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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

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

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 $ 319,684,597

F Name and address of principal officer
WILLIAM SULLIVAN
330 MOUNT AUBURN ST
CAMBRIDGE,MA 02138

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MOUNTAUBURNHOSPITAL ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1871 | **M** State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	22
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	2,591
6	Total number of volunteers (estimate if necessary)	**6**	285
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,592,883
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	3,934,496	5,282,673
	9 Program service revenue (Part VIII, line 2g)	291,066,717	298,224,358
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,710,365	3,968,178
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,475,339	8,713,018
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	307,186,917	316,188,227
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,004,500	244,586
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	161,057,880	163,974,318
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,240,002		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	122,289,198	123,921,848
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	284,351,578	288,140,752
	19 Revenue less expenses Subtract line 18 from line 12	22,835,339	28,047,475

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	352,860,070	360,780,006
	21 Total liabilities (Part X, line 26)	159,892,507	154,477,103
	22 Net assets or fund balances Subtract line 21 from line 20	192,967,563	206,302,903

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: 2012-08-14

WILLIAM SULLIVAN CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶ DELOITTE TAX LLP				Firm's EIN ▶
Firm's address ▶ TWO JERICHO PLAZA JERICHO, NY 11753				Phone no ▶ (516) 918-7000

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code	) (Expenses $	102,554,062	including grants of $	4,500) (Revenue $	109,261,189)	
	SEE SCHEDULE O						
4b	(Code	) (Expenses $	20,971,911	including grants of $	) (Revenue $	27,533,465)	
	SEE SCHEDULE O						
4c	(Code	) (Expenses $	16,611,661	including grants of $	) (Revenue $	21,702,396)	
	SEE SCHEDULE O						
4d	Other program services (Describe in Schedule O) **See also Additional Data for Description**						
	(Expenses $	111,937,522	including grants of $	244,586) (Revenue $	139,727,308)		
4e	**Total program service expenses** ▶ $	252,075,156					

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
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 United States?	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 United States? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
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 U S ? *If "Yes," complete Schedule F, Parts II and IV*	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 U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**	Yes	
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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *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)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	201		
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	2,591		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			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		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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 line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and 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		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			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				
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant 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	
9	Is there any officer, director, 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		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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	
	If "Yes" to line 15a or 15b, 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		

Section C. Disclosure

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

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 ▶

WILLIAM SULLIVAN
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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- 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 all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								6,467,238	1,003,715	2,445,514

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 282

		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**		No
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 or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* **5**		No

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	CONTRACTOR	9,982,610
CAREGROUP INC 109 BROOKLINE AVENUE BOSTON, MA 02215	MANAGEMENT SERVICES	2,158,848
QUEST DIAGNOSTICS NICHOLS INSTITUTE 12436 COLLECTIONS CENTER DRIVE CHICAGO, IL 606932436	LAB TESTING	1,764,199
ANGELICA TEXTILE SERVICES PO BOX 823283 PHILADELPHIA, PA 191823283	LAUNDRY SERVICES	1,378,133
ANESTHESIA ASSOCIATES OF MASSACHUSETTS 690 CANTON STREET - SUITE 325 WESTWOOD, MA 02090	MD SERVICES	1,128,609

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 56

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	167,570			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	478,203			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,636,900			
	g	Noncash contributions included in lines 1a-1f $		85,974			
	h	**Total.** Add lines 1a-1f			5,282,673		
Program Service Revenue			Business Code				
	2a	INPATIENT MED/SURGICAL	900099	109,261,189	109,261,189		
	b	OUTPATIENT RADIOLOGY	900099	27,533,465	27,533,465		
	c	INPATIENT OBSTECTRICS	900099	21,702,396	21,702,396		
	d	OUTPATIENT SURGERY	621990	18,705,633	18,705,633		
	e	EMERGENCY DEPARTMENT	621990	16,003,646	16,003,646		
	f	All other program service revenue		105,018,029	105,018,029		
	g	**Total.** Add lines 2a–2f		298,224,358			
	3	Investment income (including dividends, interest and other similar amounts)		-14,147		35,795	-49,942
	4	Income from investment of tax-exempt bond proceeds		109,520			109,520
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross Rents	1,636,756 /				
	b	Less rental expenses	911,398 /				
	c	Rental income or (loss)	725,358 /				
	d	Net rental income or (loss)		725,358			725,358
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	6,132,744 /				
	b	Less cost or other basis and sales expenses	2,259,939 /				
	c	Gain or (loss)	3,872,805 /				
	d	Net gain or (loss)		3,872,805		7,744	3,865,061
Other Revenue	8a	Gross income from fundraising events (not including $ 167,570 of contributions reported on line 1c) See Part IV, line 18	a 320,303				
	b	Less direct expenses	b 321,117				
	c	Net income or (loss) from fundraising events		-814			-814
	9a	Gross income from gaming activities See Part IV, line 19	a 4,730				
	b	Less direct expenses	b 3,916				
	c	Net income or (loss) from gaming activities		814			814
	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					
		Miscellaneous Revenue	Business Code				
	11a	NON PATIENT LAB REVENU	541380	3,467,357		3,467,357	
	b	PARKING REVENUE	812930	2,240,849			2,240,849
	c	CAF, COFFEE SHOP & VEN	722210	1,661,865			1,661,865
	d	All other revenue		617,589		81,987	535,602
	e	**Total.** Add lines 11a–11d		7,987,660			
	12	**Total revenue.** See Instructions		316,188,227	298,224,358	3,592,883	9,088,313

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	240,086	240,086		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	4,500	4,500		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,790,645	1,784,531	2,006,114	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	130,860,140	117,451,876	12,768,108	640,156
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,041,011	5,376,500	604,101	60,410
9	Other employee benefits	15,200,531	13,528,473	1,520,053	152,005
10	Payroll taxes	8,081,991	7,192,972	808,199	80,820
a	Fees for services (non-employees) Management				
b	Legal	415,000		415,000	
c	Accounting	33,500		33,500	
d	Lobbying				
e	Professional fundraising services *See Part IV, line 17*				
f	Investment management fees				
g	Other	13,854,433	11,785,780	1,998,656	69,997
12	Advertising and promotion	1,213,877	40,716	1,173,161	
13	Office expenses	45,656,538	44,482,360	1,115,844	58,334
14	Information technology	6,691,505	5,541,671	1,138,570	11,264
15	Royalties				
16	Occupancy	6,999,712	5,280,172	1,645,821	73,719
17	Travel	353,356	324,321	28,027	1,008
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,541,796	1,468,608		73,188
20	Interest	6,068,795	4,490,908	1,577,887	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,415,268	11,891,322	3,523,946	
23	Insurance	3,935,450	3,803,593	131,857	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MISCELLANEOUS	9,857,942	6,081,189	3,757,652	19,101
b	UNCOMPENSATED CARE	6,091,120	6,091,120	0	0
c	PATIENT SERVICES	4,297,484	4,290,790	6,694	0
d	DUES, LICENSES & FEES	1,496,072	923,668	572,404	0
e		0	0	0	0
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	288,140,752	252,075,156	34,825,594	1,240,002
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		10,410,762	1	17,777,171
	2	Savings and temporary cash investments		13,042,898	2	2,711,911
	3	Pledges and grants receivable, net		604,399	3	506,621
	4	Accounts receivable, net		30,265,997	4	33,244,931
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,362,925	8	3,224,310
	9	Prepaid expenses and deferred charges		3,799,984	9	3,275,444
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 385,849,831			
	b	Less accumulated depreciation	10b 223,401,538	157,704,408	10c	162,448,293
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		123,243,982	12	122,009,589
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		10,424,715	15	15,581,736
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		352,860,070	16	360,780,006
Liabilities	17	Accounts payable and accrued expenses		34,089,452	17	30,095,703
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		115,884,124	20	113,498,524
	21	Escrow or custodial 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 to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		9,918,931	25	10,882,876
	26	**Total liabilities.** Add lines 17 through 25		159,892,507	26	154,477,103
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		183,320,810	27	196,847,292
	28	Temporarily restricted net assets		5,494,233	28	5,053,091
	29	Permanently restricted net assets		4,152,520	29	4,402,520
		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		192,967,563	33	206,302,903
	34	Total liabilities and net assets/fund balances		352,860,070	34	360,780,006

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	316,188,227
2	Total expenses (must equal Part IX, column (A), line 25)	2	288,140,752
3	Revenue less expenses Subtract line 2 from line 1	3	28,047,475
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	192,967,563
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-14,712,135
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	206,302,903

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
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	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such 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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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).**

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 33 1/3% 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 33 1/3% 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).**

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 supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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% support test—2009.** 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—2010.** 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—2009.** 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 a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 through 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 $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 June 30, 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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** 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.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID:
Software Version:
EIN: 04-2103606
Name: MOUNT AUBURN HOSPITAL

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CALANO DANIEL V TRUSTEE	5 00	X						0	0	0
CANEPA JOHN J TRUSTEE & VICE-CHAIR	5 00	X						0	0	0
CHICOS FREDERICK H TRUSTEE	5 00	X						0	0	0
CHRISTODOULO GEORGE E TRUSTEE	5 00	X						0	0	0
CHUBB STEPHEN D TRUSTEE & BD CHAIR	5 00	X						0	0	0
CLOUGH JEANETTE G TRUSTEE, PRES & CEO	60 00	X						852,105	138,715	841,976
GORDON LISA TRUSTEE	5 00	X						0	0	0
HATEM MD CHARLES J TRUSTEE & MED ED DIR	60 00	X						311,499	0	45,357
KANEB CHRISTOPHER TRUSTEE	5 00	X						0	0	0
KETTYLE MD WILLIAM TRUSTEE	5 00	X						0	0	0
KIM KIJA TRUSTEE	5 00	X						0	0	0
LUCCHINO DAVID L TRUSTEE	5 00	X						0	0	0
MAMBRINO MD LAWRENCE TRUSTEE	5 00	X						0	0	0
MASSARO GEORGE TRUSTEE	5 00	X						0	0	0
NAUTA MD RUSSELL J TRUSTEE & SURG CHAIR	60 00	X						459,951	114,989	100,433
NELSEN LITA L TRUSTEE	5 00	X						0	0	0
PALANDJIAN LEON TRUSTEE & TREASURER	5 00	X		X				0	0	0
RAFFERTY JAMES J TRUSTEE & CLERK	5 00	X		X				0	0	0
REARDON GERALD TRUSTEE	5 00	X						0	0	0
ROLLER JOSEPH TRUSTEE & VICE-CHAIR	5 00	X						0	0	0
SAAL MD A KIM TRUSTEE & CARDIO CHIEF	60 00	X						28,013	0	0
SHACHOY CHRISTOPHER TRUSTEE	5 00	X						0	0	0
SHORTSLEEVE MD MICHAEL TRUSTEE & RAD CHAIR	60 00	X						23,332	0	0
SIMONS TOM TRUSTEE & BOARD CHAIR	5 00	X						0	0	0
SMERLAS DONNA TRUSTEE	5 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVENSON HOWARD H TRUSTEE	5 00	X						0	0	0
SWANN ERIC TRUSTEE	5 00	X						0	0	0
WAGNER HERBERT TRUSTEE	5 00	X						0	0	0
ZINNER MD STEPHEN TRUSTEE & MED CHAIR	60 00	X						345,065	56,174	26,835
DILESO NICHOLAS COO	60 00			X				402,264	0	474,549
SEMENZA PETER VP FIN & CFO	60 00			X				1,526,498	248,500	123,133
SULLIVAN WILLIAM VP FIN & CFO	60 00			X				0	0	0
ABOOKIRE MD SUSAN QUAL & SAFETY CHAIR	60 00				X			341,888	0	100,217
BAKER DEBORAH VP PATIENT CARE SVCS	60 00				X			270,407	0	69,816
BRIDGEMAN JOHN VP CLINICAL SVCS	60 00				X			222,447	0	74,106
BURKE KATHRYN VP CONTRACT & BUS DEV	60 00				X			288,674	0	93,244
O'CONNELL MICHAEL L VP PLAN & MKTG	60 00				X			275,432	0	91,780
KAWADA MD CHARLES Y OB/GYN CHAIR	60 00					X		262,934	175,289	97,800
JOSEPH ESQ LESLIE VP & GEN COUNSEL	60 00					X		287,822	0	101,441
LUKASIK CHARLES MAPS COO & CLERK	60 00					X		14,213	270,048	100,749
SHUGERT JOHN VP DEVELOPMENT	60 00					X		266,124	0	77,243
SANCHEZ MD LUCIENNE NEWBORN SVC DIR	60 00					X		288,570	0	26,835

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 111,937,522 including grants of $ 244,586) (Revenue $ 139,727,308)

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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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

- 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- 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 Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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 Complete if the organization is exempt under section 501(c)(3).

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 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 Complete if the organization is exempt under section 501(c) except section 501(c)(3).

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 funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were 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 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 **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(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 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(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 1c through 1i)?		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?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		69,477
j	Total lines 1c through 1i			69,477
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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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 (see instructions)	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
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	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 WHICH 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 NETWORK ENTITIES FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2011 MAH IS REPORTING INDIRECT LOBBYING EXPENSES THROUGH MEMBERSHIP ORGANIZATIONS AND DIRECT LOBBYING EXPENSES OF $47,623 AND $21,855 RESPECTIVELY TOTAL COMBINED LOBBYING EXPENDITURES OF MAH WERE MINIMAL AND NOT SUBSTANTIAL BASED ON REVENUES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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 for any other purpose conferring 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 a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 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 the arrangement in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if 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	9,646,753	10,168,224	11,461,701		
b	Contributions	3,969,080	3,298,045	2,711,304		
c	Investment earnings or losses	-88,866	454,217	349,071		
d	Grants or scholarships					
e	Other expenditures for facilities and programs	4,071,356	4,273,733	4,353,852		
f	Administrative expenses					
g	End of year balance	9,455,611	9,646,753	10,168,224		

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 47 000 %
- c Term endowment ▶ 53 000 %

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) Accumulated depreciation	(d) Book value
1a Land		169,000		169,000
b Buildings		194,328,236	66,754,417	127,573,819
c Leasehold improvements		3,180,258	1,816,110	1,364,148
d Equipment		186,377,304	154,831,011	31,546,293
e Other		1,795,033		1,795,033
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				162,448,293

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVEST HELD THRU CGCIP EIN 04-3278109	122,009,589	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	122,009,589	

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.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED POST RETIREMENT BENEFITS	875,719
DUE TO AFFILIATES	327,234
OTHER LIABILITIES	6,618,249
PROFESSIONAL LIABILITY CLAIMS RESERVE	3,061,674
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	10,882,876

2. Fin 48 (ASC 740) Footnote 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 (ASC740)

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	316,188,227
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	288,140,752
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	28,047,475
4	Net unrealized gains (losses) on investments	4	-2,926,616
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-11,785,519
9	Total adjustments (net) Add lines 4 - 8	9	-14,712,135
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	13,335,340

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	364,038,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-3,929,000		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	51,824,802		
e	Add lines **2a** through **2d**			2e	47,895,802
3	Subtract line **2e** from line **1**			3	316,142,198
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	46,029		
c	Add lines **4a** and **4b**			4c	46,029
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	316,188,227

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

1	Total expenses and losses per audited financial statements			1	349,184,000
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	Other losses	2c			
d	Other (Describe in Part XIV)	2d	61,043,248		
e	Add lines **2a** through **2d**			2e	61,043,248
3	Subtract line **2e** from line **1**			3	288,140,752
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	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	288,140,752

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT/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 ENDOWMENT IS USED TO FUND FREE CARE ANNUALLY, THE BOARD ALSO APPROPRIATES 5% OF THE ACCUMULATED APPRECIATION ON THE PERMANENT ENDOWMENT TO FUND FREE CARE FOR THE PERIOD ENDED SEPTEMBER 30, 2011, THESE SOURCES INCREASED FREE CARE PROVIDED TO PATIENTS BY $250,000
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE CORPORATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON SETTLEMENT CHANGES IN RECOGNITION IN MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS THE CORPORATION DID NOT RECOGNIZE THE EFFECT OF ANY INCOME TAX POSITIONS IN 2011
PART XI, LINE 8 - OTHER ADJUSTMENTS		TRANSFER OF UNRESTRICTED CASH TO MAPS (AFFILIATE) -9,980,928 CHANGE IN FUNDED STATUS OF EMPLOYEE BENEFIT PLANS -126,874 CHANGE IN VALUE OF LIMITED PARTNERSHIPS -1,003,322 PLEDGES RECEIVED BEYOND CASH PAYMENTS -628,361 UBIT FROM CIP -43,539 OTHER ACCOUNTING ADJUSTMENTS -2,490 ROUNDING -5
PART XII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES ASSOCIATED WITH REAL ESTATE RENTAL 911,398 EXPENSES ASSOCIATED WITH SPECIAL EVENTS 325,033 CONSOLIDATED AFFILIATE NET OF ELIMINATIONS 51,216,732 PLEDGE ACTIVITY -628,361
PART XII, LINE 4B - OTHER ADJUSTMENTS		CAREGROUP INVESTMENT PARTNERSHIP INCOME 43,539 OTHER ADJUSTMENTS 2,490
PART XIII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES ASSOCIATED WITH REAL ESTATE RENTAL 911,398 EXPENSES ASSOCIATED WITH SPECIAL EVENTS 325,033 CHANGE IN FUNDED STATUS OF BENEFIT PLANS 127,000 CONSOLIDATED AFFILIATE NET OF ELIMINATIONS 59,679,817 ROUNDING

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

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

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

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

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		43,479,005
EUROPE	0	0	INVESTMENTS		90,712
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICE	JOINTLY OWNED FOREIGN INSURANCE	645,539
3a Sub-total	0	0			44,215,256
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			44,215,256

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

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 04-2103606
Name: MOUNT AUBURN HOSPITAL

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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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

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

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** ☐ Internet and e-mail 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 services? ☐ **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 and address 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 (event type)	(b) Event #2 GOLF CLASSIC (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	348,950	67,175	71,748	487,873
	2 Less Charitable contributions	132,371	17,171	18,028	167,570
	3 Gross income (line 1 minus line 2)	216,579	50,004	53,720	320,303
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	216,579	50,818	53,720	321,117
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				321,117
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-814

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) ▶				

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ 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? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
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 FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
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	Yes	
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	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . .	5a		No
b	If "Yes," did the organization's financial assistance 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 a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheets 1 and 2)			4,564,117	1,209,881	3,354,236	1 170 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			10,322,076	7,605,884	2,716,192	0 950 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			1,953,457	199,422	1,754,035	0 610 %
d **Total** Financial Assistance and Means-Tested Government Programs			16,839,650	9,015,187	7,824,463	2 740 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			1,232,832		1,232,832	0 430 %
f Health professions education (from Worksheet 5)			8,945,648	3,617,904	5,327,744	1 860 %
g Subsidized health services (from Worksheet 6)			185,074		185,074	0 060 %
h Research (from Worksheet 7)			46,598		46,598	0 020 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			132,610		132,610	0 050 %
j **Total** Other Benefits			10,542,762	3,617,904	6,924,858	2 420 %
k **Total.** Add lines 7d and 7j			27,382,412	12,633,091	14,749,321	5 160 %

Part II **Community Building Activities** during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(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			42,167		42,167	0 010 %
9	Other						
10	**Total**			42,167		42,167	0 010 %

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	1,912,014		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance 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, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	81,503,047
6	Enter Medicare allowable costs of care relating to payments on line 5	6	80,940,710
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	562,337
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV **Management Companies and Joint Ventures**

	(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	1 NA				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

	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)
1	MOUNT AUBURN HOSPITAL 330 MOUNT AUBURN STREET CAMBRIDGE,MA 02138	X	X		X			X		

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (Describe)
1	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

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 financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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)

6 **Affiliated health care system.** 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 communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 7 ELIGIBILITY FOR FREE CARE TO LOW INCOME INDIVIDUALS IS DETERMINED USING FEDERAL POVERTY GUIDELINES OF 200% FOR FULL FREE CARE AND 201%-400% FOR PARTIAL FREE CARE ELIGIBILITY FOR DISCOUNTED CARE IS DETERMINED BY REVIEWING THE INDIVIDUAL'S EMPLOYMENT STATUS, FAMILY SIZE AND MONTHLY EXPENSES, INCLUDING MEDICAL HARDSHIP REVIEW CHARITY CARE AND MEANS TESTED GOVERNMENT PROGRAMSAS REPORTED IN THE MAH CONSOLIDATED FINANCIAL STATEMENT AND IN THIS FORM 990 SCHEDULE H, MAH'S NET COST OF CHARITY CARE, INCLUDING CARE FOR EMERGENT SERVICES PROVIDED TO NON- PAYING PATIENTS AND INCLUDING PAYMENTS TO AND RECEIPTS FROM THE HEALTH SAFETY NET TRUST, WAS A COMBINED $5,349,000 IN FISCAL YEAR ENDED SEPTEMBER 30, 2011 AND $5,108,271 AND HAS BEEN REPORTED ON THIS SCHEDULE H LINES 7A AND 7C CHARITY CARE AT COST WAS CALCULATED USING AN INTERNAL COST TO CHARGE RATIO CALCULATION

Identifier	ReturnReference	Explanation
		PART I, LINE 7G SUBSIDIZED HEALTH SERVICES - MOUNT AUBURN HOME CARE MOUNT AUBURN HOSPITAL'S CAREGROUP HOMECARE PROGRAM STRIVES TO IMPROVE THE HEALTH OF OUR PATIENTS, AND TO FOSTER INDEPENDENCE IN OUR PATIENTS AND THEIR FAMILIES SERVICES ARE PROVIDED IN A PROFESSIONAL AND COMPASSIONATE MANNER, WITH UTMOST RESPECT FOR THE DIGNITY OF OUR PATIENTS AND THEIR CAREGIVERS ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) CAREGROUP HOMECARE ADDRESSES SPECIFIC PHYSICIAN REQUESTS BY OFFERING - A BROAD ARRAY OF SERVICES ACROSS THE SYSTEM - SPECIALIZED HOME-CARE EXPERTISE - EASY ACCESS WITH ONE PHONE CALL - COST-EFFECTIVE TREATMENT - HIGH-QUALITY, PATIENT-CENTERED CARE CAREGROUP HOME CARE PROVIDES THE FULL CONTINUUM OF CARE AND SERVICES WHICH PHYSICIANS AND PATIENTS HAVE COME TO APPRECIATE AND EXPECT, INCLUDING - IMMUNIZATIONS AND OTHER PREVENTIVE CARE - SKILLED NURSING CARE - MEDICAL SOCIAL SERVICES - PHYSICAL, OCCUPATIONAL AND SPEECH-LANGUAGE THERAPY - NUTRITION SERVICES - CERTIFIED HOME HEALTH AIDE SERVICES - MATERNAL CHILD HEALTH - PATIENT AND FAMILY EDUCATION - BEHAVIORAL HEALTH CAREGROUP HOMECARE ALSO PROVIDES SEVERAL SPECIALTY PROGRAMS OUR SYMPTOM MANAGEMENT PROGRAM FOCUSES ON PAIN, SYMPTOM MANAGEMENT AND CONTINUITY OF CARE, WORKING VERY CLOSELY WITH HOSPICE PROGRAMS OUR BEHAVIORAL HEALTH PROGRAM IS COMPRISED OF MENTAL HEALTH NURSES AND SOCIAL WORKERS THESE HIGHLY-SKILLED AND COMPASSIONATE CLINICIANS FOCUS ON THE DIVERSITY OF OUR PATIENTS' NEEDS FINALLY, OUR WOUND CARE PROGRAM, LED BY A WOUND CARE NURSE SPECIALIST, PROVIDES ADVANCED, MULTI-DIMENSIONAL WOUND CARE TREATMENT FOR OUR PATIENTS THE TELEHEALTH PROGRAM PROVIDES 7 DAYS A WEEK REMOTE MONITORING OF VITAL SIGNS AND KEY CLINICAL DATA CAREGROUP HOMECARE SERVICES 42 COMMUNITIES INCLUDING BOSTON AND SURROUNDING COMMUNITIES DURING THE FISCAL YEAR COVERED BY THIS FILING, MAH HAD NET EXPENDITURES OF $185,074 REPORTED ON THIS SCHEDULE H RELATED TO MAH'S SUBSIDIZED HEALTH CARE SERVICES

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) OTHER UNCOMPENSATED CHARITY CARE - BAD DEBTSIN ADDITION TO CHARITY CARE AND SHORTFALLS IN PROVIDING SERVICES TO PATIENTS INSURED UNDER STATE AND FEDERAL PROGRAMS, MAH ALSO INCURS LOSSES RELATED TO SELF-PAY PATIENTS WHO FAIL TO MAKE PAYMENTS FOR SERVICES OR INSURED PATIENTS WHO FAIL TO PAY COINSURANCE OR DEDUCTIBLES FOR WHICH THEY ARE RESPONSIBLE UNDER INSURANCE CONTRACTS BAD DEBT EXPENSE IS INCLUDED IN UNCOMPENSATED CARE EXPENSE IN THE CONSOLIDATED FINANCIAL STATEMENTS, AND INCLUDES THE PROVISION FOR ACCOUNTS ANTICIPATED TO BE UNCOLLECTIBLE CHARGES FOR THOSE SERVICES WERE $4,138,000 DURING THE FISCAL PERIOD COVERED BY THIS FILING AND ARE INCLUDED IN THE UNCOMPENSATED CARE EXPENSE ON FORM 990 PART IX, FUNCTIONAL EXPENSES THE ESTIMATED COST OF PROVIDING SUCH SERVICES WAS APPROXIMATELY $1,912,014 IN 2011 AS REQUIRED BY THE INSTRUCTIONS TO THIS FORM 990 SCHEDULE H, THIS AMOUNT HAS NOT BEEN INCLUDED IN THE CALCULATION OF CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS IN SCHEDULE H PART I LINE 7 RATHER IT HAS BEEN SEPARATELY REPORTED IN SCHEDULE H PART III AS REQUIRED

Identifier	ReturnReference	Explanation
		PART II MOUNT AUBURN HOSPITAL - COMMUNITY BUILDING ACTIVITIESMOUNT AUBURN HOSPITAL IS ACT IVELY ENGAGED IN COALITION BUILDING ACTIVITIES THAT PROMOTE THE HEALTH OF OUR COMMUNITY IN CLUDING WORKFORCE DEVELOPMENT PROGRAMS AS REPORTED IN THIS FORM 990 SCHEDULE H HEALTH PROF ESSIONS EDUCATIONMAH'S DEVOTION TO TEACHING, RESPECT FOR STUDENTS/TRAINEES, AND WILLINGNES S TO EMBRACE TECHNOLOGICAL AND CLINICAL PRACTICE INNOVATION MAKE MAH A TOP CHOICE AMONG ME DICAL STUDENTS AND HEALTH CARE PROFESSIONALS WE TRAIN MEDICAL STUDENTS, INTERNS, RESIDENT S AND FELLOWS MAH HAS TWO APPROVED RESIDENCY PROGRAMS WITH APPROXIMATELY 42 INTERNAL MEDI CINE RESIDENTS AND APPROXIMATELY 12 RADIOLOGY RESIDENTS STAFF PHYSICIANS AT MAH WHO HOLD F ACULTY APPOINTMENTS AT HARVARD MEDICAL SCHOOL INSTRUCT THE DOCTORS OF TOMORROW THROUGH SUP ERVISION OF THEIR DAILY PATIENT CARE AND A RANGE OF INTERACTIVE LEARNING EXPERIENCES AS PA RT OF OUR COMMITMENT TO MEDICAL STUDENT EDUCATION AND OUR AFFILIATION WITH HARVARD MEDICAL SCHOOL, WE ARE A CORE SITE FOR THE HARVARD MEDICAL SCHOOL SUB-INTERNSHIP IN MEDICINE ALS O, WE PARTICIPATE IN THE INTRODUCTORY COURSES IN CLINICAL MEDICINE FOR FIRST AND SECOND-YE AR HARVARD MEDICAL STUDENTS AND THE BIOMEDICAL DOCTORAL STUDENTS FROM THE MASSACHUSETTS IN STITUTE OF TECHNOLOGY'S HEALTH SCIENCES AND TECHNOLOGY PROGRAM ADDITIONALLY, MEDICAL STUD ENTS FROM MANY OTHER MEDICAL SCHOOLS CHOOSE TO DO SUBINTERNSHIPS AND SUBSPECIALTY ELECTIVE S DURING THEIR FOURTH YEAR IN ADDITION TO THE INTERNAL MEDICINE TRAINING PROGRAM, MOUNT AU BURN HOSPITAL IS A SITE FOR OTHER POST-GRADUATE MEDICAL EDUCATION DISCIPLINES OUR RESIDEN TS BENEFIT FROM OUR INSTITUTION'S RESIDENCY PROGRAM IN DIAGNOSTIC RADIOLOGY, ITS PARTICIPA TION AS A CORE SITE FOR THE BETH ISRAEL DEACONESS MEDICAL CENTER SURGICAL TRAINING PROGRAM , AND IN THE HARVARD-AFFILIATED EMERGENCY MEDICINE RESIDENCY WE ALSO WELCOME ROTATING INT ERNS FROM THE HARVARD/LONGWOOD PSYCHIATRY RESIDENCY, GERIATRIC FELLOWS FROM THE BETH ISRAE L DEACONESS/HARVARD MEDICAL SCHOOL DIVISION ON AGING FELLOWSHIP PROGRAM, AND PEDIATRIC/NEO NATOLOGY RESIDENTS FROM MASSACHUSETTS GENERAL HOSPITAL/ CAMBRIDGE HOSPITAL PROGRAM IN NEON ATOLOGY THE TRACKS OF TRAINING IN INTERNAL MEDICINEMOUNT AUBURN HOSPITAL OFFERS A THREE-YE AR CATEGORICAL MEDICINE TRACK AND A ONE-YEAR PRELIMINARY MEDICINE TRACK THE CATEGORICAL TR ACKOUR THREE-YEAR CATEGORICAL INTERNAL MEDICINE TRACK PREPARES OUR RESIDENT TRAINEES FOR B OARD CERTIFICATION BY THE AMERICAN BOARD OF INTERNAL MEDICINE AND CAREERS THAT COVER THE F ULL SPECTRUM OF OPPORTUNITIES IN BOTH GENERAL INTERNAL MEDICINE AND MEDICINE SUB-SPECIALTI ES RESIDENT TRAINEES ARE ABLE TO TAILOR THEIR FLOW OF THE 36 MONTHS OF TRAINING TO OBTAIN THE STRONG BACKGROUND AND EXCELLENT CLINICAL SKILLS TO PURSUE SUBSEQUENT CAREERS IN PRIMA RY CARE PRACTICE, HOSPITALIST MEDICINE, AND PLACEMENT IN COMPETITIVE SUB-SPECIALTY FELLOWS HIP TRAINING PROGRAMS ONE WAY WE SUPPORT OUR TRAINEES IN THEIR INTENDED CAREER GOALS IS TH ROUGH OUR USE OF DEFINED PATHWAYS THESE PATHWAYS, IN SUB-SPECIALTY FELLOWSHIP, PRIMARY CA RE, HOSPITALIST MEDICINE, AND MEDICAL EDUCATION, OUTLINE FOR THE TRAINEE THE MILESTONES TH AT SHOULD BE MET THROUGHOUT THE COURSE OF TRAINING THE PRELIMINARY TRACKTHE PRELIMINARY M EDICINE INTERNSHIP TRACK OFFERS ONE YEAR OF TRAINING IN MEDICINE FOR PHYSICIANS WHO WILL C ONTINUE THEIR TRAINING IN SPECIALTIES OTHER THAN INTERNAL MEDICINE, SUCH AS RADIOLOGY, OPH THALMOLOGY, ANESTHESIOLOGY, RADIATION ONCOLOGY, NEUROLOGY, DERMATOLOGY, PHYSICAL MEDICINE & REHABILITATION, AND OTHERS THIS TRACK'S MAJOR STRENGTH, AS WELL AS ITS MAJOR ATTRACTION , IS THAT THE YEAR IS VIRTUALLY IDENTICAL IN STRUCTURE AND CONTENT TO THE FIRST YEAR FOR P HYSICIANS WHO TRAIN AT MOUNT AUBURN HOSPITAL FOR THREE YEARS IN THE CATEGORICAL INTERNAL M EDICINE TRACK THE ONLY DIFFERENCE BEING THE QUANTITY OF AMBULATORY MEDICINE EXPERIENCE, B ECAUSE PRELIMINARY INTERNS ARE NOT ASSIGNED A CONTINUITY CLINIC DURING THEIR YEAR RADIOLOG Y RESIDENCY PROGRAMRESIDENTS ARE TYPICALLY ASSIGNED IN ONE MONTH BLOCKS TO ONE OF THE DIFF ERENT MODALITIES EARLY IN TRAINING, RESIDENTS ARE EXPECTED TO READ EXTENSIVELY, MASTER AN ATOMY, PARTICIPATE IN THE PROTOCOLLING AND INTERPRETATION OF PATIENT EXAMINATIONS, AND TO PARTICIPATE IN DISCUSSIONS CONCERNING DIAGNOSTIC PROBLEMS RESIDENTS ADVANCE TO INCREASED LEVELS OF RESPONSIBILITY, AND SOUND JUDGMENT AS A RADIOLOGIST IS ESTABLISHED DURING OVERNI GHT CALL ROTATIONS AVAILABLE - CT AND MR WHICH INCLUDES NEURO-, HEAD AND NECK, CARDIOTHORA CIC, GI, GU AND MUSCULOSKELETAL RADIOLOGY - SPECIAL PROCEDURES (INTERVENTIONAL RADIOLOGY) WHICH INCLUDES VASCULAR RADIOLOGY AND INTERVENTION, THORACIC PROCEDURES, ABDOMINAL PROCEDU RES, UTERINE FIBROID EMBOLIZATION PROGRAM, VERTEBROPLASTY - FLUOROSCOPY WHICH INCLUDES GI, GU AND MUSCULOSKELETAL PROCEDURES - ULTRASOUND, INCLUDING OBSTETRIC ULTRASOUND - NUCLEAR MEDICINE, INCLUDING CARDIAC - BREAST IMAGING, INCLUDING MAMMOGRAPHY, MR, AND PROCEDURES - EMERGENCY RADIOLOGY (2ND YEAR, 3 MONTHS PERFORMED

Identifier	ReturnReference	Explanation
		AT MASSACHUSETTS GENERAL HOSPITAL) - PEDIATRIC RADIOLOGY (2ND YEAR, 3 MONTHS PERFORMED AT BOSTON CHILDREN'S HOSPITAL) - ARMED FORCES INSTITUTE OF PATHOLOGY (3RD YEAR, 4 WEEK COURSE , WASHINGTON, D C) - ROTATIONS IN CARDIAC RADIOLOGY AND CAROTID ULTRASOUND ARE ALSO INCLU DED IN CONJUNCTION WITH THE DEPARTMENTS OF CARDIOLOGY AND VASCULAR SURGERY - ONE MONTH OF RESEARCH OR OTHER SCHOLARLY ACTIVITY DURING THE THIRD YEAR - THREE MONTHS OF THE 4TH YEAR IS SET ASIDE FOR AN ELECTIVE, ALLOWING THE RESIDENT TO DEVELOP IN-DEPTH KNOWLEDGE IN A SP ECIFIC AREA OF INTEREST THREE RESIDENTS ARE CHOSEN EACH YEAR FOR A FOUR-YEAR PROGRAM AND APPOINTED AS CLINICAL FELLOWS AT HARVARD MEDICAL SCHOOL THE RATIO OF STAFF RADIOLOGISTS T O RESIDENTS RESULTS IN CLOSE CONTACT BETWEEN THE STAFF AND RESIDENTS THROUGHOUT THE TRAINI NG PROGRAM AFTER THE RESIDENT HAS OBTAINED THE NECESSARY FIRM FOUNDATIONS IN THE FUNDAMEN TALS OF RADIOLOGY, HE OR SHE IS ENCOURAGED TO TAKE INCREASING RESPONSIBILITY IN BOTH ROUTI NE AND SPECIALIZED EXAMINATIONS AND PROCEDURES THE MAJORITY OF OUR RESIDENTS PURSUE SUBSP ECIALTY FELLOWSHIP TRAINING HOWEVER, THE GOAL OF THE RADIOLOGY RESIDENCY PROGRAM IS TO TR AIN RESIDENTS TO BE FULLY QUALIFIED IN DIAGNOSTIC RADIOLOGY AND SPECIAL PROCEDURES BY THE TIME THEY HAVE COMPLETED THE FOUR-YEAR PROGRAM GRADUATES HAVE PURSUED CAREERS IN ACADEMIA AND PRIVATE PRACTICE DURING THE FISCAL YEAR COVERED BY THIS FILING, MAH HAD NET EXPENDITU RES OF $5,176,187 REPORTED ON THIS SCHEDULE H RELATED TO MAH'S TEACHING FUNCTION CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS - RESEARCHTHE INCREASE IN INTERNATIONAL TRAVEL F ROM THE UNITED STATES, ESPECIALLY BY HIGH RISK TRAVELERS, AND CONCERN ABOUT NEW AND RE-EME RGING INFECTIOUS DISEASES AND THEIR SPREAD BY GLOBAL MIGRATION, MAKES IT IMPERATIVE THAT B ETTER METHODS ARE SOUGHT TO REDUCE TRAVEL-RELATED ILLNESS TO THAT END, MOUNT AUBURN HOSPI TAL IS STUDYING LARGE GROUPS OF TRAVELERS, ESPECIALLY THOSE WHO ARE AT HIGH RISK THE DATA FROM THESE STUDIES WILL BE USED TO DEVELOP STRATEGIES AND INTERVENTIONS TO REDUCE TRAVEL RELATED ILLNESS, ESPECIALLY FOR HIGH RISK TRAVELERS, AND TO USE THE OPPORTUNITY OF THE TRA VEL CLINIC VISIT TO ENHANCE OVERALL HEALTH DURING THE FISCAL YEAR COVERED BY THIS FILING, MAH HAD NET EXPENDITURES OF $46,598 REPORTED ON THIS SCHEDULE H RELATED TO MAH'S RESEARCH FUNCTION MOUNT AUBURN HOSPITAL - EMERGENCY CARE ACCESSMOUNT AUBURN HOSPITAL IS THE FRONT LINE CAREGIVER PROVIDING MEDICALLY NECESSARY CARE FOR ALL PEOPLE REGARDLESS OF THEIR ABILI TY TO PAY THE HOSPITAL OFFERS THIS CARE FOR ALL PATIENTS THAT COME TO OUR FACILITY 24 HOU RS A DAY, SEVEN DAYS A WEEK, AND 365 DAYS A YEAR

Identifier	ReturnReference	Explanation
		PART III, LINE 4 MOUNT AUBURN HOSPITAL IS PART OF THE MOUNT AUBURN HOSPITAL AND SUBSIDIARY CONSOLIDATED AUDIT THE FOOTNOTE THAT REFERENCES BAD DEBT EXPENSE IN THE 2011 CONSOLIDATED AUDIT IS AS FOLLOWS (1)COMMUNITY BENEFITS AND UNCOMPENSATED CARETHE COST OF UNREIMBURSED CHARITY AND OTHER UNCOMPENSATED CARE CONSISTED OF THE FOLLOWING FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND 2010 UNREIMBURSED CHARITY CARE 3,940 AND 3,191UNCOMPENSATED CARE 6,922 AND 6,357TOTAL 10,862 AND 9,548 (A) UNREIMBURSED CHARITY CARETHE AMOUNT OF CHARITY CARE AT ESTABLISHED CHARGES AND THE ESTIMATED COST OF UNREIMBURSED CHARITY CARE PROVIDED ARE COMPRISED OF THE FOLLOWING COMPONENTS FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND 2010 CHARITY CARE - AT ESTABLISHED CHARGES 10,670 AND 10,595ESTIMATED COST OF CHARITY CARE 5,349 AND 5,292LESS REIMBURSEMENT FROM THE HSN (1,409) AND (2,101)UNREIMBURSED CHARITY CARE - AT COST 3,940 AND 3,191 (B)UNCOMPENSATED CARETHE HOSPITAL ALSO PROVIDES FOR THE DELIVERY OF CHARITY CARE TO THE INDIGENT STATEWIDE THROUGH PAYMENTS TO THE HSN, WHICH IS OPERATED BY THE COMMONWEALTH OF MASSACHUSETTS IN ADDITION, THE CORPORATION PROVIDES SERVICES, WHICH WERE NOT PAID BY PATIENTS AND, THEREFORE, ARE RECORDED AS PROVISION FOR BAD DEBTS THE GROSS OBLIGATION TO THE HSN FOR THE DELIVERY OF CHARITY CARE TO THE INDIGENT STATEWIDE AND BAD DEBTS ARE REPORTED AS UNCOMPENSATED CARE EXPENSE IN THE CONSOLIDATED STATEMENTS OF OPERATIONS AS FOLLOWS, FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND 2010 GROSS OBLIGATION TO THE HSN FOR THE DELIVERY OF CHARITY CARE TO THE INDIGENT STATEWIDE 1,953 AND 2,300PROVISION FOR BAD DEBTS 4,969 AND 4,057UNCOMPENSATED CARE EXPENSE 6,922 AND 6,357

Identifier	ReturnReference	Explanation
		PART III, LINE 8 OTHER UNCOMPENSATED CHARITY CARE - MEDICAID AND MEDICAREIN ADDITION TO THE CHARITY CARE REPORTED ABOVE, THE HOSPITAL ALSO PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN OTHER PROGRAMS DESIGNED TO SUPPORT LOW INCOME FAMILIES, INCLUDING PARTICULARLY THE MEDICAID PROGRAM, WHICH IS JOINTLY FUNDED BY FEDERAL AND STATE GOVERNMENTS THE MASSACHUSETTS HEALTH REFORM LAW PROVIDED AN INITIATIVE FOR EXPANSION OF MEDICAID COVERAGE TO GREATER POPULATIONS AND FOR ENROLLMENT OF UNINSURED PATIENTS IN OTHER INSURANCE PROGRAMS PAYMENTS FROM MEDICAID AND OTHER PROGRAMS WHICH INSURE LOW INCOME POPULATIONS DO NOT COVER THE COST OF SERVICES PROVIDED UNREIMBURSED MEDICAID COSTS REPORTED HERE WERE CALCULATED BY APPLYING THE COST TO CHARGE RATIO TO GROSS CHARGES AND SUBTRACTING THE MEDICAID NET REIMBURSEMENT DURING THE FISCAL PERIOD COVERED BY THIS FILING MAH REPORTED $7,605,884 IN MEDICAID REVENUE WHICH WAS LESS THAN THE COST OF CARE PROVIDED BY THE HOSPITAL FOR SUCH SERVICES BY $2,716,192, AS REPORTED ON THIS SCHEDULE H MEDICARE IS THE FEDERALLY SPONSORED HEALTH INSURANCE PROGRAM FOR ELDERLY OR DISABLED PATIENTS AND MAH PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN THE MEDICARE PROGRAM DURING THE FISCAL PERIOD COVERED BY THIS FILING, 27 3% OF MAH'S PATIENT REVENUE DERIVED FROM MEDICARE PATIENTS THIS TRANSLATED TO $81,503,047

Identifier	ReturnReference	Explanation
		PART III, LINE 9B MOUNT AUBURN HOSPITAL - CREDIT AND COLLECTION POLICY GUIDING PRINCIPLES THE HOSPITAL ASSISTS PATIENTS IN OBTAINING FINANCIAL ASSISTANCE FROM PUBLIC PROGRAMS AND OTHER SOURCES WHENEVER APPROPRIATE TO REMAIN VIABLE AS IT FULFILLS ITS MISSION, MOUNT AUBURN HOSPITAL MUST MEET ITS FIDUCIARY RESPONSIBILITY TO APPROPRIATELY BILL AND COLLECT FOR MEDICAL SERVICES PROVIDED TO PATIENTS THE MOUNT AUBURN HOSPITAL'S CREDIT AND COLLECTION POLICY, WHICH APPLIES TO THE HOSPITAL AND ANY OTHER ENTITY WHICH IS PART OF THE HOSPITAL'S LICENSE OR TAX IDENTIFICATION NUMBER, IS DESIGNED TO COMPLY WITH BOTH THE MASSACHUSETTS HEALTH SAFETY NET REGULATIONS ON CREDIT AND COLLECTION POLICIES, THE CENTERS FOR MEDICARE AND MEDICAID SERVICES MEDICARE BAD DEBT REQUIREMENTS, THE MEDICARE PROVIDER REIMBURSEMENT MANUAL AND THE FEDERAL HEALTHCARE REFORM LAW'S "FINANCIAL ASSISTANCE POLICY" FOR WHICH THE IRS HAD PROVIDED PRELIMINARY GUIDANCE AT THE TIME THE HOSPITAL FINALIZED THIS POLICY THE HOSPITAL CONTINUES TO MONITOR GUIDANCE FROM THE IRS AS IT IS ISSUED MOUNT AUBURN HOSPITAL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, CITIZENSHIP, ALIENAGE, RELIGION, CREED, SEX, SEXUAL ORIENTATION, DISABILITY, OR AGE IN ITS POLICIES OR IN ITS APPLICATION OF POLICIES CONCERNING THE ACQUISITION AND VERIFICATION OF FINANCIAL INFORMATION, PRE-ADMISSION OR PRE-TREATMENT DEPOSITS, PAYMENT PLANS, DEFERRED OR REJECTED ADMISSIONS, LOW INCOME PATIENT STATUS AS DETERMINED BY THE MASSACHUSETTS OFFICE OF MEDICAID, DETERMINATION THAT A PATIENT IS LOW-INCOME, OR IN ITS BILLING AND COLLECTION PRACTICES MOUNT AUBURN HOSPITAL - CREDIT AND COLLECTION POLICY STANDARD COLLECTION PRACTICESAS PREVIOUSLY NOTED IN THE NARRATIVE TO THIS FORM 990 SCHEDULE H, MOUNT AUBURN HOSPITAL ASSISTS PATIENTS IN OBTAINING FINANCIAL ASSISTANCE FROM PUBLIC PROGRAMS AND OTHER SOURCES WHENEVER APPROPRIATE ADDITIONALLY, TO REMAIN VIABLE AS IT FULFILLS ITS MISSION, THE HOSPITAL MUST MEET ITS FIDUCIARY RESPONSIBILITY TO APPROPRIATELY BILL AND COLLECT FOR MEDICAL SERVICES PROVIDED TO PATIENTS AS SUCH, THE HOSPITAL HAS A FIDUCIARY DUTY TO SEEK REIMBURSEMENT FOR SERVICES IT HAS PROVIDED FROM INDIVIDUALS WHO ARE ABLE TO PAY, FROM THIRD PARTY INSURERS WHO COVER THE COST OF CARE, AND FROM OTHER PROGRAMS OF ASSISTANCE FOR WHICH THE PATIENT IS ELIGIBLE TO DETERMINE WHETHER A PATIENT IS ABLE TO PAY FOR THE SERVICES PROVIDED AS WELL AS TO ASSIST THE PATIENT IN FINDING ALTERNATIVE COVERAGE OPTIONS IF THEY ARE UNINSURED OR UNDERINSURED, THE HOSPITAL HAS ESTABLISHED CRITERIA RELATED TO BILLING AND COLLECTING FROM PATIENTS THE HOSPITAL MAKES THE SAME REASONABLE EFFORT AND FOLLOWS THE SAME REASONABLE PROCESS FOR COLLECTING ON BILLS OWED BY AN UNINSURED PATIENT AS IT DOES FOR ALL OTHER PATIENTS THE HOSPITAL WILL FIRST SHOW THAT IT HAS A CURRENT UNPAID BALANCE THAT IS RELATED TO SERVICES PROVIDED TO THE PATIENT AND NOT COVERED BY A PRIVATE INSURER OR A FINANCIAL ASSISTANCE PROGRAM THE HOSPITAL ALSO HAS ESTABLISHED CRITERIA RELATED TO BILLING AND COLLECTING FROM PATIENTS

Identifier	ReturnReference	Explanation
		MOUNT AUBURN HOSPITAL - CREDIT AND COLLECTION POLICY ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAMSMOUNT AUBURN HOSPITAL PROVIDES PATIENTS WITH INFORMATION ABOUT FINANCIAL ASSISTAN CE PROGRAMS THAT ARE AVAILABLE THROUGH THE COMMONWEALTH OF MASSACHUSETTS OR THROUGH THE HO SPITAL'S OWN FINANCIAL ASSISTANCE PROGRAM WHICH MAY COVER ALL OR SOME OF THEIR UNPAID HOSP ITAL BILL FOR PATIENTS THAT REQUEST SUCH ASSISTANCE, THE HOSPITAL ASSISTS THEM BY SCREENI NG FOR ELIGIBILITY IN AN AVAILABLE PUBLIC PROGRAM AND ASSISTING THEM IN APPLYING FOR THE P ROGRAM THESE PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO MASSHEALTH, COMMONWEALTH CARE, CHI LDREN'S MEDICAL SECURITY PLAN, HEALTHY START AND HEALTH SAFETY NET WHEN APPLICABLE THE HO SPITAL MAY ALSO ASSIST PATIENTS IN APPLYING FOR COVERAGE OF SERVICES AS A MEDICAL HARDSHIP BASED ON THE PATIENT'S DOCUMENTED FAMILY INCOME, CURRENT AND PRIOR INSURANCE COVERAGE AND ALLOWABLE MEDICAL EXPENSES IT IS THE PATIENT'S OBLIGATION TO PROVIDE THE HOSPITAL WITH A CCURATE AND TIMELY INFORMATION REGARDING THEIR FULL NAME, ADDRESS, TELEPHONE NUMBER, DATE OF BIRTH, SOCIAL SECURITY NUMBER (IF AVAILABLE), CURRENT HEALTH INSURANCE COVERAGE OPTIONS , INCLUDING OTHER INSURANCE OR COVERAGE OPTIONS (SUCH AS MOTOR VEHICLE POLICY OR WORKER'S COMPENSATION POLICY) THAT CAN COVER THE COST OF THE CARE RECEIVED AND ANY OTHER APPLICABLE FINANCIAL RESOURCES, AND CITIZENSHIP AND RESIDENCY INFORMATION - ALL TO DETERMINE IF THE PATIENT IS ELIGIBLE TO APPLY FOR CERTAIN HEALTH INSURANCE PROGRAMS IF THERE IS NO SPECIFI C COVERAGE FOR THE SERVICES PROVIDED, THE HOSPITAL WILL USE THE INFORMATION TO DETERMINE I F THE SERVICES MAY BE COVERED BY AN APPLICABLE PROGRAM THAT WILL COVER CERTAIN SERVICES DE EMED BAD DEBT IN ADDITION, THE HOSPITAL WILL USE THIS INFORMATION TO DISCUSS ELIGIBILITY FOR CERTAIN HEALTH INSURANCE PROGRAMS THE SCREENING AND APPLICATION PROCESS FOR A PUBLIC HEALTH INSURANCE PROGRAM IS DONE THROUGH THE VIRTUAL GATEWAY, WHICH IS AN INTERNET PORTAL DESIGNED BY THE MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES IN ORDER TO PR OVIDE THE GENERAL PUBLIC, MEDICAL PROVIDERS, AND COMMUNITY-BASED ORGANIZATIONS WITH AN ONL INE APPLICATION FOR THE PROGRAMS OFFERED BY THE STATE OR THROUGH A STANDARD PAPER APPLICAT ION THAT IS COMPLETED BY THE PATIENT AND ALSO SUBMITTED DIRECTLY TO THE MASSACHUSETTS EXEC UTIVE OFFICE OF HEALTH AND HUMAN SERVICES FOR PROCESSING AS THIS OFFICE SOLELY MANAGES THE APPLICATION PROCESS LISTED ABOVE, WHICH IS AVAILABLE FOR CHILDREN, ADULTS, SENIORS, VETER ANS, HOMELESS, AND DISABLED INDIVIDUALS THE HOSPITAL SPECIFICALLY ASSISTS THE PATIENT IN COMPLETING THE APPLICATION AND SECURING THE NECESSARY DOCUMENTATION REQUIRED BY THE APPLIC ABLE FINANCIAL ASSISTANCE PROGRAM NECESSARY DOCUMENTATION INCLUDES PROOF OF (1) ANNUAL H OUSEHOLD INCOME (PAYROLL STUBS, RECORD OF SOCIAL SECURITY PAYMENTS, AND A LETTER FROM THE EMPLOYER, TAX RETURNS, OR BANK STATEMENTS), (2) CITIZENSHIP AND IDENTITY, AND (3) IMMIGRAT ION STATUS FOR NON-CITIZENS (IF APPLICABLE), AND (4) ASSETS OF THOSE INDIVIDUALS WHO ARE A LSO ENROLLED IN THE MEDICARE PROGRAM THE HOSPITAL WILL THEN SUBMIT THIS DOCUMENTATION TO T HE COMMONWEALTH OFFICE OF MEDICAID AND ASSIST THE PATIENT IN SECURING ANY ADDITIONAL DOCUM ENTATION IF SUCH IS REQUESTED BY THE COMMONWEALTH AFTER COMPLETING THE APPLICATION THE CO MMONWEALTH PLACES A THREE DAY TIME LIMITATION ON SUBMITTING ALL NECESSARY DOCUMENTATION FO LLOWING THE SUBMISSION OF THE APPLICATION FOR A PROGRAM FOLLOWING THIS THREE DAY PERIOD, THE PATIENT MUST WORK WITH THE MASSHEALTH ENROLLMENT CENTERS TO SECURE THE ADDITIONAL DOCU MENTATION NEEDED FOR ENROLLMENT IN THE APPLICABLE FINANCIAL ASSISTANCE PROGRAM IN SPECIAL CIRCUMSTANCES, THE HOSPITAL MAY APPLY FOR THE PATIENT USING A SPECIFIC FORM DESIGNED BY TH E MASSACHUSETTS DIVISION OF HEALTH CARE FINANCE AND POLICY SPECIAL CIRCUMSTANCES INCLUDE INDIVIDUALS SEEKING FINANCIAL ASSISTANCE COVERAGE DUE TO BEING INCARCERATED, VICTIMS OF SP OUSAL ABUSE, OR APPLYING DUE TO A MEDICAL HARDSHIP ALL VIRTUAL GATEWAY APPLICATIONS ARE RE VIEWED AND PROCESSED BY THE COMMONWEALTH OF MASSACHUSETTS, OFFICE OF MEDICAID, WHICH USES THE FEDERAL POVERTY GUIDELINES, ASSET INFORMATION AS WELL AS NECESSARY DOCUMENTATION LISTE D ABOVE AS THE BASIS FOR DETERMINING ELIGIBILITY FOR STATE SPONSORED PUBLIC ASSISTANCE PRO GRAMS MOUNT AUBURN HOSPITAL HAS NO ROLE IN THE DETERMINATION OF PROGRAM ELIGIBILITY MADE BY THE COMMONWEALTH, BUT AT THE PATIENT'S REQUEST MAY TAKE A DIRECT ROLE IN APPEALING OR S EEKING INFORMATION RELATED TO THE COVERAGE DECISIONS IT IS STILL THE PATIENT'S RESPONSIBI LITY TO INFORM THE HOSPITAL OF ALL COVERAGE DECISIONS MADE BY THE COMMONWEALTH TO ENSURE A CCURATE AND TIMELY ADJUDICATION OF ALL HOSPITAL BILLS MOUNT AUBURN HOSPITAL - CREDIT AND C OLLECTION POLICY OUTSIDE COLLECTION AGENCIESTHE HOSPITAL CONTRACTS WITH AN OUTSIDE COLLEC TION AGENCY TO ASSIST IN THE COLLECTION OF CERTAIN ACCOUNTS, INCLUDING PATIENT RESPONSIBLE AMOUNTS NOT RESOLVED AFTER ISSUANCE OF HOSPITAL B

Identifier	ReturnReference	Explanation
		ILLS OR FINAL NOTICES HOWEVER, AS DETERMINED THROUGH THE HOSPITAL'S CREDIT AND COLLECTION POLICY, THE HOSPITAL MAY ASSIGN SUCH DEBT AS BAD DEBT OR CHARITY CARE (OTHERWISE DEEMED A S UNCOLLECTIBLE) PRIOR TO 120 DAYS IF IT IS ABLE TO DETERMINE THAT THE PATIENT WAS UNABLE TO PAY FOLLOWING THE HOSPITALS' OWN INTERNAL FINANCIAL ASSISTANCE PROGRAM MOUNT AUBURN HOS PITAL HAS A SPECIFIC AUTHORIZATION OR CONTRACT WITH ITS OUTSIDE COLLECTION AGENCY AND REQU IRES SUCH AGENCY TO ABIDE BY THE HOSPITAL'S CREDIT AND COLLECTION POLICIES FOR DEBTS THAT THE AGENCY IS PURSUING IN ADDITION, THE HOSPITAL REQUIRES THAT ANY OUTSIDE COLLECTION AGE NCY THAT IT USES MUST BE LICENSED BY THE COMMONWEALTH OF MASSACHUSETTS AND BE IN COMPLIANC E WITH THE MASSACHUSETTS ATTORNEY GENERAL'S DEBT COLLECTION REGULATIONS FINALLY, ANY OUTS IDE COLLECTION AGENCY HIRED BY THE HOSPITAL WILL PROVIDE THE PATIENT WITH AN OPPORTUNITY T O FILE A GRIEVANCE AND WILL FORWARD TO THE HOSPITAL THE RESULTS OF ANY SUCH PATIENT GRIEVA NCE MOUNT AUBURN HOSPITAL - CREDIT AND COLLECTION POLICY EXEMPTION FROM HOSPITAL COLLECTI ON PRACTICESMOUNT AUBURN HOSPITAL EXEMPTS PATIENTS ENROLLED IN A PUBLIC HEALTH INSURANCE P ROGRAM, INCLUDING BUT NOT LIMITED TO, MASSHEALTH, EMERGENCY AID TO THE ELDERLY, DISABLED A ND CHILDREN, HEALTHY START, CHILDREN'S MEDICAL SECURITY PLAN AND "LOW INCOME PATIENTS" AS DETERMINED BY THE OFFICE OF MEDICAID, SUBJECT TO SOME EXCEPTIONS, FROM ANY COLLECTION OR B ILLING PROCEDURES BEYOND THE INITIAL BILL PURSUANT TO STATE REGULATIONS

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 COMMUNITY BENEFITS MISSION STATEMENTMOUNT AUBURN HOSPITAL IS COMMITTED TO IMPROVING THE HEALTH STATUS OF COMMUNITY MEMBERS BY COLLABORATING WITH COMMUNITY PARTNERS TO REDUCE BARRIERS TO HEALTH AND EDUCATE ABOUT PREVENTION, EARLY DETECTION AND SELF-CARE DURING THE FISCAL YEAR COVERED BY THIS FILING, MAH HAD NET EXPENDITURES OF $1,365,442 REPO RTED ON THIS SCHEDULE H RELATED TO THESE ACTIVITIES COMMUNITY HEALTH IMPROVEMENT SERVICES MOUNT AUBURN HOSPITAL IS ACTIVELY ENGAGED IN COMMUNITY HEALTH IMPROVEMENT ACTIVITIES WHICH PROMOTE THE HEALTH OF OUR COMMUNITY BELOW ARE SOME EXAMPLES OF THESE ACTIVITIES LISTEN A ND LEARNOVER THE PAST FEW YEARS MOUNT AUBURN HOSPITAL HAS DEVELOPED THE LISTEN AND LEARN C OMMUNITY HEALTH MODEL OF COMMUNITY ENGAGED COLLABORATIONS THAT AIM TO ADDRESS HEALTH DISPA RITIES BY BRIDGING THE GAP BETWEEN COMMUNITY MEMBERS AND CLINICIANS IN EACH LISTEN AND LE ARN PROGRAM, COMMUNITY MEMBERS AFFECTED BY A HEALTH DISPARITY SHARE THEIR BELIEFS AND PERC EPTIONS AND PARTICIPATE IN A PLANNING PROCESS DURING THE PERIOD COVERED BY THIS FILING, T HERE WERE TWO LISTEN AND LEARN PROGRAMS THE FIRST WAS DESIGNED TO ADDRESS THE INCREASED R ATE OF TYPE 2 DIABETES AMONG LATINOS TO THAT END A HEALTH LEADERSHIP TEAM WITH STUDENTS F ROM THREE WALTHAM ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL) PROGRAMS AND HEALTH CARE PROVIDER GROUPS AT MOUNT AUBURN HOSPITAL AND JOSEPH M SMITH COMMUNITY HEALTH CENTER, ONE OF OUR COMMUNITY HEALTH CENTERS, WERE CREATED BUILT ON THE DATA COLLECTED IN THE PRIOR FI SCAL PERIOD, EACH OF THESE GROUPS FURTHER EXPLORED THE CAUSES OF HEALTH DISPARITIES AND CU LTURAL COMPETENCY CONTENT A JOINT MEETING BETWEEN THE HEALTH LEADERS AND THE CLINICIANS F OCUSED ON BETTER UNDERSTANDING CULTURAL BELIEFS AND HOW THEY IMPACT HEALTH DECISIONS SIMI LAR PROGRAMS IN SOMERVILLE AND CAMBRIDGE ADDRESSED IMMIGRANT WOMEN'S BARRIERS TO BREAST CA NCER SCREENING AND INVOLVED ONCOLOGY NURSES AS WELL AS MAMMOGRAPHY THERAPISTS IMMIGRANT H EALTH WAS ALSO ADDRESSED MORE BROADLY IN THE BRIDGE TO HEALTHCARE PROGRAM WHICH PROVIDES H EALTH EDUCATION AT LOCAL ESOL PROVIDERS IN CAMBRIDGE, SOMERVILLE WALTHAM, AND WATERTOWN OT HER COMMUNITY PROGRAMSIN ADDITION TO MOUNT AUBURN HOSPITAL'S CONTINUING TO PROVIDE SUPPORT TO ITS COMMUNITY HEALTH CENTER PARTNER, JOSEPH M SMITH COMMUNITY HEALTH CENTER, THE HOSP ITAL WAS INVOLVED WITH, AND PROVIDED, SEVERAL OTHER COMMUNITY BENEFIT PROGRAMS THROUGHOUT THE PERIOD COVERED BY THIS FILING MAH ADDRESSED ELDER HEALTH ISSUES WITHIN THE FOLLOWING PROGRAMS 1) A BROWN BAG MEDICATION REVIEW PROGRAM PILOT, 2) COMMUNITY BASED BLOOD PRESSUR E SCREENINGS AND 3) THE MATTER OF BALANCE FALL PREVENTION PROGRAM FOR COMMUNITY MEMBERS AT RISK FOR FALLING PROGRAMS WHICH ADDRESSED THE NEEDS OF OTHER VULNERABLE POPULATIONS INCL UDED 1) EDUCATIONAL SESSIONS TO BUILD THE CAPACITY OF HOMELESS COMMUNITY MEMBERS TO DEVEL OP SELF-CARE SKILLS, 2) FOOD PANTRY DRIVES 3) SYSTEMS TO ENROLL COMMUNITY MEMBERS IN SUPP LEMENTAL NUTRITION PROGRAM ASSISTANCE (SNAP), 4) A SAFE BEDS PROGRAM WHICH PROVIDES VICTIM S OF DOMESTIC VIOLENCE WHO CANNOT ACCESS A SHELTER A SAFE PLACE AT THE HOSPITAL, AND, 5) S YSTEMS TO PROVIDE TRANSPORTATION TO MEDICAL SERVICES MORE BROADLY, MAH WORKED TO RAISE AW ARENESS ABOUT HEALTH DISPARITIES IN WALTHAM USING LIBRARY VIEWING OF UNNATURAL CAUSE AND A WALK IN MY SHOES (COMMUNITY CATALYST TRADEMARK) EVENT AS A TOOL YOUTH WERE SERVED THROUG H THE WALTHAM WELLNESS, PROGRAM WHICH ADDRESSES OBESITY PREVENTION USING SCHOOL AND COMMUN ITY GARDENS AND TARGET WORK WITH SCHOOL CAFETERIA STAFF TO ADDRESS ISSUES OF NUTRITION AND BETTER FOOD CHOICES YOUTH IN ARLINGTON WERE ENGAGED IN A TOBACCO FREE PEER LEADERSHIP CA MPAIGN AIMED AT PROMOTING THE NORM THAT MOST MIDDLE SCHOOL CHILDREN DO NOT USE TOBACCO CO MMUNITY MEMBERS HAVE RECEIVED INCREASED SUPPORT THROUGH OUR SUPPORT GROUPS AND RELATED PRO GRAMMING WHICH INCLUDES FREE SMOKING CESSATION CLASSES COMMUNITY HEALTH NETWORK AREA 17MO UNT AUBURN HOSPITAL WORKED CLOSELY WITH LOCAL COMMUNITY HEALTH NETWORK AREA (CHNA) MEMBERS AND OTHER LOCAL HEALTHY COALITIONS WITH CHNA 17 MAH HELPED COMPLETE A NEEDS ASSESSMENT, PRIORITIZE INTERVENTIONS AND DEVELOP GUIDING PRINCIPLES BY SERVING ON THE STEERING COMMITT EE AND PARTICIPATING FULLY IN THE GENERAL MEMBERSHIP MAH IS ALSO A MEMBER OF HEALTHY WALT HAM STEERING COMMITTEE THE REGIONAL CENTER FOR HEALTHY COMMUNITIESTHE MISSION OF THE REGI ONAL CENTER FOR HEALTHY COMMUNITIES (RCHC), A PROGRAM OF MOUNT AUBURN HOSPITAL, 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, FACILI TATION, LIBRARY RESOURCES AND OPPORTUNITIES FOR SHARING AND COLLABORATION ACROSS THE METRO WEST REGION THE EFFORT WORKS TO REDUCE ALCOHOL, TOBACCO, AND OTHER DRUG USE IN THE GENERA L POPULATION BY STRENGTHENING COALITIONS, AND BY M

Identifier	ReturnReference	Explanation
		OBILIZING YOUTH AND YOUNG ADULTS FOR LEADERSHIP AND CIVIC ACTION IN THIS ARENA IN ADDITIO N, THE CENTER SUPPORTS COMMUNITIES IN BROADER HEALTH ASSESSMENT AND WELLNESS EFFORTS THE RCHC ALSO DEVELOPS LEADERSHIP FOR REGIONAL HEALTH PLANNING THROUGH ITS WORK WITH COMMUNITY HEALTH NETWORK AREAS 15, 17, 18, AND THE COMMUNITY HEALTH COALITION OF METROWEST) THE CE NTER HAS AN EXTENSIVE HEALTH AND SOCIAL RESOURCE LIBRARY AVAILABLE FOR LOAN, FREE OF CHARG E FOR THOSE LIVING AND/OR WORKING IN THE METROWEST REGION ADDITIONALLY, THE REGIONAL CENT ER'S STAFF PROVIDES TECHNICAL ASSISTANCE, TRAINING, AND SUPPORT TO LOCAL COALITIONS 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 RIGOR OUSLY EVALUATED AND ARE SHOWN TO BE EFFECTIVE THIS IS OFTEN REFERRED TO AS "EVIDENCE-BASE D PREVENTION" - ARE DEVELOPED TO REDUCE 'RISK' FACTORS AND ENHANCE 'PROTECTIVE' FACTORS F OR YOUNG PEOPLE RISK FACTORS ARE INDIVIDUAL CHARACTERISTICS OR SOCIAL ENVIRONMENTS THAT A RE ASSOCIATED WITH AN INCREASED LIKELIHOOD OF SUBSTANCE USE CONVERSELY, PROTECTIVE FACTOR S 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 THE SUBSTANCE ABUSE PREVENTION WORK UNDERTAKEN BY THE RCHC SUPPORTS COMMUNITIES IN BUILDING AND SUSTAINING COALITIONS COMPRISED OF POLIC E, SCHOOL PERSONNEL, YOUNG PEOPLE, PARENTS, LOCAL SERVICE PROVIDERS AND OTHER KEY COMMUNIT Y STAKEHOLDERS THE MISSION OF THESE COALITIONS IS TO PREVENT SUBSTANCE ABUSE AMONG YOUTH AND YOUNG ADULTS USING THE EVIDENCE-BASED MODEL "COMMUNITIES MOBILIZING FOR CHANGE ON ALCO HOL" (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 DR INKING 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 CAMBRIDG E, QUINCY, SOMERVILLE AND WATERTOWN, THE RCHC ALSO SUPPORTS OTHER COMMUNITIES IN THE REGIO N IN THESE EFFORTS AND WORKS WITH COALITIONS AS THEY IMPLEMENT STRATEGIES AND BUILD PARTNE RSHIPS TO REDUCE OVERDOSES

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 MOUNT AUBURN HOSPITAL - CREDIT AND COLLECTION POLICY - NOTICE OF AVAILABILITY OF FINANCIAL ASSISTANCE AND OTHER COVERAGE OPTIONS FINANCIAL ASSISTANCE IS INTENDED TO ASSIST LOW-INCOME PATIENTS WHO DO NOT OTHERWISE HAVE THE ABILITY TO PAY FOR THEIR HEALTH CARE SERVICES SUCH ASSISTANCE TAKES INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO THE COST OF HIS OR HER CARE FOR PATIENTS THAT ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL WORK WITH THEM TO ASSIST WITH APPLYING FOR AVAILABLE FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER ALL OR SOME OF THEIR UNPAID HOSPITAL BILLS MOUNT AUBURN HOSPITAL PROVIDES THIS ASSISTANCE FOR BOTH RESIDENTS AND NON-RESIDENTS OF MASSACHUSETTS, HOWEVER, THERE MAY NOT BE COVERAGE FOR A MASSACHUSETTS HOSPITAL'S SERVICES THROUGH AN OUT-OF STATE PROGRAM IN ORDER FOR THE HOSPITAL TO ASSIST UNINSURED AND UNDERINSURED PATIENTS FIND THE MOST APPROPRIATE COVERAGE OPTIONS, AS WELL AS TO DETERMINE IF THE PATIENT IS FINANCIALLY ELIGIBLE FOR ANY PAYMENT DISCOUNTS, PATIENTS MUST ACTIVELY WORK WITH THE HOSPITAL TO VERIFY THEIR FINANCIAL AND OTHER INFORMATION THAT COULD BE USED IN DETERMINING ELIGIBILITY THE HOSPITAL PROVIDES PATIENTS WITH INFORMATION ABOUT FINANCIAL ASSISTANCE PROGRAMS THAT ARE AVAILABLE THROUGH THE COMMONWEALTH OF MASSACHUSETTS OR THROUGH THE HOSPITAL'S OWN FINANCIAL ASSISTANCE PROGRAM, WHICH MAY COVER ALL OR SOME OF THEIR UNPAID HOSPITAL BILL FOR THOSE PATIENTS THAT REQUEST SUCH ASSISTANCE, THE HOSPITAL ASSISTS PATIENTS BY SCREENING THEM FOR ELIGIBILITY IN AN AVAILABLE PUBLIC PROGRAM AND ASSISTING THEM IN APPLYING FOR THE PROGRAM THESE PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO MASSHEALTH, COMMONWEALTH CARE, CHILDREN'S MEDICAL SECURITY PLAN, HEALTHY START, HEALTH SAFETY NET WHEN APPLICABLE, THE HOSPITAL MAY ALSO ASSIST PATIENTS IN APPLYING FOR COVERAGE OF SERVICES AS A MEDICAL HARDSHIP BASED ON THE PATIENT'S DOCUMENTED FAMILY INCOME, CURRENT AND PRIOR INSURANCE COVERAGE AND ALLOWABLE MEDICAL EXPENSES IN ADDITION, IN ORDER TO HELP UNINSURED AND UNDERINSURED PATIENTS FIND AVAILABLE AND APPROPRIATE FINANCIAL ASSISTANCE PROGRAMS, THE HOSPITAL WILL PROVIDE ALL PATIENTS WITH A GENERAL NOTICE OF THE AVAILABILITY OF PROGRAMS IN BOTH THE INITIAL BILL THAT IS SENT TO PATIENTS WHO HAVE A FINANCIAL LIABILITY AS WELL AS IN GENERAL NOTICES THAT ARE POSTED THROUGHOUT THE HOSPITAL THE HOSPITAL WILL TRY TO IDENTIFY AVAILABLE COVERAGE OPTIONS FOR PATIENTS WHO MAY BE UNINSURED OR UNDERINSURED WITH THEIR CURRENT INSURANCE PROGRAM WHEN THE PATIENT IS SCHEDULING SERVICES, WHILE THE PATIENT IS IN THE HOSPITAL, UPON DISCHARGE, AND/OR FOR A REASONABLE TIME FOLLOWING DISCHARGE FROM THE HOSPITAL THE HOSPITAL WILL DIRECT ALL PATIENTS SEEKING INFORMATION ON AVAILABLE COVERAGE OPTIONS OR FINANCIAL ASSISTANCE TO THE HOSPITAL'S PATIENT FINANCIAL COUNSELING OFFICE TO DETERMINE IF THEY ARE ELIGIBLE AND THEN TO SCREEN PATIENTS FOR ELIGIBILITY IN AN APPROPRIATE COVERAGE OPTION THE HOSPITAL WILL THEN ASSIST THE PATIENT IN APPLYING FOR APPROPRIATE COVERAGE OPTIONS THAT ARE AVAILABLE TO THEM OR NOTIFY THEM OF THE AVAILABILITY OF FINANCIAL ASSISTANCE THROUGH THE HOSPITAL'S OWN INTERNAL FINANCIAL ASSISTANCE PROGRAM FOR CASES WHERE THE HOSPITAL IS USING THE VIRTUAL GATEWAY APPLICATION, THE HOSPITAL WILL ASSIST THE PATIENT IN COMPLETING THE APPLICATION FOR MASSHEALTH, COMMONWEALTH CARE, CHILDREN'S MEDICAL SECURITY PLAN, HEALTHY START, HEALTH SAFETY NET, OR OTHER FORMS OF FINANCIAL ASSISTANCE PROGRAMS AS THEY BECOME PART OF THE VIRTUAL GATEWAY PROGRAM, WHICH IS AN INTERNET PORTAL DESIGNED BY THE MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES IN ORDER TO PROVIDE THE GENERAL PUBLIC, MEDICAL PROVIDERS, AND COMMUNITY-BASED ORGANIZATIONS WITH AN ONLINE APPLICATION FOR THE PROGRAMS OFFERED BY THE COMMONWEALTH

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 MOUNT AUBURN HOSPITAL HAS MANY COMMUNITY PARTNERS AS LISTED BELOW - ALCOHOLICS ANONYMOUS- AMERICAN CANCER SOCIETY- ARLINGTON DEPARTMENT OF PUBLIC HEALTH- ARLINGTON ENRICHMENT COLLABORATIVE- ARLINGTON PUBLIC SCHOOLS- ARLINGTON YOUTH HEALTH AND SAFETY COALITION- BELMONT COUNCIL ON AGING - CAMBRIDGE AND SOMERVILLE PROGRAM FOR ALCOHOL AND DRUG REHABILITATION- CASPAR- CAMBRIDGE COUNCIL ON AGING- CAMBRIDGE LEARNING CENTER- CAMBRIDGE PREVENTION COALITION- CHNA 15- CHNA 16- CHNA 17- CHNA 18- COMMUNITY CATALYST- HEADING HOME- HEALTHY WALTHAM- INSTITUTE OF COMMUNITY HEALTH - JOSEPH M SMITH COMMUNITY HEALTH CENTER- MASS ALLIANCE OF PORTUGUESE SPEAKERS- MEDFORD COUNCIL ON AGING- MEDFORD HEALTH MATTERS- ON THE RISE- OVERDOSE PREVENTION AND EDUCATION NETWORK- POWER PROGRAM- PROJECT BREAD- PROJECT LITERACY- SALVATION ARMY CAMBRIDGE- SMART RECOVERY- SOMERVILLE CAMBRIDGE MEDFORD TRANSPORTATION - SOMERVILLE CARES ABOUT PREVENTION- SOMERVILLE CENTER FOR ADULT LEARNING EXPERIENCES- SOMERVILLE DEPARTMENT OF PUBLIC HEALTH- SOMERVILLE/CAMBRIDGE ELDERCARE SERVICES- SPRINGWELL- U MASS MEMORIAL TOBACCO FREE INITIATIVE- VNA CARE NETWORK AND ALLIANCE - WALTHAM ALLIANCE TO CREATE HOUSING- WALTHAM COUNCIL ON AGING- WALTHAM FAMILY SCHOOL- WALTHAM FIELDS COMMUNITY FARM- WALTHAM INTERAGENCY COUNCIL- WALTHAM PARTNERSHIP FOR YOUTH- WALTHAM PUBLIC SCHOOLS- WALTHAM SCHOOL NURSES- WATERTOWN COUNCIL ON AGING- WATERTOWN DEPARTMENT OF PUBLIC HEALTH- WATERTOWN YOUTH COALITION- YWCA CAMBRIDGETARGET POPULATIONS NAME OF TARGET POPULATION - BASIS FOR SELECTION 1 HOMELESS - REQUEST FROM LOCAL HOMELESS SHELTERS 2 LATINOS IN WALTHAM - LITERATURE REVIEW, HIGH RATE OF DIABETES AMONG LATINOS, WALTHAM DEMOGRAPHIC DATA 3 UNDERSERVED MEMBERS SERVED BY COMMUNITY HEALTH NETWORK AREAS - COMMUNITY NEEDS ASSESSMENT, DON FUNDING 4 WALTHAM YOUTH AND FAMILIE - COMMUNITY ASSESSMENT IN WALTHAM 5 ARLINGTON YOUTH - REQUEST FROM ARLINGTON PUBLIC SCHOOLS 6 COMMUNITY MEMBERS WHO SUFFER FROM HUNGER - COMMUNITY ASSESSMENT, REQUEST FROM COMMUNITY 7 COMMUNITY MEMBERS SERVED BY JOSEPH M SMITH COMMUNITY HEALTH CENTER - REQUESTS FROM JOSEPH M SMITH COMMUNITY HEALTH CENTER 8 ELDERS - COMMUNITY NEEDS ASSESSMENT, REQUESTS FROM COUNCILS ON AGING, HOMECARE PROVIDERS, HOMEBOUND ELDERS AND THEIR FAMILIES 9 IMMIGRANTS - ESOL PROVIDERS, COMMUNITY NEEDS ASSESSMENT 10 COMMUNITY MEMBERS AT RISK FOR DOMESTIC VIOLENCE WITHOUT SAFE DISPOSITION - CAMBRIDGE POLICE DEPARTMENT AND MAH CLINICIANS 11 COMMUNITY MEMBERS AT RISK FOR SUBSTANCE ABUSE - YOUTH RISK BEHAVIOR SURVEY, EMERGENCY ROOM AND TREATMENT PROGRAM DATA, DATA FROM LOCAL POLICE AND UNIVERSITIES MOUNT AUBURN HOSPITAL - COMMUNITY INFORMATIONTOWNS SERVED BY MOUNT AUBURN HOSPITAL'S COMMUNITY BENEFITS ARE DETERMINED BY PROXIMITY TO THE HOSPITAL AND AN EVALUATION OF DISCHARGE DATA THE FOLLOWING MASSACHUSETTS CITIES AND TOWNS ARE THE FOCUS OF THE COMMUNITY BENEFITS ASSESSMENT AND PROGRAMS - ARLINGTON - BOSTON'S ALLSTON AREA- BELMONT - CAMBRIDGE - LEXINGTON - MEDFORD - SOMERVILLE - WALTHAM - WATERTOWN MOUNT AUBURN HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA ENCOMPASSES 8 TOWNS WITH A POPULATION OF APPROXIMATELY 500,000 THE AVERAGE INCOME ACROSS THE 8 TOWNS IS $62,600 SEVERAL OF THESE COMMUNITIES HAVE A SIGNIFICANT PERCENTAGE OF MEDICAID PATIENTS AND A LARGE NUMBER OF RECENT IMMIGRANTS SEVEN OF THE NINE COMMUNITIES HAVE A POPULATION OLDER THAN THE STATEWIDE AVERAGE THE HIGHEST IS 24 PERCENT COMPARED TO A STATEWIDE AVERAGE OF 14 PERCENT

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 MOUNT AUBURN HOSPITAL IS GOVERNED BY A BOARD OF TRUSTEES MADE UP OF 28 VOLUNTEERS, MANY OF WHOM LIVE AND WORK IN THE COMMUNITY AND SERVE TO SUPPORT THE MISSION AND VALUES OF THE HOSPITAL MAH EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN OUR COMMUNITY AND ENDEAVORS TO PROVIDE THEM WITH THE SAFEST AND MOST TECHNOLOGICALLY ADVANCED ENVIRONMENT POSSIBLE THROUGH THE EFFECTIVE USE OF SURPLUS FUNDS SOME OF OUR SURPLUS FUNDS HAVE BEEN USED TO FUND THE CONTINUING RENOVATION OF OUR EXISTING FACILITIES, INCLUDING INPATIENT UNITS AND OTHER CLINICAL AREAS MAH STRIVES TO FULLY SERVE THE COMMUNITY THROUGH PARTICIPATION IN GOVERNMENT SPONSORED HEALTHCARE PROGRAMS SUCH AS MEDICARE, MEDICAID, CHAMPUS AND TRICARE AS PREVIOUSLY NOTED, MAH ALSO SERVES AS A TEACHING HOSPITAL AFFILIATED WITH THE HARVARD MEDICAL SCHOOL AND MAINTAINS TWO RESIDENCY PROGRAMS SPECIALIZING IN PRIMARY CARE AND RADIOLOGY COMMUNITY MEMBERS ALSO USE MAH AS A CONDUIT FOR VOLUNTEERING AS EVIDENCED BY MORE THAN 280 VOLUNTEERS WHO ASSIST WITH PATIENT SERVICES, ADMINISTRATION AND THE GIFT SHOP

Identifier	ReturnReference	Explanation
		PART VI, LINE 7 MOUNT AUBURN HOSPITAL - AFFILIATED HEALTH CARE SYSTEMMAH IS A MEMBER OF CAREGROUP HEALTH SYSTEM, A REGIONAL HEALTHCARE DELIVERY SYSTEM COMPRISED OF TEACHING AND COMMUNITY HOSPITALS, PHYSICIAN GROUPS, AND OTHER CAREGIVERS IT IS COMMITTED TO PERSONALIZED, PATIENT CENTERED CARE, AND EXCELLENCE IN MEDICAL EDUCATION AND RESEARCH CAREGROUP SERVES THE HEALTH NEEDS OF PATIENTS AND COMMUNITIES EXTENDING FROM NORTH AND SOUTH OF BOSTON TO THE WESTERN SUBURBS BEYOND THE ROUTE 495 BELT, AND IS COMPRISED OF FOUR HOSPITALS (BETH ISRAEL DEACONESS MEDICAL CENTER, INC, BETH ISRAEL DEACONESS HOSPITAL-NEEDHAM, INC , MOUNT AUBURN HOSPITAL AND NEW ENGLAND BAPTIST HOSPITAL), A COMMITTED MEDICAL STAFF OFFERING COMMUNITY BASED PRIMARY CARE AND A WIDE RANGE OF SPECIALTY SERVICES, AND, A BROAD SPECTRUM OF COMPREHENSIVE HEALTH SERVICES RANGING FROM WELLNESS PROGRAMS TO HOME CARE

Identifier	ReturnReference	Explanation
REPORTS FILED WITH STATES	PART VI, LINE 7	MA

Identifier	ReturnReference	Explanation
	FORM 990 SCHEDULE H PART VI SUPPLEMENTAL INFORMATION	THE PURPOSE OF THIS FORM 990 SCHEDULE H NARRATIVE DISCLOSURE IS TO HELP THE READER UNDERSTAND IN GREATER DETAIL HOW MOUNT AUBURN HOSPITAL (MAH OR HOSPITAL) CARES FOR ITS COMMUNITY BY PROVIDING CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS, AS WELL AS COMMUNITY BUILDING ACTIVITIES AS DEMONSTRATED IN THIS SCHEDULE H, 5 16% OF MAH'S TOTAL EXPENSES ARE INCURRED IN PROVIDING CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST MOUNT AUBURN HOSPITAL IS AN ACUTE CARE MEDICAL/SURGICAL HOSPITAL AND A FRONTLINE CAREGIVER PROVIDING MEDICALLY NECESSARY CARE FOR ALL PEOPLE REGARDLESS OF THEIR ABILITY TO PAY THE HOSPITAL OFFERS THIS CARE FOR ALL PATIENTS THAT COME TO OUR FACILITY 24 HOURS A DAY, SEVEN DAYS A WEEK, AND 365 DAYS A YEAR MAH IS ALSO A HARVARD MEDICAL SCHOOL AFFILIATED TEACHING HOSPITAL WITH GRADUATE MEDICAL EDUCATION PROGRAMS IN THE AREAS OF PRIMARY CARE AND RADIOLOGY MAH PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT WHICH IS SUBMITTED TO THE MASSACHUSETTS ATTORNEY GENERAL EACH YEAR THAT FILING IS AVAILABLE FOR PUBLIC INSPECTION AT THE ATTORNEY GENERAL'S OFFICE AND ON THEIR WEBSITE AND AT MAH UPON REQUEST A COPY IS ATTACHED ANNUALLY TO THE MAH FORM 990 FILING AND IS INCORPORATED WITH THIS SCHEDULE H THERE ARE SOME DIFFERENCES BETWEEN THE MASSACHUSETTS ATTORNEY GENERAL DEFINITION OF CHARITY CARE AND COMMUNITY BENEFITS AND THE INTERNAL REVENUE SERVICE (IRS) DEFINITION OF COMMUNITY CARE AND COMMUNITY BENEFITS AS SUCH, THERE ARE VARIANCES BETWEEN THIS SCHEDULE H DISCLOSURE AND THE REPORT MAH HAS FILED WITH THE ATTORNEY GENERAL'S OFFICE

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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 United States

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

OMB No 1545-0047

2010

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" to 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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ON THE RISE341 BROADWAY CAMBRIDGE,MA 02139	04-3290689		5,000				ANNUAL DINNER SUPPORT FOR HOMELESS SHELTER
(2) FINANCIAL COUNSELORS AT JMSCHC 564 MAIN STREET WALTHAM,MA 02452	23-7221597		66,319				PROVIDES FINANCIAL COUNSELORS TO AUGMENT HEALTH CARE CENTER STAFF AT JOSEPH M SMITH COMMUNITY HEALTH CENTER - A FEDERALLY QUALIFIED HEALTH CARE CENTER THEY ENROLL UNDERSERVED COMMUNITY MEMBERS IN INSURANCE PROGRAMS FINANCIAL COUNSLERS - 2FTE (+ 22% BENEFITS) BASED ENTIRELY AT JOSEPH M SMITH COMMUNITY HEALTH CENTER (THIS IS NOT FOR ENROLLMENT IN MEDICAL COVERAGE WHICH BENEFITS MAH THIS IS SUPPORT FOR THE COMMUNITY HEALTH CENTER)
(3) INSTITUTE OF COMMUNITY HEALTH163 GORE STREET GROUND FLOOR CAMBRIDGE,MA 02141	04-3543853		110,000				THE INSTITUTE FOR COMMUNITY HEALTH (ICH) IS A UNIQUE COLLABORATION AMONG THREE MASSACHUSETTS HEALTH CARE SYSTEMS TO IMPROVE THE HEALTH OF CAMBRIDGE, SOMERVILLE, AND SURROUNDING TOWNS THE INSTITUTE WAS FOUNDED IN 2000 BYCAMBRIDGE HEALTH ALLIANCE, MT AUBURN HOSPITAL, AND MASSACHUSETTS GENERAL HOSPITAL OF PARTNERS HEALTHCARE THE GOALS OF ICH ARE TO ADVANCE COMMUNITY HEALTH RESEARCH, PROMOTE COMMUNITY HEALTH EDUCATION AND TRAINING, DEVELOPCOMMUNITY ACTION PROGRAMS AND POLICY, AND FORGE LINKAGES AMONG HEALTH CARE SYSTEMS, COMMUNITY PARTNERS, AND ACADEMIC INSTITUTIONS WITH SHARED COMMUNITY HEALTH OBJECTIVES
(4) JOSEPH M SMITH COMMUNITY564 MAIN STREET WALTHAM,MA 02452	23-7221597		20,000				TO SUPPORT JMSCHC FOR DEVELOPMENT OF A PHARMACY TO MEET THE NEEDS OF THEIR UNDERSERVED CLIENTS

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANT FUND USAGE IS MONITORED BY REQUIRING THE SUBMISSION OF REPORTS BY GRANT RECIPIENTS

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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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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 with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**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			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CLOUGH JEANETTE G	(i)	428,724	349,962	73,419	705,771	18,328	1,576,204	0
	(ii)	69,792	56,971	11,952	114,893	2,984	256,592	0
(2) HATEM MD CHARLES J	(i)	304,559	500	6,440	19,600	25,757	356,856	0
	(ii)	0	0	0	0	0	0	0
(3) NAUTA MD RUSSELL J	(i)	428,046	29,750	2,155	64,330	16,017	540,298	0
	(ii)	107,012	7,438	539	16,082	4,004	135,075	0
(4) ZINNER MD STEPHEN	(i)	337,013	0	8,052	14,749	8,329	368,143	0
	(ii)	54,863	0	1,311	2,401	1,356	59,931	0
(5) DILESO NICHOLAS	(i)	280,898	74,625	46,741	453,418	21,131	876,813	0
	(ii)	0	0	0	0	0	0	0
(6) SEMENZA PETER	(i)	280,967	67,389	1,178,142	99,293	6,601	1,632,392	0
	(ii)	45,739	10,970	191,791	16,164	1,075	265,739	0
(7) ABOOKIRE MD SUSAN	(i)	248,306	66,310	27,272	79,886	20,331	442,105	0
	(ii)	0	0	0	0	0	0	0
(8) BAKER DEBORAH	(i)	227,837	41,308	1,262	49,485	20,331	340,223	0
	(ii)	0	0	0	0	0	0	0
(9) BRIDGEMAN JOHN	(i)	183,196	37,140	2,111	53,775	20,331	296,553	0
	(ii)	0	0	0	0	0	0	0
(10) BURKE KATHRYN	(i)	229,126	57,944	1,604	71,353	21,891	381,918	0
	(ii)	0	0	0	0	0	0	0
(11) O'CONNELL MICHAEL L	(i)	177,885	45,952	51,595	70,149	21,631	367,212	0
	(ii)	0	0	0	0	0	0	0
(12) KAWADA MD CHARLES Y	(i)	207,604	30,375	24,955	46,484	12,196	321,614	0
	(ii)	138,403	20,250	16,636	30,989	8,131	214,409	0
(13) JOSEPH ESQ LESLIE	(i)	228,195	58,490	1,137	76,810	24,631	389,263	0
	(ii)	0	0	0	0	0	0	0
(14) LUKASIK CHARLES	(i)	11,557	2,576	80	3,871	1,167	19,251	0
	(ii)	219,584	48,935	1,529	73,547	22,164	365,759	0
(15) SHUGERT JOHN	(i)	180,794	44,783	40,547	56,912	20,331	343,367	0
	(ii)	0	0	0	0	0	0	0
(16) SANCHEZ MD LUCIENNE	(i)	287,752	390	428	17,150	9,685	315,405	0
	(ii)	0	0	0	0	0	0	0

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
	PART I, LINE 1B	PETER SEMENZA, CHIEF FINANCIAL OFFICER, AND JOHN SHUGERT, VICE PRESIDENT OF DEVELOPMENT, EACH RECEIVED AN ANNUAL PAYMENT PURSUANT TO THEIR EMPLOYMENT AGREEMENTS AND DESIGNED TO ENSURE THAT THEIR ANNUAL LEVEL OF RETIREMENT FUNDING AT MOUNT AUBURN HOSPITAL (MAH) MATCHED THEIR PRE-MAH LEVEL OF ANNUAL RETIREMENT FUNDING THE PAYMENTS ARE TAXABLE INCOME TO THEM AND AS SUCH, MAH GROSSES-UP THESE PAYMENTS THE AMOUNTS 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 WERE $21,260 AND $10,147 RESPECTIVELY ALTHOUGH THESE PAYMENTS WERE NOT MADE PURSUANT TO A WRITTEN POLICY REGARDING GROSS-UPS, THESE PAYMENTS ARE PART OF MR SEMENZA'S AND MR SHUGERT'S OVERALL COMPENSATION PACKAGES AND AS SUCH, THEY ARE REVIEWED BY THE COMPENSATION COMMITTEE AS PREVIOUSLY DESCRIBED IN THIS FORM 990
	PART I, LINE 4B	AS PREVIOUSLY NOTED, CAREGROUP, INC IS THE SOLE MEMBER OF MOUNT AUBURN HOSPITAL THE CEO OF MAH/MAPS WAS PAID BY CAREGROUP WHICH IS A PARTICIPATING EMPLOYER IN THE CAREGROUP ANNUITY RETIREMENT PLAN (ARP) UNDER THE DEFINITIONS TO THIS FORM 990, THE ARP IS CONSIDERED A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PARTICIPANTS RECEIVE BOTH CURRENTLY TAXABLE AND DEFERRED BENEFITS FROM THIS PLAN AND ADDITIONAL INFORMATION IS INCLUDED WITH THE EXPLANATORY NOTES TO SCHEDULE J BELOW ADDITIONAL DETAILS RELATED TO SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS ARE INCLUDED IN THE COMPENSATION EXPLANATORY NOTES TO SCHEDULE J BELOW
	PART I, LINE 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
SUPPLEMENTAL INFORMATION	PART III	ADDITIONAL EXPLANATORY FOOTNOTES REPORTABLE COMPENSATION LISTED IN FORM 990 PART VII INCLUDES BASE COMPENSATION, 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 OTHER 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 AMOUNTS DEFERRED BY THE EMPLOYEE (PLUS EARNINGS) UNDER FULLY VESTED 457(B) PLAN, INCREASE/DECREASE IN VALUE OF NONQUALIFIED FULLY VESTED 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 BENEFITS DEFERRED 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 INSURANCE 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 MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES MAY BE REFERRED TO IN THESE EXPLANATORY NOTES TO FORM 990 PART VII AND FORM 990 SCHEDULE J AS MAH AND MAPS RESPECTIVELY
SUPPLEMENTAL INFORMATION	PART III	CHUBB, STEPHEN D TRUSTEE & BOARD CHAIR- MOUNT AUBURN HOSPITAL DIRECTOR (EX-OFFICIO)- CAREGROUP MR CHUBB'S TERM ON THE MOUNT AUBURN HOSPITAL BOARD ENDED DECEMBER 31, 2010 CLOUGH, JEANETTE G PRESIDENT & CEO- MOUNT AUBURN HOSPITAL PRESIDENT & CEO- MOUNT AUBURN PROFESSIONAL SERVICES IN HER POSITIONS AS PRESIDENT & CEO FOR MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES, MS CLOUGH RECEIVES PAYMENTS DIRECTLY FROM MAH AS WELL AS FROM CAREGROUP, THE SOLE MEMBER OF MAH, AN ENTITY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND A SUPPORT ORGANIZATION OF MAH ADDITIONALLY, MS COUGH PERFORMS SERVICES FOR BOTH MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES BUT NOT DIRECTLY FOR CAREGROUP AS SUCH AND AS REQUIRED BY THIS FORM 990, MS CLOUGH'S COMPENSATION IS REPORTED HERE AS IF PAID BY MAH AND MAPS THE COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 428,724 INCENTIVE COMPENSATION 349,962 OTHER REPORTABLE COMPENSATION 73,419 DEFERRED COMPENSATION 705,771 NON-TAXABLE BENEFITS 18,328 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 69,792 INCENTIVE COMPENSATION 56,971 OTHER REPORTABLE COMPENSATION 11,952 DEFERRED COMPENSATION 114,893 NON-TAXABLE BENEFITS 2,984 INCENTIVE COMPENSATION REPORTED FOR THE 2010 CALENDAR YEAR INCLUDES 1) PAYMENTS IN 2010 PURSUANT TO A LONG TERM INCENTIVE PLAN RELATED TO MOUNT AUBURN HOSPITAL'S FISCAL YEAR ENDED SEPTEMBER 30, 2009 IN THE AMOUNT OF $214,207 AND 2) A PAYMENT PURSUANT TO AN ANNUAL INCENTIVE PLAN RELATED TO THE FISCAL YEAR ENDED SEPTEMBER 30, 2009 IN THE AMOUNT OF $191,358 AS REQUIRED BY THIS FORM 990, THESE INCENTIVE COMPENSATION PAYMENTS WERE REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2010 CALENDAR YEAR INCLUDES AN ACTUARIAL CHANGE IN THE PROJECTED BENEFIT OBLIGATION OF MS CLOUGH'S SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) OF $380,000 THE SERP DOES NOT VEST UNTIL MS CLOUGH REACHES AGE 62 DEFERRED COMPENSATION REPORTED FOR THE 2010 CALENDAR YEAR INCLUDES TWO INCENTIVE PAYMENTS RELATED TO THE SERVICES MS CLOUGH PERFORMED DURING MOUNT AUBURN'S FISCAL YEAR ENDED SEPTEMBER 30, 2010 BUT WHICH WERE NOT PAID TO MS CLOUGH UNTIL AFTER DECEMBER 31, 2010 -- ONE IN THE AMOUNT OF $214,207 RELATED TO AN ANNUAL INCENTIVE PLAN, AND ANOTHER FOR $214,207 RELATED TO A LONG TERM INCENTIVE PLAN OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MS CLOUGH INCLUDES COMBINED PAYMENTS FROM A NONQUALIFIED RETIREMENT PLAN IN THE AMOUNT OF $58,188 ADDITIONALLY, OTHER REPORTABLE COMPENSATION IN THE AMOUNT OF $17,867 WAS REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990, AS REQUIRED KETTYLE, M D , WILLIAM TRUSTEE - MOUNT AUBURN HOSPITAL DR KETTYLE'S TERM ON THE MOUNT AUBURN HOSPITAL BOARD BEGAN JANUARY 1, 2011 MAMBRINO, M D LAWRENCE TRUSTEE- MOUNT AUBURN HOSPITAL DR MAMBRINO'S TERM ON THE MOUNT AUBURN HOSPITAL BOARD BEGAN JANUARY 1, 2011 NAUTA, M D , RUSSELL J TRUSTEE & CHAIR, DEPT OF SURGERY- MOUNT AUBURN HOSPITAL PROFESSOR OF SURGERY- HARVARD MEDICAL SCHOOL DR NAUTA PERFORMS SERVICES FOR BOTH MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES AS REQUIRED BY THIS FORM 990, ALTHOUGH DR NAUTA IS PAID DIRECTLY BY MOUNT AUBURN HOSPITAL, THE PORTION OF DR NAUTA'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 428,046 INCENTIVE COMPENSATION 29,750 OTHER REPORTABLE COMPENSATION 2,155 DEFERRED COMPENSATION 64,330 NON-TAXABLE BENEFITS 16,017 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 107,012 INCENTIVE COMPENSATION 7,438 OTHER REPORTABLE COMPENSATION 539 DEFERRED COMPENSATION 16,082 NON-TAXABLE BENEFITS 4,004 AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2010 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 $150,514 BASE AND OTHER REPORTABLE COMPENSATION AND $19,821 NON-TAXABLE BENEFITS AS REQUIRED BY THIS FORM 990, BONUS & INCENTIVE COMPENSATION FOR THE 2010 CALENDAR YEAR IN THE AMOUNT OF $37,188 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION FOR THE 2009 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF $63,262 RELATED TO DR NAUTA'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2010, BUT NOT PAID TO DR NAUTA UNTIL AFTER DECEMBER 31, 2010 SAAL, M D , A KIM TRUSTEE & CHIEF, DIVISION OF CARDIOLOGY - MOUNT AUBURN HOSPITAL DIRECTOR - CAREGROUP PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 28,013 AS REQUIRED BY THIS FORM 990, COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2010 CALENDAR YEAR INCLUDES $28,013 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 DR SAAL'S TERM ON THE MOUNT AUBURN HOSPITAL BOARD ENDED DECEMBER 31, 2010 SHORTSLEEVE, M D , MICHAEL TRUSTEE & CHAIR, DEPT OF RADIOLOGY - MOUNT AUBURN HOSPITAL PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 23,332 AS REQUIRED BY THIS FORM 990, COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2010 CALENDAR YEAR INCLUDES $23,332 PAID TO DR SHORTSLEEVE BY SCHATZKI ASSOCIATES AND RELATED TO DR SHORTSLEEVE'S POSITION AS CHAIR OF THE DEPARTMENT OF RADIOLOGY AT MOUNT AUBURN HOSPITAL SWANN, ERIC TRUSTEE- MOUNT AUBURN HOSPITAL MR SWANN'S TERM ON THE MOUNT AUBURN HOSPITAL BOARD BEGAN JANUARY 1, 2011 ZINNER, M D , STEPHEN TRUSTEE, CHAIR DEPARTMENT OF MEDICINE - MOUNT AUBURN HOSPITAL TRUSTEE, CHAIR DEPARTMENT OF MEDICINE - MOUNT AUBURN PROFESSIONAL SERVICES DR ZINNER PERFORMS SERVICES FOR BOTH MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES AS REQUIRED BY THIS FORM 990, ALTHOUGH DR ZINNER IS PAID DIRECTLY BY MOUNT AUBURN HOSPITAL, THE PORTION OF DR ZINNER'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 337,013 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 8,052 DEFERRED COMPENSATION 14,749 NON-TAXABLE BENEFITS 8,329 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 54,863 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 1,311 DEFERRED COMPENSATION 2,401 NON-TAXABLE BENEFITS 1,356 DIIESO, NICHOLAS COO- MOUNT AUBURN HOSPITAL PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 280,898 INCENTIVE COMPENSATION 74,625 OTHER REPORTABLE COMPENSATION 46,741 DEFERRED COMPENSATION 453,418 NON-TAXABLE BENEFITS 21,131 AS REQUIRED BY THIS FORM 990, BONUS & INCENTIVE COMPENSATION FOR THE 2010 CALENDAR YEAR IN THE AMOUNT OF $74,625 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2010 CALENDAR YEAR INCLUDES AN ACTUARIAL CHANGE IN THE PROJECTED BENEFIT OBLIGATION OF MR DIIESO'S SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) OF $357,700 THE SERP DOES NOT VEST UNTIL MR DIIESO REACHES AGE 60 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2010 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF $76,118 RELATED TO MR DIIESO'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2010, BUT NOT PAID TO MR DIIESO UNTIL AFTER DECEMBER 31, 2010
SUPPLEMENTAL INFORMATION	PART III	SEMENZA, PETER VICE PRESIDENT & CFO - MOUNT AUBURN HOSPITAL VICE PRESIDENT FINANCE & TREASURER - MOUNT AUBURN PROFESSIONAL SERVICES MR SEMENZA RETIRED ON AUGUST 15, 2011 IN HIS ROLE AS CHIEF FINANCIAL OFFICER OF BOTH MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES, MR SEMENZA PERFORMED SERVICES FOR BOTH ENTITIES AS REQUIRED BY FORM 990, ALTHOUGH MR SEMENZA WAS PAID DIRECTLY BY MOUNT AUBURN HOSPITAL, THE PORTION OF MR SEMENZA'S COMPENSATION ATTRIBUTABLE TO SERVICES PROVIDED TO EACH ENTITY HAS BEEN SEPARATELY REPORTED AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 280,967 INCENTIVE COMPENSATION 67,389 OTHER REPORTABLE COMPENSATION 1,178,142 DEFERRED COMPENSATION 99,293 NON-TAXABLE BENEFITS 6,601 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 45,739 INCENTIVE COMPENSATION 10,970 OTHER REPORTABLE COMPENSATION 191,791 DEFERRED COMPENSATION 16,164 NON-TAXABLE BENEFITS 1,075 AS REQUIRED BY FORM 990, BONUS & INCENTIVE COMPENSATION FOR THE 2010 CALENDAR YEAR IN THE AMOUNT OF $78,359 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 OTHER REPORTABLE COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES FOR THE 2010 CALENDAR YEAR INCLUDES PAYMENTS PURSUANT TO A SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) WHICH VESTED IN AUGUST OF 2010 AND IN THE AMOUNT OF $1,301,046 FOR THE CALENDAR YEAR 2010 THE SERP RECOGNIZED MR SEMENZA'S MORE THAN ELEVEN YEARS SERVING AS CHIEF FINANCIAL OFFICER FOR MAH AND MAPS MAH/MAPS REPORTED ANNUAL ACTUARIAL CHANGES IN THE BENEFIT OBLIGATION RELATED TO THIS SERP AS DEFERRED COMPENSATION IN PRIOR FORM 990 FILINGS AS REQUIRED AS NOTED ABOVE, MR SEMENZA CONTINUED TO SERVE IN HIS ROLE AS CHIEF FINANCIAL OFFICER UNTIL HE RETIRED IN AUGUST OF 2011 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES FOR THE 2010 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $95,857 RELATED TO MR SEMENZA'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2010, BUT NOT PAID TO MR SEMENZA UNTIL AFTER DECEMBER 31, 2010 SULLIVAN, WILLIAM VICE PRESIDENT & CFO - MOUNT AUBURN HOSPITAL VICE PRESIDENT FINANCE & TREASURER - MOUNT AUBURN PROFESSIONAL SERVICES MR SULLIVAN COMMENCED HIS ROLES AS VICE PRESIDENT AND CHIEF FINANCIAL OFFICER OF MOUNT AUBURN HOSPITAL AND AS VICE PRESIDENT FINANCE AND TREASURER OR MOUNT AUBURN PROFESSIONAL SERVICES ON JUNE 27, 2011 ABOOKIRE, M D , SUSAN CHAIR OF QUALITY & SAFETY - MOUNT AUBURN HOSPITAL PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 248,306 INCENTIVE COMPENSATION 66,310 OTHER REPORTABLE COMPENSATION 27,272 DEFERRED COMPENSATION 79,886 NON-TAXABLE BENEFITS 20,331 AS REQUIRED BY THIS FORM 990, BONUS & INCENTIVE COMPENSATION FOR THE 2010 CALENDAR YEAR IN THE AMOUNT OF $66,310 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2010 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF $67,636 RELATED TO DR ABOOKIRE'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2010, BUT NOT PAID TO DR ABOOKIRE UNTIL AFTER DECEMBER 31, 2010 BAKER, DEBORAH VICE PRESIDENT PATIENT CARE SERVICES - MOUNT AUBURN HOSPITAL PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 227,837 INCENTIVE COMPENSATION 41,308 OTHER REPORTABLE COMPENSATION 1,262 DEFERRED COMPENSATION 49,485 NON-TAXABLE BENEFITS 20,331 AS REQUIRED BY THIS FORM 990, BONUS & INCENTIVE COMPENSATION FOR THE 2010 CALENDAR YEAR IN THE AMOUNT OF $41,308 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2010 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF $42,135 RELATED TO MS BAKER'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2010, BUT NOT PAID TO MS BAKER UNTIL AFTER DECEMBER 31, 2010 BRIDGEMAN, JOHN VICE PRESIDENT CLINICAL SERVICES - MOUNT AUBURN HOSPITAL PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 183,196 INCENTIVE COMPENSATION 37,140 OTHER REPORTABLE COMPENSATION 2,111 DEFERRED COMPENSATION 53,775 NON-TAXABLE BENEFITS 20,331 AS REQUIRED BY THIS FORM 990, BONUS & INCENTIVE COMPENSATION FOR THE 2010 CALENDAR YEAR IN THE AMOUNT OF $37,140 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2010 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF $37,885 RELATED TO MR BRIDGEMAN'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2010, BUT NOT PAID TO MR BRIDGEMAN UNTIL AFTER DECEMBER 31, 2010 BURKE, KATHRYN VICE PRESIDENT CONTRACTING & BUSINESS DEVELOPMENT - MOUNT AUBURN HOSPITAL PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 229,126 INCENTIVE COMPENSATION 57,944 OTHER REPORTABLE COMPENSATION 1,604 DEFERRED COMPENSATION 71,353 NON-TAXABLE BENEFITS 21,891 AS REQUIRED BY THIS FORM 990, BONUS & INCENTIVE COMPENSATION FOR THE 2010 CALENDAR YEAR IN THE AMOUNT OF $57,944 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2010 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF $59,103 RELATED TO MS BURKE'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2010, BUT NOT PAID TO MS BURKE UNTIL AFTER DECEMBER 31, 2010 O'CONNELL, MICHAEL L VICE PRESIDENT PLANNING & MARKETING- MOUNT AUBURN HOSPITAL PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 177,885 INCENTIVE COMPENSATION 45,952 OTHER REPORTABLE COMPENSATION 51,595 DEFERRED COMPENSATION 70,149 NON-TAXABLE BENEFITS 21,631 AS REQUIRED BY THIS FORM 990, BONUS & INCENTIVE COMPENSATION FOR THE 2010 CALENDAR YEAR IN THE AMOUNT OF $45,952 WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2010 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF $50,549 RELATED TO MR O'CONNELL'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2010, BUT NOT PAID TO MR O'CONNELL UNTIL AFTER DECEMBER 31, 2010 KAWADA, M D , CHARLES Y CHAIR, DEPT OF OB/GYN - MOUNT AUBURN HOSPITAL TRUSTEE & CHAIR, DEPT OF OB/GYN - MOUNT AUBURN PROFESSIONAL SERVICES ASSISTANT CLINICAL PROFESSOR OF OBSTETRICS, GYNECOLOGY AND REPRODUCTIVE BIOLOGY, HARVARD MEDICAL SCHOOL DR KAWADA PERFORMS SERVICES FOR BOTH MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES AS REQUIRED BY THIS FORM 990, ALTHOUGH DR KAWADA IS PAID DIRECTLY BY MOUNT AUBURN HOSPITAL, THE PORTION OF DR KAWADA'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 207,604 INCENTIVE COMPENSATION 30,375 OTHER REPORTABLE COMPENSATION 24,955 DEFERRED COMPENSATION 46,484 NON-TAXABLE BENEFITS 12,196 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 138,403 INCENTIVE COMPENSATION 20,250 OTHER REPORTABLE COMPENSATION 16,636 DEFERRED COMPENSATION 30,989 NON-TAXABLE BENEFITS 8,131 AS REQUIRED BY THIS FORM 990, COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES FOR THE 2010 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 $100,546 BASE AND OTHER REPORTABLE COMPENSATION, $9,698 DEFERRED COMPENSATION AND $1,706 NON-TAXABLE BENEFITS DEFERRED COMPENSATION REPORTED BY MAH AND MAPS FOR THE 2010 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $50,625 RELATED TO DR KAWADA'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2010, BUT NOT PAID TO DR KAWADA UNTIL AFTER DECEMBER 31, 2010 AS REQUIRED BY THIS FORM 990, BONUS & INCENTIVE COMPENSATION FOR THE 2010 CALENDAR YEAR IN THE AMOUNT OF $50,625 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990
SUPPLEMENTAL INFORMATION	PART III	JOSEPH, ESQ, LESLIE VICE PRESIDENT GENERAL COUNSEL - MOUNT AUBURN HOSPITAL PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 228,195 INCENTIVE COMPENSATION 58,490 OTHER REPORTABLE COMPENSATION 1,137 DEFERRED COMPENSATION 76,810 NON-TAXABLE BENEFITS 24,631 AS REQUIRED BY THIS FORM 990, BONUS & INCENTIVE COMPENSATION FOR THE 2010 CALENDAR YEAR IN THE AMOUNT OF $58,490 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2010 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF $59,660 RELATED TO ATTORNEY JOSEPH'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2010, BUT NOT PAID TO MS JOSEPH UNTIL AFTER DECEMBER 31, 2010
SUPPLEMENTAL INFORMATION	PART III	LUKASIK, CHARLES COO & CLERK - MOUNT AUBURN PROFESSIONAL SERVICES IN HIS ROLE AS CHIEF OPERATING OFFICER OF MAPS, MR LUKASIK PERFORMS SERVICES FOR BOTH MOUNT AUBURN PROFESSIONAL SERVICES AND MOUNT AUBURN HOSPITAL AS REQUIRED BY THIS FORM 990, ALTHOUGH MR LUKASIK IS PAID DIRECTLY BY MOUNT AUBURN HOSPITAL, THE PORTION OF MR LUKASIK'S COMPENSATION ATTRIBUTABLE TO SERVICES PROVIDED TO EACH ENTITY HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 11,557 INCENTIVE COMPENSATION 2,576 OTHER REPORTABLE COMPENSATION 80 DEFERRED COMPENSATION 3,871 NON-TAXABLE BENEFITS 1,167 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 219,584 INCENTIVE COMPENSATION 48,935 OTHER REPORTABLE COMPENSATION 1,529 DEFERRED COMPENSATION 73,547 NON-TAXABLE BENEFITS 22,164 AS REQUIRED BY THIS FORM 990, BONUS & INCENTIVE COMPENSATION FOR THE 2010 CALENDAR YEAR IN THE AMOUNT OF $51,511 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES FOR THE 2010 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $60,268 RELATED TO MR LUKASIK'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2010, BUT NOT PAID TO MR LUKASIK UNTIL AFTER DECEMBER 31, 2010
SUPPLEMENTAL INFORMATION	PART III	SHUGERT, JOHN VICE PRESIDENT DEVELOPMENT- MOUNT AUBURN HOSPITAL PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 180,794 INCENTIVE COMPENSATION 44,783 OTHER REPORTABLE COMPENSATION 40,547 DEFERRED COMPENSATION 56,912 NON-TAXABLE BENEFITS 20,331 AS REQUIRED BY THIS FORM 990, BONUS & INCENTIVE COMPENSATION FOR THE 2010 CALENDAR YEAR IN THE AMOUNT OF $44,783 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2010 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF $44,662 RELATED TO MR SHUGERT'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2010, BUT NOT PAID TO MR SHUGERT UNTIL AFTER DECEMBER 31, 2010

Additional Data

Return to Form

Software ID:
Software Version:
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				
CLOUGH JEANETTE G	(I)	428,724	349,962	73,419	705,771	18,328	1,576,204	0
	(II)	69,792	56,971	11,952	114,893	2,984	256,592	0
HATEM MD CHARLES J	(I)	304,559	500	6,440	19,600	25,757	356,856	0
	(II)	0	0	0	0	0	0	0
NAUTA MD RUSSELL J	(I)	428,046	29,750	2,155	64,330	16,017	540,298	0
	(II)	107,012	7,438	539	16,082	4,004	135,075	0
ZINNER MD STEPHEN	(I)	337,013	0	8,052	14,749	8,329	368,143	0
	(II)	54,863	0	1,311	2,401	1,356	59,931	0
DILESO NICHOLAS	(I)	280,898	74,625	46,741	453,418	21,131	876,813	0
	(II)	0	0	0	0	0	0	0
SEMENZA PETER	(I)	280,967	67,389	1,178,142	99,293	6,601	1,632,392	0
	(II)	45,739	10,970	191,791	16,164	1,075	265,739	0
ABOOKIRE MD SUSAN	(I)	248,306	66,310	27,272	79,886	20,331	442,105	0
	(II)	0	0	0	0	0	0	0
BAKER DEBORAH	(I)	227,837	41,308	1,262	49,485	20,331	340,223	0
	(II)	0	0	0	0	0	0	0
BRIDGEMAN JOHN	(I)	183,196	37,140	2,111	53,775	20,331	296,553	0
	(II)	0	0	0	0	0	0	0
BURKE KATHRYN	(I)	229,126	57,944	1,604	71,353	21,891	381,918	0
	(II)	0	0	0	0	0	0	0
O'CONNELL MICHAEL L	(I)	177,885	45,952	51,595	70,149	21,631	367,212	0
	(II)	0	0	0	0	0	0	0
KAWADA MD CHARLES Y	(I)	207,604	30,375	24,955	46,484	12,196	321,614	0
	(II)	138,403	20,250	16,636	30,989	8,131	214,409	0
JOSEPH ESQ LESLIE	(I)	228,195	58,490	1,137	76,810	24,631	389,263	0
	(II)	0	0	0	0	0	0	0
LUKASIK CHARLES	(I)	11,557	2,576	80	3,871	1,167	19,251	0
	(II)	219,584	48,935	1,529	73,547	22,164	365,759	0
SHUGERT JOHN	(I)	180,794	44,783	40,547	56,912	20,331	343,367	0
	(II)	0	0	0	0	0	0	0
SANCHEZ MD LUCIENNE	(I)	287,752	390	428	17,150	9,685	315,405	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

Part I Bond Issues

	(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		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MA DEVELOPMENT FINANCE AGENCY	04-3431814	NONEAVAIL	09-15-2001	120,280,000	REFUND ISSUES DATES 2/11/1998		X		X		X
B	MA HLTH & ED FAC AUTH	04-2456011	57586C3S2	06-09-2008	377,527,010	REFUND ISSUES DATED 1/19/1989, 9/23/1992, 8/12/2004, & FIN VARIOUS CAP EXP		X		X		X
C	MA HLTH & ED FAC AUTH	04-2456011	57586CDK8	08-12-2004	187,125,000	REFUND ISSUES DATED 9/23/1992, 11/09/1994		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	35,475,000	35,475,000	146,675,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	120,280,000	378,911,689	187,125,000	
4	Gross proceeds in reserve funds	27,256,617	27,256,617		
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow	119,989,328	204,075,167	177,336,000	
7	Issuance costs from proceeds	290,672	3,929,289	1,796,643	
8	Credit enhancement from proceeds	7,991,727		7,991,727	
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	127,932,058	127,932,058		
11	Other spent proceeds	8,993,760	8,993,760		
12	Other unspent proceeds	6,614,451	6,614,451		
13	Year of substantial completion	2011	2011		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X			X	X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		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?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X							

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X							
b	Are there any research agreements that may result in private business use of bond-financed property?	X							
c	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?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 600 %						
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 section 501(c)(3) organization, or a state or local government ▶		0 100 %						
6	Total of lines 4 and 5		0 700 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		
2	Is the bond issue a variable rate issue?	X			X	X			
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X	X			
b	Name of provider	CITIBANK				CITIBANK			
c	Term of hedge								
d	Was the hedge superintegrated?		X				X		
e	Was a hedge terminated?	X				X			
4a	Were gross proceeds invested in a GIC?		X		X		X		
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?		X		X		X		

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
See Additional Data Table		

Part V Supplemental Information

Identifier	Return Reference	Explanation
PART II, COLUMN A, LINE 1		138,075,000 OF THE 2004C1&2 PORTION OF THE 2004 ISSUE WAS REFUNDED BY THE 2008 SERIES 8,600,000 OF 2004D HAS REACHED MATURITY
PART I LINE F	DESCRIPTION OF PURPOSE	PURPOSES OF THE 2008 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 BELOW PURPOSES OF THE 2004 CAREGROUP SERIES D BONDS -REFUNDING OF THE OUTSTANDING PRINCIPAL BALANCE OF THE MOUNT AUBURN HOSPITAL SERIES B BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUSTS DATED JULY 13, 2004 PURPOSES OF CAREGROUP SERIES C BONDS -REFUNDING OF THE OUTSTANDING PRINCIPAL BALANCE OF THE BETH ISRAEL HOSPITAL ASSOCIATION SERIES G BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUSTS DATED JULY 13, 2004
PART III QUESTIONS 2 AND 3		FACILITIES FINANCED WITH TAX-EXEMPT BONDS ARE PRIMARILY OCCUPIED BY CAREGROUP AND ITS AFFILIATED TAX-EXEMPT ENTITIES, INCLUDING BUT NOT LIMITED TO BETH ISRAEL DEACONESS MEDICAL CENTER, BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, NEW ENGLAND BAPTIST HOSPITAL, NEW ENGLAND BAPTIST MEDICAL ASSOCIATES, MOUNT AUBURN HOSPITAL, MOUNT AUBURN PROFESSIONAL SERVICES AND MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A AFFILIATED PHYSICIANS GROUP SOME FINANCED SPACE MAY CONTAIN LEASE ARRANGEMENTS, AND THE AFFILIATES WHICH OWN THE DEBT FINANCED SPACE MAY OPT TO ENGAGE A MANAGEMENT SERVICES COMPANY (IE CLEANING, PATIENT TRANSPORT, FOOD SERVICES) OR ENGAGE IN RESEARCH PURSUANT TO RESEARCH AGREEMENTS WITHIN TAX EXEMPT DEBT FINANCED SPACE ANY SUCH AGREEMENTS IN PLACE AS OF SEPTEMBER 30, 2011 WERE REVIEWED TO ENSURE PROPER ACCOUNTING OF ANY PRIVATE USE GENERATED FROM SUCH ACTIVITIES IN ADDITION, SUCH AGREEMENTS ARE GENERALLY REVIEWED BY INSIDE COUNSEL PRIOR TO FINALIZING
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, MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BID-NEEDHAM, 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 BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) REFLECTS THE COMBINED CAREGROUP OBLIGATED GROUP DEBT ISSUED AFTER DECEMBER 31, 2002 WITH AN OUTSTANDING PRINCIPAL BALANCE IN EXCESS OF $100,000
PART II, COLUMN B, LINE 3		THE DIFFERENCE BETWEEN THE TOTAL PROCEEDS OF THE ISSUE AND THE ISSUE PRICE IS, 1,348,679 OF INVESTMENTS EARNINGS EARNED TO DATE
PART II, COLUMN B, LINE 11		THIS AMOUNT WAS SPENT ON THE TERMINATION OF THE 2004 SWAP AGREEMENT
PART II, COLUMN A,B&C, LINE 6		THE AMOUNTS LISTED IN THE REFUNDING ESCROW ARE THE REFUNDING PROCEEDS OF THE ISSUES BUT AS OF THE FISCAL YEAR END ONLY 1,187,000 OF PROCEEDS REMAIN IN THE 2011 ESCROW, ALL OTHER PROCEEDS HAVE BEEN DISBURSED

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2010

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).

Complete if the organization 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	(c) Corrected? 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.

Complete if the organization 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	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization 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.

Complete if the organization 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					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
		MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES MAY BE REFERRED TO IN THESE EXPLANATORY NOTES TO FORM 990 SCHEDULE L PART IV AND MASSACHUSETTS FORM PC AS MAH AND MAPS RESPECTIVELY
		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 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 $10,000 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 MOUNT AUBURN HOSPITAL CONFLICT OF INTEREST POLICY AND REFLECT FAIR MARKET PAYMENTS AND RATES

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
STEPHEN ZINNER MD	TRUSTEE	141,130	SEE BELOWSTEPHEN ZINNER, MD, CHAIR OF THE DEPARTMENT OF MEDICINE AND A MEMBER OF THE MAH BOARD OF TRUSTEES, ALSO SERVES ON THE BOARD OF THE INSTITUTE FOR COMMUNITY HEALTH IN CAMBRIDGE DURING THE PERIOD COVERED BY THIS FILING, MAH MADE PAYMENTS OF $141,130 TO THE INSTITUTE FOR COMMUNITY HEALTH, TO FURTHER ITS MISSION OF IMPROVING COMMUNITY HEALTH		No
DR SUSAN ABOOKIRE	FAMILY MEMBER	241,629	SEE BELOWDR SUSAN ABOOKIRE, CHAIR OF QUALITY AND SAFETY FOR MOUNT AUBURN HOSPITAL, IS MARRIED TO CHRISTOPHER PECKINS, MD DR PECKINS IS EMPLOYED AS A PRIMARY CARE PHYSICIAN BY MAPS, A SUPPORTING ORGANIZATION OF MAH HIS SALARY AND OTHER INCOME INCLUDE BASE COMPENSATION $210,852INCENTIVE COMPENSATION $21,479OTHER REPORTABLE COMPENSATION $825CONTRIBUTION TO EMPLOYEE BENEFIT PLANS INCLUDES DEFERRED COMPENSATION $8,273NON-TAXABLE BENEFITS $200		No
PATSY AND GEORGE CONRADES	FORMER TRUSTEE	17,920,779	SEE BELOWPATSY CONRADES AND GEORGE CONRADES, ARE HUSBAND AND WIFE AND EACH IS A FORMER MEMBER OF THE MAH BOARD OF TRUSTEES GEORGE CONRADES IS ALSO A 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 $17,920,779 FOR MEDICAL/SURGICAL SUPPLIES, PHARMACEUTICALS AND MEDICATIONS AMOUNTS PAID FOR THESE ITEMS REPRESENT FAIR MARKET VALUE		No
KATHERINE RAFFERTY	FAMILY MEMBER	96,107	SEE BELOWKATHERINE RAFFERTY, SISTER OF JAMES RAFFERTY WHO IS ONE OF THE MAH TRUSTEES, SERVES AS DIRECTOR OF COMMUNITY RELATIONS FOR MAH HER SALARY AND OTHER INCOME INCLUDES BASE COMPENSATION $83,808INCENTIVE COMPENSATION $500OTHER REPORTABLE COMPENSATION $65CONTRIBUTION TO EMPLOYEE BENEFIT PLANS INCLUDES DEFERRED COMPENSATION $4,322NON-TAXABLE BENEFITS $7,412		No
A KIM SAAL MD	FAMILY MEMBER	112,320	SEE BELOW A KIM SAAL, MD, A TRUSTEE AND THE CHIEF OF CARDIOLOGY AT MAH AND A MEMBER OF THE CAREGROUP BOARD OF DIRECTORS, IS MARRIED TO JANICE SAAL, MD, A DIRECTOR OF ASSOCIATED SURGEONS, P C (ASPC) ASPC PROVIDED MEDICAL SERVICES TO 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, 2011 WERE $112,320		No
AKIM SAAL MD	TRUSTEE	431,950	SEE BELOWA KIM SAAL, MD, A TRUSTEE AND THE CHIEF OF CARDIOLOGY AT MAH AND A MEMBER OF THE CAREGROUP BOARD OF DIRECTORS, IS ALSO AN OFFICER AND DIRECTOR OF MOUNT AUBURN CARDIOLOGY ASSOCIATES, INC (MACA) MACA PROVIDED MEDICAL SERVICES TO MAH DURING THE PERIOD COVERED BY THIS FILING CHARGES FOR THESE SERVICES TOTALED $328,750 IN ADDITION, MACA MADE PAYMENTS TO MAH FOR RENT AND PARKING SERVICES TOTALING $103,200 ALL PAYMENTS REFLECT FAIR MARKET VALUE RATES		No
MICHAEL SHORTSLEEVE MD	TRUSTEE	322,578	SEE BELOWMICHAEL SHORTSLEEVE, M D , A MEMBER OF THE 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, 2010 WERE $322,578 THE FEES PAID TO SCHATZKI REFLECTED FAIR MARKET VALUE RATES		No
KARLA HANIFY	FAMILY MEMBER	30,848	SEE BELOWKARLA HANIFY, IS THE DAUGHTER OF JOHN HANIFY, WHO SERVED ON THE MAH BOARD OF TRUSTEES THROUGH DECEMBER 31, 2008 MS HANIFY'S SALARY AND OTHER INCOME INCLUDE BASE COMPENSATION $30,723INCENTIVE COMPENSATION $125OTHER REPORTABLE COMPENSATION $0CONTRIBUTION TO EMPLOYEE BENEFIT PLANS INCLUDES DEFERRED COMPENSATION $0NON-TAXABLE BENEFITS $0		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
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	8	85,974	COST OR SELLING PRICE
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 ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29**

		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	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493227024242

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

Identifier	Return Reference	Explanation
	FORM 990, PART I LINE 1 & PART III, LINE 1	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
INPATIENT MEDICAL SERVICES	FORM 990, PART III LINE 4A	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 2011, MOUNT AUBURN HOSPITAL HAD 167 LICENSED MEDICAL/SURGICAL BEDS, AND PROVIDED INPATIENT MEDICAL SERVICES TO 7,055 PATIENTS, AND INPATIENT SURGICAL SERVICES TO 2,267 PATIENTS

Identifier	Return Reference	Explanation
RADIOLOGIC SERVICES	FORM 990, PART III LINE 4B	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 2011, MOUNT AUBURN HOSPITAL PROVIDED OUTPATIENT RADIOLOGY SERVICES TO 79,989 PATIENTS

Identifier	Return Reference	Explanation
INPATIENT OBSTETRICS / NEWBORN SERVICES	FORM 990, PART III LINE 4C	AT MOUNT AUBURN HOSPITAL, YOU CAN BE ASSURED THAT AN EXCEPTIONAL LEVEL OF CARE AND SUPPORT IS AVAILABLE FOR YOU AND YOUR NEWBORN THROUGHOUT YOUR PREGNANCY AND DELIVERY WOMEN CAN C HOOSE FROM A VARIETY OF HIGHLY TALENTED PROVIDERS, INCLUDING OBSTETRICIANS, NURSE-MIDWIVES AND NURSE PRACTITIONERS, ALL OF WHOM COLLABORATE WITH EACH OTHER AS NEEDED THESE PROVIDE RS OFFER PERSONAL AND INDIVIDUALIZED CARE, PROVIDING SUPPORT THROUGH LABOR AND ENCOURAGING FAMILY PARTICIPATION OUR GOAL IS A SAFE AND HEALTHY PREGNANCY AND DELIVERY FOR EACH MOTH ER AND BABY MOUNT AUBURN HOSPITAL OFFERS GUIDANCE, OPTIONS AND A SEASONED TEAM OF PROVIDE RS WHO ARE COMMITTED TO DELIVERING INDIVIDUALIZED CARE. WOMEN WHO SEEK A MORE NATURAL APPR OACH TO CHILDBIRTH ARE ENCOURAGED AND SUPPORTED WOMEN WHOSE PREGNANCIES ARE CONSIDERED TO BE HIGH RISK, SUCH AS THOSE HAVING TWINS OR MEDICAL PROBLEMS COMPLICATING THE PREGNANCY, WILL FIND THE SPECIALIZED EXPERTISE AND TECHNOLOGY THAT THEY NEED THAT INCLUDES OUR LEVEL II NURSERY FOR NEWBORNS WHO REQUIRE EXTRA MEDICAL ATTENTION AND MONITORING DURING THE FIR ST DAYS OF LIFE. LABOR, DELIVERY AND POSTPARTUM CARE ARE ALL CENTERED AT THE BIRTHPLACE, M OUNT AUBURN'S OBSTETRICAL UNIT AFTER DELIVERY, MOST NEW MOTHERS NEED SUPPORT FROM NURSING STAFF AND LACTATION CONSULTANTS ON INFANT CARE AND BREASTFEEDING MOUNT AUBURN'S BIRTHPLA CE IS WHERE NEW MOTHERS AND BABIES RECEIVE ALL THE ATTENTION THEY NEED AT MOUNT AUBURN, W OMEN CAN CHOOSE FROM A VARIETY OF HIGHLY-QUALIFIED PROVIDERS, INCLUDING OBSTETRICIANS, NUR SE-MIDWIVES AND NURSE PRACTITIONERS, ALL OF WHOM COLLABORATE WITH EACH OTHER AS NEEDED IN CARING FOR THEIR PATIENTS FOR EXAMPLE, IF A WOMAN DEVELOPS COMPLICATIONS DURING PREGNANCY , SHE CAN CONTINUE TO RECEIVE PRENATAL CARE FROM HER NURSE-MIDWIFE, IN ADDITION TO SEEING MATERNAL-FETAL MEDICINE SPECIALISTS ON A REGULAR BASIS OUR MAIN PROVIDERS INCLUDE OBSTET RICIANS - DOCTORS WHO SPECIALIZE IN PREGNANCY AND CHILDBIRTH, THEY HAVE THE TRAINING TO PR OVIDE THE FULL SCOPE OF OBSTETRICAL PRACTICE, INCLUDING PERFORMING CESAREAN SECTIONS NURSE -MIDWIVES - NURSES WHO SPECIALIZE IN NORMAL PREGNANCY AND CHILDBIRTH AND COLLABORATE WITH OBSTETRICIANS IN CASES WHERE COMPLICATIONS ARISE, NURSE-MIDWIVES SUPPORT WOMEN THROUGHOUT LABOR AND ENCOURAGE FAMILY INVOLVEMENT NURSE PRACTITIONERS - NURSES WITH SPECIALIZED EXPER IENCE IN OBSTETRICS WHO PRACTICE IN COLLABORATION WITH OBSTETRICIANS AND NURSE-MIDWIVES IN PROVIDING PRENATAL CARE MATERNAL-FETAL MEDICINE SPECIALISTS - OBSTETRICIANS WHO HAVE SPEC IAL TRAINING IN THE COMPLICATIONS OF PREGNANCY AND CHILDBIRTH MOUNT AUBURN HOSPITAL HAS A TALENTED NURSING STAFF IN PRENATAL/ANTENATAL TESTING, LABOR AND DELIVERY, ON THE POSTPARTU M UNIT AND IN THE NURSERY ANESTHESIOLOGISTS ARE AVAILABLE 24 HOURS A DAY TO PROVIDE PAIN RELIEF DURING LABOR IN ADDITION, NEONATOLOGISTS, WHO SPECIALIZE IN CARING FOR NEWBORNS, A ND PEDIATRICIANS ARE ON SITE AROUND THE CLOCK TO CARE FOR NEWBORNS MOUNT AUBURN ALSO OFFE RS ADDITIONAL SERVICES TO WOMEN WHO ARE PLANNING TO HAVE THEIR BABIES AT OUR HOSPITAL FER TILITY SERVICES, INCLUDING OPTIONS, TESTING AND TREATMENT MANY COUPLES NEED THE EXPERTISE OF A FERTILITY SPECIALIST MOUNT AUBURN HOSPITAL HAS FERTILITY SPECIALISTS ON STAFF WHO C OUNSEL COUPLES ON THE MOST CURRENT AVAILABLE OPTIONS AND DIRECT THE NECESSARY TESTING AND TREATMENT AIMED AT A HEALTHY PREGNANCY AND BIRTH THIS INCLUDES ACCESS TO IN VITRO FERTILI ZATION AND OTHER PROCEDURES HIGH-RISK PREGNANCY SPECIALISTS A FULL RANGE OF SERVICES IS AVAILABLE FOR WOMEN WHO ARE EXPERIENCING HIGH-RISK PREGNANCIES IN THOSE INSTANCES, A MATE RNAL-FETAL MEDICINE SPECIALIST, A PHYSICIAN WHO SPECIALIZES IN THE COMPLICATIONS OF PREGNA NCY AND CHILDBIRTH, BECOMES PART OF THE TEAM AND SEES THE WOMAN ON A REGULAR BASIS NURSER IES, CARING FOR YOUR BABY MOST NEWBORNS SPEND MOST OF THE DAY WITH THEIR MOTHERS WHEN NE WBORNS NEED SPECIAL CARE, THEY STAY IN THE HOSPITAL'S LEVEL II NURSERY, WHICH IS STAFFED B Y NEONATOLOGISTS AND NEONATAL NURSES BY STAYING AT MOUNT AUBURN, WHERE A PEDIATRICIAN IS ON SITE 24 HOURS A DAY, BABIES REMAIN CLOSE TO THEIR FAMILY MEMBERS WHILE A PEDIATRICIAN I S AROUND THE CORNER IF NEEDED IN ALL PREGNANCIES, A SAFE AND HEALTHY DELIVERY FOR MOTHER AND BABY IS THE PRIORITY THE ADDITIONAL GOAL IS TO MAKE PRENATAL CARE AND CHILDBIRTH A SM OOTH, WELL-COORDINATED EXPERIENCE. THE BAIN BIRTHING CENTER THE BAIN BIRTHING CENTER AT MO UNT AUBURN HOSPITAL PROVIDES A COMFORTABLE, HOME-LIKE SETTING FOR CHILDBIRTH, BUT WITH ALL THE ADVANCED TECHNOLOGY THAT MIGHT BE NEEDED MOUNT AUBURN IS PROUD TO OFFER TOP-NOTCH PR ENATAL AND ANTENATAL FACILITIES IN AN INTIMATE SETTING BIRTH AT MOUNT AUBURN IS AN INCLUS IVE EXPERIENCE. THE BAIN BIRTHING CENTER FEATURES A WARM, PERSONAL AND NURTURING ATMOSPHER E, PAYING SPECIAL ATTENTION TO THE COMFORT OF THE MOTHER BY OFFERING SPECIAL FEATURES LIKE JACUZZI TUBS, RESTAURANT-STYLE MEALS, PARTNER CHAIRS THAT RECLINE INTO BEDS FOR FATHERS O R OTHER SUPPORT PERSONS, AND ROOMS FEATURING VIEWS

Identifier	Return Reference	Explanation
INPATIENT OBSTETRICS / NEWBORN SERVICES	FORM 990, PART III LINE 4C	OF THE CHARLES RIVER AND BOSTON SKYLINE. IN CASES WHERE A CAESARIAN SECTION NEEDS TO BE P ERFORMED, SURGICAL SUITES ARE LOCATED ADJACENT TO THE LABOR AND DELIVERY AREA. A STATE-OF- THE-ART MONITORING SYSTEM ALLOWS WOMEN TO SAFELY WALK AROUND THE UNIT WHILE THEY ARE IN LA BOR. AT THE MOUNT AUBURN HOSPITAL BAIN BIRTHING CENTER, WE OFFER CHOICE. PAIN RELIEF DURIN G LABOR IS AN ISSUE THAT EACH WOMAN SHOULD EXPLORE WITH HER PROVIDER. MANY WOMEN CHOOSE TO HAVE AN EPIDURAL, BUT PROVIDERS AT MOUNT AUBURN, ESPECIALLY NURSE-MIDWIVES, ALSO SUPPORT ALTERNATIVE METHODS SUCH AS PRESSURE-POINT MASSAGE, AND HYPNO-BIRTHING (SELF-HYPNOSIS DURI NG THE BIRTH PROCESS). WOMEN WHO SEEK AN ALTERNATIVE APPROACH TO CHILDBIRTH ITSELF, SUCH A S A WATER BIRTH, WILL ALSO FIND NURSE-MIDWIVES TO HELP THEM WITH SUCH OPTIONS. IN CASES WH ERE A CAESARIAN SECTION NEEDS TO BE PERFORMED, SURGICAL SUITES ARE LOCATED ADJACENT TO THE LABOR AND DELIVERY AREA. AT MOUNT AUBURN HOSPITAL, WE PROVIDE SUPPORT AND INFORMATION, PR IVACY AND CHOICE. THE POSTPARTUM NURSING STAFF PROVIDE NEW MOTHERS WITH ONE-ON-ONE CARE AN D EDUCATION. THE BAIN BIRTHING CENTER OFFERS A VARIETY OF SERVICES FOR PREGNANT AND NEW MO THERS, INCLUDING CHILDBIRTH EDUCATION CLASSES, BIRTHPLACE TOURS AND BREAST PUMP RENTALS. S ERVICES FOR NON-ENGLISH SPEAKING PATIENTS INCLUDE STAFF INTERPRETERS, SPANISH-SPEAKING NUR SE-MIDWIVES AND INTERPRETER SERVICES FOR VARIOUS LANGUAGES AND ACCESS TO 24-HOUR TELEPHONE INTERPRETER SERVICES FOR MORE THAN 100 LANGUAGES. ONCE FAMILIES LEAVE THE BAIN BIRTHING C ENTER, THEY HEAD HOME KNOWING THAT THE NURSING STAFF IS AVAILABLE AFTER DISCHARGE TO ANSWE R ANY QUESTIONS THAT MAY ARISE ABOUT THE HEALTH OF MOTHER AND BABY 24 HOURS A DAY. LEVEL I I NURSERY IF YOUR NEWBORN NEEDS SPECIAL CARE, REST ASSURED THAT MOUNT AUBURN'S LEVEL II NU RSERY IS EQUIPPED TO ADDRESS YOUR INFANT'S CRITICAL HEALTH ISSUES, INCLUDING PREMATURITY, MEDICAL AND FEEDING DIFFICULTIES. THIS SEVEN-BED NURSERY IS STAFFED BY A HIGHLY SKILLED TE AM OF NEONATOLOGISTS AND NEONATAL NURSES WHO ARE CERTIFIED TO RESUSCITATE AND ALSO TO STAB ILIZE AND PREPARE CRITICALLY ILL INFANTS FOR TRANSFER TO A BOSTON-AREA LEVEL III NURSERY. I N THE EVENT OF AN EMERGENCY, OUR NURSERY HAS A SPECIALIST PEDIATRICIAN ON CALL 24 HOURS A DAY, AS WELL AS 'ROUND THE CLOCK NEONATAL BACKUP COVERAGE. ANESTHESIA IS AVAILABLE 24 HOUR S A DAY, AS WELL. IN ADDITION TO OUR EXPERT OBSTETRIC TEAM, MOUNT AUBURN'S LEVEL II NURSER Y FEATURES STATE-OF-THE-ART MONITORING EQUIPMENT FOR OUR NEONATES. IF YOUR NEWBORN IS SERI OUSLY ILL, YOU CAN BE ASSURED THAT HE OR SHE WILL RECEIVE THE BEST CARE POSSIBLE IN MOUNT AUBURN'S LEVEL II NURSERY. DURING FISCAL 2011, MOUNT AUBURN HOSPITAL HAD 20 LICENSED OB/GY N BEDS PROVIDING SERVICES TO 2,271 PATIENTS AND 25 BASSINETS PROVIDING INPATIENT SERVICES TO 2,340 NEWBORNS

Identifier	Return Reference	Explanation
OTHER	FORM 990, PART III LINE 4D	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, OUTPATIENT SURGERY, 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 2011, MOUNT AUBURN HOSPITAL HAD 16 LICENSED INPATIENT PSYCHIATRY BEDS, AND PROVIDED INPATIENT PSYCHIATRY SERVICES TO 271 PATIENTS THE HOSPITAL HAS A 24 HOUR EMERGENCY DEPARTMENT THAT SERVICED 37,595 VISITS IN ADDITION, THE HOSPITAL PROVIDED A VARIETY OF OUTPATIENT SERVICES TO MORE THAN 170,000 PATIENTS IN VARIOUS SPECIALTIES LISTED ABOVE, AND CONDUCTED MORE THAN 80,000 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 H

Identifier	Return Reference	Explanation
	FORM 990 PART IV QUESTION 12	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
	FORM 990 PART IV QUESTION 24A	AS DESCRIBED IN THIS FORM 990, CAREGROUP, INC , IS AN 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
	FORM 990 PART IV QUESTION 24B	PROCEEDS IN THE PROJECT FUND WERE UNEXPECTEDLY HELD BEYOND THE THREE-YEAR TEMPORARY PERIOD, BUT WERE YIELD RESTRICTED IN COMPLIANCE WITH FEDERAL TAX REQUIREMENTS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		THE FOLLOWING INDIVIDUALS HAVE BUSINESS RELATIONSHIPS WHICH ARISE FROM THEIR ROLES AS OFFICERS AND/OR TRUSTEES OF CAMBRIDGE TRUST COMPANY JEANETTE CLOUGH LEON PALANDJIAN JOSEPH ROLLER

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDERS 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

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		ACCORDING TO MAH BYLAWS, CAREGROUP APPROVES GROUP 2 TRUSTEES WHICH COMPOSE UP TO 21 OF A MAXIMUM OF 28 TRUSTEES

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, 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 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 TO 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 - INITIATION OF ANY BANKRUPTCY OR INSOLVENCY ACTION ON BEHALF OF THE CORPORATION OR ANY SUBSIDIARY THEREOF

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER OF MOUNT AUBURN HOSPITAL (MAH), THE TAX DIRECTOR OF CAREGROUP, WHICH IS THE MEMBER OF MAH AND DELOITTE TAX, LLP THE COMPLETE FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE OF MAH FOR REVIEW AND DISCUSSION A COPY OF THE COMPLETE RETURN IS THEN PROVIDED TO EACH MEMBER OF THE BOARD OF TRUSTEES OF THE FILING ENTITY PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	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 DISCLOSURE STATEMENT 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 IN ADDITION TO THE CONFLICET OF INTEREST PROCESS OUTLINED ABOVE, THE MAH OFFICE OF THE GENERAL COUNSEL AND THE CAREGROUP TAX DEPARTMENT JOINTLY ISSUE A TAX QUESTIONNAIRE TO ALL CURRENT AND FORMER MEMBERS OF THE BOARD OF TRUSTEES AS WELL AS CURRENT OFFICERS AND KEY EMPLOYEES THE TAX QUESTIONNAIRE IS DESIGNED TO GATHER THE INFORMATION NECESSARY FOR MAH TO COMPLETELY AND ACCURATELY PROCESS AND COMPLETE FORM 990 SCHEDULE L, TRANSACTIONS WITH INTERESTED PERSONS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	MOUNT AUBURN HOSPITAL (MAH) HAS A COMPENSATION COMMITTEE (THE "COMMITTEE")THAT IS COMPRISE D OF SIX MEMBERS OF THE BOARD OF TRUSTEES INCLUDING THE CURRENT CHAIRMAN OF THE BOARD OF T RUSTEES AND THE MAH CEO, WHO SERVES ON THE COMMITTEE AS AN "EX OFFICIO" MEMBER WITHOUT VOT ING 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 COMPENSATIO N REMAINS COMPETITIVE IN THE MARKETPLACE, REPRESENTS GOOD VALUE TO THE HOSPITAL FOR THE QU ALITY AND QUANTITY OF SERVICES PROVIDED AND CONSTITUTES REASONABLE TOTAL COMPENSATION TO T HE EMPLOYEE IN LIGHT OF THE EMPLOYEE'S POSITION, RESPONSIBILITIES, QUALIFICATIONS AND PERF ORMANCE IN ACCORDANCE WITH INTERNAL AND EXTERNAL REASONABLE COMPENSATION STANDARDS APPLICA BLE TO THIS TAX EXEMPT HOSPITAL - TO RECOMMEND TO THE BOARD OF TRUSTEES THE TERMS AND COND ITIONS 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 E MPLOYEE 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 T HE COMPENSATION OF HOSPITAL EMPLOYEES PRIOR TO THE HOSPITAL'S FILING OF SUCH FORMS WITH TH E REGULATORY AUTHORITIES - AS DETERMINED TO BE ADVISABLE BY THE COMMITTEE FROM TIME TO TIM E, TO ENGAGE OUTSIDE COMPENSATION CONSULTANTS AND LEGAL AND OTHER ADVISORS TO PROVIDE TO T HE COMMITTEE APPROPRIATE AND RELIABLE COMPARABLE COMPENSATION DATA FOR SIMILARLY SITUATED EMPLOYEES OF NATIONAL, REGIONAL AND LOCAL PEER INSTITUTIONS AND OTHER EXPERT ADVICE TO ASS IST THE COMMITTEE IN FULFILLING ITS RESPONSIBILITIES - TO WORK WITH THE HOSPITAL'S MANAGEM ENT AND AUDITORS TO RESOLVE, OR TO RECOMMEND TO THE BOARD OF TRUSTEES RESOLUTION OF, ANY I SSUES OF CONCERN PERTAINING TO THE COMPENSATION OF HOSPITAL EMPLOYEES THAT MAY ARISE DURIN G THE COURSE OF THE HOSPITAL'S INDEPENDENT AUDIT OR MAY BE PRESENTED IN THE INDEPENDENT AU DITOR'S MANAGEMENT LETTER TO THE HOSPITAL - TO REVIEW AND APPROVE EMPLOYEE BENEFITS PROGRA MS INCLUDING WELFARE, FRINGE AND RETIREMENT PLANS AND PROGRAMS, AND ANY MATERIAL AMENDMENT S 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 COMPETI TIVE COMPENSATION TO ITS MANAGEMENT TEAM WHILE PRESERVING THE TAX EXEMPT STATUS OF THE HOS PITAL - 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 APPROVA L THE COMMITTEE MEETS SEVERAL TIMES DURING THE YEAR TO REVIEW AND APPROVE INDIVIDUAL PERF ORMANCE GOALS FOR MANAGEMENT AND THE CEO, TO REVIEW PERFORMANCE AGAINST SUCH GOALS, TO APP ROVE INCENTIVE COMPENSATION PAY MENTS TO MANAGEMENT, TO RECOMMEND COMPENSATION PAY MENTS TO THE CEO FOR APPROVAL BY THE TRUSTEES IN COMMITTEES TO APPROVE SALARY ADJUSTMENTS FOR THE N EXT YEAR FURTHER, THE COMMITTEE WILL ADDRESS AS REQUIRED ANY CHANGES IN INDIVIDUAL OR GRO UP COMPENSATION ARRANGEMENTS AT SUCH MEETINGS THE COMMITTEE UNDERSTANDS THAT ONE OF ITS C ORE RESPONSIBILITIES IS TO ENSURE THAT THE TOTAL COMPENSATION PROVIDED TO THESE INDIVIDUAL S IS FAIR AND REASONABLE USING CURRENT AND CREDIBLE MARKET PRACTICE INFORMATION AND THAT A LL ARRANGEMENTS COMPLY WITH APPLICABLE LEGAL AND REGULATORY GUIDELINES THE COMPENSATION C OMMITTEE HAS HISTORICALLY RELIED UPON GUIDANCE OUTLINED IN WRITTEN COMPENSATION SURVEYS/ST UDIES PRODUCED UNDER AN ARRANGEMENT WITH AN INDEPENDENT COMPENSATION CONSULTING FIRM THAT REGULARLY ASSESSES EXECUTIVE COMPENSATION AND BENEFITS OF ORGANIZATIONS SIMILAR TO MAH TH E 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 F ULFILLING 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 DESCRIB ED ABOVE. TOOLS UTILIZED FOR THIS REVIEW INCLUDED THE COMPENSATION STUDY PREPARED BY THE I NDEPENDENT COMPENSATION CONSULTING FIRM CONTRACTED BY THE COMMITTEE. FURTHER, PERFORMANCE OF EACH INDIVIDUAL WAS MEASURED AGAINST PREVIOUS APPROVED GOALS AND OBJECTIVES IN DETERMIN ING INCENTIVE COMPENSATION PAY MENTS AFTER DISCUSSION AND ANALYSIS AT SEVERAL MEETINGS, TH E 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 COMPENSAT ION COMMITTEE DISCUSSED THE COMPENSATION OF THE CE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	O 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 T RUSTEES THE COMPENSATION ARRANGEMENT OF THE CEO AT A FUTURE BOARD OF TRUSTEES MEETING, TH E COMMITTEE CHAIRMAN MADE A FULL REPORT TO THE INDEPENDENT TRUSTEES OF THE COMMITTEES ANAL YSIS OF CEO COMPENSATION AND AFTER DISCUSSION RECOMMENDED THAT THE TRUSTEES APPROVE THE CE O COMPENSATION THE TRUSTEES VOTED AND APPROVED THE COMPENSATION ALL DELIBERATIONS WERE C ONTEMPORANEOUSLY DOCUMENTED IN MINUTES THE COMPENSATION OF THE MAH CEO WAS THEN ALSO APPR OVED BY THE CAREGROUP COMPENSATION COMMITTEE.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	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 OFFICES 330 MOUNT AUBURN ST CAMBRIDGE, MA 02138

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -2,926,616 TRANSFER OF UNRESTRICTED CASH TO MAPS (AFFILIATE) -9,980,928 CHANGE IN FUNDED STATUS OF EMPLOYEE BENEFIT PLANS -126,874 CHANGE IN VALUE OF LIMITED PARTNERSHIPS -1,003,322 PLEDGES RECEIVED BEYOND CASH PAYMENTS -628,361 UBIT FROM CIP -43,539 OTHER ACCOUNTING ADJUSTMENTS -2,490 ROUNDING -5 TOTAL TO FORM 990, PART XI, LINE 5 -14,712,135

Identifier	Return Reference	Explanation
	FORM 990, PART XII 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 WAS PREPARED AND SIGNED BY THE BOSTON, MA OFFICE OF KPMG THIS PROCESS IS MONITORED AND REVIEWED INTERNALLY BY THE MAH AUDIT COMMITTEE.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) ADVANCED VASCULAR CARE LLC 375 LONGWOOD AVE BOSTON, MA02215 26-1647880	TO PROVIDE MEDICAL SUPPORT SERVICES	MA	HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC	RELATED				No			No	
(2) BETH ISRAEL DEACONESS PHYSICIAN ORG LLC 110 FRANCIS STREET BOSTON, MA02215 04-3426253	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC	RELATED				No			No	
(3) BEWELL BODY SCAN LLC 25 BOYLSTON ST CHESTNUT HILL, MA02446 26-0051016	TO OPERATE A DIAGNOSTIC IMAGING CENTER	MA	BIH RADIOLOGIC FOUNDATION INC	RELATED				No			No	
(4) CAREGROUP CLINICAL RESEARCH LLC 109 BROOKLINE AVENUE BOSTON, MA02215 30-0228711	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA	NONE	RELATED				No			No	
(5) CAREGROUP INVESTMENT PARTNERSHIP LLP 109 BROOKLINE AVENUE BOSTON, MA02215 04-3278109	INVESTMENT PARTNERSHIP	MA	BETH ISRAEL DEACONESS MEDICAL CENTER	EXCLUDED	3,888,352	115,278,342		No	43,539		No	
(6) PHYSICIAN PROFESSIONAL SERVICES LLP 10 CABOT ROAD MEDFORD, MA02215 04-3275078	TO PROVIDE MEDICAL BILLING SERVICES	MA	SEE SUPPLEMENTAL EXPLANATIONS	RELATED				No			No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
(1) BIDMCCGSMC JV INC 400 HUNNEWELL ST NEEDHAM, MA02494 26-4426847	INACTIVE CO	MA	N/A	C			
(2) CHESTNUT HEALTHCARE ALLIANCE INC 148 CHESTNUT ST NEEDHAM, MA02492 04-3265117	PROVIDE SUPPORT SERVICES TO MOUNT AUBURN HOSPITAL	MA	N/A	C			
(3) MOUNT AUBURN HOSPITAL FOUNDATION INC 330 MOUNT AUBURN STREET CAMBRIDGE, MA02138 04-2898907	PHYSICIAN/ HOSPITAL ORGANIZATION	MA	N/A	C			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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 in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
	FORM 990, SCHEDULE R, PART III	THE PARTNERSHIP IS CONTROLLED 50% BY THE BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION, INC AND 50% BY THE BETH ISRAEL DEACONESS MEDICAL CENTER OBSTETRICS DO GYNECOLOGY FOUNDATION, INC

Additional Data Return to Form

Software ID:
Software Version:
EIN: 04-2103606
Name: MOUNT AUBURN HOSPITAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

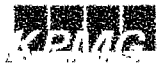
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
ASSOC PHYS HARVARD MED FAC OHY AT BUDMC 275 LONGWOOD AVE BOSTON, MA02215 32-0058309	TO PROVIDE EMERGENCY MEDICAL SERVICES	MA	501(C)(3)	LINE 11, TYPE I 509	HARVARD MED FAC PHYS AT BIDMC INC		No
BETH ISRAEL ANAESTHESIA FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA02215 04-2997215	SUPPORT PATIENT CARE, RESEARCH & TEACHING BIDMC, HMFP & HMS	MA	501(C)(3)	LINE 11A, I	HARVARD MED FAC PHYS AT BIDMC INC		No
BETH ISRAEL DEACONESS DPT MED FOUNDATION 330 BROOKLINE AVE BOSTON, MA02215 04-3079630	SUPPORT PATIENT CARE, RESEARCH & TEACHING BIDMC, HMFP & HMS	MA	501(C)(3)	LINE 11A, I	HARVARD MED FAC PHYS AT BIDMC INC		No
BI DEAC DPT NEONATOLOGY FOUNDATION 330 BROOKLINE AVE BOSTON, MA02215 20-8253452	SUPPORT PATIENT CARE, RESEARCH & TEACHING BIDMC, HMFP & HMS	MA	501(C)(3)	LINE 11A, I	HARVARD MED FAC PHYS AT BIDMC INC		No
BI DEACONESS DPT OF NEUROLOGY FOUNDATION 330 BROOKLINE AVE BOSTON, MA02215 04-3030397	SUPPORT PATIENT CARE, RESEARCH & TEACHING BIDMC, HMFP & HMS	MA	501(C)(3)	LINE 11A, I	HARVARD MED FAC PHYS AT BIDMC INC		No
BI DEAC DPT ORTHOPAEDIC SURG FOUNDATION 330 BROOKLINE AVE BOSTON, MA02215 20-4974585	SUPPORT PATIENT CARE, RESEARCH & TEACHING BIDMC, HMFP & HMS	MA	501(C)(3)	LINE 11A, I	HARVARD MED FAC PHYS AT BIDMC INC		No
BI DEACONESS DPT OF SURGERY FOUNDATION 110 FRANCIS STREET BOSTON, MA02215 02-0671240	SUPPORT PATIENT CARE, RESEARCH & TEACHING BIDMC, HMFP & HMS	MA	501(C)(3)	LINE 11A, I	HARVARD MED FAC PHYS AT BIDMC INC		No
BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM INC 148 CHESTNUT STREET NEEDHAM, MA02492 04-3229679	HOSPITAL IN NEEDHAM MA FOR TREATMENT OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	LINE 3	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE BOSTON, MA02215 04-2103881	THE OPERAION OF A WORLD CLASS ACADEMIC MEDICAL CENTER IN BOSTON, MA	MA	501(C)(3)	LINE 11A, I	CAREGROUP INC		No
BIDMC & CHILDRENS HOSPITAL MED CTR CORP 300 LONGWOOD AVE BOSTON, MA02215 04-3200113	OUTPATIENT AMBULATORY CARE CENTER IN LEXINGTON, MA	MA	501(C)(3)	LINE 11A, I	N/A		No
BIDMC OBSTETRICS AND GYNECOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA02215 04-2794855	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
BETH ISRAEL DERMATOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA02215 04-3117601	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HMFP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No

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 section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
BIH PATHOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA02215 22-2548374	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HMFP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
BIH RADIOLOGIC FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA02215 04-2571853	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HMFP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
CARDIO ASSOC PHYS OF HMFP AT BIDMC 185 PILGRIM ROAD BOST BOSTON, MA02215 04-3208878	SPECIALIZED CARDIOVASCULAR MED SVCS TO PATIENTS OF CARDIO VSUCAL INSTITUTES	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
CARDIOVASCULAR MANAGEMENT ASSOCIATES INC 185 PILGRIM ROAD BOSTON, MA02215 20-8550792	FACILITATE COMP CARDIOVASCULAR CARE, EDU, AND RESEARCH, WITHIN BIDMC, HMFP	MA	501(C)(3)	LINE 11A, I	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
CAREGROUP INC 109 BROOKLINE AVE BOSTON, MA02215 22-2629185	DEVELOP AND COORDINATE INTEGRATED HEALTH CARE DELIVERY SYSTEM	MA	501(C)(3)	LINE 11D, III-O	NONE		No
CONTINUING EDUC PROG DBA BID DEPT OF PSYCH FOUND 401 PARK DR BOSTON, MA02215 04-3242952	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HMFP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
MED CARE OF BOSTON MGMT CORP DBA AFF PHYS GROUP 400 HUNNEWELL ST NEEDHAM, MA02494 04-2810972	MEDICAL SERVICES ORGANIZATION	MA	501(C)(3)	LINE 9	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
MOUNT AUBURN PROFESSIONAL SERVICES INC 330 MOUNT AUBURN ST CAMBRIDGE, MA02138 04-3026897	OFFERING MEDICAL CARE IN GENERAL AND SPECIALIZED PRACTICES	MA	501(C)(3)	LINE 11A, I	MOUNT AUBURN HOSPITAL		No
NEW ENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVE BOSTON, MA02120 04-2103612	ORTHOPEDIC SPECIALTY HOSPITAL	MA	501(C)(3)	LINE 3	CAREGROUP INC		No
NEW ENGLAND BAPTIST MEDICAL ASSOC INC 125 PARKER HILL AVE BOSTON, MA02120 04-3326928	OUTPATIENT MEDICAL SERVICES TO THE VARIOUS COMMUNITIES SERVICED BY NEBH	MA	501(C)(3)	LINE 3	NEW ENGLAND BAPTIST HOSPITAL INC		No
RIVERBROOK CORPORATION 109 BROOKLINE AVE BOSTON, MA02215 04-2828955	TO HOLD TITLE TO PROPERTY FOR CAREGROUP, INC	MA	501(C)(2)		CAREGROUP INC		No
HMFP AT BIDMC INC 375 LONGWOOD AVE BOSTON, MA02215 22-2768204	GENERAL AND SPECIALIZED MEDICAL SERVICES TO THE PATIENTS OF BIDMC AND OTHERS	MA	501(C)(3)	LINE 9	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No

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 section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
HEART CENTER OF METROWEST INC 99 LINCOLN ST BOSTON, MA01702 03-0390670	TO PROVIDE OUTPATIENT MEDICAL SERVICES TO THE METROWEST COMMUNITIES	MA	501(C)(3)	LINE 9	CARDIOVASCULAR MANAGEMENT ASSOCIATES INC		No
BI COMMUNITY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA02215 04-2776678	INACTIVE CORPORATION	MA	501(C)(3)	LINE 7	N/A		No
CARL J SHAPIRO INSTITUTE 330 BROOKLINE AVE BOSTON, MA02215 04-3326928	DEVELOP INNOVATIVE PROG AND MODELS FOR TEACHING AND RESEARCH	MA	501(C)(3)	LINE 11A, I	N/A		No
JOSLIN CLINIC INC ONE JOSLIN PLACE BOSTON, MA02215 22-2984590	TO PROVIDE SPECIALTY MEDICAL AND RESEARCH SERVICES FOR DIABETES	MA	501(C)(3)	LINE 11A, I	N/A		No
HARVARD MEDICAL COLLABORATIVE INC 25 SHATTUCK ST BOSTON, MA02215 04-3476764	COORDINATE AND PROVIDE STATEGIC PLANNING OPP FOR HMS	MA	501(C)(3)	LINE 11A, I	N/A		No



MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidated Financial Statements
and Other Financial Information

September 30, 2011 and 2010

(With Independent Auditors' Report Thereon)

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidated Financial Statements
and Other Financial Information

September 30, 2011 and 2010

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KPMG LLP
Two Financial Center
60 South Street
Boston, MA 02111

Independent Auditors' Report

The Board of Trustees
Mount Auburn Hospital:

We have audited the accompanying consolidated balance sheets of Mount Auburn Hospital and subsidiary (the Corporation) as of September 30, 2011 and 2010, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Corporation's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Mount Auburn Hospital and subsidiary as of September 30, 2011 and 2010, and the results of their operations, changes in their net assets, and cash flows for the years then ended, in conformity with U.S. generally accepted accounting principles.

KPMG LLP

January 9, 2012

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidated Balance Sheets

September 30, 2011 and 2010

(Dollars in thousands)

Assets		2011	2010
Current assets:			
Cash and cash equivalents	$	18,234	13,114
Investments		84,692	96,931
Patient accounts receivable, net of allowance for doubtful accounts of $3,921 in 2011 and $3,841 in 2010		36,300	33,385
Estimated settlements with third-party payors		12,500	6,040
Other current assets		8,573	9,219
Total current assets		160,299	158,689
Assets limited or restricted as to use:			
Held by trustees under debt agreements		5,021	5,137
Held for specific purposes and endowments		8,773	8,950
Long-term investments		30,986	28,148
Property and equipment, net		168,897	163,224
Debt issuance costs, net		2,265	2,517
Other assets		4,441	3,612
Total assets	$	380,682	370,277
Liabilities and Net Assets			
Current liabilities:			
Accounts payable and accrued expenses	$	18,381	21,583
Accrued compensation and withholdings		15,760	16,002
Current portion of long-term debt		2,450	2,350
Total current liabilities		36,591	39,935
Long-term debt, net of current portion		111,049	113,534
Professional liability claims reserve		5,678	5,064
Other liabilities		8,048	7,281
		124,775	125,879
Total liabilities		161,366	165,814
Net assets:			
Unrestricted		209,748	194,699
Temporarily restricted		5,166	5,612
Permanently restricted		4,402	4,152
Total net assets		219,316	204,463
Total liabilities and net assets	$	380,682	370,277

See accompanying notes to consolidated financial statements.

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidated Statements of Operations

Years ended September 30, 2011 and 2010

(Dollars in thousands)

	2011	2010
Operating revenue:		
Net patient service revenue	$ 347,372	338,090
Contributions and investment income	1,982	1,096
Other revenue	10,756	10,810
Net assets released from restrictions for operating purposes	2,768	2,810
	362,878	352,806
Operating expenses:		
Salaries and benefits	214,318	208,780
Supplies and other expenses	104,932	103,207
Uncompensated care	6,922	6,357
Depreciation	16,816	16,803
Interest	6,069	6,036
	349,057	341,183
Income from operations	13,821	11,623
Nonoperating gains (losses):		
Net realized gains on sales of investment securities	3,695	3,543
Unrealized change in equity interests in limited partnerships	(1,003)	5,830
	2,692	9,373
Excess of revenue over expenses	16,513	20,996
Change in net unrealized gains on investments	(2,645)	378
Net assets released from restrictions used for the purchase of property and equipment	1,308	1,469
Change in funded status of employee postretirement benefit plan other than net periodic other postretirement benefit costs	(127)	805
Increase in unrestricted net assets	$ 15,049	23,648

See accompanying notes to consolidated financial statements.

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidated Statements of Changes in Net Assets

Years ended September 30, 2011 and 2010

(Dollars in thousands)

	Unrestricted	Temporarily restricted	Permanently restricted	Total
Net assets at September 30, 2009	$ 171,051	6,156	4,135	181,342
Excess of revenue over expenses	20,996	—	—	20,996
Contributions and other receipts	—	3,281	17	3,298
Investment income and realized gains	—	172	—	172
Change in net unrealized gains on investments	378	282	—	660
Net assets released from restrictions used for operations	—	(2,810)	—	(2,810)
Net assets released from restrictions used for the purchase of property and equipment	1,469	(1,469)	—	—
Change in funded status of employee benefit plan other than net periodic other postretirement benefit costs	805	—	—	805
	23,648	(544)	17	23,121
Net assets at September 30, 2010	194,699	5,612	4,152	204,463
Excess of revenue over expenses	16,513	—	—	16,513
Contributions and other receipts	—	3,719	250	3,969
Investment income and realized gains	—	192	—	192
Change in net unrealized gains on investments	(2,645)	(281)	—	(2,926)
Net assets released from restrictions used for operations	—	(2,768)	—	(2,768)
Net assets released from restrictions used for the purchase of property and equipment	1,308	(1,308)	—	—
Change in funded status of employee benefit plan other than net periodic other postretirement benefit costs	(127)	—	—	(127)
	15,049	(446)	250	14,853
Net assets at September 30, 2011	$ 209,748	5,166	4,402	219,316

See accompanying notes to consolidated financial statements

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidated Statements of Cash Flows

Years ended September 30, 2011 and 2010

(Dollars in thousands)

	2011	2010
Operating activities:		
Change in net assets	$ 14,853	23,121
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Change in funded status of employee postretirement benefit plan other than net periodic other postretirement benefit costs	127	(805)
Depreciation and amortization	17,052	17,047
Change in net unrealized gains on investments	3,929	(6,490)
Net realized gains on sale of investments	(3,875)	(3,699)
Restricted contributions and investment income	(3,981)	(3,314)
Changes in operating assets and liabilities:		
Patient accounts receivable	(2,915)	(1,790)
Other current assets	646	(812)
Accounts payable and accrued expenses	(2,591)	888
Accrued compensation and withholdings	(242)	(1,781)
Estimated settlements with third-party payors	(6,460)	(5,723)
Other assets and liabilities	33	1,792
Net cash provided by operating activities	16,576	18,434
Investing activities:		
Purchases of property and equipment	(22,976)	(21,665)
Net sales (purchases) of investments and assets whose use is limited or restricted	9,791	(7,629)
Net cash used in investing activities	(13,185)	(29,294)
Financing activities:		
Payments on long-term debt	(2,350)	(2,125)
Restricted contributions and investment income	4,079	3,533
Net cash provided by financing activities	1,729	1,408
Net increase (decrease) in cash and cash equivalents	5,120	(9,452)
Cash and cash equivalents at beginning of year	13,114	22,566
Cash and cash equivalents at end of year	$ 18,234	13,114

See accompanying notes to consolidated financial statements.

(1) Corporate Organization

Mount Auburn Hospital and subsidiary (the Corporation) consists of Mount Auburn Hospital (the Hospital) and Mount Auburn Professional Services, Inc. (Professional Services). The Hospital is an acute care teaching hospital with approximately 200 beds, associated with Harvard Medical School. Professional Services is a physician practice group that provides primary care, emergency unit, neurology, rheumatology, vascular, sleep disorder, obstetrical and gynecological, and other healthcare services to patients of the Hospital, and supports the Hospital's medical education programs. Intercompany transactions have been eliminated in consolidation.

The Hospital is a founding member of CareGroup, Inc. (CareGroup), an integrated healthcare delivery system designed to foster the efficient and effective delivery of healthcare while promoting the related academic mission of teaching and research. CareGroup is the sole corporate member of the Hospital, and the Hospital is the sole corporate member of Professional Services.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying consolidated financial statements have been prepared in accordance with U.S. generally accepted accounting principles and include the accounts of the Corporation and its subsidiary. Intercompany balances and transactions are eliminated in consolidation.

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

The Corporation considers events or transactions that occur after the consolidated balance sheet date, but before the consolidated financial statements are issued, to provide additional evidence relative to certain estimates or to identify matters that require additional disclosure. These consolidated financial statements were issued on January 9, 2012 and subsequent events have been evaluated through that date.

(b) Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments with a maturity of three months or less when purchased, excluding amounts whose use is limited by internal designation or other arrangements under trust agreements or by donors.

(c) Inventories

Inventories, consisting primarily of drugs and supplies, are stated at the lower of cost (first-in, first-out) or market.

(d) Assets Limited or Restricted as to Use

Assets limited or restricted as to use primarily include assets restricted by donors and assets held by trustees under long-term debt agreements.

(Continued)

(e) Investments and Investment Income

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 3 for a discussion of fair value measurements.

Investment income or loss (including realized gains and losses on investments, interest, and dividends) and unrealized changes in equity interests in limited partnerships are included in the excess of revenue over expenses unless the income is restricted by donor or law. Unrealized gains and losses on marketable investments are excluded from the excess of revenue over expenses. Periodically, the Corporation reviews investments where the market value is substantially below cost, and in cases where the decline is considered to be "other than temporary," an adjustment is recorded as a realized loss, and a new cost basis is established.

Certain investments are included in investment pools managed by CareGroup. Pooled investment income and gains and losses are allocated to participating funds based upon their respective shares of the pool. See note 8 for further information on this item.

(f) Property and Equipment

Property and equipment are stated at cost less accumulated depreciation. Depreciation is computed using the straight-line method over the estimated useful lives of depreciable assets. Such rates range from three to twenty years for equipment and ten to fifty years for buildings. Equipment under capitalized leases is amortized using the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included with depreciation expense.

The Corporation recognizes the fair value of a liability for legal obligations associated with asset retirements in the period in which it is incurred, if a reasonable estimate of the fair value of the obligation can be made. When a liability is initially recorded, the cost of the asset retirement obligation is capitalized by increasing the carrying amount of the related long-lived asset. Over time the liability is accreted to its present value each period and the capitalized cost associated with the retirement is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the actual cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support and are excluded from the excess of revenue over expenses unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long these long-lived assets must be maintained, expiration of donor restrictions is reported when the donated or acquired long-lived assets are placed in service.

(g) Debt Issuance Costs

Debt issuance costs are amortized on the bonds-outstanding method over the average term of the bonds. Accumulated amortization of bond issue costs amounted to $1,664 and $1,412 at September 30, 2011 and 2010, respectively.

(h) Professional Liability

The Corporation insures its professional liability risks on a claims-made basis in cooperation with several other Harvard-affiliated healthcare organizations through a captive insurance company, of which CareGroup holds an approximately 10% ownership interest. The Corporation maintains a program of self-insurance to cover professional liability claims incurred but not reported to the captive insurance company as of the consolidated balance sheet date. The estimated amount of accrued unasserted claims has been determined by consulting actuaries on a discounted basis using an interest rate of 2.0% in 2011 and 2.5% in 2010. Management is unaware of any claims against the Corporation or of factors affecting the captive insurance company that would cause the final expense for professional liability risks to vary materially from the amounts provided.

(i) Self-Insurance Reserves

The Corporation is self-insured for workers' compensation claims and certain other healthcare benefits offered to active employees. These costs are accounted for on an accrual basis, which requires estimates to be made for claims incurred but not yet reported as of the consolidated balance sheet date.

(j) Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Corporation has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Corporation in perpetuity.

The Corporation has interpreted state law as requiring realized and unrealized gains of permanently restricted net assets to be retained in a temporarily restricted net asset classification until appropriated by the board and expended. State law allows the board to appropriate so much of the net appreciation of permanently restricted net assets as is prudent, considering the Corporation's long-term and short-term needs, present and anticipated financial requirements, expected total return on its investments, price level trends, and general economic conditions. Annually, the board appropriates an amount based upon a 5% spending policy, which is included in "Net Assets Released from Restrictions for Operations" in the consolidated statements of operations.

(k) Excess of Revenue over Expenses

The consolidated statements of operations include the excess of revenue over expenses from operating and nonoperating activities. Operating revenues consist of those items attributable to the care of patients, including contributions and investment income on unrestricted investments, which are utilized to provide charity care and other operational support. Peripheral activities, including realized gains on sales of investment securities and unrealized changes in equity interests in limited

partnerships, are reported as nonoperating gains. Changes in unrestricted net assets, which are excluded from the excess of revenue over expenses, include unrealized gains or losses on marketable investments, contributions of long-lived assets (including assets acquired using contributions, which by donor restriction were to be used for the purposes of acquiring such assets), changes in funded status of employee benefit plans, and transfers to or from affiliated organizations.

(l) Revenue Recognition

The Corporation has entered into payment agreements with Medicare, Blue Cross, Medicaid, and various commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment under these agreements varies and includes prospectively determined rates per discharge or per visit, discounts from established charges, capitated rates, cost (subject to limits), fee screens, and prospectively determined daily rates.

Approximately 23% and 22% of the Corporation's net revenue in 2011 and 2010, respectively, relates to risk-sharing agreements with third-party payors, including risk pools and capitation agreements. Net revenue associated with these contracts is recognized based upon management's estimate of its ultimate performance under the arrangements.

Net patient service revenue is reported at estimated net realizable amounts from patients, third-party payors, and others for services rendered, and includes estimated retroactive revenue adjustments due to future audits, reviews, and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits or review.

Revenue from the Medicare and Medicaid programs accounted for approximately 31% and 33% of the Corporation's net patient revenue in 2011 and 2010, respectively. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a significant amount. Net patient service revenue increased by approximately $4,941 in 2011 and $2,802 in 2010 due to removal of allowances previously estimated that are no longer necessary as a result of final settlements and years that are no longer subject to audits or review.

(m) Uncompensated Care and Provision for Bad Debts

The Hospital provides care without charge or at amounts less than its established rates, to patients who meet certain criteria under its charity care policy. Essentially, the policy defines charity services as those services for which no payment is anticipated. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue except to the extent reimbursed by the statewide Health Safety Net (HSN).

The Hospital grants credit without collateral to patients, most of whom are local residents and are insured under third-party agreements. Additions to the allowance for doubtful accounts are made by means of the provision for bad debts. Accounts written off as uncollectible are deducted from the allowance and subsequent recoveries are added. The amount of the provision for bad debt is based

upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental healthcare coverage, and other collection indicators.

(n) Donations

Unconditional promises to give cash and other assets to the Corporation are reported at fair value at the date the promise is received. Conditional promises to give, and indications of intentions to give, are reported at fair value at the date the gift is received or the conditional promise becomes unconditional. Gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations as net assets released from restrictions.

(o) Income Tax Status

The Hospital and Professional Services have previously been determined by the Internal Revenue Service to be organizations described in Internal Revenue Code (the Code) Section 501(c)(3) and, therefore, are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code.

The Corporation recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. Recognized income tax positions are measured at the largest amount that is greater than fifty percent likely of being realized upon settlement. Changes in recognition in measurement are reflected in the period in which the change in judgment occurs. The Corporation did not recognize the effect of any income tax positions in either 2011 or 2010.

(p) Fair Value of Financial Instruments

The carrying amount of cash and cash equivalents, patient accounts receivable, contributions receivable, accounts payable and accrued expenses approximate fair value because of the short maturity of these instruments.

Long-term debt instruments are carried at cost which approximates fair value. Utilizing available market pricing information provided by a third-party, the Corporation's estimated fair value of long-term debt as of September 30, 2011 is approximately $119,303.

(q) Recently Issued Accounting Pronouncements

In July 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2011-07, Health Care Entities (Topic 954): *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities* (ASU 2011-07), which requires certain health care entities to change the presentation of their statement of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts). Additionally, those health care entities

are required to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts. The amendments also require disclosures of patient service revenue (net of contractual allowances and discounts) as well as qualitative and quantitative information about changes in the allowance for doubtful accounts. ASU 2011-07 is effective effective for the Corporation's fiscal year beginning October 1, 2012, and the change in presentation is not expected to significantly impact the Corporation's financial position, results of operations or cash flows.

In August 2010, the FASB issued ASU No. 2010-23, *Health Care Entities* (Topic 954)· *Measuring Charity Care for Disclosure* (ASU 2010-23), which standardizes cost as a basis for charity care disclosures and specifies the elements of cost to be used in charity care disclosures. ASU 2010-23 is effective for the Corporation's fiscal year beginning October 1, 2011 and is not expected to significantly impact the Corporation's financial position, results of operations or cash flows although additional disclosures may be required.

Also in August 2010, the FASB issued ASU No. 2010-24, Health Care Entities (Topic 954): *Presentation of Insurance Claims and Related Insurance Recoveries* (ASU 2010-24), which eliminates the practice of netting claim liabilities with expected related insurance recoveries for balance sheet presentation. Claim liabilities are to be determined with no regard for recoveries and presented gross. Expected recoveries are presented separately. ASU 2010-24 is effective for the Corporation's fiscal year beginning October 1, 2011 and is not expected to significantly impact the Corporation's financial position, results of operations or cash flows.

(r) Reclassifications

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

(3) Investments and Assets Limited or Restricted as to Use

The Corporation invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the consolidated financial statements.

Fair value represents the price that would be received upon the sale of an asset or paid upon the transfer of a liability in an orderly transaction between market participants as of the measurement date. Financial instruments that are measured and reported at fair value are classified and disclosed in one of the following categories:

- Level 1 – quoted prices (unadjusted) in active markets that are accessible at the measurement date for assets or liabilities. Level 1 includes debt and equity securities that trade in an active exchange market, as well as U.S. Treasury securities;

- Level 2 – observable prices that are based on inputs not quoted in active markets, but corroborated by market data. This category generally includes certain U.S. governmental and agency mortgage-backed debt securities, corporate debt securities, and some alternative investments; and
- Level 3 – unobservable inputs are used when little or no market data is available. Significant professional judgment is used in determining the fair value assigned to such assets or liabilities. This category includes financial instruments whose value is determined using pricing models, discounted cash flow methodologies or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation. Investments that are included in this category generally include limited partnerships, private equity, real estate funds, and hedge funds.

Following is a description of the valuation methodologies used for assets at fair value:

Cash and cash equivalents: Money market funds are valued at the net asset value (NAV) reported by the financial institution.

Equities: Valued at the closing price reported on an active market on which the individual securities are traded.

Private equities, hedge funds, and real assets: The estimation of fair value of investments in investment companies for which investment does not have a readily determinable value is made using the NAV per share or its equivalent as a practical expedient.

The Corporation owns interests in alternative investment funds rather than in the securities underlying each fund and, therefore, it is generally required to consider such investments as Level 2 or 3 for purposes of applying ASC 820-10, even though the underlying securities may not be difficult to value or may be readily marketable. The Corporation has applied the provisions of Accounting Standards Update 2009-12, *Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)*, for its alternative investments. This standard allows for the estimation of the fair value of investments in investment companies for which the investment does not have a readily determinable value using NAV per share or its equivalent as a practical expedient. The Corporation has utilized the NAV reported by each of the underlying funds as a practical expedient to estimate the value of the investment. Also, because the Corporation uses NAV as a practical expedient to estimate fair value, the level in the fair value hierarchy in which each fund's fair value measurement is classified is based primarily on the Corporation's ability to redeem its interest in the fund at or near the date of the consolidated balance sheet. Accordingly, the inputs or methodology used for valuing or classifying investments for financial reporting purposes are not necessarily an indication of the risk associated with investing in those investments or a reflection on the liquidity of each fund's underlying assets and liabilities.

Fixed income: The accounts invest principally in fixed income instruments and debt instruments. Account investments are primarily valued using market quotations or prices obtained from independent pricing sources which may employ various pricing methods to value the investments including matrix pricing.

(In thousands of dollars)

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Corporation believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth the Corporation's consolidated financial assets that were accounted for at fair value on a recurring basis as of September 30, 2011. Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement and include related strategy, liquidity, and funding commitments:

	Level 1	Level 2	Level 3	Total	Redemption period frequency	Days notice
Investments						
Domestic equities	$ 9,916	5,598	—	15,514	Daily/Quarterly	1 – 60
Global equities	—	15,045	4,614	19,659	Daily/Illiquid	1 – 30 and N/A
Private equity and venture capital	—	—	3,481	3,481	Illiquid	N/A
Absolute return and hedged equity	—	8,143	28,116	36,259	Monthly/Illiquid	30 and N/A
Credit related	—	—	16,398	16,398	Illiquid	N/A
Real assets	—	—	7,230	7,230	Annually/Illiquid	360 and N/A
Fixed income	4,195	—	4,212	8,407	Daily/Annually	1 – 360
Cash and cash equivalents	22,524	—	—	22,524	Daily	1
Total	$ 36,635	28,786	64,051	129,472		

Global equities of $19,659 noted in the table above are comprised of the following strategies: 28% Developed Markets, 38% Global Value, 15% Emerging Markets (actively managed), 13% Emerging Markets (fund of funds) and 6% Emerging/Frontier markets small cap.

Absolute return and hedged equity of $36,259 noted in the table above are comprised of the following strategies: 55% Event driven, 14% Equity Long/Short, 9% Relative Value and 22% Open Mandate.

The following table presents additional information about the changes in Level 3 assets measured at fair value for the year ended September 30, 2011:

	Fair value measurements using significant unobservable inputs					
	Beginning balance	Net purchases (sales)	Net realized gains (losses)	Changes in net unrealized gains (losses)	Transfers into (out of) Level 3	Ending balance
Global equities	$ 123	5,523	(117)	(915)	—	4,614
Private equity and venture capital	2,602	468	157	254	—	3,481
Absolute return and hedged equity	21,929	5,579	40	(191)	759	28,116
Credit related	18,257	(798)	(339)	(722)	—	16,398
Real assets	7,305	(282)	369	(162)	—	7,230
Fixed income	3,303	832	—	77	—	4,212
Total	$ 53,519	11,322	110	(1,659)	759	64,051

(Continued)

(In thousands of dollars)

The following table describes the redemption frequency or liquidity of investments as of September 30, 2011:

	Daily	Weekly/ Monthly	Quarterly	Annually	Illiquid	Total
Domestic equities	$ 9,916	386	5,212	—	—	15,514
Global equities	2,153	9,556	3,336	—	4,614	19,659
Private equity and venture capital	—	—	—	—	3,481	3,481
Absolute return and hedged equity	—	—	2,592	22,737	10,930	36,259
Credit related	—	—	—	7,395	9,003	16,398
Real assets	—	—	1,197	—	6,033	7,230
Fixed income	4,195	—	956	—	3,256	8,407
Cash and cash equivalents	22,524	—	—	—	—	22,524
Total	$ 38,788	9,942	13,293	30,132	37,317	129,472

The following table sets forth the Corporation's consolidated financial assets that were accounted for at fair value on a recurring basis as of September 30, 2010. Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement and include related strategy, liquidity, and funding commitments:

	Level 1	Level 2	Level 3	Total	Redemption period frequency	Days notice
Investments						
Domestic equities	$ 2,490	10,584	—	13,074	Daily-Quarterly	1 – 60
Global equities	—	18,879	123	19,002	Daily-Illiquid	1 – 30 and N/A
Private equity and venture capital	—	—	2,602	2,602	Illiquid	N/A
Absolute return and hedged equity	—	14,847	21,929	36,776	Monthly-Illiquid	30 and N/A
Credit related	—	—	18,257	18,257	Illiquid	N/A
Real assets	—	—	7,305	7,305	Annually-Illiquid	360 and N/A
Fixed income	4,131	—	3,303	7,434	Daily-Annually	1 – 360
Cash and cash equivalents	34,716	—	—	34,716	Daily	1
Total	$ 41,337	44,310	53,519	139,166		

Global equities of $19,002 noted in the table above are comprised of the following strategies: 28% Developed Markets, 34% Global Value, 12% Emerging Markets (actively managed), and 26% Emerging Markets (fund of funds).

Absolute return and hedged equity of $36,776 noted in the table above are comprised of the following strategies: 38% Arbitrage-Distressed, 39% Global Long-Short and 23% Open Mandate.

(In thousands of dollars)

The following table presents additional information about the changes in Level 3 assets measured at fair value for the year ended September 30, 2010:

	Fair value measurements using significant unobservable inputs				
	Beginning balance	Net purchases (sales)	Net realized gains (losses)	Changes in net unrealized gains (losses)	Ending balance
Domestic equities	$ 2,453	(2,608)	824	(669)	—
Global equities	490	(174)	47	(240)	123
Private equity and venture capital	1,834	476	(211)	503	2,602
Absolute return and hedged equity	15,577	3,170	603	2,579	21,929
Credit related	15,424	(3,432)	1,130	5,135	18,257
Real assets	5,865	564	(233)	1,109	7,305
Fixed income	2,841	—	—	462	3,303
Total	$ 44,484	(2,004)	2,160	8,879	53,519

The following table describes the redemption frequency or liquidity of investments as of September 30, 2010:

	Daily	Weekly/ Monthly	Quarterly	Annually	Illiquid	Total
Domestic equities	$ 6,549	—	6,525	—	—	13,074
Global equities	3,218	12,539	3,122	—	123	19,002
Private equity and venture capital	—	—	—	—	2,602	2,602
Absolute return and hedged equity	—	—	12,382	13,737	10,657	36,776
Credit related	—	—	—	6,798	11,459	18,257
Real assets	—	—	1,238	—	6,067	7,305
Fixed income	4,131	—	1,101	—	2,202	7,434
Cash and cash equivalents	34,716	—	—	—	—	34,716
Total	$ 48,614	12,539	24,368	20,535	33,110	139,166

Commitments

Private equity and venture capital, credit related, and real asset investments are generally made through limited partnerships. Under the terms of these agreements, the Corporation is obligated to remit additional funding periodically as capital or liquidity calls are exercised by the manager. These partnerships have a limited existence, generally up to ten years. At September 30, 2011 the Corporation projects that the commitments to these partnerships will be exercised by the managers as follows:

Fiscal year	Private equity and venture capital	Credit related	Real assets	Total
2012 – 2021	$ 2,904	5,159	3,298	11,361

(Continued)

(In thousands of dollars)

Investment income and gains (losses) on investments and assets limited or restricted as to use consisted of the following for the years ended September 30:

	2011	2010
Unrestricted:		
Excess of revenue over expenses:		
Interest and dividend income (expense)	$ 28	(13)
Net realized gains on sale of securities	3,695	3,543
Unrealized change in equity interests in limited partnerships	(1,003)	5,830
	2,720	9,360
Change in net unrealized gains	(2,645)	378
	75	9,738
Temporarily restricted:		
Interest and dividend income	12	16
Net (losses) gains on investments	(101)	438
Restricted investment income	(89)	454
	$ (14)	10,192

(4) Property and Equipment

Property and equipment consisted of the following at September 30:

	2011	2010
Land	$ 3,489	3,489
Building and improvements	204,748	192,527
Equipment	194,511	184,259
Construction in progress	2,009	2,112
	404,757	382,387
Less accumulated depreciation	(235,860)	(219,163)
	$ 168,897	163,224

As of September 30, 2011, the Hospital had commitments for various construction projects totaling approximately $6,749.

The Hospital capitalized interest expense, net, on construction in progress in the amount of $0 and $129 for the years ended September 30, 2011 and 2010, respectively.

(In thousands of dollars)

(5) Long-Term Debt

Long-term debt consisted of the following at September 30:

		2011	2010
Fixed rate debt:			
Massachusetts Health and Educational Facilities Authority (MHEFA) Revenue Bonds:			
CareGroup Series B (5.000% to 5.375%)	$	14,218	14,218
CareGroup Series D (4.000% to 5.250%)		40,450	42,800
CareGroup Series E-1 (5.125%)		59,640	59,640
		114,308	116,658
Unamortized original issue discounts, net		(809)	(774)
		113,499	115,884
Less current portion		(2,450)	(2,350)
	$	111,049	113,534

The Corporation is a member of the CareGroup Obligated Group (the Obligated Group), which consists of CareGroup and certain of its subsidiaries and affiliates. Members of the Obligated Group are jointly and severally liable for amounts outstanding under the CareGroup Series Revenue Bonds and certain other previously issued and outstanding Massachusetts Health and Educational Facilities Authority revenue bonds, which together aggregated $626,450 at September 30, 2011. The Obligated Group is required to maintain a minimum number of days cash on hand, a minimum debt service coverage ratio, a maximum debt capitalization ratio, and comply with certain other covenants as specified in the Master Trust Indenture. In addition, the MHEFA Revenue Bonds are collateralized by a lien on gross receipts from each member of the Obligated Group and a mortgage on certain property of each hospital in the Obligated Group. The terms of certain of these debt agreements require the establishment of reserve funds, which are held by trustees (note 6). During 1999, the Corporation drew $15 million of the Series B issue, which is reported on the consolidated financial statements of the Hospital. Interest accrues monthly and is paid semi-annually.

Under the terms of the CareGroup Series B bonds, the Hospital has the option of recycling each annual principal payment into a new loan with a separate payment schedule, but with terms identical to the original debt. The Hospital has historically elected to recycle these principal payments on an annual basis. The Hospital intends to continue to recycle its principal payments and, therefore, has classified all of its Series B debt as long-term.

Interest paid during 2011 and 2010 amounted to $5,857 and $5,963, respectively.

(Continued)

(In thousands of dollars)

The combined aggregate amount of maturities for the five fiscal years and thereafter succeeding September 30, 2011 is as follows:

2012	$	2,450
2013		2,525
2014		2,625
2015		2,750
2016		2,825
Thereafter		101,133
	$	114,308

(6) Assets Held by Trustees

Assets held by trustees include amounts held in trust under the requirements of various debt agreements. The terms of MHEFA Revenue Bonds require the establishment of certain reserve funds, which are held by trustees. These funds, principally comprised of cash, cash equivalents, and government securities, are carried at fair market value and are as follows:

		September 30	
		2011	2010
Debt agreements:			
Debt service reserve fund	$	4,255	4,372
Debt service funds		766	765
	$	5,021	5,137

(7) Leases

The Corporation leases office space under various operating leases. Minimum lease payments for the Corporation under these noncancelable operating leases at September 30, 2011 were as follows:

		Operating leases
Year ending September 30:		
2012	$	5,127
2013		5,423
2014		5,408
2015		4,734
2016		4,552
Thereafter		14,130
	$	39,374

(Continued)

(In thousands of dollars)

Rent expense amounted to approximately $5,402 and $5,139 for the years ended September 30, 2011 and 2010, respectively.

(8) Transactions with CareGroup and Affiliates

(a) Investments

The Hospital is a partner in the CareGroup Investment Partnership which holds and manages certain investments on behalf of the Hospital. The Hospital made net withdrawals of $1,181 and net contributions of $15,866 from/to the Partnership during 2011 and 2010 respectively. The total market value of all the Hospital's investments held by the Partnership was $122,010 at September 30, 2011.

(b) Operations

The Corporation pays management fees to CareGroup based upon its allocated share of CareGroup's costs. These fees were $831 in 2011 and $592 in 2010.

During the years ended September 30, 2011 and 2010, the Hospital was reimbursed $430 and $404, respectively, from other members of CareGroup for information systems and reinsurance administrative services provided by the Hospital. These reimbursements have been reflected in the accompanying consolidated financial statements as other revenue.

The Corporation also receives certain information systems services, patient care, teaching, and administrative services provided by other members of CareGroup. The Corporation reimburses the costs of providing such services. Reimbursements to other members of CareGroup totaled $1,980 and $1,854 for the years ended September 30, 2011 and 2010, respectively. These payments have been reflected in the accompanying consolidated financial statements as supplies and other expenses.

(9) Community Benefits and Uncompensated Care

The cost of unreimbursed charity and other uncompensated care consisted of the following for the years ended September 30:

		2011	2010
Unreimbursed charity care	$	3,940	3,191
Uncompensated care		6,922	6,357
	$	10,862	9,548

(Continued)

(In thousands of dollars)

(a) Unreimbursed Charity Care

The amount of charity care at established charges and the estimated cost of unreimbursed charity care provided are comprised of the following components for the years ended September 30:

		2011	2010
Charity care – at established charges	$	10,670	10,595
Estimated cost of charity care	$	5,349	5,292
Less reimbursement from the HSN		(1,409)	(2,101)
Unreimbursed charity care – at cost	$	3,940	3,191

(b) Uncompensated Care

The Hospital also provides for the delivery of charity care to the indigent statewide through payments to the HSN, which is operated by the Commonwealth of Massachusetts. In addition, the Corporation provides services, which were not paid by patients and, therefore, are recorded as provision for bad debts. The gross obligation to the HSN for the delivery of charity care to the indigent statewide and bad debts are reported as uncompensated care expense in the consolidated statements of operations as follows:

		September 30	
		2011	2010
Gross obligation to the HSN for the delivery of charity care to the indigent statewide	$	1,953	2,300
Provision for bad debts		4,969	4,057
Uncompensated care expense	$	6,922	6,357

(10) Employee Benefit Plan

The Corporation offers a defined contribution pension plan (the Plan) covering substantially all employees. The Corporation's contributions to the Plan represent a percentage, as defined in the plan agreement, of each participating employee's annual compensation. Participants may also make voluntary contributions to the Plan up to certain limits as defined in the plan agreement. Contributions under the Plan were $7,770 and $7,204 for 2011 and 2010, respectively.

(11) Postretirement Benefits Other than Pensions

The Hospital has a defined benefit postretirement plan (the Postretirement Plan), which provides health benefits to eligible retired employees. Under the Hospital's plan, retirees receiving benefits at September 30, 1993, and employees who had attained the age of 55 with five years of service whose age plus years of service was equal to or greater than 65 at September 30, 1993, are eligible to receive benefits. No other employees or retirees are eligible to receive benefits under the Postretirement Plan, nor are any

(In thousands of dollars)

benefits being earned by other employees or retirees. The Postretirement Plan is not funded. In addition, the Corporation maintains a nonqualified Supplemental Executive Retirement Plan (SERP) established in 2005 for certain key employees. The SERP plan is not funded.

The Hospital recognizes the funded status of its postretirement benefit and SERP plans, measured as the difference between the fair value of the plan assets and the accumulated benefit obligation, as liabilities in its consolidated balance sheet and recognizes the changes in that funded status in the year in which the changes occur through changes in unrestricted net assets. Net unrecognized actuarial gains and prior service costs are recognized in future periods as postretirement benefit cost, as required by ASC 715-60.

The estimated amounts that will be amortized from unrestricted net assets into net postretirement benefit cost in 2012 are as follows:

Unrecognized gain at adoption	$	(30)
Unrecognized prior service cost at adoption		205
	$	175

Additional actuarial gains and losses that arise in subsequent periods, and are not recognized as net postretirement benefit cost in the same period, will be recognized as a component of unrestricted net assets. These future actuarial gains and losses will be recognized as a component of net postretirement benefit cost.

The following table sets forth the components of net postretirement benefit costs at September 30:

		2011	2010
Service cost for benefits earned during the year	$	280	389
Interest cost on projected benefit obligation		195	162
Net amortization		158	223
Settlement of loss not yet reclassified		—	169
Net periodic postretirement benefit expense	$	633	943

(Continued)

(In thousands of dollars)

The following table sets forth the funded status and the amounts recognized in the consolidated balance sheets as of September 30, as a component of other liabilities:

		2011	2010
Change in benefit obligation:			
Benefit obligation at beginning of year	$	4,415	5,683
Service cost		280	389
Interest cost		195	162
Benefits paid		(131)	(1,417)
Actuarial loss (gain)		295	(305)
Assumption changes		(10)	(97)
Benefit obligation at end of year	$	5,044	4,415

The following table sets forth the amounts not yet reflected in net other postretirement benefit costs and included in the change in unrestricted net assets at September 30:

		2011	2010
Unrecognized prior service cost	$	(742)	(948)
Unrecognized actuarial gain		20	352
	$	(722)	(596)

Medical cost trend rates no longer have any effect on the Postretirement Plan because the Hospital's provided benefits are limited to a fixed amount per month per participant, and in both 2011 and 2010, the cost of these benefits exceed the limit.

The discount rate used in determining the accumulated postretirement benefit obligations was 4.0% in 2011 and 4.5% in 2010.

(12) Contingencies

The Hospital and Professional Services are parties in various legal proceedings and potential claims arising in the ordinary course of its business. In addition, the healthcare industry as a whole is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at the time. Recently, government activity has increased with respect to investigations and allegations concerning possible violations by healthcare providers, of regulations that could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenue from patient services.

(Continued)

(In thousands of dollars)

(13) Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets consisted of the following at September 30:

	2011	2010
Donor restricted for operations	$ 2,714	2,714
Donor restricted for capital	507	604
Accumulated net realized and unrealized gains on permanently restricted donations subject to spending policy	1,945	2,294
	$ 5,166	5,612

Permanently restricted net assets consisted of the following at September 30:

	2011	2010
Principal to be held in perpetuity, income from which is:		
Restricted for specific purposes	$ 3,511	3,261
Unrestricted	891	891
	$ 4,402	4,152

(14) Concentrations of Credit Risk

The Corporation grants credit without collateral to its patients, many of whom are local residents and are insured under third-party payor agreements. Management estimates that accounts receivable, net of contractual allowances, were comprised of the following at September 30:

	2011	2010
Medicare	32%	27%
Medicaid	6	7
Blue Cross	20	19
Commercial insurance and managed care	35	39
Patient	7	8
	100%	100%

The Corporation maintains its cash accounts at various financial institutions. Accounts at certain financial institutions are insured up to $250 per depositor by the Federal Deposit Insurance Corporation (FDIC). At September 30, 2011, the Corporation had cash balances of approximately $1,799 in excess of insured limits. In addition to FDIC insurance, several of the financial institutions where the Corporation maintains accounts are covered by the Depositors Insurance Fund (DIF) which provides unlimited coverage beyond the standard FDIC limits. The Corporation had cash balances with institutions that do not provide this additional coverage of approximately $1,667 at September 30, 2011.

(Continued)

(In thousands of dollars)

The Corporation has not experienced any losses in such amounts, and monitors the creditworthiness of the financial institutions with which it conducts business. Management believes that the Corporation is not exposed to any significant credit risk with respect to its cash balances.

(15) Functional Expenses

The Corporation provides general healthcare services to residents within its geographic location. Expenses related to providing these services are as follows for the years ended September 30:

		2011	2010
Healthcare services	$	286,160	281,516
General and administrative		62,897	59,667
	$	349,057	341,183

(16) Endowment

The Corporation has adopted the provisions of ASC 958-205 which provides guidance on required disclosures about endowment funds. The Corporation's endowment consists of approximately 16 individual funds established for a variety of purposes including both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

(a) Relevant Law

Effective July 2, 2009, the Uniform Prudent Management of Institutional Funds Act (UPMIFA) was adopted by the Commonwealth of Massachusetts. This replaces a previous law, UMIFA, the Uniform Management of Institutional Funds Act. Under UMIFA, spending below the historic dollar value of an endowment was not permitted; the accounting definition of permanently restricted funds was the historic-dollar-value of a donor-restricted gift to endowment.

Under UPMIFA, the historic-dollar-value threshold is eliminated, and the governing board has discretion to determine appropriate expenditures of a donor-restricted endowment fund in accordance with a robust set of guidelines about what constitutes prudent spending. UPMIFA permits the Corporation to appropriate for expenditure or accumulate so much of an endowment fund as the Corporation determines to be prudent for the uses, benefits, purposes and duration for which the endowment fund is established. Seven criteria are to be used to guide the Corporation in its yearly expenditure decisions: 1) duration and preservation of the endowment fund; 2) the purposes of the Corporation and the endowment fund; 3) general economic conditions; 4) effect of inflation or deflation; 5) the expected total return from income and the appreciation of investments; 6) other resources of the Corporation; and, 7) the investment policy of the Corporation.

Although UPMIFA offers short-term spending flexibility, the explicit consideration of the preservation of funds among factors for prudent spending suggests that a donor-restricted

(In thousands of dollars)

endowment fund is still perpetual in nature. Under UPMIFA, the Board is permitted to determine and continue a prudent payout amount, even if the market value of the fund is below historic dollar value. There is an expectation that, over time, the permanently restricted amount will remain intact. This perspective is aligned with the accounting standards definition that permanently restricted funds are those that must be held in perpetuity even though the historic-dollar-value may be dipped into on a temporary basis.

In accordance with appropriate accounting standards, the Corporation classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified as permanently restricted net assets, is classified as temporarily restricted net assets, until appropriated for spending by the Board of Trustees.

Endowment net asset composition, by type of fund consists of the following at September 30, 2011:

	Temporarily restricted	Permanently restricted	Total
Donor-restricted endowment funds:			
Clinical	$ 2,075	1,788	3,863
Teaching	26	1,723	1,749
Other	18	891	909
Total endowed net assets	$ 2,119	4,402	6,521

(Continued)

(In thousands of dollars)

Changes in endowment net assets for the year ended September 30, 2011 are as follows:

	Temporarily restricted	Permanently restricted	Total
Endowment net assets, October 1, 2010	$ 2,320	4,152	6,472
Investment return:			
Investment income, net	1	—	1
Net losses	(104)	—	(104)
Total investment return	(103)	—	(103)
Contributions	255	250	505
Appropriation of endowment assets for expenditure	(353)	—	(353)
Endowment net assets, September 30, 2011	$ 2,119	4,402	6,521

Endowment net asset composition by type of fund consists of the following at September 30, 2010:

	Temporarily restricted	Permanently restricted	Total
Donor-restricted endowment funds:			
Clinical	$ 2,187	1,788	3,975
Teaching	25	1,473	1,498
Other	108	891	999
Total endowed net assets	$ 2,320	4,152	6,472

(Continued)

(In thousands of dollars)

Changes in endowment net assets for the year ended September 30, 2010 are as follows:

	Temporarily restricted	Permanently restricted	Total
Endowment net assets, October 1, 2009	$ 2,156	4,135	6,291
Investment return:			
Investment losses, net	(1)	—	(1)
Net gains	433	—	433
Total investment return	432	—	432
Contributions	—	17	17
Appropriation of endowment assets for expenditure	(268)	—	(268)
Endowment net assets, September 30, 2010	$ 2,320	4,152	6,472

(b) Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below their original contributed value. There were 7 funds with such deficiencies as of September 30, 2011 and no funds with deficiencies as of September 30, 2010.

(c) Return Objectives and Risk Parameters

The Corporation has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Corporation must hold in perpetuity or for a donor-specified period as well as board-designated funds. The primary investment objective of the management of the endowment fund is to maintain and grow the fund's real value by generating average annual real returns that meet or exceed the spending rate, after inflation, management fees and administrative costs. Consistent with this goal, the Board of Trustees and the Investment Committee intend that the endowment fund be managed with an intention to: maximize total returns consistent with prudent levels of risk; reduce portfolio risk through asset allocation and diversification.

(Continued)

(d) Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Corporation relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Investment Committee is responsible for establishing an asset allocation policy. The asset allocation policy is designed to attempt to achieve diversity among capital markets and within capital markets, by investment discipline and management style. The Investment Committee designs a policy portfolio in light of the endowment's needs for liquidity, preservation of purchasing power and risk tolerances. There is no limitation on the types of investments in which the endowment fund may be invested, and it is intended that the Board of Trustees and the Investment Committee have the broadest flexibility as to the selection of investments for the endowment fund.

The Corporation targets a diversified asset allocation that places emphasis on investments in domestic and international equities, fixed income, real assets, private equity and hedge funds strategies to achieve its long-term return objectives within prudent risk constraints. The Investment Committee reviews the policy portfolio asset allocation, exposures and risk profile on an ongoing basis.

(e) Spending Policy and How the Investment Objectives Relate to Spending Policy

Under the Corporation's current long-term investment spending policy, which is within the guidelines specified under state law, 5% of the average of the fair value of qualifying long-term investments applied to a three-year moving average with a one-year lag is appropriated. This amounted to $250 and $254 for the years ending September 30, 2011 and 2010, respectively.

In establishing these policies, the Corporation considered the expected return on its endowment and its programming needs. Accordingly, the Corporation expects the current spending policy to allow its endowment to maintain its purchasing power and to provide a predictable and stable source of revenue to the annual operating budget. Additional real growth will be provided through new gifts, any excess investment return or additions by the Board of Trustees.

KPMG LLP
Two Financial Center
60 South Street
Boston, MA 02111

Independent Auditors' Report on Other Financial Information

The Board of Trustees
Mount Auburn Hospital:

We have audited and reported separately herein on the consolidated financial statements of Mount Auburn Hospital and subsidiary as of and for the years ended September 30, 2011 and 2010.

Our audits were made for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations of the individual affiliates. The consolidating information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and, in our opinion, is fairly stated in all material respects in relation to the consolidated financial statements.

KPMG LLP

January 9, 2012

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidating Balance Sheet

September 30, 2011

(Dollars in thousands)

Assets	Mount Auburn Hospital	Mount Auburn Professional Services, Inc.	Eliminations	Consolidated
Current assets				
Cash and cash equivalents	$ 18,160	74	—	18,234
Investments	84,692	—	—	84,692
Patient accounts receivable, net	33,167	3,133	—	36,300
Estimated settlements with third-party payors	4,362	8,138	—	12,500
Other current assets	6,578	1,995	—	8,573
Total current assets	146,959	13,340	—	160,299
Assets limited or restricted as to use				
Held by trustees under debt agreements	5,021	—	—	5,021
Held for specific purposes and endowments	8,660	113	—	8,773
Long-term investments	30,986	—	—	30,986
Property and equipment, net	162,448	6,449	—	168,897
Debt issuance costs, net	2,265	—	—	2,265
Other assets	4,441	—	—	4,441
Total assets	$ 360,780	19,902	—	380,682

(Continued)

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidating Balance Sheet

September 30, 2011

(Dollars in thousands)

Liabilities and Net Assets		Mount Auburn Hospital	Mount Auburn Professional Services, Inc.	Eliminations	Consolidated
Current liabilities					
Accounts payable and accrued expenses	$	16,781	1,600	—	18,381
Accrued compensation and withholdings		13,641	2,119	—	15,760
Current portion of long-term debt		2,450	—	—	2,450
Total current liabilities		32,872	3,719	—	36,591
Long-term debt, net of current portion		111,049	—	—	111,049
Professional liability claims reserve		3,062	2,616	—	5,678
Other liabilities		7,494	554	—	8,048
		121,605	3,170	—	124,775
Total liabilities		154,477	6,889	—	161,366
Net assets					
Unrestricted		196,848	12,900	—	209,748
Temporarily restricted		5,053	113	—	5,166
Permanently restricted		4,402	—	—	4,402
Total net assets		206,303	13,013	—	219,316
Total liabilities and net assets	$	360,780	19,902	—	380,682

See accompanying independent auditors' report on other financial information

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidating Balance Sheet

September 30, 2010

(Dollars in thousands)

Assets		Mount Auburn Hospital	Mount Auburn Professional Services, Inc.	Eliminations	Consolidated
Current assets					
Cash and cash equivalents	$	12,787	327	—	13,114
Investments		96,931	—	—	96,931
Patient accounts receivable, net		30,039	3,346	—	33,385
Estimated settlements with third-party payors		(237)	6,277	—	6,040
Other current assets		7,390	1,829	—	9,219
Total current assets		146,910	11,779	—	158,689
Assets limited or restricted as to use					
Held by trustees under debt agreements		5,137	—	—	5,137
Held for specific purposes and endowments		8,832	118	—	8,950
Long-term investments		28,148	—	—	28,148
Property and equipment, net		157,704	5,520	—	163,224
Debt issuance costs, net		2,517	—	—	2,517
Other assets		3,612	—	—	3,612
Total assets	$	352,860	17,417	—	370,277

(Continued)

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidating Balance Sheet

September 30, 2010

(Dollars in thousands)

Liabilities and Net Assets		Mount Auburn Hospital	Mount Auburn Professional Services, Inc.	Eliminations	Consolidated
Current liabilities					
Accounts payable and accrued expenses	$	20,391	1,192	—	21,583
Accrued compensation and withholdings		13,806	2,196	—	16,002
Current portion of long-term debt		2,350	—	—	2,350
Total current liabilities		36,547	3,388	—	39,935
Long-term debt, net of current portion		113,534	—	—	113,534
Professional liability claims reserve		2,902	2,162	—	5,064
Other liabilities		6,909	372	—	7,281
		123,345	2,534	—	125,879
Total liabilities		159,892	5,922	—	165,814
Net assets					
Unrestricted		183,322	11,377	—	194,699
Temporarily restricted		5,494	118	—	5,612
Permanently restricted		4,152	—	—	4,152
Total net assets		192,968	11,495	—	204,463
Total liabilities and net assets	$	352,860	17,417	—	370,277

See accompanying independent auditors' report on other financial information

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidating Statement of Operations

Year ended September 30, 2011

(Dollars in thousands)

	Mount Auburn Hospital	Mount Auburn Professional Services, Inc.	Eliminations	Consolidated
Operating revenue				
Net patient service revenue	$ 298,732	48,640	—	347,372
Contributions and investment income	1,982	—	—	1,982
Other revenue	8,179	9,844	(7,267)	10,756
Net assets released from restrictions for operating purposes	2,763	5	—	2,768
	311,656	58,489	(7,267)	362,878
Operating expenses				
Salaries and benefits	163,974	50,344	—	214,318
Supplies and other expenses	97,695	14,504	(7,267)	104,932
Uncompensated care	6,091	831	—	6,922
Depreciation	15,548	1,268	—	16,816
Interest	6,069	—	—	6,069
	289,377	66,947	(7,267)	349,057
Income (loss) from operations	22,279	(8,458)	—	13,821
Nonoperating gains (losses)				
Net realized gains on sales of investment securities	3,695	—	—	3,695
Unrealized change in equity interests in limited partnerships	(1,003)	—	—	(1,003)
	2,692	—	—	2,692
Excess (deficiency) of revenue over expenses	24,971	(8,458)	—	16,513
Change in net unrealized gains on investments	(2,645)	—	—	(2,645)
Net assets released from restrictions used for the purchase of property and equipment	1,308	—	—	1,308
Change in funded status of employee postretirement benefit plan other than net periodic benefit costs	(127)	—	—	(127)
Transfers of unrestricted cash and other net assets to Mount Auburn Professional Services, Inc	(9,981)	9,981	—	—
Increase in unrestricted net assets	$ 13,526	1,523	—	15,049

See accompanying independent auditors' report on other financial information

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidating Statement of Operations

Year ended September 30, 2010

(Dollars in thousands)

	Mount Auburn Hospital	Mount Auburn Professional Services, Inc.	Eliminations	Consolidated
Operating revenue				
Net patient service revenue	$ 291,354	46,736	—	338,090
Contributions and investment income	1,096	—	—	1,096
Other revenue	8,195	10,228	(7,613)	10,810
Net assets released from restrictions for operating purposes	2,805	5	—	2,810
	303,450	56,969	(7,613)	352,806
Operating expenses				
Salaries and benefits	161,057	47,723	—	208,780
Supplies and other expenses	96,994	13,826	(7,613)	103,207
Uncompensated care	5,654	703	—	6,357
Depreciation	15,775	1,028	—	16,803
Interest	6,036	—	—	6,036
	285,516	63,280	(7,613)	341,183
Income (loss) from operations	17,934	(6,311)	—	11,623
Nonoperating gains				
Net realized gains on sales of investment securities	3,543	—	—	3,543
Unrealized change in equity interests in limited partnerships	5,830	—	—	5,830
	9,373	—	—	9,373
Excess (deficiency) of revenue over expenses	27,307	(6,311)	—	20,996
Change in net unrealized gains on investments	378	—	—	378
Net assets released from restrictions used for the purchase of property and equipment	1,469	—	—	1,469
Change in funded status of employee postretirement benefit plan other than net periodic benefit costs	805	—	—	805
Transfers of unrestricted cash and other net assets to Mount Auburn Professional Services, Inc	(10,836)	10,836	—	—
Increase in unrestricted net assets	$ 19,123	4,525	—	23,648

See accompanying independent auditors' report on other financial information