our size, including neurosurgery and cardiovascular surgical procedures, as well as continual surgical responses in all disciplines However, we are small enough to offer personalized care throughout a patient's surgery, including preparation and recovery Our institution is enriched by the enthusiasm of our medical residents Along with Primary Care (Internal Medicine) and General Surgery, Mount Auburn Hospital staffs physicians who specialize in a wide variety of medical and surgical disciplines including, Allergy, Anesthesiology, Cardiology, Cardiovascular and Thoracic Surgery, Dermatology, Ear Nose and Throat, Emergency Medicine, Endocrinology and Metabolism, Family Medicine, Gastroenterology, Geriatric Medicine, Hand Surgery, Hematology/Oncology, Infectious Diseases, Nephrology, Neurology, Neurosurgery, Occupational Health, Ophthalmology, Oral Surgery, Orthopedic Surgery, Pathology, Plastic Surgery, Podiatry, Pulmonary Medicine, Rheumatology, Urology and Vascular Surgery During fiscal 2009, Mount Auburn Hospital had 167 licensed medical/surgical beds, and provided inpatient medical services to 7,529 patients, and inpatient surgical services to 2,488 patients

Identifier	Return Reference	Explanation
	Part III, Line 1-Organization's mission	Mount Auburn Hospital's primary purpose is to improve the health of the residents of Cambridge, MA and the surrounding communities Our services are delivered in a personable, convenient and compassionate manner, with respect for the dignity of our patients and their families

Identifier	Return Reference	Explanation
	Part I Question 7	The President, Vice Presidents, Department Chairs and other senior management are eligible to receive annual incentive compensation payments based on comparison of actual accomplishments with pre-determined goals

Identifier	Return Reference	Explanation
	MAH Community Benefits Report (cont)	XI Community Health Benefit Plan 2010The current community health plan has been developed in response to the Attorney General's guidelines A community needs assessment was conducted from May 09-September 09 In June 09 the Board of Trustees received a briefing on the new AGO guidelines, a review of the FY 08 activities, the FY 09 and community assessment activity In September 09 the Board of Trustees adopted the current plan Priorities for the Community Benefit plan were developed by reviewing current programs, information obtained from the Community Needs Assessment and considering the Attorney General's recommended state wide priorities Recognizing that community benefit planning is ongoing and will change with continued community input the Mount Auburn Hospital Community Benefit plan will evolve The Board of Trustees is committed to assessing information and updates as needed Mount Auburn HospitalCommunity Benefit Programs FY 10*Unless specified all short term goals are expected to be completed by 9/30/10Listen and Learn is a community collaboration designed to address the growing health disparity of Latinos and diabetes Target Population Latinos enrolled in Power Program, Waltham Family School and Breaking Barriers at Waltham Alliance to Create HousingCommunity Partners Waltham Power Program, Waltham Family School, Waltham Alliance to Create Housing, Joseph Smith Community Health Center, Health Waltham and Institute of Community Health Long Term Goal Decrease incidence of type 2 diabetes among Immigrant Latino Community Members in Waltham by 5% in 10 yearsShort Term Goals -By 1/1/10, convene a Health Care Provider group at Mount Auburn Hospital to consist of at least one representative from Nursing, Social Work, Nutrition, Medicine and Human Resources -By 1/1/10, create Health Leadership Group consisting of 15 members who represent Power Program, Breaking Barriers at WATCH, and Waltham Family School (Health Care Leaders)-By 9/30/11, Listen and Learn coalition members increase knowledge about social determinants of racial and ethnic health disparities with a focus on type 2 diabetes in Latinos to develop Health Leadership Group curriculum and forums for broader community engagement -By the 9/30/11, MAH develops and institutionalizes a community-engaged training program for health care providers that address racial and ethnic health disparities -with a focus on type 2 diabetes in the Latino population Promoting Health of the Homeless brings basic health education to the homeless These encounters foster relationships with health care providers and improve their health seeking behaviors Target Population Homeless men and woman at community partners listed below Community Partners CASPAR, Heading Home, On the Rise, Salvation Army and New Day Communities Long Term Goal Decrease morbidity form preventable and detectable illness Short Term Goal -By 2/1/2010, survey program directors for content and other ways MAH can collaborate-Increase self care skills-prevention of illness, early detection through 15 educational programs Bridge to Healthcare is a collaboration with English Speakers of Other Languages programs that addresses the health concerns unique to immigrants Target Population Immigrants enrolled in ESOL programs listed below Community Partners SCALE, Project Literacy, Power Program, Cambridge Learning Center, Belmont ESOL at Butler SchoolLong Term Goal Improve health literacy and understanding of the US health care system among ESOL students to reduce barriers to health Short Term Goals -Convene bi-annual meeting of local ESOL leaders to continue to assess needs and evaluate programming-Design and implement programs for each ESOL program unique to each based on ongoing needs assessment and feedback -By 1/1/09 develop and implement a system that provides information and regular updates on health insurance and access to medical care to ESOL program staff

Identifier	Return Reference	Explanation
	MAH Community Benefits Report (cont)	Waltham Wellness mobilizes the people of Waltham to address the community's challenges and builds on strengths to improve individual health status and well-being, and to create a healthier, more just and prosperous community http //healthy-waltham org/vegetables htm Target Population Waltham youth and their familiesCommunity Partners Waltham Public SchoolsLong Term Goals -To promote collaboration on issue related to improving health status and well-being-To support health promotion and obesity prevention for Waltham youth and families Short Term Goals - 50 community members participant in the planning and development of 5 gardens-200 community members participate in the maintenance of the gardens-100 community member engaged in an annual community walking event and raise their awareness of local options for physical activity in the context of Day to Play to promote wellness-Deliver 10 sessions on healthy eating and gardening to the Mall Mania afterschool program-Deliver 2 sessions on healthy eating at the Boys and Girls Club garden this fall MAH staff works closely with the local Community Health Network Areas (CHNAs) to promote the provision of primary and preventative health care services for underserved population in the project's service area Target Population Underserved members within CHNA's 16, 17 and 18Community Partners CHNA 16, 17 and 18Long Term Goal Improve community health through a health promotion and prevention infrastructure that is accessible and impactful for the most underserved populations within the hospital's service area Short Term Goal -Support community health assessments, community planning and priority setting, and other services to support the CHI in communities covered by Community Health Network Areas (CHNAs) 16, 17, and 18 by joining and attending at least 80% of oCHNA 17 steering committee meetings, oCHNA 17 general meetingsoMedford Health MattersoHealthy Waltham "Participate in Inter-CHNA meetings to facilitate collaborations in response to emerging local health concerns To address community issues of concern through health promotion and prevention, MAH has obtained Bureau of Substance Abuse funding to provide services to the Metrowest region through the Metro west Regional Center for Healthy Communities (RCHC) http //www healthier-communities orgTarget Population Youth and young adults in the hospital's service area communities of Cambridge, Somerville and Watertown Community Partners The Regional Center convenes a community advisory board to give input into its work on an ongoing basis Additionally, RCHC work plans are developed in conjunction with the membership of community substance abuse prevention coalitions composed of multiple sectors within each community, including parents, youth, CBOs, police, health departments, schools and businesses Long Term Goals "Reduce the rates of substance use and abuse among youth ages 13-24"Reduce the number of opioid overdoses in the Cambridge area"Increase community-level protective factors Short Term Goals "Conduct annual coalition assessments to measure changes in capacity of local substance abuse coalitions"Coalition assessment will show improvements in the capacity of local substance abuse prevention coalitions "Convene 4 meetings of coalitions working on substance abuse prevention to share best practices "Provide 10 trainings that respond to needs identified by communities XII Contact InformationFor questions about this report or for more information about community benefit programs at MAH please contact Mary Hunt Johnson RNDirector, Community HealthMichael O'ConnellVice President of Marketing and Strategic PlanningMount Auburn Hospital330 Mount Auburn StreetCambridge, MA 02138Telephone 617-499-5722Email mjohnso1@mah harvard edu

Identifier	Return Reference	Explanation
	MAH Community Benefits Report (cont)	V Community Collaborations The following is illustrative of the collaborative process used in developing community benefits programs for FY09 -MAH expanded the community collaboration entitled Listen and Learn to include the Waltham Family School This partnership with Joseph M Smith Community Health Center, Healthy Waltham, Power Program (an English Speakers of Other Languages-ESOL program) and Waltham Alliance to Create Housing is led by the Community Health Department at MAH Initial goals are to better understand the perceptions and beliefs of Latinos in Waltham about their risk for type 2 diabetes Information gathered through focus groups, key informant interviews and a Photovoice project were analyzed and an implementation plan was developed This disparities work has been funded by the BCBS Foundation of Massachusetts's "Closing the Gap on Health Disparities" program -The CAP (Cancer/Cardiovascular Awareness and Prevention) program has educated over 5,000 underserved community members In 2009 the CAP Program was expanded to include important information about H1N1 -Bridge to Healthcare is a program that brings MAH's experiences with CAP and health screenings to new immigrants in ESOL classes Our programming reflects our deepening commitment to local immigrants In 2009 we developed trainings about diabetes tailored to ESOL students -DoN funds have been designated for community grants and activities Now in its ninth year of spending these funds, MAH supported a CHNA 17 mini-grant process in conjunction with the Cambridge Health Department Funds were targeted at initiatives that would support vulnerable populations in accessing and utilizing services related to a range of health topics -MAH's RCHC, funded by the Massachusetts' Department of Public Health has developed ongoing partnerships with an extensive network of health and human service providers and agencies spanning sixty towns in the Greater Boston area Within MAH's closest communities, the RCHC has specific collaborations in Somerville, Cambridge, Waltham and Watertown These collaborations bring community members together to improve the health in their community -In Watertown, MAH community health staff worked with a local parish nurse, to develop a prostate cancer awareness event, teaching the importance of early detection with an emphasis on shared decision making -MAH community health staff collaborated with the public schools and camps in Arlington to develop a Sun Safety program for teachers and camp counselors -In 2009 MAH began to formally address hunger in local communities A food drive provided the Salvation Army Food Pantry with over 3000 items Community Health staff met with representatives from WIC and Project Bread to plan strategies for FY10 -In a more informal way, the lines of communication between the hospital and the community are always open Once again, the hospital held many community education sessions and held health screenings and flu clinics for over 3000 people VI Programming ReportThe community benefits activities conducted by MAH in FY2008 were oriented toward the overall strategic goals of the hospital Each program is the result of a careful review of available data, in consultation with community partners Those areas of focus organize this report -Listen and Learn-CAP (Cancer/Cardiovascular Awareness and Prevention)-BRIDGE to Health Care-Men's Health The Barron Center for Men's Health Prostate Cancer-Smoking Cessation-Sun Safety-Women's Health Breast Cancer Support Doula Program Midwifery -Elderly Cardiovascular Health House Calls Program-Minigrants for Vulnerable Populations-Waltham Wellness Program-Colorectal Disparities Initiative -Regional Center for Healthy Communities -Institute of Community Health

Identifier	Return Reference	Explanation
	MAH Community Benefits Report (cont)	-The Listen and Learn project is a grantee of the Blue Cross Blue Shield (BCBS) Foundation of MA's "Closing the Gap on Health Care Disparities" program The Listen and Learn coalition is led by Mount Auburn Hospital (MAH) and includes partners Joseph M Smith Community Health Center (JMSCHC), Power Program, Waltham Alliance to Create Housing (WATCH)/Breaking Barriers, and the Waltham Family School The purpose of this project is to pilot programs that foster improved communication between health care providers and Latinos/Hispanics who have immigrated to the U S , focusing particularly on reducing Type 2 diabetes risk in the Latino/Hispanic community in Waltham Since the beginning of the 3-year project, ICH has led assessment and evaluation efforts using a community participatory, utilization-focused approach in which a mix of qualitative and quantitative methods is employed ICH led the needs assessment for Year 1, including analyzing data gathered from focus groups and key informant interviews In addition, ICH worked closely with the coalition to complete BCBS evaluation and reporting requirements, as well as develop a logic model, evaluation plan, and evaluation tools for implementation Years 2 and 3 VII Hospital initiatives that support the community benefits plan The following programs are in addition to the programs described earlier in this report During 2009 MAH physicians, practitioners, and staff offered a wide range of community programs and screenings about health, exercise, and nutrition Sponsorship of walks, often including educational information, team participation, and nurse or nutritionist presence -Susan G Komen Walk for a Cure- Breast Cancer-Strides Walk--Breast Cancer (American Cancer Society)-Boston Prostate Cancer Walk-Multiple blood pressure screening events at sites such as Belmont Council on Aging -Waltham City Employees Fair, Belmont Senior Health Fair, Watertown Faire on the Square, Arlington Town DaySupport ServicesIn addition to providing general health and well-being education and information for community residents, the Hospital offers more extensive support services A full range of support groups include a bereavement group for grieving parents, newly diagnosed women with breast cancer, young cancer survivors, post-partum support groups, and substance abuse and alcohol-related programs TransportationMAH recognizes that transportation can be a barrier to medical care Our clinicians assess patient transportation needs The hospital works with local transportation companies to provide transportation for those most in need Food DrivesIn 2009 MAH responded to the Salvations Army's need for food Over 2700 cans of food and 250 loaves of bread were donated to the Salvation Army Plans for FY10 include another food drive and working with WIC and Project Bread to design other strategies aimed at reducing hunger Shadow DayIn 2008 MAH once again held a successful shadow day inviting students from area high schools A total of 94 high school students spent the day at MAH shadowing staff and learning about health care careers Girls' Night OutIn June 2001, the hospital hosted the first "Girls' Night Out" event, an evening of information on contemporary women's health issues Each year since then, Girls' Night Out has become better known in the area, for the expertise in teaching and the broad scope of our program offerings In FY2009 over 197 women attended the free women's health evening which included three topics -Get The Facts On Fiber-Keeping Your Heart Healthy-What You Need To Know -Uterine Fibroids and Abnormal Bleeding-What Are the Treatment Options?

Identifier	Return Reference	Explanation
	MAH Community Benefits Report (cont)	The CHNA held several key events aimed at bringing in new membership and connecting health work across the region In October, the CHNA hosted a conversation using the world caf format (shared by the Regional Center) to determine the health priorities for the area The presentation included a discussion led by the department of Public Health's Senior Policy Advisor on the state health priorities Town boards of health and other CHNA members and interested parties were encouraged to attend, and participation was high A follow-up general meeting was held in January to discuss how organizations collaborate and continue their work during tough financial times The CHNA continues to think about expanding its membership and addressing the health priorities that affect both health departments and other CHNA constituents The Institute for Community Health The Institute for Community Health (ICH) represents a vigorous, new model for building sustainable community health We enjoy collaborative, highly productive relationships with community partners built on trust, mutual respect and a shared commitment to tackling the toughest, long-term health challenges our communities face ICH advances community health research, education and training, develops community action programs and policies, and forges linkages among healthcare systems, community partners, and academic institutions The Institute for Community Health (ICH) was designed by three leading health-care systems - Cambridge Health Alliance, Mount Auburn Hospital, and Partners Healthcare - as well as our staff and partners to address long-term challenges that can elude traditional research and delivery methods Mount Auburn Hospital contributed $110,000 to the ICH in FY2009 In fiscal year 2009, ICH -Submitted 40 new grants proposals written with community partners spanning areas such as mental health screening, HIV/AIDS, physical activity, public health infrastructure, health disparities, translational research, and ADHD Nine of these grant proposals were funded Continuing projects focus on child mental health, obesity prevention and physical activity promotion, health disparities, domestic violence prevention, and public health infrastructure among other topics -Conducted evaluation of 20 community projects in partnership with organizations and coalitions, such as -The Family Center (Somerville)-Cambridge Prevention Coalition-Boston Public Health Commission-Somerville Cares About Prevention-Men's Health League-Healthy Malden-Joint Committee for Children's Health Care in Everett -Regional Center for Healthy Communities -Funded eight community projects to spark new community-research collaborations as part of the CBPR program for the Harvard Catalyst -Completed the Five-City Behavioral Risk Factor Surveillance Survey in Cambridge, Somerville, Everett, Chelsea, and Revere -Began presentations of the BRFSS data to members on Chelsea, Revere, Somerville, Cambridge, and Everett -Participated in policy work at the state and national level on obesity and physical activity, child mental health-implementation of behavioral health in primary care, and building public health infrastructure Project highlights in the Mount Auburn service area -With MAH DoN funding, CHNA17, which includes Arlington, Belmont, Cambridge, Somerville, Watertown and Waltham, started engaging in a community health assessment process to identify priority areas for the next five years of funding and activities During this period, ICH is providing support to CHNA17 in planning the assessment process and identifying and collecting the data ICH will also work with the CHNA to develop a logic model and evaluation plan for the project implementation period

Identifier	Return Reference	Explanation
	MAH Community Benefits Report (cont)	Supplemental Nutrition Assistance Program (SNAP) eligibility assessment and assistance In an effort to increase SNAP utilization, this program will employ internal and external strategies to improve nutritional status in vulnerable populations Target Population Community Members eligible for food stampsCommunity Partners Project Bread, ESOL programs, Homeless SheltersLong Term Goal Increase percentage of eligible community members in MAH towns enrolled in Food Stamps by 5% in 3 yearsShort Term Goals -By 1/1/2010 design and implement pilot program for MAH financial counselors to enroll patients in Food Stamp program-Provide 2 educational events for MAH and community members -By 5/1/09 explore options for expanding screening to community based programs Three programs aimed at reducing barriers to Elder Health Medication Management for seniors is a concern consistently expressed in the community needs assessment In an effort to reduce medication errors Mount Auburn Hospital will explore Community Based Medication Management programs Target Population Seniors in Arlington, Belmont, Lexington, Waltham, Watertown, Somerville, Cambridge and Medford Community Partners Councils on Aging, local health departmentsLong Term Goal Decrease medication errors in seniorsShort Term Goals -By 12/1/09 conduct forum with MAH staff and COA/DPH representative-By 2/1/10 establish work plan, set timeline, set future goalsMount Auburn staff provides Medical House Calls to homebound seniors reducing their barriers to healthcare Target Population Homebound seniors in Arlington, Belmont, Lexington, Watertown, Somerville, Cambridge and MedfordCommunity Partners Senior Community Members and Civic GroupsLong Term Goal Decrease morbidity for seniorsShort Term Goal -Expand services to provide senior medical home visits in Waltham -In towns currently served increase home visits by 3%On site geriatric care at Somerville VNA Senior Living Target Population Seniors living in VNA residence, Somerville MACommunity Partners Somerville VNALong Term Goal Decrease morbidity for seniors living in and near VNA Senior Living Housing Short Term Goals -Establish geriatric practice twice weekly on site at VNA Senior Living Community -Track usage by seniors in housing and surrounding area Lack of transportation is a barrier to medical care Mount Auburn Hospital is exploring ways to address this barrier Target Population Community Members without transportation to medical careCommunity Partners local Councils on Aging and others to be determinedLong Term Goal Decrease transportation barrier to medical careShort Term Goal -By 2/1/10, evaluate current use of SCM and Springwell by MAH patients-Work with local COA and DPH to assess transportation needs-Design plan for possible transportation options for each of MAH townsJoseph M Smith Community Health Center, three programs foster the collaboration between the Community Health Center and Mount Auburn Hospital which expands JMSCHC's scope of services The Midwifery Program provides prenatal care and peri-natal support Target Population Pregnant and post partum womenLong Term Goal Improve birth outcomes by improving access to peri-natal care Short Term Goal -Provide doulas to 50 Latinas during childbirth-Develop a system for evaluating patient language needs to reduce language barriersMount Auburn Hospital provides financial counselors to augment JMSCHC staff Long Term Goal Increase access to health care Short Term Goal Maintain 2 financial counselors (2fte's) at JMSCHC Men's Urological Health to men who otherwise would not have access to these services Long Term Goal Decrease urological morbidity for male patient at JMSCHCShort Term Goals -Provide 10 urology clinics for JMSCHC service 50 patients-Improve care coordination at MAH and between MAH and JMSCHC

Identifier	Return Reference	Explanation
	MAH Community Benefits Report (cont)	Substance Abuse Prevention The substance abuse prevention work undertaken by the RCHC supports communities in building and sustaining coalitions comprised of police, school personnel, young people, parents, local service providers and other key community stakeholders The mission of these coalitions is to prevent substance abuse among youth and young adults The communities of Cambridge, Quincy, Somerville and Watertown receive funding from the Department of Public Health (DPH) Bureau of Substance Abuse Services (BSAS) to reduce underage drinking using the evidence-based model "Communities Mobilizing for Change on Alcohol" (CMCA) In this model, reductions in underage drinking are achieved through policies and practices that reduce access to alcohol and address social norms regarding underage drinking A rigorous evaluation of this model undertaken by the University of Minnesota has revealed significant reduction in underage access to alcohol, changes in alcohol behaviors of young people, and a reduction in selling to underage drinkers In addition to Cambridge, Quincy, Somerville and Watertown, the RCHC also supports other communities in the region in these efforts In addition to underage drinking prevention grants mentioned above, Cambridge and Quincy have grants to reduce the number of fatal and non-fatal opioid overdoses in their communities The RCHC work with the coalitions as they implement strategies and build partnerships to reduce overdoses In order to guide and inform our support of the above-mentioned coalitions, the RCHC has developed an on-line coalition assessment that is used to tailor our technical assistance The coalition assessment is a survey rating the functioning of the group, which is completed by coalition members The following are examples of the topics included in the survey clarity of the coalition's vision, mission, and goals, effectiveness of the coalition's structure, process for recruiting and engaging new members, etc The following is a summary of the technical assistance the RCHC has provided to coalitions in Cambridge, Quincy, Somerville, and Watertown over the past year Cambridge The RCHC has been supporting the following subcommittees of the Cambridge Prevention Coalition (CPC) Social Marketing, Environmental Strategies, TADAA - Teens Against Drug and Alcohol Abuse (peer leadership group), and the OPEN project (Overdose Prevention and Education Network) In the Environmental Strategies Subcommittee, the RCHC has provided on-going support to the coordinator in refining the meeting structure and in meeting facilitation, including incorporating structured, regular follow up to on-going projects and activities, and capturing and implementing participant feedback on meeting facilitation and meeting effectiveness We also supported an alcohol advertisement scan in Cambridge by helping to tailor a survey to capture local data on advertisements At CPC's request, we provide regular updates on the work of the Massachusetts Banding Together Against Alcohol Advertising collaborative as this relates to Cambridge's goals We also wrote an article for the coalition's newsletter on the work of the collaborative and the bill that has been filed The RCHC supported the current Social Marketing Committee and informed the development of the latest campaign which is aimed at reducing alcohol access by youth through targeting middle school parents We regularly attend the social marketing meetings, and share what the latest prevention research shows to be effective, we also research and share examples of other social marketing campaigns from across the state and from Maine "The RCHC provides good support to all of the staff We're a small staff and we're isolated from our peers Our peers are really other coalition people not necessarily anyone in the City, so there's no one to bounce things off " "being able to talk about how the coalition is developing and where it's movingand also look at the big picture [is helpful] "

Identifier	Return Reference	Explanation
	MAH Community Benefits Report (cont)	SomervilleThe Regional Center continues to support the work of Somerville Cares about Prevention (SCAP) We worked with the acting director to design a new structure for the coalition that is welcoming to new community members while still providing strong leadership The new structure creates an executive team, which serves as the Coalition's core leadership It also creates Community Conversations every other month, which are meetings where community members are invited to learn about and discuss topics they have identified as issues related to substance use The new structure was put into practice in the beginning of 2009, and was well-received by the newly created executive team The Regional Center has also shared templates for meeting agendas and minutes with the acting director, who has used them for SCAP meetings The executive team has also begun to work on recruiting new coalition members and to diversify the membership The RCHC assisted with this by facilitating a process to help executive team members identify potential members from diverse sectors of the community "When this year started, the coalition was pretty much just me [the coordinator] and I didn't know the ins and outs RCHC helped SCAP and me personally You knew what had happened in the past and helped me to design a structure The history helped me to see what SCAP did and what worked " The Coalition held several successful, well attended events in 2009, including National Night Out, a community presentation and discussion of YRBS data in winter 2009, a televised community forum on opiate use in spring 2009, and an annual meeting in spring 2009 The RCHC provided examples of community data presentations for YRBS data The acting director looked at these examples and created a new and very effective process for presenting the data that allowed for small and large group discussion, and identified some priority areas for coalition work SCAP's youth group, Somerville Positive Forces, 100% Covered (SPF100) has also had a successful and productive year They have played a large role in planning and conducting the coalition's events They have also supported the coalition by conducting compliance checks and shoulder tap surveys, and they created two PSA's - one about depression, and the other about marijuana use They are also planning a new mentoring program for incoming freshman at the high school The RCHC offered three trainings to SPF100, including Prevention 101, Leadership, and Effective Mentoring Inter-Coalition Meetings The Regional Center continues to convene quarterly meetings of substance abuse coalitions from around the region "I hope you keep playing this role of convening other people because if not, we become so isolated working in our little world when there are tons of people doing tons of other things It's good to know what they're doing and for them to know we're doing here " Alejandro Rivera, Impact Quincy coalition director We also conducted a survey of the inter-coalition group to identify aspects of the meeting that are working well, and those areas that need to be improved As members have indicated in the past, one of the most valuable aspects of the meetings are the opportunities to network and to share ideas, strategies and challenges

Identifier	Return Reference	Explanation
	MAH Community Benefits Report (cont)	Regional Center for Healthy Communities (Metrowest) For over 17 years the hospital has focused efforts in the community to address issues of concern through health promotion and prevention MAH has secured Bureau of Substance Abuse funding to provide services to the Metrowest region through the Regional Center for Healthy Communities to address health promotion and prevention concerns The mission of the Regional Center for Healthy Communities (RCHC) is to help communities realize their vision for a healthier place to live The Center does this by 1) supporting and encouraging coalitions to design and implement inclusive community health planning and assessment processes, and 2) providing tools and templates, training, facilitation, library resources and opportunities for sharing and collaboration across the Metrowest region They work to reduce alcohol, tobacco, and other drug use in the general population by strengthening coalitions, and by mobilizing youth and young adults for leadership and civic action in this arena In addition, the center supports communities in broader health assessment and wellness efforts The RCHC also develops leadership for regional health planning through its work with five of the Community Health Network Areas (CHNAs) covering the 60 communities in Metrowest (CHNAs 15, 17, 18, 20 and the Community Health Coalition of Metrowest) The Center has an extensive health and social resource library Currently, the collection holds over 4000 items, which include books, videos, DVDs, curricula, kits, games, flip charts, CD-ROMs, journals, and posters The materials are available for loan, free of charge for those living and/or working in the Metrowest region The Regional Center's staff provides technical assistance, training, and support to many coalitions within our sixty town coverage area Based on the results of training needs assessment conducted throughout the region, the RCHC has held workshops on a broad range of topics, including grant writing, community assessment models, hoarding and youth development The RCHC fosters strategies that "Have been rigorously evaluated and are shown to be effective This is often referred to as "evidence-based prevention" "Are developed to reduce 'risk' factors and enhance 'protective' factors for young people Risk factors are individual characteristics or social environments that are associated with an increased likelihood of substance use Conversely, protective factors such as success in school and strong family bonds assist in preventing young people from substance use This is a critical framework for enabling communities to pursue strategies that can assist young people, even in high-risk environments "Build upon the strengths and resources of diverse community members Diversity and Cultural Competency in Health Care Settings The Regional Center for Healthy Communities continues to refine and implement an action plan for service improvement in the areas of diversity and cultural competency The action plan was devised from a series of recommendations made by over 20 regional service providers over the course of a year The action plan addresses ways the Center can support CHNAs and Coalitions to deepen their understanding of their community's diversity and incorporate this knowledge into their practices and programs Additionally, the action plan includes ways the Center can support and promote regional research on culturally relevant prevention and foster youth involvement in planning and diversifying the resources in the library located on site The Center reviews sections of the action plan regularly and puts the actions into practice in their work Additionally, RCHC staff has participated actively in an effort by the state department of public health to bring the culturally and linguistically appropriate standards (CLAS) into practice within the realm of public health

Identifier	Return Reference	Explanation
	MAH Community Benefits Report (cont)	Populations of Concern Elderly population In every town the interviewees spoke of the elderly as being a primary vulnerable population There were also many comments in the interviews related to seniors who become more and more isolated as their social network erodes or they lose or never had their extended family A slow but downward cycle begins as they become unable to maintain themselves at home, suffer some mild dementia, do not have a medical connection and do not participate in outside activities Many of these elders are hard to reach Agency staff is concerned for this population out of a feeling of humanity but also because their needs tax the presently available services of the elder care programs Specific issues were raised by all interviewees regarding the elderly in general - access to medical services, medication management and mental health issues These issues were raised consistently with all the towns contacted Immigrant population The second group that was mentioned by most interviewees was the immigrant population and their health issues Groups commonly mentioned were Chinese, Russian, Haitian, and immigrants from East Africa, Central America, and other Spanish-speaking countries The following were mentioned as deep concerns by the interviewees -Obesity, poor nutrition and lack of access to physical exercise-Occupational health and safety -Lack of health care -Mental health issues, including stress-Diabetes and hypertension-HIV/AIDS-Concerns about pregnancy and parenting-Isolation especially among elderly immigrantsChildren and young teens There were comments addressing the importance of focusing on young children, healthy eating habits and exercise in order to address or avoid the ever increasing problem of obesity in children Substance abuse prevention and unmet behavioral health needs for young people were also mentioned Gaps in service or programmatic needs-Access to medical care for the elderly - idea for a walk-in clinic at Mt Auburn Hospital, idea for home visits done by physicians and mental health clinicians-Transportation for the elderly to assist them in accessing medical care -Mental health services for the elderly - suggestion for additional social workers in the programs-Mental health services for youth and families-Free medical clinic for the immigrant and undocumented population-Informational sessions about how to access health insurance for the immigrant populationCommentsThe screenings, resources and programs that Mt Auburn has been providing in these towns at a variety of venues is looked upon very favorably by the agencies and is received well by the patients/clients The suggestion was made many times over that the programming could be more regularly scheduled, more frequent, better coordinated, the hospital could provide benefit to the community and would benefit itself by having more of a presence in the town agencies There were a number of examples given by the interviewees about other health care organizations who come to do screenings or educational sessions and then the participants "signed up" with them for ongoing care More than a few interviewees stated that they would appreciate more of a connected and solid relationship with Mt Auburn Hospital Since the completion of the formal needs assessment the Mount Auburn Hospital Community Health staff has held meeting with WIC, Project Bread, local ESOL directors and patients who use interpreter services Information gleamed from these encounters is also reflected in the community benefit plan

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	MAH Community Benefits Report (cont)	PartnersHealthy Waltham, Waltham Public Schools, Waltham Partnership for Youth, Joseph Smith Community Health Center, the Waltham Family School (an Even Start Family Literacy Program) and the Waltham Fields Community Farm FY 09 Activities -Waltham Connections- 500 paper copies distributed to 10 locations around Waltham, also electronically to 250+ recipients in April and October 09 -Bi-monthly e-mail updates have been sent to our mailing list of 250+ recipients in electronically in Feb, June and August 09, also planned for November 09 -9 walks were conducted Over the course of the summer, 50+ people participated, including 6 city councilors, 8 people running for city council and school committee, and a state representative -McDevitt afterschool - 12 students in garden club, 20 students in 4 week summer "Eco-Team" program who produced a YouTube video and website on their work -Stanley garden club meets once per week spring and fall, 20 students participate in grades 2-5, cherry tomatoes shared with faculty during planning week -20 volunteers from AZ participated in a planting day in June 09 Summer maintenance conducted by the TORCH club (12 peer leaders, 11 - 14 year olds) and will continue in the fall of 09 -Class of 12 students helped to plant, as well as a workday with 6 parents and 8 students participating to build a raised bed 20 students in environmental science class, 3 sessions for planting -30+ students in cooking club in each of 3 10 week sessions (total of 90 students participated altogether), afterschool program at the Boys and Girls club for 30 students, 10 sessions, plus summer health snack sessions at BGC, using produce from their new garden, 20+ students for 4 sessions -2 interns completed 100 hours of service in the afterschool program at Stanley School and the Boys and Girls Club, a Healthy Snacks cookbook was compiled and published on-line -In collaboration with Waltham Schools' food service department and Project Bread, HW played a major role in submitting grants for the FFVP, a federal grant (US Dept of Agriculture funding) dispensed by the MA Dept of Education In January 09, free fruit and vegetable snacks were provided to the Whittemore elementary school, and starting in Sept 09, free snacks will continue to be provided at Whittemore and Stanley will have free F&V snacks this year as well -AHA grant awarded to HW for support of school gardens, which allowed us to increase consultant hours for Nina R to be garden facilitator Colorectal DisparitiesProgramTo evaluate the potential differences in the pattern of care and subsequent outcomes for colorectal cancer patients, and then develop, test, and implement sustainable community programs that will diminish differences Target PopulationUnderserved patients with colorectal cancer Objectives-Design evaluation tool-Review 5 years of cancer registry data-Work with Cancer Management to set goals, review data analysis-Community outreach planning based on resultsPartnersAmerican Cancer Society, Massachusetts Comprehensive Cancer Control Coalition's Treatment and Palliation Workgroup, Commission on Cancer, Institute of Community Health FY09 Activities-Complete data collection-Worked with ICH to analyze data-no disparity found

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	MAH Community Benefits Report (cont)	Muslim Women's Access Project Transition HouseThe Muslim Women's Access Project will be a two pronged effort designed to develop culturally sensitive professional training workshops for service providers, case managers, legal advocates, mental health and medical practitioners addressing special needs of Muslim women experiencing family violence, and 2) develop a series of know-your-rights workshops for Muslim women and engage them through outreach to the community through faith based and social networks as appropriate Healthy Eating ProjectSpringwellSpringwell's Healthy Eating Project is an evidence-based, peer-led program that will teach 30 nutritionally- vulnerable seniors in Waltham, Watertown, and Belmont about nutrition and exercise, and how small lifestyle changes can positively impact their health Seniors will learn about nutrition as it pertains to improving their heart and bone health, have an opportunity to develop personal nutrition and exercise goals, discuss achievement of those goals, and receive problem-solving support from their Peer Leaders, other senior participants, and Springwell's Nutrition Department staff Ultimately, Springwell's Healthy Eating Project aims to empower local seniors and help them understand that they are not alone in what is often an overwhelming quest to be healthy Over the Influence Harm Reduction InitiativeOn the RiseThe goal of this project is to expand options for homeless women who are active drug and alcohol users, and encourage them to take actions that reduce the risks of their addiction to themselves and our community This initiative will a) provide trainings to On The Rise staff to increase their knowledge of the harm reduction model of service, b) engage clients in focus groups to discuss needs, fears, and challenges, and c) result in collaborations, internal guidelines, and access to resources that enable staff to put harm reduction principles into practice Medical Interpreter Training ProgramJoseph Smith Community Health Center Inc A medical interpreter training program targeting 40 bilingual clinical and outreach staff members at both our Waltham and Allston sites Such training will significantly improve communication, patient satisfaction and health outcomes for the 44% of our patient population requiring interpretation services Planned FY10 ActivitiesContinue to provide the minigrant process with DoN funding Waltham Wellness ProgramThe Waltham Wellness program fills a vital role for the health and well-being of students in the Waltham community This focus on healthy food choices in the school setting is an excellent complement to recent community initiatives to increase physical activity among young people in the city With body mass index data revealing 18% of Waltham students to be overweight, the young people in the community required an integrated and culturally appropriate strategy to increase the availability, accessibility and consumption of fresh fruits and vegetables and other healthy foods A recent study tracked a decrease in fruit and vegetable consumption and an increase in soda consumption in second and third generation Latinos (Allen et al, 2007) In Waltham, Latino students comprise 24% of the school population in the city We also know that lower income communities have higher rates of obesity and 37% of Waltham students are eligible for free or reduced meals Target PopulationSchool age children in WalthamObjectivesDesign and utilize innovative strategies with school food personnel to do the following -Increase the availability and accessibility of healthy food options in Waltham schools, -Build student skills, awareness and enthusiasm for the improvement of health and well-being through the implementation of an evidence-based curriculum, -Develop a culturally appropriate health unit for the Waltham Family School community, and-Establish and maintain a school garden at three school sites

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	MAH Community Benefits Report (cont)	Listen and Learn ProgramThis community collaboration is designed to address the growing health disparity of Latinos and type 2 diabetes in conjunction with Massachusetts Public Health Initiatives' Target PopulationLatinos living, working and studying in WalthamObjectives-Convene community partnership-Collect Data Focus Groups, Key Informant Interviews and Photovoice-Design strategies aimed at reducing the disparityPartnersJoseph M Smith Community Health Center, Power Program, Waltham Alliance to Create Housing, Institute for Community Health, Waltham Family School, Healthy Waltham FY09 ActivitiesCreated a 20 member Coalition group which includes members from our partner organizations listed above and community members in Waltham Work accomplished by the coalition included -2 community focus groups about beliefs and perceptions of risk for diabetes-7 key informant interviews with clinicians caring for Latino patients-A Photo Voice project with ESOL students -Analysis of information and data collected to plan for future community programming Planned FY10 Activities-Based on information and data collected the coalition will continue to meet in order to plan ongoing activities aimed at reducing type 2 diabetes in Latinos which include,-Develop and provide guidance for Latino Health Leadership Team of ESOL students-Develop a provider group at both MAH and Joseph M Smith Community Health Center Bring both these groups together to discuss and raise awareness on racial and ethnic health disparities -Develop and pilot a public campaign aimed at increased awareness about race and ethnic health disparities in the Waltham Community -Pilot educational programs for health care providers at MAH and JMSCHC about racial and ethnic health disparities with a focus on type 2 diabetes CAP (Cancer/Cardiovascular Awareness and Prevention) ProgramAt the request of local homeless shelters, this comprehensive outreach initiative brings basic health education to the underserved where they are and when they are At settings that are familiar to community members, the concepts of prevention and early detection as self care skills are taught by MAH nurses Target PopulationUnderserved, Homeless Objectives-Offer programming at locations convenient to underserved community members -Provide underserved community members with self care management skills-Provide educational sessions at local homeless shelters-Connect residents with primary care/financial counseling-Provide navigation skills at MAH for patients in need of care-Participants to state 3 health prevention strategies and 3 early detection methods PartnersCASPAR, Carey House, Salvation Army, YMCA, On The Rise, Heading Home, Perkins School for the BlindFY09 Activities-25 Educational sessions were held reaching over 800 community members -100% of participated rated the sessions as "Good or Excellent" and the information at "Just Right" Planned FY10 ActivitiesDesign new educational presentations based on student/teacher inputBRIDGE to Health CareProgramAccording to the 2003 National Center for Education Statistics National Assessment of Adult Literacy (NAAL) study, an individual's health literacy level is directed linked to his or her level of English language comprehension, as well as the degree of trusting relationships with quality healthcare providers In an informal survey conducted in 2005 by the Massachusetts Department of Education Adult Basic Education Office, ESOL students indicated cancer education and health screenings among their most pressing health needs

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	MAH Community Benefits Report (cont)	Lexington Education Foundation 250 00Lexington Public Schools Science Department 100 00Massachusetts Alliance of Portuguese Speakers 200 00Medically Induced Trauma Support Services 5,300 00On The Rise 4,480 00Perkins School for the Blind 500 00Prostate Cancer Dinner Dance 750 00Prostate Cancer Symposium 1,000 00Rotary Club of Arlington 75 00SCM Community Transportation 500 00Somerville Homeless Coalition 250 00Taxiarchae-Archangels Greek Orthodox Church 200 00The Kenneth B Schwartz Center 700 00The Salvation Army 480 00Waltham Boys & Girls Club 900 00Waltham Partnership for Youth Annual Meeting 755 00Watertown Boys & Girls Club 100 00Watertown Rotary 1,100 00Total 27,415 00IX Financial ImpactFinancial Impact of Community ContributionsIn 2009 MAH contributed $2 54 million to the statewide pool for people with no insurance to help subsidize the costs of providing care in other hospitals In addition to direct spending on community benefit programs, and the cost of providing care to people without health insurance, the hospital makes other financial contributions to the community including extensive medical and allied health education at significant cost to the institution X Community Needs Assessment for 2010 planningUnder the direction of the Director of Community Health the Community Needs Assessment was complied by Jill Block, MPH and Linda Jo Stern, MPH in Spring 09 This Community Health Assessment is an overview of some of the health issues and population characteristics present in the eight towns that comprise the MAH service area This is a snapshot of the current health circumstances found in Arlington, Belmont, Cambridge, Lexington, Medford, Somerville, Waltham and Watertown While brief in scope, it still provides some insights to inform the community benefits plan, and to guide further study The community health assessment began by gathering and reviewing existing data compiled by the Massachusetts Department of Health, the US Census bureau, the Massachusetts Depart of Elementary and Secondary Education, local agencies, and Mount Auburn Hospital The Institute for Community Health provided custom reports using the MassChip data system, and provided preliminary data from the Behavioral Risk Factor survey most recently completed for Cambridge and Somerville Over 30 phone interviews were conducted with the staff of health department, councils on aging, food pantries, immigrant service agencies, homeless shelters, ESL programs and others that were thought to have particular insight to a community or population In addition, members of the Medford Health Matters coalition completed a brief survey, and a dialogue was held with members of CHNA 17, some of who also completed brief surveys Standard questions began each of these conversations -What are the top three health issues that you are most concerned about in your community? -Which populations are you most concerned about? -What are the strengths and resources that your community has available? -Who else do you recommend that we talk to?From these, threads were followed to create a fuller picture of the health issues faced by particular towns or populations While this report attempts to convey the core messages provided by those who took the time to speak with us, it is still limited to the perspectives of those who were contacted Though the following themes emerged from the data and interviews, they are not to be considered the only needs present in the MAH service area

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	MAH Community Benefits Report (cont)	In supporting CPC's evaluation efforts, the RCHC facilitated a discussion with the peer leaders from TADAA on evaluation The RCHC staff talked with the peers about the importance of evaluating the effectiveness of their efforts, and together with the peers, created an evaluation plan that will be implemented in the coming year The RCHC supported the retooling of the parent's workshop that the coalition held at Cambridge Rindge and Latin school We worked with the coalition director to plan recruitment to the event, and to revise a tips sheet on how parents can engage their kids in talking about healthy decision making around drinking and drugs We were actively involved in helping the coalition craft the Mass CALL II plan and in creating the OPEN project (Overdose Prevention Education Network) The RCHC facilitated a process of reviewing overdose prevention curricula from across the country, and in crafting the curriculum that they will use for local trainings We provide on-going support at meetings and through individualized TA meetings with the project coordinator Watertown The RCHC worked extensively with a core group of members of the Watertown Youth Coalition (WYC) to review their organizational structure and develop a plan to build ownership of the work among the larger coalition Following this, a steering committee was formed The coalition continues to identify key stakeholders to be invited to participate in the steering committee To date, the steering committee has representation from the school system, the police department, youth, and parents The RCHC continues to work with the coalition on revising their meeting structure and has shared templates and tools to use in their meetings The RCHC also participates and offers technical assistance in both steering committee and general coalition meetings In particular, the coalition has found the RCHC staff particularly helpful in offering an expert opinion and in helping translate YRBS results that have come back from the evaluator Beginning this spring of 2009, the coalition started laying the groundwork for an effort to create a social host ordinance in Watertown They have talked to other communities who have passed or are considering social host ordinances The coalition has also convened a smaller policy subcommittee that includes coalition staff, police officers and an RCHC staff member The RCHC is assisting the coalition as they begin to strategize ways to build support for an ordinance WYC's Peers, the group of young people that works with the coalition, has also had a very successful year They used results from the YRBS survey to implement a social norms campaign in the high school called "Be a Better You" They also held an event called Diversity Week to celebrate diversity in the student body As part of the event, they screened a movie borrowed from the RCHC library The WYC Peers received an Open Door Award from CHNA 17 for their work on Diversity Week They shared this award with a group called World of Watertown, with whom they collaborated to hold a community-wide event on responding to hateful speech "Sarah [Stewart] has been good at following through, being there, and being a voice of reason for the group The group trusts her and is confident that she knows what she's talking about and we as leaders feel comfortable turning to her during meetings and asking what she thinks "

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	MAH Community Benefits Report (cont)	In addition to all of the services covered in this report MAH provided nearly 4 7 million in charity care to the community 1) Annual provider assessment for FY 2009 under Chapter 118G, Section 37 for funding the Health Safety Net, $2,540,3522) Annual FY 2009 provider assessment under Chapter 118G, Section 5 for funding the Division of Health Care Finance and Policy's operation of the Health Safety Net program $180,8993) The difference between payments received on Health Safety Net (HSN) claims and the cost of providing care to a low-income patient who is eligible for the HSN program $1,9717,56Total Charity Care$4,693,007

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	MAH Community Benefits Report (cont)	In 1998, community benefit activities were centralized and organized into a new department within the hospital, highlighting its organizational priority and enhancing coordination of activities Financial and staffing resources have been dedicated by the hospital to the Community Health Department Target populations have been identified, data assessed, and feedback-based needs assessments have occurred, resulting in the development of the current array of community benefit programs In developing the 2010 Community Health Benefit Plan, a more formal Community Needs Assessment was conducted in spring 2009 Community InputTo develop the FY09 plan there were several mechanisms employed to gather input on community needs MAH community health staff worked closely with community members such as teachers of ESOL programs, social workers, shelter workers, and CHNA 17 members to identify needs In addition, local and state data on race, ethnicity, FLNE and health indications was reviewed The hospital also participated on the steering committee of the local CHNA 17, whose goal is to enhance community participation in health status improvement Programs such as the Institute for Community Health (ICH) and Healthy Waltham provided needs assessments This information was then incorporated in the planning process Focus groups with community members provided information valuable for planning community benefit programs and improving care In 2008 MAH initiated a community engaged collaboration to address the growing disparity of diabetes among Latinos entitled Listen and Learn In 2009 members of MAH hospital staff met with community members to better understand the needs of Latino immigrants in Waltham related to the risk of developing type 2 diabetes The information from 3 focus groups, 7 key informant interviews and a Photovoice project with ESOL students resulted in developing implementation strategies aimed at reducing this disparity These include creating a Health Leadership Team with ESOL students in Waltham and Health Care Provider Groups at MAH and JMSCHC The plan includes joint meetings between the groups to foster improved learning The Community Health Network Areas (CHNAs) also provided an avenue for input and feedback for MAH's community benefit planning As a leader and member of CHNAs 17, MAH participated in regional health planning and identification of public health concerns Determination of Need (DoN) funds were used to address these health concerns and support activities of the CHNAs MAH has recently had a more active role in developing and reviewing community benefit plans with the CHNA's 15, 16, 17 and 18 As all five of the towns in CHNA 17 are in MAH's service area, collaboration will be strongest between these two entities Additionally MAH community health staff work closely with CHNA's 15, 16, 17 and 18 to explore broader community needs assessments This work is the beginning of MAH/CHNA collaborations which are part of a strategic plan for new DoN funding and begins with an assessment of needs related to each CHNA MAH community benefit staff work closely with community members to better understand their needs The Cancer/Cardiovascular Awareness and Prevention Program (CAP), Bridge to Health Care (BRIDGE) and Listen and Learn programs have been designed based on the input of the most vulnerable community members and those closest to them, teachers, counselors, and social service providers Each year, the hospital management leadership group and board of trustees are given presentations on community benefits and activities, and provide input and suggestions The board of trustees approves the upcoming year's community benefit plan Through the internal hospital budget process resources are dedicated based upon program effectiveness and community need

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	MAH Community Benefits Report (cont)	FY09 ActivitiesA total of 167 blood pressure screening were done for 80 community members at 6 clinics All connected to PCP, 11% had Stage 1 or higher blood pressure compared to 40% in FY08 Planned FY10 ActivitiesEvaluate during community needs assessment House CallsMount Auburn staff provides Medical House Calls to homebound seniors reducing their barriers to healthcare Target Population Homebound seniors in Arlington, Belmont, Lexington, Watertown, Somerville, Cambridge and MedfordPartners Senior Community Members FY 09 Activities "Dedicated 16 staff hours per week to this servicePlanned FY 10 Activities"Expand services to provide senior medical home visits in Waltham "In towns currently served increase home visits by 3%Minigrants for vulnerable populationsProgramProvide Minigrants to non-profit organizations and public entities (municipalities, schools, health and human service agencies, and neighborhood groups) for projects that improve organizational culture and practice to support services that reflect core values of empathy and patience, demonstrated by a respect for the individuals being servedTarget PopulationVulnerable populations, those that are hard to serve, require extra assistance, cannot access available services, or do not have support systems in place ObjectiveBuild capacity for non-profit organizationsPartnersCHNA 17 members, Cambridge Health AllianceFY09 ActivitiesCHNA 17 Mini-grant awards 2009 to improve consumer access to and comfort with services Spectrum Access Project Grant Recipients2009Latinas "Know Your Rights!"Reach Beyond Domestic ViolenceLatinas "Know Your Rights!" is a 12-week legal rights and community action training program for Latina women in the Waltham community Under the guidance of an experienced domestic violence attorney, a legal advocate from REACH, and a Latino survivor previously assisted by REACH, the group will learn about laws and community resources that aid survivors of domestic violence, particularly those accessible to immigrant women Building Agency Service Capacity Through Volunteer EngagementChild Care Resources CenterA program to develop volunteer outreach orientation, and management program based on best practice standards to improve agency capacity to provide effective customer service and to increase the cultural and language diversity of agency outreach and services Medical Debt Resolution ProjectCEOC-Cambridge Economic Opportunity Committee, Inc Screen individuals about medical debt, review all the billing documents and health insurance coverage, contact the health provider's billing office to correct any billing errors, assess the individual's eligibility for subsidy, and negotiate a payment or settlement plan to resolve the debt Health InitiativeCambridge Youth Enrichment Program'sCYEP's Health Initiative was piloted last year in an effort to raise campers' awareness of the many health services available to them in Cambridge and to teach both campers and staff how they might take advantage of those health services through 1) staff training, 2) a health-focused classroom curriculum with related field trips, 3) a health workshop, and 4) health information stations at CYEP's two Final Shows, attended by the entire camp, families, friends, and community members Re-Modeled Nutritious Meals ProgramEast End HouseEast End House serves breakfast, lunch, and snack to 54 children during the school year and over 100 children in the summer We are proposing a project to re-vamp our meals program, providing healthier and fresher meal options The new program will also incorporate a nutrition education component, with workshops and classes for consumers and families, and a gardening component

Identifier	Return Reference	Explanation
	MAH Community Benefits Report (cont)	Diversity Committee A hospital-wide Diversity Committee was formed eight years ago Chaired by the Director of Community Health Services, the committee has representation from most levels of every hospital discipline Under the guidance of the Diversity Committee, programs to enhance the cultural competence of MAH staff and improve services to diverse populations have been developed The Diversity Committee also educates employees about health disparities and cultural competency In July 2009 100 staff attended the Schwartz Center Rounds entitle "When Worlds Collide" and discussed challenges and best practices for caring for patients from diverse cultures In 2007 the hospital launched our mandatory employee training series Enhancing the Patient Experience All 2500 employees attended session in 2007 and 2008 which included cultural diversity awareness A diversity orientation for new employees and volunteers is now being designed to be presented to all new employees Interpreter Services MAH's dedicated interpreter staff logs over 9,000 encounters annually In addition to the Coordinator of Interpreter Services who is fluent in Spanish, we have two full time interpreters, a Portuguese/Spanish staff interpreter, and an Armenian/Russian staff interpreter Non staff languages are triaged to per diem interpreters The interpreters are a valued part of the MAH clinical team and provide not only translation, but cultural brokering for Limited English Proficiency patients Much of the community benefit work requires both interpretation and translation services Spanish interpretation requests are covered 24/7 by beeper coverage for a growing number of Latina women who give birth at MAH Many of these women are patients at the JMSCHC (Allston and Waltham sites) and many are MassHealth patients The coordinator of Interpreter Services and the Director of Community Health analyze community demographic data (including FLNE data), and hospital registration and interpreter encounter data to determine staffing and translation needs Financial Counselors Financial Counselors assist patients in apply for MassHealth In addition to counselors the hospital MAH provides 2 financial counselors at Joseph M Smith Community Health Center VIII Direct Financial ContributionsIn FY09 the Hospital donated approximately $27,400 to a variety of local organizations in support of their health-related and community activities The following is a list of the events and organizations that received funding Additional programs support medical and science educational opportunities for local high school students -MAH provided $5,000 for nursing scholarships to high school seniors enrolled in a nursing program -Work/study collaboration with North Cambridge Catholic High School provides opportunity for six students to work at the hospital ($56,000)FY 2009Arlington Patriots' Day Parade Committee 100 00Boston Prostate Cancer Walk 1,000 00Boy Scouts of American Minuteman Council 1,000 00Brendan Grant Organization 100 00Cambridge Art Association 350 00Cambridge At Home 1,000 00Cambridge Family & Children Services 750 00Cambridge Girls Softball 75 00Cambridge Historical Society 500 00Cambridge Housing Assistance Fund 750 00Cambridge Little League 100 00Cambridge Rindge & Latin 250 00Cambridge Rotary Club 250 00Carleton-Willard Village 500 00CASPAR 500 00First Armenian Church of Belmont 100 00Foundation for Belmont Education 100 00Greater Waltham Arc, Inc 2,000 00Health Care for All 350 00

Identifier	Return Reference	Explanation
	MAH Community Benefits Report (cont)	-Developed a student flip chart book and distributed to every 2nd grade classroom in the Arlington Public School system (at grade 2 level Planned FY10 Activities-Continue to support Arlington Public Schools in their effort to bring sun safety and skin education to school aged children This program is now sustainable within their budget -Continue to provide sun safety education and skin cancer awareness at community request Women's Health Breast and cervical cancer awareness are incorporated into aforementioned Bridge and CAP programs The programs below specifically are focused on women in the MAH community Breast Cancer SupportTarget PopulationWomen with breast cancerObjectivesProvide support for women with breast cancer PartnersAmerican Cancer SocietyFY09 Activities2 "Look Good Feel Better" groups, monthly support groups Planned FY10 ActivitiesContinue as aboveMidwifery and Doula Programs ProgramIn 2004, MAH and JMSCHC began working to provide a much-needed service to pregnant Latinas, first in the Allston/Brighton area and then, too, in Waltham MassChip data indicates that poor pregnancy outcomes including pre-maturity and low birth weight among Hispanics living in Waltham are higher than the state average About 20 percent of all births in Waltham are by Hispanic women, and about thirteen percent of Hispanic families in Waltham are under the poverty level (2000 Census Report) Waltham has a higher-than-average rate for late entry into prenatal care-18 5 percent as compared with 14 percent for the rest of Middlesex County The Midwifery Program, located at JMSCHC, provides prenatal care and peri-natal support for patients of the Health Center In addition, the doula provides a doula, (coach, mentor, cultural broker, and companion) for a pregnant woman and her family through the American healthcare system for childbirth The program also has been successful in recruiting women to serve as doulas who have gone beyond their certification as doulas to pursue further career goals in the healthcare field Target PopulationImmigrant Latinas during childbirth Objectives-To promote healthy pregnancies and birth outcomes among low-income immigrant women -To strengthen MAH and JMSCHC services to non-English-speaking groups -To build on the cultural competency of both institutions by sharing cultural norms from their countries -To introduce immigrant women to career opportunities in healthcare -To encourage doulas to enter workforce as certified doula and/or medical interpreter, and/or to explore related healthcare fields (e g , medical assistant) PartnersJoseph M Smith Community Health Center, Latina Community Members FY09 Activities44 Doula assisted birthsPlanned FY10 Activities50 Doula assisted birthsMaintain program at JMSCHCElderlyCardiovascular Health ProgramUpon request from Somerville Council on Aging to work with clients regarding high blood pressure and with the information from the "Hypertension in the Very Elderly Trial" (The New England Journal of Medicine, May 1, 2008 which reported that even among people over 80, treating high blood pressure can help prevent stroke, heart failure and premature death) MAH began a comprehensive high blood pressure monitoring program at the Somerville Council on Aging Target PopulationElderly living in SomervilleObjectives-Provide educational sessions on stroke and high blood pressure-Provide monthly blood pressure clinics -Assess for changes in blood pressure, trends over time, provide community members with information to bring back to primary care physician (PCP)-Connect all members to PCP-Connect all members to financial counseling if needed -One to one consultation with RN to review B/P, exercise, diet including salt intake PartnersSomerville Council on Aging

Identifier	Return Reference	Explanation
	MAH Community Benefits Report (cont)	CHNA 17CHNA 17 has moved forward significantly in its organizational development this year What began as a fledgling steering committee has grown into a strong leadership body that now includes representation from Belmont, traditionally a less actively-engaged community, and CHNA members articulated a mission statement to guide their work The CHNA is beginning a multi-year process to plan and prepare for funding to increase The CHNA was asked to provide its insights to inform Mount Auburn Hospital's community benefits planning As part of the hospital's community assessment process, the hospital asked CHNA members to identify key needs and concerns in their communities, and this information will be available to begin the CHNA's own health assessment process The coordinators' role has been maintained, and with her help the group successfully completed another minigrant cycle and meets and communicates regularly The most important aspect of the relationship with the RCHC is "accessibility There hasn't been a time when someone said 'not now', or 'I can't really answer that' "The mini-grants offered in 2009 continued to address the theme of access to healthcare Specifically, the CHNA was interested in "Improving Access to and Comfort with Services", with a particular emphasis on vulnerable populations At the conclusion of the second year of grants that focused on improving access, the CHNA held a well-attended showcase at the Cambridge Public Health Department where grantees shared their successes and challenges with other members of the group The event was an opportunity to share projects for replication and to share lessons learned, and the event also drew the director of Cambridge's health department to learn more about the CHNA At the same event, the CHNA awarded its third annual 'Open Door Awards' to community members who do an exemplary job of making their services comfortable and accessible Through a competitive process, the CHNA awarded 9 new grants for projects that include a medical interpreter training program for a health center, a harm reduction initiative for at-risk women, a Muslim women's access project, nutrition programs for elders, and many more The Regional Center supported the CHNA in furthering their health care access agenda in the spirit of increasing health equity and decreasing health disparities The breadth of the grant focus encouraged new members to join the group and new applicants to seek funding For the fourth year in a row, the mini-grant process brought together two large local institutions - Mount Auburn Hospital and Cambridge Health Alliance - to collaboratively fund local projects through the CHNA CHNA 18 The RCHC has played an ongoing role with the CHNA 18 steering committee by supporting strategic thinking, advocating for careful consideration of local health priorities and convening inter-CHNA meetings where CHNA 18 can share ideas with other CHNAs in the region The CHNA has been acting according to its mission, "to support grassroots efforts to address community public health priorities while providing professional value to CHNA members" During 2009, the group continued to fund 3 mini-grants aimed at fostering new collaborations between organizations and cities in the CHNA area These projects include efforts to provide sexual assault care and education on college campuses, prevent sexual abuse among children by educating the community and providers who work with children, and partnerships to replicate successful healthy eating initiatives in multiple towns After successful reports from all three grantees, the CHNA decided to extend funding for a third and final year

Identifier	Return Reference	Explanation
	MAH Community Benefits Report (cont)	Cambridge had higher rates of death due to prostate cancer (23 per 100,000), relative to the state rate of 22 per 100,000 African American men have the highest age-adjusted incidence rates of prostate cancer statewide compared to men of other races/ethnicities With the exception of Somerville and Watertown MAH's communities had prostate cancer incidence rates among White, non-Hispanic men higher than the statewide rate of 158 per 1000,000 Breast cancer deaths rates were higher in Belmont (36 per 100,000) than the age adjusted state rate of 23 per 100,000 Breast cancer incidence rates among Watertown (174/100,000) and Waltham (151/100,000) women were higher than the statewide incidence rate of 130 per 100,000 Belmont, Lexington and Waltham all had melanoma/skin cancer incidence rates higher than the statewide figure of 21 per 100,000 (34, 32 and 25 per 100,000 respectively) In response to this data and the needs assessment, MAH has developed a comprehensive community based cancer awareness and screening program, discussed in more detail in the Community Programs section of this report MAH's extensive cancer prevention and education programs are closely linked and address specific cancers in communities with greatest prevalence In addition MAH offers a Smoking Cessation Program free to community members Source Data drawn from the following data sets in the Massachusetts Department of Public Health's MassChip database2005 Mortality (Vital Records) ICD-10 based2003 Cancer Registryb Cardiac DiseaseDeath rates due to stroke (cerebrovascular disease) are highest among residents of Waltham (66/100,000) Other communities including Belmont (38/100,000), Cambridge (39/100,000), Lexington (44/100,000), and Watertown (42/100,000) have cerebrovascular mortality rates higher than the state average of 38 per 100,000) MAH has a long and successful history of providing expert cardiovascular care Many MAH health promotional and education efforts support this clinical expertise In response to this data and in conjunction with the hospital based stroke program, MAH expanded it educational outreach roster to include stroke, high blood pressure and heart attack awareness and prevention Source Data drawn from the following Massachusetts Department of Public Health's MassChip database 2005 Mortality (Vital Records) ICD-10 basedc Substance Abuse IndicatorsAll of MAH communities have a lower rate of overall substance abuse admissions to Department of Public Health funded treatment programs than the state average Somerville (524/100,000), Cambridge (432/100,000), and Waltham (369/100,000) residents have a higher rate of alcohol and drug related hospital discharges compared to the state rate of 341 per 100,000 Opioid-related overdose fatality rates among Waltham (12/100,000) and Somerville (12/100,000) residents were higher than statewide rate of 8 per 100,000 MAH directly responds to these needs through a specialized substance abuse treatment service and through the prevention services of the Regional Center for Healthy Communities Data drawn from the following Massachusetts Department of Public Health's MassChip database2005 Hospital Discharges (UHDDS) 2005 Substance Abuse (BSAS) DPH funded program utilization2005 Mortality (Vital Records) ICD-10 based

Identifier	Return Reference	Explanation
	MAH Community Benefits Report (cont)	Awareness of Men's Health IssuesProgramThe parish nurse at the Taxiarchae-Archangels Greek Orthodox Church requested help in raising awareness about men's health in particular Prostate Cancer Target PopulationGreek and Armenian men in Watertown and surrounding areasObjectives-Increase awareness regarding early detection of prostate cancer, and overall awareness of prostate cancer for men in Watertown PartnersTaxiarchae-Archangels Greek Orthodox Church GreekFY09 Activities-Designed an Awareness of Men's Health event with prostate cancer education 30 men attended Smoking Cessation ProgramSmoking rates for the communities MAH serve range from Lexington 6 1%, Belmont 7 9%, Arlington 10 9%, Cambridge 11 3%, Watertown 13 1, Waltham 14 3%, to Somerville 16% (www makesmokinghistory org Community Fact Sheet Data) Due to the high volume of residents requesting such a program MAH started free smoking cessation classes for those wanting to quit At the request of local high schools and colleges, tobacco education is given at health fairs Target PopulationSmokers, Underserved, Children, TeensObjectives-Increase awareness of health effects of tobacco-Provide community members with tools to quit smoking-Work with and support the Arlington Public Schools in their continued effort to bring tobacco education and cancer awareness to children in the Arlington Public Schools system PartnersCommunity Members, Arlington Public School SystemFY09 Activities-Tobacco education to students at Arlington High School -Held 3 (8 week session) smoking cessation classes at no cost to participations, 3 groups held 54 attendees Each time increased rate of retention from 29% completing 8 week course to 47% Last program 38% quit smoking Planned FY10 Activities-Continue to provide smoking cessation information at community request -Support and fund an enhanced curriculum of tobacco education at all levels with the Arlington Public School Health Education Staff -Continue to provide 3 smoking cessation 8 week courses at no charge to the participants Sun Safety ProgramContinue to work with the Arlington Public Schools at their request for education about skin cancer and sun safety National skin cancer rates increased from 17 7 cases per 100,000 in 2000 to 20 8 cases per 100,000 in 2005 (National Cancer Institute) Target PopulationTeachers, camp counselors, school aged children, teensObjectives-Decrease Skin Cancer Rate-Increase awareness about the connection to sun exposure and skin cancer in children PartnersArlington Boys and Girls Club, Arlington Recreation Department, Arlington Public SchoolsFY09 Activities -Trained counselors and youth leaders in two summer camp venues in Arlington Recreation Department and the Boys and Girls Club -Supported and funded a integrated sun safety program with the Arlington Public School System which included -Guest speaker and melanoma survivor presented his story to Arlington High School students in the in Life Science Class "Young Adult Living" -Worked with an Arlington High School student who published an article about sun safety and the dangers of tanning in the school newspaper -Developed Poster size messages communicating the dangers of tanning beds -Developed tanning bed survey and collected data from 125 students -Developed and distributed to the health educator a power point presentation for 8th grade students -Melanoma survivor presented to all 7th graders at the Ottoson Middle School His talk incorporated his experience as a skin cancer survivor and the importance of sun safety -Funded a Sun Safety/Skin Cancer Awareness educational session for all district middle school staff Included a paid luncheon -Developed a teacher story board flip chart on sun safety for the elementary school health educator who presented to all 2nd grade classrooms in the Arlington Public School System

Identifier	Return Reference	Explanation
	MAH Community Benefits Report (cont)	A Community Needs Assessment Demographic data and health indicators for MAH's communities were reviewed and analyzed as part of the Community Benefits planning process A brief summary of the information utilized in planning FY09 activities follows 1 DemographicsWhile these communities include some of the wealthier Boston suburbs, several of these communities have a significant percentage of Medicaid patients and a large number of recent immigrants Somerville has the highest percentage of Medicaid patients, 5 6 percent compared to a statewide average of 7 1 percent Of the total number of inpatient stays at MAH, 7 percent are MassHealth patients Except for Cambridge, Somerville and Waltham, all of the communities have a population older than the statewide average Lexington tops this list as23 8 percent of their population is over the age of 60 compared to a statewide average of 17 2 percent Additional community data is available in Mount Auburn Hospital CB Reports for FY2001, 2002, 2003, 2004, 2005, 2006, 2007 and 20082 Cultural Diversity Drawn from public school enrollments in 2006-07, First Language Not English (FLNE) data indicates that four of MAH's seven communities are rich with cultural and linguistic diversity FLNE data indicates that more than 48 7 percent of the students in Somerville have a first language that is not English (in descending order of prevalence Spanish, Portuguese, and Haitian Creole) compared to a statewide average of 14 9 percent In Cambridge, 30 percent of students have a first language that is not English (in descending order of prevalence Spanish, Haitian Creole, Portuguese, and Chinese) In Watertown, 27 9 percent fall into this category with Armenian as the predominant second language, followed by Spanish, Arabic, Portuguese, and Chinese Thirty-five percent of Waltham's students have a first language that is not English, with Spanish the first language of sixteen percent of students Census population estimates for 2005 indicate that Cambridge (14 9%), and Somerville (8 4%) have a higher percentage of African American residents compared to the state (6 0%) Somerville (10 1%), Waltham (9 5%) and Cambridge (8 2%) also have a larger proportion of Hispanic residents compared to the rest of the state (7 9%) All of MAH's communities have a significantly higher percentage of Asians than the state average of 4 8 percent with Cambridge at 15 3 percent, Lexington at 14 9 percent, Waltham at 9 6 percent and Somerville at 8 9 percent This data is reviewed by the Director of Community Health and the coordinator of Interpreter Services Full time staff interpreter languages reflect the most common languages seen in the community, Spanish and Portuguese Internal interpreter encounter data identifies Armenian as the third most common requested language and thus MAH's third full time staff language Also available is a large pool of per diem interpreters who provide services in other languages identified through FLNE data as well as an analysis of registration and interpreter encounter data 3 Health Indicators and Prevalence of Disease Within MAH's communities there are areas of high concentration of cancer, cardiovascular disease, and alcohol and substance abuse Clinical expertise and a range of community prevention and education services have been developed to respond to these key health issues a Cancer RatesSomerville and Watertown had age-adjusted mortality rates for lung cancer higher than the other MAH communities and the state average In Somerville, the age adjusted mortality rate for lung cancer in males was 91 per 100,000 compared to the statewide rate of 64 per 100,000 Among females-Watertown (53 per 100,000), and Waltham (45 per100, 000) had higher age-adjusted mortality rates for lung cancer compared to the state rate of 44 per 100,000

Identifier	Return Reference	Explanation
	MAH Community Benefits Report (cont)	"BRIDGE" is intended to address the high rates of cancer, cardiovascular disease and diabetes mellitus, as well as additional health concerns, among key immigrant populations in MAH's service area Local ESOL teachers reported that students asked to "improve personal health" on their goal sheets This program encourages disease prevention and awareness through directed education and fostering self-management skills This includes encouraging all students to obtain a primary care physician, provision of on-site health screenings blood pressure testing, and individual conversations with clinical nurse specialists, and coordinated care for the most at-risk participants Target PopulationESOL students, recent immigrantsObjectives-Improve health of ESOL students-Connect students to primary care and financial counseling-Provide educational session on prevention and early detection-Provide students opportunity to meet one on one with RN-Provide blood pressure screening to students-Work with teachers/staff to elicit feedback, update curriculum PartnersSCALE, Project Literacy, Power Program, Centro LatinoFY09 Activities-15 Bridge sessions reached over 400 ESOL students -Developed and presented 4 Diabetes Training Sessions-96% audience rated presentation "Good or Excellent", 91% felt the information was "Just Right" (Too much, too little, just right)Planned FY10 Activities-Design Learning Community with SCALE about Breast Health-Design new educational presentations based on student/teacher input Men's Health The Barron Center for Men's Health Clinic Prostate CancerProgram In 2005 MAH joined the Massachusetts Comprehensive Cancer Coalition Prostate Cancer Working Group In conjunction with the MCCC's strategy to "Support prostate health education and early detection options, which includes best practice standards, to the full range of health practitioners, men and their families" MAH assessed the need for a Free Men's Health Clinic Cambridge had higher rates of death due to prostate cancer (23 per 100,000), relative to the state rate of 22 per 100,000 The Men's Health Partnership had many sites throughout the state offering free prostate cancer testing however none of these sites were in Cambridge Target PopulationMen at risk for prostate cancerObjectives-Reduce deaths from Prostate Cancer-Increase awareness about risk factors for prostate cancers-Provide free prostate cancer testing -Provide navigation for men in need of health care including primary care and financial counseling-Develop low literacy education materials on prostate cancerPartnersMCCC, Men's Health League, Cambridge Public Health Department, JMSCHCFY09 Activities-Educational sessions as outlined in CAP and BRIDGE -Developed referral system with Joseph M Smith Community Health Center -15 Free Men's Health clinics, 82 patient visits -Worked with Cambridge Health Department to -Conduct community needs assessment focused on African American Men -the group at highest risk for developing and dying from prostate cancer -Assess possible utility of barbers as conduits to impart health information to their clients -Results o88 surveys were returned o94% Black/African Americano88 5% had regular MDo89% had routine check up with PCPo93% had Health Care InsuranceoMean age 51 1o25% had family history of prostate cancero20% to 32% had never talked to primary care MD about risk for Prostate Cancer, Diabetes, High Blood Pressure, Heart Disease or Stroke o31% has never been tested for prostate cancer -Activities oPlanned meeting with local barbers to share results and develop way for barbershops to house health information Only two barbers attended oContinue to work with Cambridge Department of Public Health to expand project to Latino men

Identifier	Return Reference	Explanation
	MAH Community Benefits Report	Mount Auburn Hospital Community BenefitsAnnual ReportFiscal Year 2009Submitted February 26th, 2010I IntroductionIncorporated in 1871, Mount Auburn Hospital (MAH) was Cambridge's first hospital Throughout its existence, the hospital has been dedicated to providing excellent health care to the diverse communities it serves Affiliated with Harvard Medical School and CareGroup, MAH offers comprehensive inpatient, outpatient, and specialty care Over 90 percent of MAH's patients are from one of the following communities Arlington, Belmont, Cambridge, Lexington, Medford, Somerville, Waltham Watertown, representing over 440,000 residents These communities comprise the hospital's primary service area, and are the focus for most of its community benefit initiatives This report is organized according to the guidelines promulgated by the Attorney General's Office for community benefit reporting It provides information on -Community benefit mission statement -Oversight and management of community benefits plan -Community benefits planning process for FY09-Community collaborations -Programming report FY09 activities -Hospital programs that support the community benefit plan -Direct financial contributions-Financial impact-Community benefits planning process for FY10-Planned FY10 activities-Contact informationII Mission StatementEach year since 1995 the Board of Trustees of MAH has reviewed and approved the community benefits mission statement Mount Auburn Hospital is committed to improving the health status of community members by collaborating with community partners to reduce barriers to health, health disparities and educate about prevention, early detection and self care Goals-Develop a formal community benefits plan -Conduct community needs assessments at least every 3 years -Prioritize initiatives aimed at reducing health disparities and consistent with hospital resources -Enhance and support longstanding collaboration and cooperation with existing health care institutions, providers, and community organizations to identify and meet health care needs, especially those of vulnerable and at-risk populations within the hospital service area The key areas of intervention for the MAH community benefits program are consistent with the needs of underserved community members III Oversight and Management of Community Benefits Program Since FY 08 Mary Hunt Johnson RN, Director of Community Health has been responsible for the development and implementation of MAH's community benefits program As supervisor to the Metrowest Regional Center for Healthy Communities (RCHC) staff, Mary has continuous dialogues with those who work closely with local Community Health Network Areas (CHNAs) Mary reports to Vice President Michael O'Connell, who ensures that community benefit priorities are monitored by senior management Jeanette Clough, President and CEO of the hospital, is actively involved in community health programs, frequently initiating activities and relationships with community partners A hospital-wide Diversity Committee, aimed at keeping the organization focused on the needs of patients and employees from different cultural and linguistic backgrounds, is chaired by Mary and includes representatives from many hospital disciplines IV Community Benefits Planning ProcessBased upon geographic proximity and service area, the following communities are the primary target for MAH's community benefit activities ArlingtonBelmontCambridgeLexingtonMedfordSomervilleWalthamWatertown

Identifier	Return Reference	Explanation
	Line 4d - Other Prog Svcs Accomplishment	Mount Auburn Hospital's numerous clinical strengths are the result of a commitment to excellence by the hospital and its staff, which includes recognized and respected professionals, as well as talented students and trainees who come to Mount Auburn Hospital for the outstanding educational opportunities it provides This commitment by our staff is matched by the cutting-edge clinical technology used throughout the hospital At Mount Auburn, our patients receive care that is first-rate, as well as compassionate Mount Auburn Hospital's Clinical Services beyond those listed above include cancer care, diabetes education, employee assistance program, gynecology, midwifery, nutrition services, occupational health, pediatrics, pharmacy, prevention and recovery, psychiatry, quality and safety, rehabilitation, home care, laboratory, travel medicine, urogynecology and walk-in clinic During fiscal 2009, Mount Auburn Hospital had 20 licensed inpatient OB/GYN beds and 16 licensed inpatient psychiatry beds, and provided inpatient OB/GYN and psychiatry services to 2,035 and 317 patients respectively In addition, the hospital had 29 bassinets providing inpatient services to 2,069 newborns The hospital has a 24 hour emergency department that serviced 36,895 visits In addition, the hospital provided a variety of outpatient services to more than 270,000 patients in various specialties listed above, and conducted more than 94,000 visits to patients' homes through our home care department For additional information on MAH's accomplishments and how it helps support Cambridge and the surrounding communities, please see the attached Mount Auburn Hospital Community Benefits Statement which is included in Schedule O

Identifier	Return Reference	Explanation
	Line 4c - Outpatient Svcs	Due to advances in minimally invasive technologies and anesthesiology, as well as our efforts to provide patients with preventative care and education, more and more surgical procedures at Mount Auburn are performed in an outpatient or short-stay setting, and the patient's recovery period is shorter and involves less pain The capabilities of our in-house surgical staff and team of residents allow us to provide you with the intensity and continuity necessary to ensure top-notch care During fiscal 2009, Mount Auburn Hospital performed 6,340 outpatient surgeries

Identifier	Return Reference	Explanation
	Line 4b - Radiologic Svcs	At Mount Auburn Hospital's Radiology Department, we provide compassionate, professional care through our highly-skilled team of board-certified radiologists, technologists and nurses We collaborate with the patient's personal physician and other experienced healthcare professionals, working toward the singular goal of patient satisfaction by ensuring detailed, accurate diagnoses and optimal treatment plans We ensure the patient's privacy at all stages of treatment, including transmission and distribution of films and reports Our Radiology Department utilizes the latest imaging technology, including ultrasound, digital radiography, digital imaging, multi detector CT scan, advanced MRI, Computer Assisted Diagnosis (CAD), breast imaging and a Picture Archiving and Communication System (PACS) The combination of our advanced technologies and skilled department members ensures that the patient will remain as comfortable as possible during their radiologic procedure In addition to offering state-of-the-art imaging facilities, our staff strives to provide the patient with immediate appointments and to keep their wait between appointments to a minimum At Mount Auburn Hospital's Department of Radiology, our utilization of state-of-the-art imaging technology, combined with the services of our highly-skilled, compassionate team of professionals ensures that the patient will benefit from our superior level of care During fiscal 2009, Mount Auburn Hospital provided outpatient radiology services to 81,220 patients

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	See Sch O

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	See Sch O

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 See Sch O

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Mount Auburn Hospital

Employer identification number
04-2103606

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 Additional Data Table					

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) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
CareGroup Investment Partnership LLP 109 Brookline Ave Boston, MA02215 04-3278109	Investment	MA	BIDMC	Excluded	1,644,638	94,697,826		No	-48,945		No
CareGroup Clinical Research LLC 109 Brookline Ave Boston, MA02215 30-0228711	Research	MA	NA	None				No			No
BeWell Body Scan LLC 25 Boylston St Chestnut Hill, MA02446 26-0051016	Imaging ctr	MA	BIH Radiol	Related				No			No
Beth Israel Deaconess Physician Org LLC 110 Francis Street Boston, MA02215 04-3426253	Contracts	MA	HMFP	Related				No			No
Advanced Vascular Care LLC 375 Longwood Ave Boston, MA02215 26-1647880	Med support	MA	HMFP	Related				No			No

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
Mount Auburn Hospital Foundation Inc 330 Mount Auburn St Cambridge, MA02138 04-2898907	Support svcs to MAH	MA	NA	C Corp			
Chestnut HealthCare Alliance Inc 148 Chestnut St Needham, MA02492 04-3265117	Phys/Hosp Org	MA	NA	C Corp			
BIDMCCGSMC JV Inc 400 Hunnewell St Needham, MA02494 26-4426847	Inactive corp	MA	NA	C Corp			

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

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 VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

Software ID: 08000091
Software Version: 2008v2.7
EIN: 04-2103606
Name: Mount Auburn Hospital

Form 990, Schedule R, 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 501(c)(3))	(F) Direct Controlling Entity
Heart Center of Metrowest Inc 99 Lincoln St Framingham, MA 01702 03-0390670	Provide outpatient med svcs to metrowest communities	MA	501(c)(3)	Line 9	Cardiovascular Management Associates Inc
Harvard Medical Faculty Phys at BIDMC 375 Longwood Ave Boston, MA 02215 22-2768204	General & specialized med svcs to patients of BIDMC & others	MA	501(c)(3)	Line 9	NA
Riverbrook Corporation 109 Brookline Ave Boston, MA 02215 04-2828955	Hold title to property for CareGroup Inc	MA	501(c)(2)	N/A	CareGroup Inc
New England Baptist Medical Associates 125 Parker Hill Ave Boston, MA 02120 04-3326928	Outpatient med svcs to communities served by NEBH	MA	501(c)(3)	Line 3	New England Baptist Hospital
New England Baptist Hospital 125 Parker Hill Ave Boston, MA 02120 04-2103612	Hospital in Boston, MA treat & care of sick	MA	501(c)(3)	Line 3	CareGroup Inc
Mount Auburn Professional Services Inc 330 Mount Auburn St Cambridge, MA 02138 04-3026897	Gen & specialized med care practices in Cambridge, MA area	MA	501(c)(3)	Line 11,TypeI	Mount Auburn Hospital
Mount Auburn Hospital 330 Mount Auburn St Cambridge, MA 02138 04-2103606	Hospital in Cambridge, MA for treatment of sick	MA	501(c)(3)	Line 3	CareGroup Inc
Med Care of Boston Mgmt dba Affil Phys 400 Hunnewell St Needham, MA 02494 04-2810972	Medical services organization	MA	501(c)(3)	Line 9	Beth Israel Deaconess Medical Center Inc
Cont Ed Prog Inc dba BID Dpt Psych Found c/o Harvard Med School 401 Park Dr Boston, MA 02215 04-3242952	Support patient care, research & teaching BIDMC, HMFP & HMS	MA	501(c)(3)	Line 11,TypeI	Harvard Medical Fac Phys at BIDMC Inc
CareGroup Inc 109 Brookline Ave Boston, MA 02215 22-2629185	Coordinate non-discriminatory integ hlth del syst	MA	501(c)(3)	Line11TypeIII	NA
Cardiovascular Management Associates Inc 185 Pilgrim Road Boston, MA 02215 20-8550792	Facilitate cardio care, ed & research in BIDMC	MA	501(c)(3)	Line 11,TypeI	Beth Israel Deaconess Medical Center Inc
Card Assoc Phys Harv Med Fac Phys BIDMC 185 Pilgrim Road Boston, MA 02215 04-3208878	Specialized cardiovascular medical svcs	MA	501(c)(3)	Line 11,TypeI	Harvard Medical Fac Phys at BIDMC Inc
BIH Radiologic Foundation Inc 330 Brookline Ave Boston, MA 02215 04-2571853	Support patient care, research & teaching BIDMC, HMFP & HMS	MA	501(c)(3)	Line 11,TypeI	Harvard Medical Fac Phys at BIDMC Inc
BIH Pathology Foundation Inc 330 Brookline Ave Boston, MA 02215 22-2548374	Support patient care, research & teaching BIDMC, HMFP & HMS	MA	501(c)(3)	Line 11,TypeI	Harvard Medical Fac Phys at BIDMC Inc
Beth Israel Dermatology Foundation Inc 330 Brookline Ave Boston, MA 02215 04-3117601	Support patient care, research & teaching BIDMC, HMFP & HMS	MA	501(c)(3)	Line 11,TypeI	Harvard Medical Fac Phys at BIDMC Inc
BIDMC Obstetrics & Gynecology Foundation 330 Brookline Ave Boston, MA 02215 04-2794855	Support patient care, research & teaching BIDMC, HMFP & HMS	MA	501(c)(3)	Line 11,TypeI	Harvard Medical Fac Phys at BIDMC Inc
BIDMC & Childrens Hospital Med Ctr Corp 300 Longwood Ave Boston, MA 02215 04-3200113	Outpatient ambulatory care ctr in Lexington, MA	MA	501(c)(3)	Line 11,TypeI	NA
Beth Israel Deaconess Medical Center 330 Brookline Ave Boston, MA 02215 04-2103881	World class academic med ctr in Boston, MA	MA	501(c)(3)	Line 3	CareGroup Inc
Beth Israel Deaconess Hospital - Needham 148 Chestnut St Needham, MA 02492 04-3229679	Hospital in Needham, MA for treatment of sick	MA	501(c)(3)	Line 3	Beth Israel Deaconess Medical Center Inc
BI Deaconess Dpt of Surgery Foundation 110 Francis Street Boston, MA 02215 02-0671240	Support patient care, research & teaching BIDMC, HMFP & HMS	MA	501(c)(3)	Line 11,TypeI	Harvard Medical Fac Phys at BIDMC Inc
BI Deac Dpt Orthopaedic Surg Foundation 330 Brookline Ave Boston, MA 02215 20-4974585	Support patient care, research & teaching BIDMC, HMFP & HMS	MA	501(c)(3)	Line 11,TypeI	Harvard Medical Fac Phys at BIDMC Inc
BI Deaconess Dpt of Neurology Foundation 330 Brookline Ave Boston, MA 02215 04-3030397	Support patient care, research & teaching BIDMC, HMFP & HMS	MA	501(c)(3)	Line 11,TypeI	Harvard Medical Fac Phys at BIDMC Inc
BI Deac Dpt Neonatology Foundation 330 Brookline Ave Boston, MA 02215 20-8253452	Support patient care, research & teaching BIDMC, HMFP & HMS	MA	501(c)(3)	Line 11,TypeI	Harvard Medical Fac Phys at BIDMC Inc
Beth Israel Deaconess Dpt Med Foundation 330 Brookline Ave Boston, MA 02215 04-3079630	Support patient care, research & teaching BIDMC, HMFP & HMS	MA	501(c)(3)	Line 11,TypeI	Harvard Medical Fac Phys at BIDMC Inc
Beth Israel Anaesthesia Foundation Inc 330 Brookline Ave Boston, MA 02215 04-2997215	Support patient care, research & teaching BIDMC, HMFP & HMS	MA	501(c)(3)	Line 11,TypeI	Harvard Medical Fac Phys at BIDMC Inc
Assoc Phys Harvard Med Fac Phy at BIDMC 375 Longwood Ave Boston, MA 02215 32-0058309	To provide emergency medical services	MA	501(c)(3)	Line 11,TypeI	Harvard Med Fac Phys at BIDMC