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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)	OMB No 1545-0047 2011 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012		D Employer identification number 04-2103606	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization MOUNT AUBURN HOSPITAL		E Telephone number (617) 499-5021
	Doing Business As		G Gross receipts \$ 321,053,739
	Number and street (or P O box if mail is not delivered to street address) 330 MOUNT AUBURN STREET	Room/suite	
	City or town, state or country, and ZIP + 4 CAMBRIDGE, MA 02138		
	F Name and address of principal officer JEANETTE CLOUGH 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138		H(a) Is this a group return for affiliates? ☐ Yes ☒ No
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (Insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
J Website: WWW.MOUNTAUBURNHOSPITAL.ORG		H(c) Group exemption number	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation 1871	M State of legal domicile MA

Part I		Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities 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 2011 (Part V, line 2a)	5	2,599	
	6 Total number of volunteers (estimate if necessary)	6	311	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,382,376	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	5,282,673	2,990,470
	9	Program service revenue (Part VIII, line 2g)	298,224,358	304,399,715
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,968,178	3,700,419
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,713,018	8,589,656
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	316,188,227	319,680,260
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	244,586	669,034
	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)	163,974,318	167,329,694
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ☒ 1,209,878		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	123,921,848	127,249,985
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	288,140,752	295,248,713
	19	Revenue less expenses Subtract line 18 from line 12	28,047,475	24,431,547
	Net Assets or Fund Balances			Beginning of Current Year
20		Total assets (Part X, line 16)	360,780,006	393,146,629
21		Total liabilities (Part X, line 26)	154,477,103	163,566,610
22		Net assets or fund balances Subtract line 21 from line 20	206,302,903	229,580,019

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		2013-08-06 Date
	WILLIAM SULLIVAN CFO Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date 2013-08-12	Check if self-employed ☒
	Firm's name (or yours if self-employed), address, and ZIP + 4	DELOITTE TAX LLP TWO JERICO PLAZA JERICO, NY 11753	
	EIN 86-1065772		Phone no (516) 918-7000
May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No			

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 99,813,854 including grants of \$ 604,500) (Revenue \$ 111,444,900)

SEE SCHEDULE O

4b

(Code) (Expenses \$ 21,832,882 including grants of \$) (Revenue \$ 30,867,924)

SEE SCHEDULE O

4c

(Code) (Expenses \$ 17,862,682 including grants of \$) (Revenue \$ 22,290,586)

SEE SCHEDULE O

(Code) (Expenses \$ 119,081,844 including grants of \$ 64,534) (Revenue \$ 139,796,305)

4d

Other program services (Describe in Schedule O)

(Expenses \$ 119,081,844 including grants of \$ 64,534) (Revenue \$ 139,796,305)

4e

Total program service expenses \$ 258,591,262

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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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.		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.	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.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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.		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.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	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, line 10? If "Yes," complete Schedule D, Part VI.	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.	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.		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.	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	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.	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.		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.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.	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, Part II and IV.		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, Part III and IV.		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.		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.	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.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	218				
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	2,599				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes				
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 or securities 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	0				
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					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a					
b	Enter the aggregate 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 aggregate 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	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete 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 the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 , NH , NY , RI
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 made 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 made 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

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

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 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 organizations compensated any current or former officer, director, or trustee

[illegible]

Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	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	253,731				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	388,607				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,348,132				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f		2,990,470				
Program Service Revenue			Business Code					
	2a	INPATIENT MEDICAL / SU	900099	111,444,900	111,444,900			
	b	OUTPATIENT RADIOLOGY	900099	30,867,924	30,867,924			
	c	OUTPATIENT SURGERY	621990	22,643,100	22,643,100			
	d	INPATIENT OBSTETRICS	900099	22,290,586	22,290,586			
	e	EMERGENCY DEPARTMENT	621990	18,491,383	18,491,383			
	f	All other program service revenue		98,661,822	98,661,822			
	g	Total. Add lines 2a-2f		304,399,715				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		132,339		42,830	89,509	
	4	Income from investment of tax-exempt bond proceeds . .		14,708			14,708	
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		Gross rents	1,649,691					
		b Less rental expenses	882,392					
		c Rental income or (loss)	767,299					
	d	Net rental income or (loss)		767,299			767,299	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory	3,643,130	4,928				
		b Less cost or other basis and sales expenses	94,686	0				
		c Gain or (loss)	3,548,444	4,928				
	d	Net gain or (loss)		3,553,372		4,928	3,548,444	
	8a	Gross income from fundraising events (not including \$ 253,731 of contributions reported on line 1c) See Part IV, line 18	a	389,876				
	b	Less direct expenses	b	392,944				
	c	Net income or (loss) from fundraising events . .		-3,068			-3,068	
	9a	Gross income from gaming activities See Part IV, line 19	a	6,525				
	b	Less direct expenses	b	3,457				
	c	Net income or (loss) from gaming activities . .		3,068			3,068	
	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	3,253,574		3,253,574			
b	PARKING REVENUE	812930	2,239,118				2,239,118	
c	CAFE, COFFEE SHOP & VE	722210	1,642,248				1,642,248	
d	All other revenue		687,417		81,044		606,373	
e	Total. Add lines 11a-11d		7,822,357					
12	Total revenue. See Instructions		319,680,260	304,399,715	3,382,376		8,907,699	

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)

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

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 United States See Part IV, line 21	664,534	664,534		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	4,500	4,500		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,399,848	1,817,649	1,582,199	
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	132,453,515	118,974,165	12,915,531	563,819
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,194,304	5,512,931	619,430	61,943
9	Other employee benefits	15,983,980	14,225,742	1,598,398	159,840
10	Payroll taxes	9,298,047	8,275,262	929,805	92,980
11	Fees for services (non-employees)				
a	Management				
b	Legal	274,347		274,347	
c	Accounting	25,900		25,900	
d	Lobbying	68,938		68,938	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	14,148,140	11,824,086	2,228,280	95,774
12	Advertising and promotion	1,358,225	82,745	1,275,480	
13	Office expenses	44,964,416	43,761,247	1,165,637	37,532
14	Information technology	7,244,306	5,899,421	1,328,835	16,050
15	Royalties				
16	Occupancy	6,616,395	5,040,408	1,524,182	51,805
17	Travel	363,498	328,573	34,282	643
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,736,219	1,627,844		108,375
20	Interest	5,983,226	4,427,587	1,555,639	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,475,324	12,021,841	3,453,483	
23	Insurance	3,599,600	3,454,997	144,603	
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	13,251,850	9,017,350	4,214,058	20,442
b	UNCOMPENSATED CARE	6,808,021	6,808,021	0	0
c	PATIENT SERVICES	3,896,994	3,889,333	7,661	0
d	DUES, LICENSES & FEES	1,434,586	933,026	500,885	675
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	295,248,713	258,591,262	35,447,573	1,209,878
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			17,777,171	1	32,410,029
	2	Savings and temporary cash investments			2,711,911	2	2,675,408
	3	Pledges and grants receivable, net			506,621	3	422,863
	4	Accounts receivable, net			33,244,931	4	32,250,744
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			3,224,310	8	3,313,524
	9	Prepaid expenses and deferred charges			3,275,444	9	3,364,580
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	400,286,142			
	b	Less: accumulated depreciation	10b	238,648,716	162,448,293	10c	161,637,426
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			122,009,589	12	135,211,287
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15,581,736	15	21,860,768
	16	Total assets. Add lines 1 through 15 (must equal line 34)			360,780,006	16	393,146,629
Liabilities	17	Accounts payable and accrued expenses			30,095,703	17	31,402,059
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			113,498,524	20	111,018,421
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			10,882,876	25	21,146,130
	26	Total liabilities. Add lines 17 through 25			154,477,103	26	163,566,610
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			196,847,292	27	219,858,942
	28	Temporarily restricted net assets			5,053,091	28	5,318,557
	29	Permanently restricted net assets			4,402,520	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			206,302,903	33	229,580,019
	34	Total liabilities and net assets/fund balances			360,780,006	34	393,146,629

Part XI Reconciliation 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	319,680,260
2	Total expenses (must equal Part IX, column (A), line 25)	2	295,248,713
3	Revenue less expenses Subtract line 2 from line 1	3	24,431,547
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	206,302,903
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,154,431
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	229,580,019

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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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?	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	Yes	

Additional Data

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

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

4d. Other program services					
(Code	) (Expenses \$	119,081,844	including grants of \$	64,534) (Revenue \$	139,796,305)

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			
BARRON KENNETH S TRUSTEE	5 00	X						0	0	0
CALANO DANIEL V TRUSTEE	5 00	X						0	0	0
CANEPA JOHN J TRUSTEE	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
CLOUGH JEANETTE G PRESIDENT & CEO	50 00	X						839,114	136,600	931,122
GORDON LISA TRUSTEE	5 00	X						0	0	0
HATEM MD CHARLES J TRUSTEE, PROG DIR MED RESIDENCY	60 00	X						320,792	0	47,549
HOGAN IV WILLIAM M TRUSTEE	5 00	X						0	0	0
KANE B 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
NELSEN LITA L TRUSTEE	5 00	X						0	0	0
PALANDJIAN LEON TRUSTEE, TREASURER	5 00	X						0	0	0
RAFFERTY JAMES J TRUSTEE, CLERK	5 00	X						0	0	0
REARDON GERALD TRUSTEE	5 00	X						0	0	0
ROLLER JOSEPH TRUSTEE, VICE CHAIRMAN	5 00	X						0	0	0
SHACHOY CHRISTOPHER TRUSTEE, PRESIDENT BOARD OF OVERSEERS	5 00	X						0	0	0
SHAPIRO MD DEBORAH TRUSTEE	5 00	X						0	0	0
SHORTSLEEVE MD MICHAEL TRUSTEE, CHAIR DPT OF RADIOLOGY	10 00	X						23,259	0	0
SIMONS TOM TRUSTEE & CHAIRMAN	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
WILSON WILLIAM TRUSTEE	5 00	X						0	0	0
ZINNER MD STEPHEN TRUSTEE, CHAIR DPT OF MEDICINE	50 00	X						344,713	56,116	27,649
DIESO NICHOLAS COO, MAH	60 00			X				420,547	0	314,717
SULLIVAN WILLIAM VP FINANCE & CFO	50 00			X				118,349	19,266	15,774
ABOOKIRE MD SUSAN MD, CHAIR QUALITY & SAFETY	60 00				X			339,380	0	89,737
BAKER DEBORAH VP, PATIENT CARE SERVICES	60 00				X			276,569	0	73,699
BRIDGEMAN JOHN VP, CLINICAL SERVICES	60 00				X			227,573	0	81,054
BURKE KATHRYN VP, CONTRACTING/BUSINESS DEV	60 00				X			297,703	0	94,626
O'CONNELL MICHAEL L VP, PLANNING & MARKETING	60 00				X			255,568	0	90,115
D'AFFLITTI MD JOSEPH CHAIR, DEPT OF PSYCHIATRY	60 00					X		261,639	0	45,099
JOSEPH LESLIE VP, GENERAL COUNSEL	60 00					X		292,388	0	106,865
KAWADA MD CHARLES CHAIR, DEPT OF OB/GYN	10 00					X		60,088	340,498	77,530
LUKASIK CHARLES COO, MAPS	5 00					X		14,934	283,740	105,069
SHUGERT JOHN VP, DEVELOPMENT	60 00					X		259,859	0	86,334
SAAL MD A KIM FORMER TRUSTEE	10 00						X	58,750	0	0
NAUTA MD RUSSELL J TRUSTEE, CHAIR DPT OF SURGERY	50 00						X	519,769	129,942	50,665
SEMENZA PETER FORMER VP FINANCE, CFO	50 00						X	460,893	75,029	25,533

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

2011

Open to Public
Inspection

Name of the organization MOUNT AUBURN HOSPITAL	Employer identification number 04-2103606
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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 **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 Se**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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					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 2011 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

2011

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, line 35c (Proxy Tax), then

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

Name of the organization MOUNT AUBURN HOSPITAL	Employer identification number 04-2103606
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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 on behalf of or in opposition to candidates for public office 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- 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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
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) 2008	(b) 2009	(c) 2010	(d) 2011	(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)		(b)
		Yes	No	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		
	j Total lines 1c through 1i			
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).	2a	
		2b	
		2c	
		3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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 LOBBYING ACTIVITIES	PART II-B, LINE 1	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, 2012, MAH IS REPORTING INDIRECT LOBBYING EXPENSES THROUGH MEMBERSHIP ORGANIZATIONS AND DIRECT LOBBYING EXPENSES OF \$46,427 AND \$22,511 RESPECTIVELY. TOTAL COMBINED LOBBYING EXPENDITURES OF MAH WERE MINIMAL AND NOT SUBSTANTIAL BASED ON REVENUES.

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2011

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
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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	9,455,611	9,646,753	10,168,224	11,461,701
b	Contributions	3,255,067	3,969,080	3,298,045	2,711,304
c	Investment earnings or losses	716,757	-88,866	454,217	349,071
d	Grants or scholarships				
e	Other expenditures for facilities and programs	3,706,358	4,071,356	4,273,733	4,353,852
f	Administrative expenses				
g	End of year balance	9,721,077	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 ▶ 45 000 %

c

Term endowment ▶ 55 000 %

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ 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

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

Description of property	(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		201,513,215	74,052,446	127,460,769
c Leasehold improvements		4,399,875	2,174,702	2,225,173
d Equipment		191,995,873	162,421,568	29,574,305
e Other	2,208,179			2,208,179
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				161,637,426

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1319,680,260
2	Total expenses (Form 990, Part IX, column (A), line 25)	2295,248,713
3	Excess or (deficit) for the year Subtract line 2 from line 1	324,431,547
4	Net unrealized gains (losses) on investments	410,058,717
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-11,213,148
9	Total adjustments (net) Add lines 4 - 8	9-1,154,431
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1023,277,116

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1381,389,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d63,926,016	
e	Add lines 2a through 2d	2e63,926,016
3	Subtract line 2e from line 1	3317,462,984
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 7b4a	
b	Other (Describe in Part XIV)4b2,217,276	
c	Add lines 4a and 4b	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5319,680,260

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1359,992,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d64,743,287	
e	Add lines 2a through 2d	2e64,743,287
3	Subtract line 2e from line 1	3295,248,713
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5295,248,713

Part XIVSupplemental 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, 2012, THESE SOURCES INCREASED FREE CARE PROVIDED TO PATIENTS BY \$253,000.
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 2012.
PART XI, LINE 8 - OTHER ADJUSTMENTS		TRANSFER OF UNRESTRICTED CASH TO MAPS (AFFILIATE) -11,144,983. CHANGE IN FUNDED STATUS OF EMPLOYEE BENEFIT PLANS -20,407. INVESTMENT INCOME & GAINS FROM CIP -47,758. TOTAL TO SCHEDULE D, PART XI, LINE 8 -11,213,148.
PART XII, LINE 2D - OTHER ADJUSTMENTS		CONSOLIDATED REVENUES, NET OF ELIMINATIONS 54,467,000. NET ASSETS RELEASE FROM RESTRICTIONS 2,702,102. UNREALIZED CHANGE IN EQUITY 6,756,914.
PART XII, LINE 4B - OTHER ADJUSTMENTS		RESTRICTED REVENUE RECEIPTS 3,255,066. RESTRICTED INCOME 192,467. CAREGROUP INVESTMENT PARTNERSHIP INCOME 47,758. EXPENSES RELATED TO REAL ESTATE RENTAL / SPECIAL EVENTS -1,278,793. ROUNDING 778.
PART XIII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES ASSOCIATED WITH REAL ESTATE RENTAL 752,000. DEPRECIATION ASSOCIATED WITH REAL ESTATE RENTAL 130,000. EXPENSES ASSOCIATED WITH SPECIAL EVENTS 396,000. CONSOLIDATED AFFILIATE NET OF ELIMINATIONS 63,465,000. ROUNDING 287.

1

(i) Method of valuation
(book, FMV, appraisal, other)

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.

[illegible]

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

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 N/A - NO GRANTS FUNDS GIVEN OUTSIDE THE UNITED STATES

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

2011

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?		(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
		Yes	No			
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.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

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.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>GALA</u>	<u>GOLF CLASSIC</u>	<u>3</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	348,950	73,935	220,722	643,607	
	2	Less Charitable contributions	132,371	18,685	102,674	253,730	
3	Gross income (line 1 minus line 2)	216,579	55,250	118,048	389,877		
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	58,318	118,048	392,945	
	10	Direct expense summary Add lines 4 through 9 in column (d). ▶					(392,945)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					-3,068

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	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

2011

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Generally tailored to individual hospitals ☐ Applied uniformly to most hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100%☐ 150%☒ 200%☐ Other _____% b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200%☐ 250%☐ 300%☐ 350%☒ 400%☐ Other _____% c If the organization did 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	3a	Yes	
4	Did the organization's policy provide 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 charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did 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 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			4,234,753	522,972	3,711,781	1 280 %
b Medicaid (from Worksheet 3, column a)			10,393,178	8,370,199	2,022,979	0 700 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			2,346,933	112,605	2,234,328	0 770 %
d Total Charity Care and Means-Tested Government Programs			16,974,864	9,005,776	7,969,088	2 750 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,068,374		1,068,374	0 370 %
f Health professions education (from Worksheet 5)			9,809,143	3,806,261	6,002,882	2 060 %
g Subsidized health services (from Worksheet 6)						0 %
h Research (from Worksheet 7)			24,919		24,919	0 010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			67,884		67,884	0 020 %
j Total Other Benefits			10,970,320	3,806,261	7,164,059	2 460 %
k Total. Add lines 7d and 7j			27,945,184	12,812,037	15,133,147	5 210 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(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
1Physical improvements and housing						
2Economic development			8,175		8,175	0 %
3Community support			1,975		1,975	0 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development			3,500		3,500	0 %
9Other						
10Total			13,650		13,650	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1Yes	
2	Enter the amount of the organization's bad debt expense	24,461,088	
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, 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)	589,337,739	
6	Enter Medicare allowable costs of care relating to payments on line 5	684,206,448	
7	Subtract line 6 from line 5. This is the surplus or (shortfall).	75,131,291	
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	Did the organization have a written debt collection policy during the tax year?	9aYes	
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9bYes	

Part IVManagement Companies and Joint Ventures (see instructions)

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

Section A. Hospital Facilities

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

Name and address

Schedule H (Form 990) 2011

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

MOUNT AUBURN HOSPITAL

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a ☐ A definition of the community served by the hospital facility b ☐ Demographics of the community c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community d ☐ How data was obtained e ☐ The health needs of the community f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g ☐ The process for identifying and prioritizing community health needs and services to meet those needs h ☐ The process for consulting with persons representing the community's interests i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs j ☐ Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a ☐ Hospital facility's website b ☐ Available upon request from the hospital facility c ☐ Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community b ☐ Execution of the implementation strategy c ☐ Development of a community-wide community benefit plan for the facility d ☐ Participation in community-wide community benefit plan e ☐ Inclusion of a community benefit section in operational plans f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA g ☐ Prioritization of health needs in the community h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community i ☐ Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 200 0000000000000% If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400 000000000000%</u> If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a ☒ Income level b ☒ Asset level c ☒ Medical indigency d ☒ Insurance status e ☒ Uninsured discount f ☒ Medicaid/Medicare g ☒ State regulation h ☐ Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a ☐ The policy was posted at all times on the hospital facility's web site b ☐ The policy was attached to all billing invoices c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms d ☐ The policy was posted in the hospital facility's admissions offices e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility f ☐ The policy was available upon request g ☐ Other (describe in Part VI)	13	Yes	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a ☐ Reporting to credit agency b ☐ Lawsuits c ☐ Liens on residences d ☐ Body attachments or arrests e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency b ☐ Lawsuits c ☐ Liens on residences d ☐ Body attachments e ☐ Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a ☐ Notified patients of the financial assistance policy upon admission b ☐ Notified patients of the financial assistance policy prior to discharge c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e ☐ Other (describe in Part VI)			

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	☐ The hospital facility did not provide care for any emergency medical conditions		
b	☐ The hospital facility's policy was not in writing		
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	☐ Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	☐ Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI	20	No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI	21	No

Part V

Facility Information (continued)

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size 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		
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 descriptions 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, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health 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

Identifier	ReturnReference	Explanation
		PART I, LINE 7G FINANCIAL ASSISTANCE AND MEANS TESTED GOVERNMENT PROGRAMS AS REPORTED IN THE MAH CONSOLIDATED FINANCIAL STATEMENT AND IN THIS FORM 990 SCHEDULE H, PART I, LINES 7A AND 7C, MAH'S NET COST OF FINANCIAL ASSISTANCE, INCLUDING CARE FOR EMERGENT SERVICES PROVIDED TO NON-PAYING PATIENTS AND INCLUDING PAYMENTS TO AND RECEIPTS FROM THE HEALTH SAFETY NET TRUST, AS WELL AS THE NET COST OF MEANS TESTED PROGRAMS WAS \$5,946,109 IN FISCAL YEAR ENDED SEPTEMBER 30, 2012AND HAS BEEN REPORTED ON THIS SCHEDULE H LINES 7A AND 7C FINANCIAL ASSISTANCE AT COST WAS CALCULATED USING AN INTERNAL COST TO CHARGE RATIO CALCULATION SEE ADDITIONAL INFORMATION BELOW IN THIS SCHEDULE H NARRATIVE

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) OTHER FINANCIAL ASSISTANCE - 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 \$4,461,088 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 \$2,059,238 DURING THE PERIOD COVERED BY THIS FILING AND IS REPORTED IN THIS NARRATIVE ONLY FOR PURPOSES OF COMPARISON WITH THE PRIOR YEAR FORM 990 FILING AS REQUIRED BY THE INSTRUCTIONS TO THIS FORM 990 SCHEDULE H, THIS AMOUNT HAS NOT BEEN INCLUDED IN THE CALCULATION OF FINANCIAL ASSISTANCE 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 IS ACTIVELY ENGAGED IN COMMUNITY SUPPORT AND COALITION BUILDING ACTIVITIES THAT PROMOTE COMMUNITY HEALTH INCLUDING WORKFORCE DEVELOPMENT PROGRAMS AS REPORTED IN THIS FORM 990 SCHEDULE H HEALTH PROFESSIONS EDUCATIONMAH'S DEVOTION TO TEACHING, RESPECT FOR STUDENTS/TRAINEES, AND WILLINGNESS TO EMBRACE TECHNOLOGICAL AND CLINICAL PRACTICE INNOVATION MAKE MAH A TOP CHOICE AMONG MEDICAL STUDENTS AND HEALTH CARE PROFESSIONALS THE HOSPITAL TRAINS MEDICAL STUDENTS, INTERNS, RESIDENTS AND FELLOWS MAH HAS TWO APPROVED RESIDENCY PROGRAMS WITH APPROXIMATELY 42 INTERNAL MEDICINE RESIDENTS AND APPROXIMATELY 12 RADIOLOGY RESIDENTS STAFF PHYSICIANS AT MAH WHO HOLD FACULTY APPOINTMENTS AT HARVARD MEDICAL SCHOOL INSTRUCT THE DOCTORS OF TOMORROW THROUGH SUPERVISION OF THEIR DAILY PATIENT CARE AND A RANGE OF INTERACTIVE LEARNING EXPERIENCES AS PART OF THE HOSPITAL'S COMMITMENT TO MEDICAL STUDENT EDUCATION AND AFFILIATION WITH HARVARD MEDICAL SCHOOL, MAH IS A CORE SITE FOR THE HARVARD MEDICAL SCHOOL SUB-INTERNSHIP IN MEDICINE THE HOSPITAL ALSO PARTICIPATES IN THE INTRODUCTORY COURSES IN CLINICAL MEDICINE FOR FIRST AND SECOND-YEAR HARVARD MEDICAL STUDENTS AND THE BIOMEDICAL DOCTORAL STUDENTS FROM THE MASSACHUSETTS INSTITUTE OF TECHNOLOGY'S HEALTH SCIENCES AND TECHNOLOGY PROGRAM ADDITIONALLY, MEDICAL STUDENTS FROM MANY OTHER MEDICAL SCHOOLS CHOOSE TO DO SUB-INTERNSHIPS AND SUBSPECIALTY ELECTIVES DURING THEIR FOURTH YEAR IN ADDITION TO THE INTERNAL MEDICINE TRAINING PROGRAM, MOUNT AUBURN HOSPITAL IS A SITE FOR OTHER POST-GRADUATE MEDICAL EDUCATION DISCIPLINES THE HOSPITAL'S RESIDENTS BENEFIT FROM THE MAH RESIDENCY PROGRAM IN DIAGNOSTIC RADIOLOGY, ITS PARTICIPATION AS A CORE SITE FOR THE BETH ISRAEL DEACONESS MEDICAL CENTER SURGICAL TRAINING PROGRAM, AND IN THE HARVARD-AFFILIATED EMERGENCY MEDICINE RESIDENCY MAH ALSO WELCOMES ROTATING INTERNS FROM THE HARVARD / LONGWOOD PSYCHIATRY RESIDENCY, GERIATRIC FELLOWS FROM THE BETH ISRAEL DEACONESS / HARVARD MEDICAL SCHOOL DIVISION ON AGING FELLOWSHIP PROGRAM, AND PEDIATRIC / NEONATOLOGY RESIDENTS FROM MASSACHUSETTS GENERAL HOSPITAL / CAMBRIDGE HOSPITAL PROGRAM IN NEONATOLOGY THE TRACKS OF TRAINING IN INTERNAL MEDICINEMOUNT AUBURN HOSPITAL OFFERS A THREE-YEAR CATEGORICAL MEDICINE TRACK AND A ONE-YEAR PRELIMINARY MEDICINE TRACK THE CATEGORICAL TRACKMAH'S THREE-YEAR CATEGORICAL INTERNAL MEDICINE TRACK PREPARES RESIDENT TRAINEES FOR BOARD CERTIFICATION BY THE AMERICAN BOARD OF INTERNAL MEDICINE AND CAREERS THAT COVER THE FULL SPECTRUM OF OPPORTUNITIES IN BOTH GENERAL INTERNAL MEDICINE AND MEDICINE SUB-SPECIALTIES 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 PRIMARY CARE PRACTICE, HOSPITALIST MEDICINE, AND PLACEMENT IN COMPETITIVE SUB-SPECIALTY FELLOWSHIP TRAINING PROGRAMS ONE WAY MAH SUPPORTS TRAINEES IN THEIR INTENDED CAREER GOALS IS THROUGH THE USE OF DEFINED PATHWAYS THESE PATHWAYS, IN SUB-SPECIALTY FELLOWSHIP, PRIMARY CARE, HOSPITALIST MEDICINE, AND MEDICAL EDUCATION, OUTLINE FOR THE TRAINEE THE MILESTONES THAT SHOULD BE MET THROUGHOUT THE COURSE OF TRAINING THE PRELIMINARY TRACKTHE PRELIMINARY MEDICINE INTERNSHIP TRACK OFFERS ONE YEAR OF TRAINING IN MEDICINE FOR PHYSICIANS WHO WILL CONTINUE THEIR TRAINING IN SPECIALTIES OTHER THAN INTERNAL MEDICINE, SUCH AS RADIOLOGY, OPHTHALMOLOGY, 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 PHYSICIANS WHO TRAIN AT MOUNT AUBURN HOSPITAL FOR THREE YEARS IN THE CATEGORICAL INTERNAL MEDICINE TRACK THE ONLY DIFFERENCE BEING THE QUANTITY OF AMBULATORY MEDICINE EXPERIENCE, BECAUSE PRELIMINARY INTERNS ARE NOT ASSIGNED A CONTINUITY CLINIC DURING THEIR YEAR RADIOLOGY RESIDENCY PROGRAMRESIDENTS ARE TYPICALLY ASSIGNED IN ONE MONTH BLOCKS TO ONE OF THE DIFFERENT MODALITIES EARLY IN TRAINING, RESIDENTS ARE EXPECTED TO READ EXTENSIVELY, MASTER ANATOMY, PARTICIPATE IN THE PROTOCOLING 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 OVERNIGHT CALL ROTATIONS AVAILABLE - CT AND MR WHICH INCLUDES NEURO, HEAD AND NECK, CARDIOTHORACIC, GI, GU AND MUSCULOSKELETAL RADIOLOGY - SPECIAL PROCEDURES (INTERVENTIONAL RADIOLOGY) WHICH INCLUDES VASCULAR RADIOLOGY AND INTERVENTION, THORACIC PROCEDURES, ABDOMINAL PROCEDURES, 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 AT MAS

Identifier	ReturnReference	Explanation
		SACHUSETTS GENERAL HOSPITAL) - PEDIATRIC RADIOLOGY (2ND YEAR, 3 MONTHS PERFORMED AT BOSTON CHILDREN'S HOSPITAL) - ARMED FORCES INSTITUTE OF PATHOLOGY (3RD YEAR, 4 WEEK COURSE, WASH INGTON, D C) - ROTATIONS IN CARDIAC RADIOLOGY AND CAROTID ULTRASOUND ARE ALSO INCLUDED IN CONJUNCTION WITH THE DEPARTMENTS OF CARDIOLOGY AND VASCULAR SURGERY - ONE MONTH OF RESEA RCH OR OTHER SCHOLARLY ACTIVITY DURING THE THIRD YEAR - THREE MONTHS OF THE 4TH YEAR IS SE T ASIDE FOR AN ELECTIVE, ALLOWING THE RESIDENT TO DEVELOP IN-DEPTH KNOWLEDGE IN A SPECIFIC AREA OF INTEREST THREE RESIDENTS ARE CHOSEN EACH YEAR FOR A FOUR-YEAR PROGRAM AND APPOIN TED AS CLINICAL FELLOWS AT HARVARD MEDICAL SCHOOL THE RATIO OF STAFF RADIOLOGISTS TO RESI DENTS RESULTS IN CLOSE CONTACT BETWEEN THE STAFF AND RESIDENTS THROUGHOUT THE TRAINING PRO GRAM AFTER THE RESIDENT HAS OBTAINED THE NECESSARY FIRM FOUNDATIONS IN THE FUNDAMENTALS O F RADIOLOGY, HE OR SHE IS ENCOURAGED TO TAKE INCREASING RESPONSIBILITY IN BOTH ROUTINE AND SPECIALIZED EXAMINATIONS AND PROCEDURES THE MAJORITY OF OUR RESIDENTS PURSUE SUBSPECIALT Y FELLOWSHIP TRAINING HOWEVER, THE GOAL OF THE RADIOLOGY RESIDENCY PROGRAM IS TO TRAIN RE SIDENTS TO BE FULLY QUALIFIED IN DIAGNOSTIC RADIOLOGY AND SPECIAL PROCEDURES BY THE TIME T HEY HAVE COMPLETED THE FOUR-YEAR PROGRAM GRADUATES HAVE PURSUED CAREERS IN ACADEMIA AND P RIVATE PRACTICE DURING THE FISCAL YEAR COVERED BY THIS FILING, MAH HAD NET EXPENDITURES OF \$6,002,882 REPORTED ON THIS SCHEDULE H RELATED TO MAH'S TEACHING FUNCTION CHARITY CARE A ND CERTAIN OTHER COMMUNITY BENEFITS - RESEARCHMOUNT AUBURN HOSPITAL PARTICIPATES IN THE EA STERN COOPERATIVE ONCOLOGY GROUP (ECOG), WHICH IS A LARGE NETWORK OF RESEARCHERS, PHYSICIA NS, AND HEALTH CARE PROFESSIONALS AT PUBLIC AND PRIVATE INSTITUTIONS ACROSS THE COUNTRY IN VOLVED IN ONCOLOGY CLINICAL RESEARCH, AND FUNDED PRIMARILY BY THE NATIONAL CANCER INSTITUT E (NCI) PARTICIPATING ENTITIES WORK TOWARD THE COMMON GOAL OF CONTROLLING, EFFECTIVELY TR EATING, AND ULTIMATELY CURING CANCER RESEARCH RESULTS ARE PROVIDED TO THE WORLD-WIDE MEDI CAL COMMUNITY THROUGH SCIENTIFIC PUBLICATIONS AND PROFESSIONAL MEETINGS DURING THE FISCAL YEAR COVERED BY THIS FILING, THE HOSPITAL PROVIDED ONCOLOGY NURSING SUPPORT DIRECTED TOWA RD THIS RESEARCH IN ADDITION, DURING THE PERIOD COVERED BY THIS FILING, THE HOSPITAL ENGA GED IN DISPARITIES RESEARCH, FOCUSED ON ASSESSING THE NEEDS OF CAREGIVERS OF ELDERLY IN CAM BRIDGE RESEARCH RESULTS WERE SHARED BROADLY WITH THE COMMUNITY DURING THE FISCAL YEAR CO VERED BY THIS FILING, MAH HAD NET EXPENDITURES OF \$24,919 REPORTED ON THIS SCHEDULE H RELA TED TO RESEARCH MOUNT AUBURN HOSPITAL - EMERGENCY CARE ACCESSMOUNT AUBURN HOSPITAL IS THE 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 2 4 HOURS 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 CONSOLIDATED AUDIT FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2012 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 2012 AND 2011 UNREIMBURSED CHARITY CARE 4,370 AND 3,940 UNCOMPENSATED CARE 7,779 AND 6,922 TOTAL 12,149 AND 10,862 (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, 2012 AND 2011 CHARITY CARE - AT ESTABLISHED CHARGES 9,900 AND 10,670ESTIMATED COST OF CHARITY CARE 5,006 AND 5,349LESS REIMBURSEMENT FROM THE HSN (636) AND (1,409)UNREIMBURSED CHARITY CARE - AT COST 4,370 AND 3,940 (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 GROSS OBLIGATION TO THE HSN FOR THE DELIVERY OF CHARITY CARE TO THE INDIGENT STATEWIDE 2,347 AND 1,953PROVISION FOR BAD DEBTS 5,432 AND 4,969UNCOMPENSATED CARE EXPENSE 7,779 AND 6,922

Identifier	ReturnReference	Explanation
		PART III, LINE 8 IN 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 \$8,370,199 IN MEDICAID REVENUE WHICH WAS LESS THAN THE COST OF CARE PROVIDED BY THE HOSPITAL FOR SUCH SERVICES BY \$ \$2,022,979, AS REPORTED ON THIS SCHEDULE H, PART I, LINE 7B 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, APPROXIMATELY 31% OF MAH'S PATIENT REVENUE DERIVED FROM MEDICARE PATIENTS THIS TRANSLATED TO \$89,337,739

Identifier	ReturnReference	Explanation
		PART III, LINE 9B MOUNT AUBURN HOSPITAL - CREDIT AND COLLECTION POLICY GUIDING PRINCIPLESTHE 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

Identifier	ReturnReference	Explanation
		MOUNT AUBURN HOSPITAL - CREDIT AND COLLECTION POLICY - ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAMS MOUNT AUBURN 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 PATIENTS THAT REQUEST SUCH ASSISTANCE, THE HOSPITAL ASSISTS THEM BY SCREENING 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 AND 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. IT IS THE PATIENT'S OBLIGATION TO PROVIDE THE HOSPITAL WITH ACCURATE 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 SPECIFIC COVERAGE FOR THE SERVICES PROVIDED, THE HOSPITAL WILL USE THE INFORMATION TO DETERMINE IF THE SERVICES MAY BE COVERED BY AN APPLICABLE PROGRAM THAT WILL COVER CERTAIN SERVICES DEEMED 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 PROVIDE THE GENERAL PUBLIC, MEDICAL PROVIDERS, AND COMMUNITY-BASED ORGANIZATIONS WITH AN ONLINE APPLICATION FOR THE PROGRAMS OFFERED BY THE STATE OR THROUGH A STANDARD PAPER APPLICATION THAT IS COMPLETED BY THE PATIENT AND ALSO SUBMITTED DIRECTLY TO THE MASSACHUSETTS EXECUTIVE 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, VETERANS, HOMELESS, AND DISABLED INDIVIDUALS. THE HOSPITAL SPECIFICALLY ASSISTS THE PATIENT IN COMPLETING THE APPLICATION AND SECURING THE NECESSARY DOCUMENTATION REQUIRED BY THE APPLICABLE FINANCIAL ASSISTANCE PROGRAM. NECESSARY DOCUMENTATION INCLUDES PROOF OF (1) ANNUAL HOUSEHOLD 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) IMMIGRATION STATUS FOR NON-CITIZENS (IF APPLICABLE), AND (4) ASSETS OF THOSE INDIVIDUALS WHO ARE ALSO ENROLLED IN THE MEDICARE PROGRAM. THE HOSPITAL WILL THEN SUBMIT THIS DOCUMENTATION TO THE MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES AND ASSIST THE PATIENT IN SECURING ANY ADDITIONAL DOCUMENTATION IF SUCH IS REQUESTED BY THE COMMONWEALTH AFTER COMPLETING THE APPLICATION. THE COMMONWEALTH PLACES A THREE DAY TIME LIMITATION ON SUBMITTING ALL NECESSARY DOCUMENTATION FOLLOWING 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 DOCUMENTATION 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 THE MASSACHUSETTS DIVISION OF HEALTH CARE FINANCE AND POLICY. SPECIAL CIRCUMSTANCES INCLUDE INDIVIDUALS SEEKING FINANCIAL ASSISTANCE COVERAGE DUE TO BEING INCARCERATED, VICTIMS OF SPOUSAL ABUSE, OR APPLYING DUE TO A MEDICAL HARDSHIP. ALL VIRTUAL GATEWAY APPLICATIONS ARE REVIEWED AND PROCESSED BY THE MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES, WHICH USES THE FEDERAL POVERTY GUIDELINES, ASSET INFORMATION AS WELL AS NECESSARY DOCUMENTATION LISTED ABOVE AS THE BASIS FOR DETERMINING ELIGIBILITY FOR STATE SPONSORED PUBLIC ASSISTANCE PROGRAMS. 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 SEEKING INFORMATION RELATED TO THE COVERAGE DECISIONS. IT IS STILL THE PATIENT'S RESPONSIBILITY TO INFORM THE HOSPITAL OF ALL COVERAGE DECISIONS MADE BY THE COMMONWEALTH TO ENSURE ACCURATE AND TIMELY ADJUDICATION OF ALL HOSPITAL BILLS. MOUNT AUBURN HOSPITAL - CREDIT AND COLLECTION POLICY. STANDARD COLLECTION PRACTICES AS PREVIOUSLY NOTED IN THE NARRATIVE TO THIS FORM 990 SCHEDULE H, MOUNT AUBURN HOSPITAL ASSISTS PATIENTS IN OBTAINING FINANCIAL ASSISTANCE FROM

Identifier	ReturnReference	Explanation
		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. MOUNT AUBURN HOSPITAL - CREDIT AND COLLECTION POLICY. OUTSIDE COLLECTION AGENCIES. THE HOSPITAL CONTRACTS WITH AN OUTSIDE COLLECTION AGENCY TO ASSIST IN THE COLLECTION OF CERTAIN ACCOUNTS, INCLUDING PATIENT RESPONSIBLE AMOUNTS NOT RESOLVED AFTER ISSUANCE OF HOSPITAL BILLS 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 AS UNCOLLECTIBLE) PRIOR TO 120 DAYS IF IT IS ABLE TO DETERMINE THAT THE PATIENT WAS UNABLE TO PAY FOLLOWING THE HOSPITAL'S OWN INTERNAL FINANCIAL ASSISTANCE PROGRAM. MOUNT AUBURN HOSPITAL HAS A SPECIFIC AUTHORIZATION OR CONTRACT WITH ITS OUTSIDE COLLECTION AGENCY AND REQUIRES 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 AGENCY THAT IT USES MUST BE LICENSED BY THE COMMONWEALTH OF MASSACHUSETTS AND BE IN COMPLIANCE WITH THE MASSACHUSETTS ATTORNEY GENERAL'S DEBT COLLECTION REGULATIONS. FINALLY, ANY OUTSIDE COLLECTION AGENCY HIRED BY THE HOSPITAL WILL PROVIDE THE PATIENT WITH AN OPPORTUNITY TO FILE A GRIEVANCE AND WILL FORWARD TO THE HOSPITAL THE RESULTS OF ANY SUCH PATIENT GRIEVANCE. MOUNT AUBURN HOSPITAL - CREDIT AND COLLECTION POLICY. EXEMPTION FROM HOSPITAL COLLECTION PRACTICES. MOUNT AUBURN HOSPITAL EXEMPTS PATIENTS ENROLLED IN A PUBLIC HEALTH INSURANCE PROGRAM, INCLUDING BUT NOT LIMITED TO, MASSHEALTH, EMERGENCY AID TO THE ELDERLY, DISABLED AND CHILDREN, HEALTHY START, CHILDREN'S MEDICAL SECURITY PLAN AND "LOW INCOME PATIENTS" AS DETERMINED BY THE MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES, SUBJECT TO SOME EXCEPTIONS, FROM ANY COLLECTION OR BILLING PROCEDURES BEYOND THE INITIAL BILL PURSUANT TO STATE REGULATIONS. COMMUNITY HEALTH NEEDS ASSESSMENT - INTERNAL REVENUE CODE SECTION 501(R). INTERNAL REVENUE CODE SECTION 501(R), ENACTED AS PART OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, REQUIRES EACH HOSPITAL TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND TO FORMALLY ADOPT AN IMPLEMENTATION STRATEGY PURSUANT TO FEDERAL GUIDELINES, IN ORDER TO MAINTAIN ITS TAX-EXEMPT STATUS AS A HOSPITAL UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED. DURING THE PERIOD COVERED BY THIS FILING, MOUNT AUBURN HOSPITAL WORKED CLOSELY WITH COMMUNITY MEMBERS AND MEMBERS OF LOCAL PUBLIC HEALTH DEPARTMENTS TO COMPLETE A CHNA AND THE BOARD OF TRUSTEES FORMALLY ADOPTED AN IMPLEMENTATION STRATEGY BASED ON THE CHNA.

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 \$1,136,258 REPORTED ON THIS SCHEDULE H, PART I LINES 7E AND 7I AND RELATED TO THESE ACTIVITIES COMMUNITY HEALTH IMPROVEMENT SERVICESMOUNT AUBURN HOSPITAL IS ACTIVELY ENGAGED IN COMMUNITY HEALTH IMPROVEMENT ACTIVITIES WHICH PROMOTE THE HEALTH OF OUR COMMUNITY BELOW ARE SOME EXAMPLES OF THESE ACTIVITIES ADDITIONAL INFORMATION IN INCLUDED LATER IN THIS SCHEDULE H NARRATIVE KEY COMMUNITY BENEFIT ACCOMPLISHMENTS DURING THE REPORTING PERIODMOUNT AUBURN HOSPITAL HAS DEVELOPED THE LISTEN AND LEARN COMMUNITY HEALTH MODEL OF COMMUNITY ENGAGED COLLABORATIONS THAT AIM TO ADDRESS HEALTH DISPARITIES OF THE HOSPITAL'S MOST VULNERABLE COMMUNITY MEMBERS, BY BRIDGING THE GAP BETWEEN COMMUNITY MEMBERS AND CLINICIANS IN EACH LISTEN AND LEARN PROGRAM, COMMUNITY MEMBERS AFFECTED BY A HEALTH DISPARITY SHARE THEIR BELIEFS AND PERCEPTIONS AND PARTICIPATE IN A PLANNING PROCESS IN FY12 THERE WERE 3 LISTEN AND LEARN PROGRAMS - TO ADDRESS THE INCREASED RATE OF TYPE 2 DIABETES AMONG IMMIGRANT COMMUNITY MEMBERS, MAH STAFF WORKED WITH ESOL STUDENTS ENROLLED IN WALTHAM FAMILY SCHOOL AND THE BREAKING BARRIERS PROGRAM AT WATCH IN WALTHAM THE STUDENTS LEARNED ABOUT HEALTH DISPARITIES AND HOW TO REDUCE THEIR RISK OF DEVELOPING DIABETES - PROGRAMS AT THE CAMBRIDGE LEARNING CENTER ADDRESSED IMMIGRANT WOMEN' BARRIERS TO BREAST CANCER SCREENING AND INVOLVED ONCOLOGY NURSES AS WELL AS MAMMOGRAPHY THERAPISTS - MAH WORKED WITH HEALTHY WALTHAM, WALTHAM FAMILY SCHOOL AND POWER PROGRAM TO DEVELOP A BROAD CURRICULUM FOR PROVIDING ESOL TEACHERS WITH TOOLS TO TEACH ABOUT OBESITY AND ACTIVE LIVING IMMIGRANT HEALTH WAS ALSO ADDRESSED MORE BROADLY IN THE BRIDGE TO HEALTHCARE PROGRAM WHICH PROVIDES HEALTH EDUCATION AT LOCAL ESOL PROVIDERS MAH ADDRESSED ELDER HEALTH WITHIN THE FOLLOWING PROGRAMS 1) MEDICAL HOUSE CALLS, 2) COMMUNITY BASED BLOOD PRESSURE SCREENINGS, 3) MATTER OF BALANCE FALL PREVENTION, 4) LISTEN AND LEARN STROKE WITH UNDERSERVED ELDERLY AT THE CAMBRIDGE SALVATION ARMY 5) MY LIFE MY HEALTH CHRONIC DISEASE SELF MANAGEMENT PROGRAM AND 6) INFORMAL CAREGIVER NEEDS ASSESSMENT MOUNT AUBURN HOSPITAL CONTINUED TO SUPPORT JOSEPH M SMITH COMMUNITY HEALTH CENTER TO SERVE ITS CLIENTS BY PROVIDING FINANCIAL COUNSELORS, MIDWIFERY AND MEN'S UROLOGY PROGRAMS SUBSTANCE ABUSE WAS ADDRESSED THROUGH THE WORK OF THE COMMUNITY HEALTH NETWORK AREA 17, THE REGIONAL CENTER FOR HEALTHY COMMUNITIES, AND PROJECTS WITH THE OPEN (OVERDOSE PREVENTION AND EDUCATION NETWORK) IN COLLABORATION WITH THE ARLINGTON PUBLIC SCHOOLS MAH UTILIZED PHOTOVOICE TO BUILD THE STUDENTS CAPACITY TO IMPACT LOCAL POLICY YOUTH WERE ALSO SERVED THROUGH THE WALTHAM WELLNESS, PROGRAM WHICH ADDRESSES OBESITY PREVENTION USING SCHOOL AND COMMUNITY GARDENS AND TARGET WORK WITH SCHOOL CAFETERIA STAFF ADDITIONAL PROGRAMS WHICH ADDRESSED THE NEEDS OF VULNERABLE POPULATIONS INCLUDED 1) EDUCATIONAL SESSIONS TO BUILD THE CAPACITY OF HOMELESS COMMUNITY MEMBERS TO DEVELOP SELF CARE SKILLS, 2) FOOD PANTRY DRIVES, 3) SYSTEMS TO ENROLL COMMUNITY MEMBERS IN SUPPLEMENTAL NUTRITION PROGRAM ASSISTANCE (SNAP) AND 4) SYSTEMS TO PROVIDE TRANSPORTATION TO MEDICAL SERVICES BY WORKING CLOSELY WITH MEMBERS OF COMMUNITY HEALTH NETWORK AREA 17, MAH HAS PROVIDED FUNDING FOR GRANT PROGRAMS AIMED AT IMPROVING COMMUNITY HEALTH AND WELLBEING THERE ARE TWO MULTI-YEAR GRANT PROGRAMS THE FIRST, FOR THREE YEARS, ADDRESSES YOUTH ACCESS TO SERVICES THE SECOND, FOR TWO YEARS, ADDRESSES FOOD AND ACTIVITY EACH PROGRAM REQUIRES GRANTEEES TO PARTICIPATE IN COMMUNITIES OF LEARNING WHERE SUCCESSES AND CHALLENGES ARE SHARED MENTAL HEALTH IS ADDRESS THROUGH SCHOLARSHIP FOR MENTAL HEALTH FIRST AID TRAININGS FOCUS GROUPS HAVE BEEN DESIGNED TO GATHER MORE INFORMATION ON POSSIBLE ACTIVITIES TO ADDRESS CRIME AND SAFETY IN THESE COMMUNITIES COMMUNITY MEMBERS RECEIVED SUPPORT THROUGH OUR MANY SUPPORT GROUPS AND RELATED PROGRAMMING

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 ENRICHMENT COLLABORATIVE - ARLINGTON PUBLIC SCHOOLS - ARLINGTON YOUTH HEALTH AND SAFETY COALITION - BELMONT COUNCIL ON AGING - BREAKING BARRIERS AT WALTHAM ALLIANCES TO CREATE HOUSING - CAMBRIDGE AND SOMERVILLE PROGRAM FOR ALCOHOL AND DRUG REHABILITATION - CASPAR - CAMBRIDGE COUNCIL ON AGING - CAMBRIDGE LEARNING CENTER - CAMBRIDGE PREVENTION COALITION - MASSACHUSETTS COMMUNITY HEALTH NETWORK AREA 15 - MASSACHUSETTS COMMUNITY HEALTH NETWORK AREA 16 - MASSACHUSETTS COMMUNITY HEALTH NETWORK AREA 17 - MASSACHUSETTS COMMUNITY HEALTH NETWORK AREA 18 - MASSACHUSETTS COMMUNITY HEALTH NETWORK AREA 20 - MASSACHUSETTS COMMUNITY HEALTH NETWORK AREA 7 - DOOR TO DOOR COMMUNITY TRANSPORTATION - HEADING HOME - HEALTHY WALTHAM - INSTITUTE OF COMMUNITY HEALTH - JOSEPH M SMITH COMMUNITY HEALTH CENTER - MEDFORD HEALTH MATTERS - ON THE RISE - OVERDOSE PREVENTION AND EDUCATION NETWORK - POWER PROGRAM - PROJECT BREAD - PROJECT LITERACY - SALVATION ARMY CAMBRIDGE - SMART RECOVERY - SOMERVILLE CARE 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 - WATERTOWN COUNCIL ON AGINGTARGET POPULATIONNAME OF TARGET POPULATION - BASIS FOR SELECTION 1) HOMELESS - REQUEST FROM LOCAL HOMELESS SHELTERS 2) UNDERSERVED MEMBERS SERVED BY COMMUNITY HEALTH NETWORK AREAS - COMMUNITY NEEDS ASSESSMENT, DON FUNDING3) WALTHAM YOUTH AND FAMILIES - COMMUNITY ASSESSMENT IN WALTHAM4) ARLINGTON YOUTH - REQUEST FROM ARLINGTON PUBLIC SCHOOLS5) COMMUNITY MEMBERS WHO SUFFER FROM HUNGER - COMMUNITY ASSESSMENT, REQUEST FROM COMMUNITY6) COMMUNITY MEMBERS SERVED BY JOSEPH M SMITH COMMUNITY HEALTH CENTER - REQUESTS FROM JOSEPH M SMITH COMMUNITY HEALTH CENTER7) ELDERS - COMMUNITY NEEDS ASSESSMENT, REQUESTS FROM COUNCILS ON AGING, HOMECARE PROVIDERS, HOMEBOUND ELDERS AND THEIR FAMILIES8) IMMIGRANTS - ESOL PROVIDERS, COMMUNITY NEEDS ASSESSMENT9) COMMUNITY MEMBERS AT RISK FOR DOMESTIC VIOLENCE WITHOUT SAFE DISPOSITION - CAMBRIDGE POLICE DEPARTMENT AND MAH CLINICIANS10) YOUTH - COMMUNITY NEEDS ASSESSMENT, DON FUNDING11) COMMUNITY MEMBERS SUFFERING WITH MENTAL HEALTH - COMMUNITY NEEDS ASSESSMENT, DON FUNDING12) COMMUNITY MEMBERS AT RISK FOR ABUSING SUBSTANCES - YOUTH RISK BEHAVIOR SURVEY, EMERGENCY ROOM AND TREATMENT PROGRAM DATA, DATA FROM LOCAL POLICE AND UNIVERSITIES13) COMMUNITY MEMBERS AT RISK FOR EXPERIENCING CRIME - COMMUNITY NEEDS ASSESSMENT, DON FUNDINGMOUNT 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 EIGHT TOWNS WITH A POPULATION OF APPROXIMATELY 500,000 AND A SECTION OF BOSTON 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 5 MOUNT AUBURN HOSPITAL IS GOVERNED BY A MAXIMUM OF 28 MEMBERS OF THE BOARD OF TRUSTEES, 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 MAH'S SURPLUS FUNDS HAVE BEEN USED TO FUND CONTINUING RENOVATION OF 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 6 MOUNT AUBURN HOSPITAL - AFFILIATED HEALTH CARE SYSTEMS NOTED IN VARIOUS NARRATIVE DISCLOSURES WHICH SUPPORT THIS FORM 990 AND RELATED SCHEDULES, 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 CAREGROUP'S PURPOSE IS TO OVERSEE THE FINANCIAL WELL-BEING OF THE AFFILIATED ENTITIES WHICH MAKE UP THE CAREGROUP SYSTEM CAREGROUP SERVES AS THE SOLE MEMBER AND A SUPPORT ORGANIZATION OF MOUNT AUBURN HOSPITAL (MAH) AND NEW ENGLAND BAPTIST HOSPITAL (NEBH) WHICH IN TURN EACH SERVE AS THE SOLE MEMBER OF MOUNT AUBURN PROFESSIONAL SERVICES (MAPS) AND NEW ENGLAND BAPTIST MEDICAL ASSOCIATES (NEBMA) AND RESPECTIVELY CAREGROUP SERVES AS THE SOLE MEMBER AND A SUPPORT ORGANIZATION OF BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC OR MEDICAL CENTER) BIDMC IS THE SOLE MEMBER OF BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM, INC (BIDN), MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION, D/B/A AFFILIATED PHYSICIANS GROUP (APG) AND BETH ISRAEL DEACONESS HOSPITAL - MILTON, INC (BID-MILTON) IN ADDITION, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC (HMFP) IS THE DEDICATED PHYSICIAN PRACTICE OF THE MEDICAL CENTER AND AN ENTITY INTEGRALLY RELATED TO HELPING THE MEDICAL CENTER ACCOMPLISH ITS CHARITABLE PURPOSES EACH OF THE ENTITIES LISTED IN THIS PARAGRAPH MAY, IN TURN, SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE CAREGROUP NETWORK OF AFFILIATES COMBINED THESE ENTITIES FORM A REGIONAL HEALTHCARE DELIVERY SYSTEM COMPRISED OF TEACHING AND COMMUNITY HOSPITALS, PHYSICIAN GROUPS, AND OTHER CAREGIVERS THESE ENTITIES ARE COMMITTED TO PROVIDING PERSONALIZED, PATIENT CENTERED CARE WITHIN THE COMMUNITIES THEY SERVE, ENSURING ACCESS TO A WIDE RANGE OF SPECIALTY SERVICES AND A BROAD SPECTRUM OF COMPREHENSIVE HEALTH SERVICES RANGING FROM WELLNESS PROGRAMS TO HOME CARE AS WELL AS TO FURTHERING EXCELLENCE IN MEDICAL EDUCATION AND RESEARCH

Identifier	ReturnReference	Explanation
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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 FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS, AS WELL AS COMMUNITY BUILDING ACTIVITIES AS DEMONSTRATED IN THIS SCHEDULE H, 5 20% OF MAH'S TOTAL EXPENSES NET OF BAD DEBT EXPENSE REPORTED IN FORM 990, SCHEDULE H PART III, ARE INCURRED IN PROVIDING FINANCIAL ASSISTANCE 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 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 DETAIL FROM THE MAH ATTORNEY GENERAL'S REPORT IS INCORPORATED WITHIN THE NARRATIVE DETAIL TO THIS SCHEDULE H THERE ARE SOME DIFFERENCES BETWEEN THE MASSACHUSETTS ATTORNEY GENERAL DEFINITION OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFITS AND THE INTERNAL REVENUE SERVICE (IRS) DEFINITION OF FINANCIAL ASSISTANCE 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

Identifier	ReturnReference	Explanation
		PREVIOUS (2009) NEEDS ASSESSMENTAS NOTED ABOVE, THE HOSPITAL'S COMMUNITY BENEFITS PROGRAM IS PREDICATED ON THE NOTION OF PARTNERSHIP AND DIALOGUE WITH ITS MANY COMMUNITIES AND CONS TITUENTS THE HOSPITAL'S UNDERSTANDING OF THESE COMMUNITIES' NEEDS HAS BEEN DERIVED FROM D ISCUSSIONS WITH AND OBSERVATIONS BY, HEALTHCARE AND HEALTH-RELATED WORKERS IN THE NEIGHBOR HOODS AS WELL AS MORE FORMAL ASSESSMENTS THROUGH AVAILABLE PUBLIC HEALTH DATA, FOCUS GROUP S, SURVEYS, ETC THIS DATA IS THEN AUGMENTED BY DEMOGRAPHIC AND HEALTH STATUS INFORMATION GLEANED FROM A VARIETY OF SOURCES INCLUDING THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, THE CENTERS FOR DISEASE CONTROL AND PREVENTION, AND REVIEW OF LITERATURE RELEVANT TO A PA RTICULAR COMMUNITY'S NEEDS THE ARTICULATION OF EACH SPECIFIC COMMUNITY'S NEEDS (DONE IN PA RTNERSHIP BETWEEN THE HOSPITAL AND COMMUNITY PARTNERS) HAS BEEN USED TO INFORM THE HOSPITA L'S DECISION- MAKING ABOUT PRIORITIES FOR COMMUNITY BENEFITS EFFORTS FOLLOWING THE GUIDING PRINCIPLES DESCRIBED ABOVE, FOR EACH PRIORITY AREA, THE HOSPITAL HAS WORKED IN CONCERT WI TH COMMUNITY RESIDENTS AND LEADERS TO DESIGN SPECIFIC ACTIONS TO BE UNDERTAKEN EACH YEAR EACH COMPONENT OF THE PLAN HAS BEEN THUS DEVELOPED AND EVENTUALLY WOVEN INTO THE ANNUAL GO ALS AND AGENDA FOR THE HOSPITAL'S COMMUNITY BENEFITS PLAN FOR COMMUNITY BENEFITS ACTIVITIE S AND ACCOMPLISHMENTS THROUGH SEPTEMBER 30, 2012 COMMUNITY BENEFITS PROCESSCOMMUNITY BENEF ITS LEADERSHIP/TEAMTHE DIRECTOR OF COMMUNITY HEALTH IS RESPONSIBLE FOR THE DEVELOPMENT AND IMPLEMENTATION OF MAH'S COMMUNITY BENEFITS PROGRAM AS SUPERVISOR TO THE METROWEST REGION AL CENTER FOR HEALTHY COMMUNITIES (RCHC) STAFF, THE DIRECTOR HAS CONTINUOUS DIALOGUES WITH THOSE WHO WORK CLOSELY WITH LOCAL COMMUNITY HEALTH NETWORK AREAS THE DIRECTOR REPORTS TO THE VICE PRESIDENT OF MARKETING AND STRATEGIC PLANNING, WHO ENSURES THAT COMMUNITY BENEFIT T PRIORITIES ARE MONITORED BY SENIOR MANAGEMENT THE HOSPITAL CEO IS ACTIVELY INVOLVED IN INITIATING ACTIVITIES AND RELATIONSHIPS WITH COMMUNITY PARTNERS ONLY THE COSTS THAT RELATE DIRECTLY TO THE COMMUNITY BENEFIT PORTION OF PROGRAMS ARE COUNTED AS EXPENDITURES COMMUNI TY BENEFITS TEAM MEETINGSANNUALLY THE BOARD OF TRUSTEES APPROVES THE COMMUNITY BENEFIT'S M ISSION STATEMENT AND PLAN THE VICE PRESIDENT OF MARKETING AND STRATEGIC PLANNING AND THE DIRECTOR OF COMMUNITY HEALTH MEET REGULARLY TO DISCUSS COMMUNITY BENEFIT PROGRAMMING AMEN DMENTS TO THE PLAN DURING THE YEAR ARE APPROVED BY THE VICE PRESIDENT OF MARKETING AND STR ATEGIC PLANNING A HOSPITAL-WIDE DIVERSITY COMMITTEE, AIMED AT KEEPING THE ORGANIZATION FO CUSED ON THE NEEDS OF PATIENTS AND EMPLOYEES FROM DIFFERENT CULTURAL AND LINGUISTIC BACKGR OUNDS, IS CHAIRED BY THE DIRECTOR OF COMMUNITY HEALTH AND INCLUDES REPRESENTATIVES FROM MA NY HOSPITAL DISCIPLINES THE COMMUNITY BENEFITS PLAN WAS PRESENTED TO THE PATIENT AND FAMIL Y ADVISORY COUNCIL COPIES OF THE COMMUNITY BENEFITS PLAN WERE SENT TO EVERYONE INVOLVED I N THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS COMMUNITY HEALTH STAFF MEMBERS MEET MONTH LY TO REVIEW COMMUNITY PROGRAMS COMMUNITY MEMBERS ARE INVITED TO AN OPEN COMMUNITY BENEFIT S MEETING THE METROWEST REGIONAL CENTER FOR HEALTHY COMMUNITIES, A MOUNT AUBURN HOSPITAL PROGRAM, HAS A COMMUNITY ADVISORY BOARD THAT PROVIDES SUGGESTIONS AND FEEDBACK THE REGION AL CENTER FOR HEALTHY COMMUNITIESTHE MISSION OF THE REGIONAL CENTER FOR HEALTHY COMMUNITIE S (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 COALI TIONS TO DESIGN AND IMPLEMENT INCLUSIVE COMMUNITY HEALTH PLANNING AND ASSESSMENT PROCESSES , AND 2) PROVIDING TOOLS AND TEMPLATES, TRAINING, FACILITATION, LIBRARY RESOURCES AND OPPO RTUNITIES FOR SHARING AND COLLABORATION ACROSS THE METROWEST REGION THE EFFORT WORKS TO R EDUCE ALCOHOL, TOBACCO, AND OTHER DRUG USE IN THE GENERAL POPULATION BY STRENGTHENING COAL ITIONS, AND BY MOBILIZING YOUTH AND YOUNG ADULTS FOR LEADERSHIP AND CIVIC ACTION IN THIS A RENA IN ADDITION, THE CENTER SUPPORTS COMMUNITIES IN BROADER HEALTH ASSESSMENT AND WELLNE SS EFFORTS THE RCHC ALSO DEVELOPS LEADERSHIP FOR REGIONAL HEALTH PLANNING THROUGH ITS WOR K WITH COMMUNITY HEALTH NETWORK AREAS 15, 17, 18, AND THE COMMUNITY HEALTH COALITION OF ME TROWEST) THE CENTER HAS AN EXTENSIVE HEALTH AND SOCIAL RESOURCE LIBRARY AVAILABLE FOR LOA N, FREE OF CHARGE FOR THOSE LIVING AND/OR WORKING IN THE METROWEST REGION ADDITIONALLY, T HE REGIONAL CENTER'S STAFF PROVIDES TECHNICAL ASSISTANCE, TRAINING, AND SUPPORT TO LOCAL C OALITIONS BASED ON THE RESULTS OF TRAINING NEEDS ASSESSMENT CONDUCTED THROUGHOUT THE REGI ON, THE RCHC HAS HELD WORKSHOPS ON A BROAD RANGE OF TOPICS, INCLUDING GRANT WRITING, COMMU NITY ASSESSMENT MODELS, HOARDING AND YOUTH DEVELOPMENT THE RCHC FOSTERS STRATEGIES THAT - HAVE BEEN RIGOROUSLY EVALUATED AND ARE SHOWN TO BE EFFECTIVE THIS IS OFTEN REFERRED TO AS "EVIDENCE- BASED PREVENTION" - ARE DEVELOPED TO

Identifier	ReturnReference	Explanation
		REDUCE 'RISK' FACTORS AND ENHANCE 'PROTECTIVE' FACTORS FOR YOUNG PEOPLE RISK FACTORS ARE INDIVIDUAL CHARACTERISTICS OR SOCIAL ENVIRONMENTS THAT ARE ASSOCIATED WITH AN INCREASED LIKELIHOOD OF SUBSTANCE USE CONVERSELY, PROTECTIVE FACTORS SUCH AS SUCCESS IN SCHOOL AND STRONG FAMILY BONDS ASSIST IN PREVENTING YOUNG PEOPLE FROM SUBSTANCE USE THIS IS A CRITICAL FRAMEWORK FOR ENABLING COMMUNITIES TO PURSUE STRATEGIES THAT CAN ASSIST YOUNG PEOPLE, EVEN IN HIGH-RISK ENVIRONMENTS - BUILD UPON THE STRENGTHS AND RESOURCES OF DIVERSE COMMUNITY MEMBERS THE SUBSTANCE ABUSE PREVENTION WORK UNDERTAKEN BY THE RCHC SUPPORTS COMMUNITIES IN BUILDING AND SUSTAINING COALITIONS COMPRISED OF POLICE, SCHOOL PERSONNEL, YOUNG PEOPLE , PARENTS, LOCAL SERVICE PROVIDERS AND OTHER KEY COMMUNITY STAKEHOLDERS THE MISSION OF THESE COALITIONS IS TO PREVENT SUBSTANCE ABUSE AMONG YOUTH AND YOUNG ADULTS USING THE EVIDENCE-BASED MODEL "COMMUNITIES MOBILIZING FOR CHANGE ON ALCOHOL" (CMCA) IN THIS MODEL, REDUCTIONS IN UNDERAGE DRINKING ARE ACHIEVED THROUGH POLICIES AND PRACTICES THAT REDUCE ACCESS TO ALCOHOL AND ADDRESS SOCIAL NORMS REGARDING UNDERAGE DRINKING A RIGOROUS EVALUATION OF THIS MODEL UNDERTAKEN BY THE UNIVERSITY OF MINNESOTA HAS REVEALED SIGNIFICANT REDUCTION IN UNDERAGE ACCESS TO ALCOHOL, CHANGES IN ALCOHOL BEHAVIORS OF YOUNG PEOPLE, AND A REDUCTION IN SELLING TO UNDERAGE DRINKERS IN ADDITION TO CAMBRIDGE, QUINCY, SOMERVILLE AND WATERTOWN, THE RCHC ALSO SUPPORTS OTHER COMMUNITIES IN THE REGION IN THESE EFFORTS AND WORKS WITH COALITIONS AS THEY IMPLEMENT STRATEGIES AND BUILD PARTNERSHIPS TO REDUCE OVERDOSES ALTHOUGH AS DETAILED HERE, THE ACTIVITIES OF THE RCHC WERE A PRIMARY COMMUNITY BENEFIT ACCOMPLISHMENT FOR THE HOSPITAL FOR ITS FISCAL YEAR ENDED SEPTEMBER 30, 2012, THE EXPENDITURES RELATED TO THIS ACTIVITY HAVE NOT BEEN QUANTIFIED IN THE NET COMMUNITY BENEFIT EXPENDITURES ON THIS FORM 990 SCHEDULE H QUESTION 7, BECAUSE OF FUNDING RECEIVED AND RELATED TO THIS ACTIVITY

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 2011 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

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- | | | |
|----------|---|---|
| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | 0 |
| 3 | Enter total number of other organizations listed in the line 1 table | 0 |

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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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.

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number

04-2103606

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ 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 or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
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?	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 accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	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	

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

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Schedule J (Form 990) 2011		Page 3
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 1A	PETER SEMENZA, WHO AS NOTED BELOW SERVED AS CHIEF FINANCIAL OFFICER THROUGH AUGUST 15, 2011, 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 GROSSED-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 AS REQUIRED. THE AMOUNTS RECEIVED BY MR. SEMENZA AND MR. SHUGERT, INCLUDING GROSS-UP RELATED TO THESE PAYMENTS WERE \$58,161 AND \$6,488 RESPECTIVELY. ALTHOUGH THESE PAYMENTS WERE NOT MADE PURSUANT TO A WRITTEN POLICY REGARDING GROSS-UPS, THESE PAYMENTS WERE PART OF MR. SEMENZA'S AND MR. SHUGERT'S OVERALL COMPENSATION PACKAGES AND AS SUCH, THEY WERE REVIEWED BY THE COMPENSATION COMMITTEE AS PREVIOUSLY DESCRIBED IN THIS FORM 990.
	PART I, LINE 4B	AS PREVIOUSLY NOTED, CAREGROUP, INC. (CAREGROUP) IS THE SOLE MEMBER OF MOUNT AUBURN HOSPITAL. CAREGROUP IS ALSO THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER. DURING THE PERIOD COVERED BY THIS FILING, THE CEO OF MAH/MAPS WAS PAID BY CAREGROUP WHICH IS A PARTICIPATING EMPLOYER IN THE BETH ISRAEL DEACONESS MEDICAL CENTER 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.
	PART I, LINE 7	THE PRESIDENT/CEO, 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	SCHEDULE J 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, 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	BARRON, KENNETH S. TRUSTEE - MOUNT AUBURN HOSPITAL. MR. BARRON DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION. MR. BARRON'S TERM ON THE MOUNT AUBURN HOSPITAL BOARD BEGAN JANUARY 1, 2012. CALANO, DANIEL V. TRUSTEE - MOUNT AUBURN HOSPITAL. MR. CALANO DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION. CANEPA, JOHN J. TRUSTEE AND BOARD VICE-CHAIR - MOUNT AUBURN HOSPITAL. MR. CANEPA DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION. CHICOS, FREDERICK H. TRUSTEE - MOUNT AUBURN HOSPITAL. MR. CHICOS DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION. MR. CHICOS' TERM ON THE MOUNT AUBURN HOSPITAL BOARD ENDED DECEMBER 31, 2011. CHRISTODOULOU, GEORGE E. TRUSTEE - MOUNT AUBURN HOSPITAL. MR. CHRISTODOULOU DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION. MR. CHRISTODOULOU'S TERM ON THE MOUNT AUBURN HOSPITAL BOARD ENDED DECEMBER 31, 2011. CLOUGH, JEANNETTE G. PRESIDENT & CHIEF EXECUTIVE OFFICER - MOUNT AUBURN HOSPITAL. PRESIDENT & CHIEF EXECUTIVE OFFICER - MOUNT AUBURN PROFESSIONAL SERVICES. MS. CLOUGH DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE. IN HER POSITIONS AS PRESIDENT & CHIEF EXECUTIVE OFFICER FOR MOUNT AUBURN HOSPITAL (MAH) AND MOUNT AUBURN PROFESSIONAL SERVICES (MAPS), 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. CLOUGH PERFORMS SERVICES FOR BOTH MAH AND MAPS 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 439,082; INCENTIVE COMPENSATION 354,246; OTHER REPORTABLE COMPENSATION 45,786; DEFERRED COMPENSATION 781,718; NON-TAXABLE BENEFITS 19,046. PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES: BASE COMPENSATION 71,478; INCENTIVE COMPENSATION 57,668; OTHER REPORTABLE COMPENSATION 7,454; DEFERRED COMPENSATION 127,256; NON-TAXABLE BENEFITS 3,101. INCENTIVE COMPENSATION REPORTED FOR THE 2011 CALENDAR YEAR INCLUDES 1) PAYMENTS IN 2011 PURSUANT TO A LONG TERM INCENTIVE PLAN RELATED TO MOUNT AUBURN HOSPITAL'S FISCAL YEAR ENDED SEPTEMBER 30, 2010 IN THE AMOUNT OF \$214,207 AND 2) A PAYMENT PURSUANT TO AN ANNUAL INCENTIVE PLAN RELATED TO THE FISCAL YEAR ENDED SEPTEMBER 30, 2010 IN THE AMOUNT OF \$196,719. 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 2011 CALENDAR YEAR INCLUDES AN ACTUARIAL CHANGE IN THE PROJECTED BENEFIT OBLIGATION OF MS. CLOUGH'S SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) OF \$457,600. THE SERP DOES NOT VEST UNTIL MS. CLOUGH REACHES AGE 62. DEFERRED COMPENSATION REPORTED FOR THE 2011 CALENDAR YEAR ALSO INCLUDES TWO INCENTIVE PAYMENTS RELATED TO THE SERVICES MS. CLOUGH PERFORMED DURING MOUNT AUBURN'S FISCAL YEAR ENDED SEPTEMBER 30, 2011 BUT WHICH WERE NOT PAID TO MS. CLOUGH UNTIL AFTER DECEMBER 31, 2011 - ONE IN THE AMOUNT OF \$219,562 RELATED TO AN ANNUAL INCENTIVE PLAN, AND ANOTHER FOR \$219,562 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 \$17,488 WAS REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990, AS REQUIRED. GORDON, LISA. TRUSTEE - MOUNT AUBURN HOSPITAL. MS. GORDON DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION. HATEM, M.D., CHARLES J. TRUSTEE - MOUNT AUBURN HOSPITAL. DIRECTOR OF MEDICAL EDUCATION - MOUNT AUBURN HOSPITAL. HAROLD AMOS ACADEMY PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL. DR. HATEM DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE. PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL: BASE COMPENSATION 310,849; INCENTIVE COMPENSATION 420; OTHER REPORTABLE COMPENSATION 9,523; DEFERRED COMPENSATION 19,600; NON-TAXABLE BENEFITS 27,949. HOGAN, IV, WILLIAM M. TRUSTEE - MOUNT AUBURN HOSPITAL. MR. HOGAN DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION. MR. HOGAN'S TERM ON THE MOUNT AUBURN HOSPITAL BOARD BEGAN JANUARY 1, 2012. KANE, CHRISTOPHER. TRUSTEE - MOUNT AUBURN HOSPITAL. MR. KANE DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION. KETTLE, M.D., WILLIAM. TRUSTEE - MOUNT AUBURN HOSPITAL. MEMBER, AFFILIATED FACULTY - HARVARD-MIT DIVISION OF HEALTH SCIENCES & TECHNOLOGY. DR. KETTLE DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION. KIM, KJIA. TRUSTEE - MOUNT AUBURN HOSPITAL. MS. KIM DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION. LUCHINO, DAVID L. TRUSTEE - MOUNT AUBURN HOSPITAL. TRUSTEE - MOUNT AUBURN PROFESSIONAL SERVICES. MR. LUCHINO DEVOTES, ON AVERAGE, A COMBINED 10 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE. MAMBRINO, M.D. LAWRENCE J. TRUSTEE - MOUNT AUBURN HOSPITAL. CLINICAL INSTRUCTOR, OTOLGY & LARYNGOLOGY - HARVARD MEDICAL SCHOOL. DR. MAMBRINO DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION. MASSARO, GEORGE. TRUSTEE - MOUNT AUBURN HOSPITAL. MR. MASSARO DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION. NELSEN, LITA L. TRUSTEE - MOUNT AUBURN HOSPITAL. MS. NELSEN DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION. MS. NELSEN'S TERM ON THE MAH BOARD ENDED DECEMBER 31, 2011. PALANDJIAN, LEON. TRUSTEE AND TREASURER - MOUNT AUBURN HOSPITAL. MR. PALANDJIAN DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION. RAFFERTY, JAMES J. TRUSTEE AND CLERK - MOUNT AUBURN HOSPITAL. MR. RAFFERTY DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION. REARDON, GERALD. TRUSTEE - MOUNT AUBURN HOSPITAL. MR. REARDON DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION. ROLLER, JOSEPH. TRUSTEE AND VICE CHAIR - MOUNT AUBURN HOSPITAL. MR. ROLLER DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION. SHACHOY, CHRISTOPHER. TRUSTEE (EX-OFFICIO) - MOUNT AUBURN HOSPITAL. MR. SHACHOY DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION. SHAPIRO, M.D., DEBRA S. TRUSTEE - MOUNT AUBURN HOSPITAL. CLINICAL INSTRUCTOR IN MEDICINE - HARVARD MEDICAL SCHOOL. DR. SHAPIRO DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION. DR. SHAPIRO'S TERM ON THE MAH BOARD BEGAN JANUARY 1, 2012. SHORTSLEEVE, M.D., MICHAEL. TRUSTEE - MOUNT AUBURN HOSPITAL. CHAIR, DEPARTMENT OF RADIOLOGY - MOUNT AUBURN HOSPITAL. ASSISTANT CLINICAL PROFESSOR OF RADIOLOGY - HARVARD MEDICAL SCHOOL. DR. SHORTSLEEVE DEVOTES, ON AVERAGE, 10 HOURS PER WEEK TO THE REPORTING ORGANIZATION. PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL: BASE COMPENSATION 23,259 AS REQUIRED BY THIS FORM 990, COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2011 CALENDAR YEAR INCLUDES \$23,259 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. SIMONS, THOMAS. TRUSTEE AND BOARD CHAIR - MOUNT AUBURN HOSPITAL. DIRECTOR (EX-OFFICIO) - CAREGROUP, INC. MR. SIMONS DEVOTES, ON AVERAGE, A COMBINED 10 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE. SMERLAS, DONNA. TRUSTEE (EX-OFFICIO) - MOUNT AUBURN HOSPITAL. MS. SMERLAS DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION.
SUPPLEMENTAL INFORMATION	PART III	ZINNER, M.D., STEPHEN. TRUSTEE AND CHAIR, DEPARTMENT OF MEDICINE - MOUNT AUBURN HOSPITAL. CHAIR, DEPARTMENT OF MEDICINE - MOUNT AUBURN PROFESSIONAL SERVICES. CHARLES S. DAVIDSON. PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL. DR. ZINNER DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE. DR. ZINNER'S TERM ON THE MAH BOARD ENDED DECEMBER 31, 2011. 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 336,661; INCENTIVE COMPENSATION 0; OTHER REPORTABLE COMPENSATION 8,052; DEFERRED COMPENSATION 14,749; NON-TAXABLE BENEFITS 9,029. PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES: BASE COMPENSATION 54,805; INCENTIVE COMPENSATION 0; OTHER REPORTABLE COMPENSATION 1,311; DEFERRED COMPENSATION 2,401; NON-TAXABLE BENEFITS 1,470. DIESO, NICHOLAS. CHIEF OPERATING OFFICER - MOUNT AUBURN HOSPITAL. MR. DIESO DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION. PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL: BASE COMPENSATION 330,085; INCENTIVE COMPENSATION 76,118; OTHER REPORTABLE COMPENSATION 14,344; DEFERRED COMPENSATION 291,854; NON-TAXABLE BENEFITS 22,863 AS REQUIRED BY THIS FORM 990, BONUS & INCENTIVE COMPENSATION FOR THE 2011 CALENDAR YEAR IN THE AMOUNT OF \$76,118 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990. DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2011 CALENDAR YEAR INCLUDES AN ACTUARIAL CHANGE IN THE PROJECTED BENEFIT OBLIGATION OF MR. DIESO'S SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) OF \$183,500. THE SERP DOES NOT VEST UNTIL MR. DIESO REACHES AGE 60. DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2011 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF \$88,754 RELATED TO MR. DIESO'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2011, BUT NOT PAID TO MR. DIESO UNTIL AFTER DECEMBER 31, 2011. SULLIVAN, WILLIAM. VICE PRESIDENT & CHIEF FINANCIAL OFFICER - MOUNT AUBURN HOSPITAL. VICE PRESIDENT FINANCE & TREASURER - MOUNT AUBURN PROFESSIONAL SERVICES. MR. SULLIVAN DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE. 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. MR. SULLIVAN PERFORMS SERVICES FOR BOTH MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES AS REQUIRED BY THIS FORM 990, ALTHOUGH MR. SULLIVAN IS PAID DIRECTLY BY MOUNT AUBURN HOSPITAL, THE PORTION OF MR. SULLIVAN'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 117,765; INCENTIVE COMPENSATION 0; OTHER REPORTABLE COMPENSATION 584; DEFERRED COMPENSATION 3,993; NON-TAXABLE BENEFITS 9,573. PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES: BASE COMPENSATION 19,171; INCENTIVE COMPENSATION 0; OTHER REPORTABLE COMPENSATION 95; DEFERRED COMPENSATION 650; NON-TAXABLE BENEFITS 1,558. ABOOKIRE, M.D., SUSAN. CHAIR OF QUALITY & SAFETY - MOUNT AUBURN HOSPITAL. ASSISTANT PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL. DR. ABOOKIRE DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION. PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL: BASE COMPENSATION 254,354; INCENTIVE COMPENSATION 67,636; OTHER REPORTABLE COMPENSATION 17,390; DEFERRED COMPENSATION 67,674; NON-TAXABLE BENEFITS 22,063 AS REQUIRED BY THIS FORM 990, BONUS & INCENTIVE COMPENSATION FOR THE 2011 CALENDAR YEAR IN THE AMOUNT OF \$67,636 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990. DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2011 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF \$55,424 RELATED TO DR. ABOOKIRE'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2011, BUT NOT PAID TO DR. ABOOKIRE UNTIL AFTER DECEMBER 31, 2011. BAKER, DEBORAH. VICE PRESIDENT, PATIENT CARE SERVICES - MOUNT AUBURN HOSPITAL. MS. BAKER DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION. PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL: BASE COMPENSATION 233,158; INCENTIVE COMPENSATION 42,135; OTHER REPORTABLE COMPENSATION 1,276; DEFERRED COMPENSATION 51,636; NON-TAXABLE BENEFITS 22,063 AS REQUIRED BY THIS FORM 990, BONUS & INCENTIVE COMPENSATION FOR THE 2011 CALENDAR YEAR IN THE AMOUNT OF \$42,135 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990. DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2011 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF \$43,187 RELATED TO MS. BAKER'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2011, BUT NOT PAID TO MS. BAKER UNTIL AFTER DECEMBER 31, 2011. BRIDGEMAN, JOHN. VICE PRESIDENT, CLINICAL SERVICES - MOUNT AUBURN HOSPITAL. MR. BRIDGEMAN DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION. PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL: BASE COMPENSATION 187,419; INCENTIVE COMPENSATION 37,885; OTHER REPORTABLE COMPENSATION 2,269; DEFERRED COMPENSATION 58,991; NON-TAXABLE BENEFITS 22,063 AS REQUIRED BY THIS FORM 990, BONUS & INCENTIVE COMPENSATION FOR THE 2011 CALENDAR YEAR IN THE AMOUNT OF \$37,885 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990. DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2011 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF \$42,717 RELATED TO MR. BRIDGEMAN'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2011, BUT NOT PAID TO MR. BRIDGEMAN UNTIL AFTER DECEMBER 31, 2011. BURKE, KATHRYN. VICE PRESIDENT, CONTRACTING & BUSINESS DEVELOPMENT - MOUNT AUBURN HOSPITAL. MS. BURKE DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION. PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL: BASE COMPENSATION 236,336; INCENTIVE COMPENSATION 59,103; OTHER REPORTABLE COMPENSATION 2,264; DEFERRED COMPENSATION 72,830; NON-TAXABLE BENEFITS 21,796 AS REQUIRED BY THIS FORM 990, BONUS & INCENTIVE COMPENSATION FOR THE 2011 CALENDAR YEAR IN THE AMOUNT OF \$59,103 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990. DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2011 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF \$60,580 RELATED TO MS. BURKE'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2011, BUT NOT PAID TO MS. BURKE UNTIL AFTER DECEMBER 31, 2011. O'CONNELL, MICHAEL L. VICE PRESIDENT, PLANNING & MARKETING - MOUNT AUBURN HOSPITAL. MR. O'CONNELL DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION. PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL: BASE COMPENSATION 182,371; INCENTIVE COMPENSATION 50,549; OTHER REPORTABLE COMPENSATION 22,648; DEFERRED COMPENSATION 66,232; NON-TAXABLE BENEFITS 23,883 AS REQUIRED BY THIS FORM 990, BONUS & INCENTIVE COMPENSATION FOR THE 2011 CALENDAR YEAR IN THE AMOUNT OF \$50,549 WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990. DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2011 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF \$46,632 RELATED TO MR. O'CONNELL'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2011, BUT NOT PAID TO MR. O'CONNELL UNTIL AFTER DECEMBER 31, 2011.
SUPPLEMENTAL INFORMATION	PART III	CUTLER, M.D., ANDREW. PRIMARY CARE PHYSICIAN - MOUNT AUBURN PROFESSIONAL SERVICES. DR. CUTLER DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE. DR. CUTLER PERFORMS SERVICES FOR MOUNT AUBURN HOSPITAL IN CLINICAL RESIDENT INSTRUCTION AS WELL AS HIS SERVICES FOR MOUNT AUBURN PROFESSIONAL SERVICES AS REQUIRED BY THIS FORM 990, ALTHOUGH DR. CUTLER IS PAID DIRECTLY BY MOUNT AUBURN PROFESSIONAL SERVICES, THE PORTION OF DR. CUTLER'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 10,037; INCENTIVE COMPENSATION 5,239; OTHER REPORTABLE COMPENSATION 42; DEFERRED COMPENSATION 6,083; NON-TAXABLE BENEFITS 1,230. PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES: BASE COMPENSATION 190,697; INCENTIVE COMPENSATION 99,540; OTHER REPORTABLE COMPENSATION 800; DEFERRED COMPENSATION 115,571; NON-TAXABLE BENEFITS 23,366. DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES FOR THE 2011 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF \$104,504 RELATED TO DR. CUTLER'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2011, BUT NOT PAID TO DR. CUTLER UNTIL AFTER DECEMBER 31, 2011. 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, GYNCOLOGY AND REPRODUCTIVE BIOLOGY - HARVARD MEDICAL SCHOOL. DR. KAWADA DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE. 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 52,078; INCENTIVE COMPENSATION 7,594; OTHER REPORTABLE COMPENSATION 416; DEFERRED COMPENSATION 8,277; NON-TAXABLE BENEFITS 3,352. PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES: BASE COMPENSATION 295,107; INCENTIVE COMPENSATION 43,031; OTHER REPORTABLE COMPENSATION 2,360; DEFERRED COMPENSATION 46,906; NON-TAXABLE BENEFITS 18,995 AS REQUIRED BY THIS FORM 990, COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES FOR THE 2011 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 GYNCOLOGY AND ASSISTANT CLINICAL PROFESSOR OF OBSTETRICS, GYNCOLOGY AND REPRODUCTIVE BIOLOGY, HARVARD MEDICAL SCHOOL: \$101,127; BASE AND OTHER REPORTABLE COMPENSATION, \$9,892; DEFERRED COMPENSATION AND \$1,745; NON-TAXABLE BENEFITS. DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES FOR THE 2011 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF \$28,141 RELATED TO DR. KAWADA'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2011, BUT NOT PAID TO DR. KAWADA UNTIL AFTER DECEMBER 31, 2011. AS REQUIRED BY THIS FORM 990, BONUS & INCENTIVE COMPENSATION FOR THE 2011 CALENDAR YEAR IN THE AMOUNT OF \$50,625 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990. MOYER, M.D., PATRICIA. PRIMARY CARE PHYSICIAN - MOUNT AUBURN PROFESSIONAL SERVICES. ASSISTANT PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL. DR. MOYER DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE. DR. MOYER PERFORMS SERVICES FOR BOTH MOUNT AUBURN HOSPITAL IN CLINICAL RESIDENT INSTRUCTION AS WELL AS HER SERVICES FOR AND MOUNT AUBURN PROFESSIONAL SERVICES AS REQUIRED BY THIS FORM 990, ALTHOUGH DR. MOYER IS PAID DIRECTLY BY MOUNT AUBURN PROFESSIONAL SERVICES, THE PORTION OF DR. MOYER'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 56,553; INCENTIVE COMPENSATION 28,415; OTHER REPORTABLE COMPENSATION 498; DEFERRED COMPENSATION 34,250; NON-TAXABLE BENEFITS 6,599. PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES: BASE COMPENSATION 145,421; INCENTIVE COMPENSATION 73,067; OTHER REPORTABLE COMPENSATION 1,279; DEFERRED COMPENSATION 88,071; NON-TAXABLE BENEFITS 16,970. DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES FOR THE 2011 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF \$102,721 RELATED TO DR. MOYER'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2011, BUT NOT PAID TO DR. MOYER UNTIL AFTER DECEMBER 31, 2011. SCHIFFMAN, M.D., ROBERT. CHIEF, DIVISION OF PULMONARY MEDICINE - MOUNT AUBURN HOSPITAL. INTENSIVE CARE PHYSICIAN - MOUNT AUBURN PROFESSIONAL SERVICES. CLINICAL INSTRUCTOR IN MEDICINE - HARVARD MEDICAL SCHOOL. DR. SCHIFFMAN DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE. DR. SCHIFFMAN PERFORMS SERVICES FOR BOTH MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES AS REQUIRED BY THIS FORM 990, ALTHOUGH DR. SCHIFFMAN IS PAID DIRECTLY BY MOUNT AUBURN PROFESSIONAL SERVICES, THE PORTION OF DR. SCHIFFMAN'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 28,359; INCENTIVE COMPENSATION 6,761; OTHER REPORTABLE COMPENSATION 468; DEFERRED COMPENSATION 5,675; NON-TAXABLE BENEFITS 1,255. PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES: BASE COMPENSATION 255,231; INCENTIVE COMPENSATION 60,846; OTHER REPORTABLE COMPENSATION 42,123; DEFERRED COMPENSATION 51,072; NON-TAXABLE BENEFITS 11,294. DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2011 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF \$34,397 RELATED TO DR. SCHIFFMAN'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2011, BUT NOT PAID TO DR. SCHIFFMAN UNTIL AFTER DECEMBER 31, 2011. SETNIK, M.D., GARY. CHAIR, DEPARTMENT OF EMERGENCY MEDICINE - MOUNT AUBURN HOSPITAL. CHAIR, DEPARTMENT OF EMERGENCY MEDICINE - MOUNT AUBURN PROFESSIONAL SERVICES. EMERGENCY MEDICINE PHYSICIAN - MOUNT AUBURN PROFESSIONAL SERVICES. ASSISTANT PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL. DR. SETNIK DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE. DR. SETNIK PERFORMS SERVICES FOR BOTH MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES AS REQUIRED BY THIS FORM 990, ALTHOUGH DR. SETNIK IS PAID DIRECTLY BY MOUNT AUBURN SERVICES, THE PORTION OF DR. SETNIK'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 127,622; INCENTIVE COMPENSATION 21,000; OTHER REPORTABLE COMPENSATION 2,931; DEFERRED COMPENSATION 20,590; NON-TAXABLE BENEFITS 8,228. DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2011 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF \$16,875 RELATED TO DR. SETNIK'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2011, BUT NOT PAID TO DR. SETNIK UNTIL AFTER DECEMBER 31, 2011.
SUPPLEMENTAL INFORMATION	PART III	NAUTA, M.D., RUSSELL J. FORMER TRUSTEE - MOUNT AUBURN HOSPITAL. CHAIR, DEPARTMENT OF SURGERY - MOUNT AUBURN HOSPITAL. PROFESSOR OF SURGERY - HARVARD MEDICAL SCHOOL. DR. NAUTA'S TERM ON THE MOUNT AUBURN HOSPITAL BOARD ENDED DECEMBER 31, 2010, AND HE CONTINUES TO SERVE AS THE CHAIR OF THE DEPARTMENT OF SURGERY. DR. NAUTA DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE. 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 396,136; INCENTIVE COMPENSATION 109,410; OTHER REPORTABLE COMPENSATION 14,223; DEFERRED COMPENSATION 13,720; NON-TAXABLE BENEFITS 26,812. PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES: BASE COMPENSATION 99,034; INCENTIVE COMPENSATION 27,352; OTHER REPORTABLE COMPENSATION 3,556; DEFERRED COMPENSATION 3,430; NON-TAXABLE BENEFITS 6,703 AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2011 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: \$140,594; BASE AND OTHER REPORTABLE COMPENSATION AND \$14,583; NON-TAXABLE BENEFITS AS REQUIRED BY THIS FORM 990, BONUS & INCENTIVE COMPENSATION FOR THE 2011 CALENDAR YEAR IN THE AMOUNT OF \$63,262 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990. SAAL, M.D., KIM. FORMER TRUSTEE - MOUNT AUBURN HOSPITAL. CHIEF, DIVISION OF RADIOLOGY - MOUNT AUBURN HOSPITAL. DIRECTOR - CAREGROUP, INC. INSTRUCTOR IN MEDICINE - HARVARD MEDICAL SCHOOL. DR. SAAL'S TERM ON THE MAH BOARD ENDED DECEMBER 31, 2010 AND HE CONTINUES TO SERVE AS CHIEF OF THE DIVISION OF RADIOLOGY. DR. SAAL DEVOTES, ON AVERAGE, A COMBINED 15 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE. PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL: BASE COMPENSATION 58,750 AS REQUIRED BY THIS FORM 990, COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2011 CALENDAR YEAR INCLUDES \$58,750 PAID TO DR. SAAL BY MOUNT AUBURN RADIOLOGY ASSOCIATES AND RELATED TO DR. SAAL'S POSITION AS CHIEF OF THE DIVISION OF RADIOLOGY AT MOUNT AUBURN HOSPITAL. SEMENZA, PETER. FORMER VICE PRESIDENT & CHIEF FINANCIAL OFFICER - MOUNT AUBURN HOSPITAL. FORMER VICE PRESIDENT FINANCE & TREASURER - MOUNT AUBURN PROFESSIONAL SERVICES. MR. SEMENZA RETIRED ON AUGUST 15, 2011. MR. SEMENZA DEVOTED, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE. IN HIS ROLES AS CHIEF FINANCIAL OFFICER OF MOUNT AUBURN HOSPITAL AND VICE PRESIDENT OF FINANCE OF 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 200,157; INCENTIVE COMPENSATION 82,437; OTHER REPORTABLE COMPENSATION 178,299; DEFERRED COMPENSATION 16,856; NON-TAXABLE BENEFITS 5,102. PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES: BASE COMPENSATION 32,584; INCENTIVE COMPENSATION 13,420; OTHER REPORTABLE COMPENSATION 29,025; DEFERRED COMPENSATION 2,744; NON-TAXABLE BENEFITS 831 AS REQUIRED BY FORM 990, BONUS & INCENTIVE COMPENSATION FOR THE 2011 CALENDAR YEAR IN THE AMOUNT OF \$95,857 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990. STEVENSON, HOWARD H. TRUSTEE - MOUNT AUBURN HOSPITAL. TRUSTEE - MOUNT AUBURN PROFESSIONAL SERVICES. DIRECTOR (EX-OFFICIO) - CAREGROUP, INC. MR. STEVENSON DEVOTES, ON AVERAGE, A COMBINED 10 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE. SWANN, ERIC. TRUSTEE - MOUNT AUBURN HOSPITAL. MR. SWANN DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION. WAGNER, III, HERBERT S. TRUSTEE - MOUNT AUBURN HOSPITAL. MR. WAGNER DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION. WILSON, WILLIAM. TRUSTEE - MOUNT AUBURN HOSPITAL. MR. WILSON DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION. MR. WILSON'S TERM ON THE MAH BOARD BEGAN JANUARY 1, 2012.

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)	439,082	354,246	45,786	781,718	19,047	1,639,879	0
	(ii)	71,478	57,668	7,454	127,256	3,101	266,957	0
HATEM MD CHARLES J	(i)	310,849	420	9,523	19,600	27,949	368,341	0
	(ii)	0	0	0	0	0	0	0
ZINNER MD STEPHEN	(i)	336,661	0	8,052	14,749	9,029	368,491	0
	(ii)	54,805	0	1,311	2,401	1,470	59,987	0
DIESO NICHOLAS	(i)	330,085	76,118	14,344	291,854	22,863	735,264	0
	(ii)	0	0	0	0	0	0	0
SULLIVAN WILLIAM	(i)	117,765	0	584	3,993	9,573	131,915	0
	(ii)	19,171	0	95	650	1,558	21,474	0
ABOOKIRE MD SUSAN	(i)	254,354	67,636	17,390	67,674	22,063	429,117	0
	(ii)	0	0	0	0	0	0	0
BAKER DEBORAH	(i)	233,158	42,135	1,276	51,636	22,063	350,268	0
	(ii)	0	0	0	0	0	0	0
BRIDGEMAN JOHN	(i)	187,419	37,885	2,269	58,991	22,063	308,627	0
	(ii)	0	0	0	0	0	0	0
BURKE KATHRYN	(i)	236,336	59,103	2,264	72,830	21,796	392,329	0
	(ii)	0	0	0	0	0	0	0
O'CONNELL MICHAEL L	(i)	182,371	50,549	22,648	66,232	23,883	345,683	0
	(ii)	0	0	0	0	0	0	0
D'AFFLITTI MD JOSEPH	(i)	258,970	0	2,669	17,150	27,949	306,738	0
	(ii)	0	0	0	0	0	0	0
JOSEPH LESLIE	(i)	231,440	59,660	1,288	78,302	28,563	399,253	0
	(ii)	0	0	0	0	0	0	0
KAWADA MD CHARLES	(i)	52,078	7,594	416	8,277	3,352	71,717	0
	(ii)	295,107	43,031	2,360	46,906	18,995	406,399	0
LUKASIK CHARLES	(i)	11,822	3,013	99	3,946	1,307	20,187	0
	(ii)	224,613	57,255	1,872	74,980	24,836	383,556	0
SHUGERT JOHN	(i)	189,010	44,662	26,187	64,271	22,063	346,193	0
	(ii)	0	0	0	0	0	0	0
SAAL MD A KIM	(i)	58,750	0	0	0	0	58,750	0
	(ii)	0	0	0	0	0	0	0
NAUTA MD RUSSELL J	(i)	396,136	109,410	14,223	13,720	26,812	560,301	0
	(ii)	99,034	27,352	3,556	3,430	6,703	140,075	0
SEMENZA PETER	(i)	200,157	82,437	178,299	16,856	5,102	482,851	0
	(ii)	32,584	13,420	29,025	2,744	831	78,604	0

Schedule K (Form 990)	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	
											2011	
	Department of the Treasury Internal Revenue Service											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 MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814	NONEAVAIL	07-11-2012	49,910,000	REFUND ISSUES DATED 2/11/1998		X		X		X
B MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814	NONEAVAIL	09-15-2011	120,820,000	REFUND ISSUES DATED 2/11/1998		X		X		X
C MASSACHUSETTS HEALTH AND EDUCATIONIONAL FACILITIES AUTHORITY	04-2456011	57586C3S2	06-09-2008	377,572,010	REFUND ISSUES DATED 1/19/1989, 9/23/1992, 8/12/2004		X		X		X
D MASSACHUSETTS HEALTH AND EDUCATIONAL FACILITIES AUTHORITY	04-2456011	57586CDK8	08-12-2004	187,125,000	REFUND ISSUES DATED 9/23/1992, 11/9/1994		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired			9,485,000		48,320,000		149,125,000	
2	Amount of bonds defeased								
3	Total proceeds of issue	49,910,000		120,280,000		378,911,689		187,125,000	
4	Gross proceeds in reserve funds					27,356,617			
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	368,094		290,672		3,929,290		1,796,643	
8	Credit enhancement from proceeds							7,991,727	
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds					134,556,855			
11	Other spent proceeds	49,541,906		119,989,328		213,068,927		177,336,630	
12	Other unspent proceeds								
13	Year of substantial completion	2011							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X			X	X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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 IIIPrivate 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	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a 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 IVArbitrage

		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		X
2	Is the bond issue a variable rate issue?		X		X		X	X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X	X	
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								X
e	Was a hedge terminated?							X	
4a	Were gross proceeds invested in a GIC?		X		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?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part VProcedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VISupplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE K SUPPLENTAL INFORMATION		PART II, LINE 11, COLUMNS A,B & D THE AMOUNT OF OTHER SPENT PROCEEDS RELATES TO THE REFUNDING PROCEEDS OF THE ISSUES
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 OF BETH ISRAEL DEACONESS MEDICAL CENTER, BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM, BETH ISRAEL DEACONESS HOSPITAL - MILTON, MOUNT AUBURN HOSPITAL, NEW ENGLAND BAPTIST HOSPITAL AND THESE ENTITIES' PHYSICIAN GROUPS AND AFFILIATED ENTITIES CAREGROUP'S PURPOSE IS TO OVERSEE THE FINANCIAL WELL-BEING OF THE AFFILIATED ENTITIES WHICH MAKE UP THE CAREGROUP SYSTEM CAREGROUP AND SOME OF ITS AFFILIATES JOINTLY BORROW DEBT AS AN OBLIGATED GROUP THE OBLIGATED GROUP MEMBERS ARE CAREGROUP, BETH ISRAEL DEACONESS MEDICAL CENTER (MEDICAL CENTER), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS - NEEDHAM (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 MOUNT AUBURN HOSPITAL REFLECTS THE COMBINED CAREGROUP OBLIGATED GROUP DEBT ISSUED AFTER DECEMBER 31, 2002 WITH AN OUTSTANDING PRINCIPAL BALANCE IN EXCESS OF \$100,000
SCHEDULE K PART 1F - DESCRIPTION OF TAX-EXEMPT DEBT PURPOSE		PURPOSES OF CAREGROUP SERIES E BONDS - TO FINANCE OR REFINANCE VARIOUS RENOVATION AND CONSTRUCTION PROJECTS AND CAPITAL EQUIPMENT ACQUISITIONS FOR THE MEDICAL CENTER - 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 BID-NEEDHAM'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 CAREGROUP SERIES D BONDS - REFUNDING OF THE OUTSTANDING PRINCIPAL BALANCE OF THE MAH SERIES B BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST 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 TRUST DATED JULY 13, 2004 PURPOSES OF CAREGROUP SERIES F BONDS - REFUNDING OF A PORTION OF THE OUTSTANDING PRINCIPAL BALANCE OF THE CAREGROUP SERIES A BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED SEPTEMBER 1, 2011 PURPOSES OF CAREGROUP SERIES G BONDS - REFUNDING THE REMAINING PORTION OF THE OUTSTANDING PRINCIPAL BALANCE OF THE CAREGROUP SERIES A BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED JULY 1,2012
SCHEDULE K PART II LINE 8 - YEAR OF SUBSTANTIAL COMPLETION OF PROJECT(S)		THE PROJECTS FINANCED AND/OR REFINANCED WITH TAX-EXEMPT BOND FINANCED WERE COMPLETED, ON VARIOUS DATES
SCHEDULE K PART II, LINE 11, COLUMNS A, B & D		THE AMOUNT OF OTHER SPENT PROCEEDS RELATES TO THE REFUNDING PROCEEDS OF THE ISSUES
SCHEDULE K PART II, LINE 11, COLUMN C		\$8,993,760 OF THE PROCEEDS LISTED WERE USED FOR TERMINATION OF THE HEDGE AGREEMENT, WITH THE REMAINDER USED FOR REFUNDING PURPOSES OF THE ISSUE
SCHEDULE K 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 THE MEDICAL CENTER, BID-NEEDHAM, HMFP, NEBH, NEW ENGLAND BAPTIST MEDICAL ASSOCIATES, MOUNT AUBURN HOSPITAL, MOUNT AUBURN PROFESSIONAL SERVICES AND APG SOME FINANCED SPACE MAY CONTAIN LEASE ARRANGEMENTS, AND THE AFFILIATES WHICH OWN THE DEBT FINANCED SPACE MAY OPT TO ENGAGE A MANAGEMENT SERVICES COMPANY (I E CLEANING, PATIENT TRANSPORT, AND 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, 2012 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 PART V - WRITTEN PROCEDURES		MOUNT AUBURN HOSPITAL IS CURRENTLY IN THE PROCESS OF ADOPTING A FORMAL WRITTEN POLICY WHICH WILL ENSURE THAT VIOLATIONS OF FEDERAL TAX REQUIREMENTS ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDATION IS NOT AVAILABLE IN THE MEANTIME, THE MEDICAL CENTER AND EACH MEMBER OF THE CAREGROUP OBLIGATED GROUP MONITORS USES OF ITS TAX-EXEMPT FINANCED FACILITIES IN CONJUNCTION WITH THE CAREGROUP, INC TAX DEPARTMENT AND BOND COUNSEL

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

2011

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	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?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.
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 IVBusiness 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
(1) MICHAEL SHORTSLEEVE	TRUSTEE	417,296			No
(2) DR SUSAN ABOOKIRE	FAMILY MEMBER	258,607			No
(3) JAMES RAFFERTY	FAMILY MEMBER	98,797			No

Part VSupplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE L, PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS		MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES MAY BE REFERRED TO IN THESE EXPLANATORY NOTES TO FORM 990 SCHEDULE L PART IV AS MAH AND MAPS RESPECTIVELY MICHAEL 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 WERE \$417,296 THE FEES PAID TO SCHATZKI ASSOCIATES REFLECTED FAIR MARKET VALUE RATES CHRISTOPHER PECKINS, MD, HUSBAND OF DR SUSAN ABOOKIRE, CHAIR OF QUALITY AND SAFETY FOR MOUNT AUBURN HOSPITAL, IS EMPLOYED AS A PRIMARY CARE PHYSICIAN BY MAPS, A SUPPORTING ORGANIZATION OF MAH AND AN ORGANIZATION FOR WHICH MAH SERVES AS SOLE MEMBER HIS SALARY AND OTHER INCOME INCLUDES BASE COMPENSATION \$220,002INCENTIVE COMPENSATION \$25,168OTHER REPORTABLE COMPENSATION \$987CONTRIBUTION TO EMPLOYEE BENEFIT PLANS INCLUDES DEFERRED COMPENSATION \$12,250NON-TAXABLE BENEFITS \$200KATHERINE RAFFERTY, COMMUNITY RELATIONS DIRECTOR AT MOUNT AUBURN HOSPITAL, IS THE SISTER OF JAMES RAFFERTY WHO IS A MOUNT AUBURN HOSPITAL TRUSTEE HER SALARY AND OTHER INCOME INCLUDES BASE COMPENSATION \$85,866INCENTIVE COMPENSATION \$4200OTHER REPORTABLE COMPENSATION \$69CONTRIBUTION TO EMPLOYEE BENEFIT PLANS INCLUDES DEFERRED COMPENSATION \$4,424NON-TAXABLE BENEFITS \$8,018ALL 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 MAH CONFLICT OF INTEREST POLICY AND REFLECT FAIR MARKET PAYMENTS AND RATES

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	3	29,292	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 ► (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

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?	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		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 III

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
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	THERE WERE 3 CONTRIBUTORS WITH A TOTAL OF 3 CONTRIBUTIONS

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

2011

Open to Public
Inspection

Name of the organization MOUNT AUBURN HOSPITAL	Employer identification number 04-2103606
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Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	PART I, LINE 1 & PART III, LINE 1	MOUNT AUBURN HOSPITAL'S (MAH OR HOSPITAL) PRIMARY PURPOSE IS TO IMPROVE THE HEALTH OF THE RESIDENTS OF CAMBRIDGE, MA AND THE SURROUNDING COMMUNITIES. THE HOSPITAL'S 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 / SURGICAL 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. MAH SURGEONS FOCUS ON A DUAL MISSION OF CLINICAL CARE AND PATIENT EDUCATION. BECAUSE THE HOSPITAL IS A TEACHING HOSPITAL OF HARVARD MEDICAL SCHOOL, IT IS ABLE TO OFFER MORE SURGICAL SERVICES THAN MOST HOSPITALS OF SIMILAR SIZE, INCLUDING NEUROSURGERY AND CARDIOVASCULAR SURGICAL PROCEDURES, AS WELL AS CONTINUAL SURGICAL RESPONSES IN ALL DISCIPLINES. HOWEVER, MAH IS SMALL ENOUGH TO OFFER PERSONALIZED CARE THROUGHOUT A PATIENT'S SURGERY, INCLUDING PREPARATION AND RECOVERY. THE HOSPITAL 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 2012, MOUNT AUBURN HOSPITAL HAD 171 LICENSED MEDICAL/SURGICAL BEDS, AND PROVIDED INPATIENT MEDICAL SERVICES TO 6,337 PATIENTS, AND INPATIENT SURGICAL SERVICES TO 2,305 PATIENTS.

Identifier	Return Reference	Explanation
OUTPATIENT RADIOLOGIC SERVICES	FORM 990, PART III LINE 4B	THE MOUNT AUBURN HOSPITAL RADIOLOGY DEPARTMENT PROVIDES COMPASSIONATE, PROFESSIONAL CARE THROUGH A HIGHLY-SKILLED TEAM OF BOARD-CERTIFIED RADIOLOGISTS, TECHNOLOGISTS AND NURSES. MAH RADIOLOGISTS 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. MAH ENSURES THE PATIENT'S PRIVACY AT ALL STAGES OF TREATMENT, INCLUDING TRANSMISSION AND DISTRIBUTION OF FILMS AND REPORTS. THE 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 THESE 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, MAH 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, UTILIZATION OF STATE-OF-THE-ART IMAGING TECHNOLOGY, COMBINED WITH THE SERVICES OF THE HIGHLY-SKILLED, COMPASSIONATE TEAM OF PROFESSIONALS ENSURES THAT THE PATIENT WILL BENEFIT FROM OUR SUPERIOR LEVEL OF CARE. DURING FISCAL 2012, MOUNT AUBURN HOSPITAL PROVIDED OUTPATIENT RADIOLOGY SERVICES TO 72,332 PATIENTS.

Identifier	Return Reference	Explanation
INPATIENT OBSTETRICS / NEWBORN SERVICES	FORM 990, PART III LINE 4C	AT MOUNT AUBURN HOSPITAL, ALL PATIENTS CAN BE ASSURED THAT AN EXCEPTIONAL LEVEL OF CARE AND SUPPORT IS AVAILABLE FOR EXPECTANT AND NEW MOTHERS AND NEWBORNS THROUGHOUT PREGNANCY AND DELIVERY. WOMEN CAN CHOOSE FROM A VARIETY OF HIGHLY TALENTED PROVIDERS, INCLUDING OBSTETRICIANS, NURSE-MIDWIVES AND NURSE PRACTITIONERS, ALL OF WHOM COLLABORATE WITH EACH OTHER AS NEEDED. THESE PROVIDERS OFFER PERSONAL AND INDIVIDUALIZED CARE, PROVIDING SUPPORT THROUGH LABOR AND ENCOURAGING FAMILY PARTICIPATION. THE HOSPITAL'S GOAL IS A SAFE AND HEALTHY PREGNANCY AND DELIVERY FOR EACH MOTHER AND BABY. MOUNT AUBURN HOSPITAL OFFERS GUIDANCE, OPTIONS AND A SEASONED TEAM OF PROVIDERS WHO ARE COMMITTED TO DELIVERING INDIVIDUALIZED CARE. WOMEN WHO SEEK A MORE NATURAL APPROACH 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 THE HOSPITAL'S LEVEL II NURSERY FOR NEWBORNS WHO REQUIRE EXTRA MEDICAL ATTENTION AND MONITORING DURING THE FIRST DAYS OF LIFE. LABOR, DELIVERY AND POSTPARTUM CARE ARE ALL CENTERED AT THE BIRTHPLACE, MOUNT 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 BIRTHPLACE IS WHERE NEW MOTHERS AND BABIES RECEIVE ALL THE ATTENTION THEY NEED. AT MOUNT AUBURN, WOMEN CAN CHOOSE FROM A VARIETY OF HIGHLY-QUALIFIED PROVIDERS, INCLUDING OBSTETRICIANS, NURSE-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 - OBSTETRICIANS - DOCTORS WHO SPECIALIZE IN PREGNANCY AND CHILDBIRTH, THEY HAVE THE TRAINING TO PROVIDE 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 EXPERIENCE IN OBSTETRICS WHO PRACTICE IN COLLABORATION WITH OBSTETRICIANS AND NURSE-MIDWIVES IN PROVIDING PRENATAL CARE - MATERNAL-FETAL MEDICINE SPECIALISTS - OBSTETRICIANS WHO HAVE SPECIAL 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 POSTPARTUM 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, AND PEDIATRICIANS ARE ON SITE AROUND THE CLOCK TO CARE FOR NEWBORNS. MOUNT AUBURN ALSO OFFERS ADDITIONAL SERVICES TO WOMEN WHO ARE PLANNING TO HAVE THEIR BABIES AT OUR HOSPITAL - FERTILITY SERVICES, INCLUDING OPTIONS, TESTING AND TREATMENT. MANY COUPLES NEED THE EXPERTISE OF A FERTILITY SPECIALIST. MOUNT AUBURN HOSPITAL HAS FERTILITY SPECIALISTS ON STAFF THAT COUNSEL 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 FERTILIZATION 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 MATERNAL-FETAL MEDICINE SPECIALIST, A PHYSICIAN WHO SPECIALIZES IN THE COMPLICATIONS OF PREGNANCY AND CHILDBIRTH, BECOMES PART OF THE TEAM AND SEES THE WOMAN ON A REGULAR BASIS - NURSERIES, CARING FOR YOUR BABY. MOST NEWBORNS SPEND MOST OF THE DAY WITH THEIR MOTHERS. WHEN NEWBORNS NEED SPECIAL CARE, THEY STAY IN THE HOSPITAL'S LEVEL II NURSERY, WHICH IS STAFFED BY 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 IS 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 SMOOTH, WELL-COORDINATED EXPERIENCE. THE BAIN BIRTHING CENTER. THE BAIN BIRTHING CENTER AT MOUNT 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 PRENATAL AND ANTENATAL FACILITIES IN AN INTIMATE SETTING. BIRTH AT MOUNT AUBURN IS AN INCLUSIVE EXPERIENCE. THE BAIN BIRTHING CENTER FEATURES A WARM, PERSONAL AND NURTURING ATMOSPHERE, 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.

Identifier	Return Reference	Explanation
INPATIENT OBSTETRICS / NEWBORN SERVICES	FORM 990, PART III LINE 4C	OR FATHERS OR OTHER SUPPORT PERSONS, AND ROOMS FEATURING VIEWS OF THE CHARLES RIVER AND BO STON SKY LINE. IN CASES WHERE A CAESARIAN SECTION NEEDS TO BE PERFORMED, 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 LABOR. AT THE MOUNT AUBURN HOSPITAL BAIN BIRTHING CENTER, A PATIENT'S CHOICE IS PARAMOUNT. PAIN RELIEF DURING LABOR IS AN ISSUE THAT EACH WOMAN SHOULD EXPLORE WITH HER PROVIDER. MANY WOMEN CHOOSE TO HAVE AN EPI DURAL, BUT PROVIDERS AT MOUNT AUBURN, ESPECIALLY NURSE-MIDWIVES, ALSO SUPPORT ALTERNATIVE METHODS SUCH AS PRESSURE-POINT MASSAGE, AND HYPNO-BIRTHING (SELF-HYPNOSIS DURING THE BIRTH PROCESS). WOMEN WHO SEEK AN ALTERNATIVE APPROACH TO CHILDBIRTH ITSELF, SUCH AS A WATER BIRTH, WILL ALSO FIND NURSE-MIDWIVES TO HELP THEM WITH SUCH OPTIONS. IN CASES WHERE A CAESARIAN SECTION NEEDS TO BE PERFORMED, SURGICAL SUITES ARE LOCATED ADJACENT TO THE LABOR AND DELIVERY AREA. MOUNT AUBURN HOSPITAL STRIVES TO PROVIDE SUPPORT AND INFORMATION, PRIVACY AND CHOICE. THE POSTPARTUM NURSING STAFF PROVIDE NEW MOTHERS WITH ONE-ON-ONE CARE AND EDUCATION. THE BAIN BIRTHING CENTER OFFERS A VARIETY OF SERVICES FOR PREGNANT AND NEW MOTHERS, INCLUDING CHILDBIRTH EDUCATION CLASSES, BIRTHPLACE TOURS AND BREAST PUMP RENTALS. SERVICES FOR NON-ENGLISH SPEAKING PATIENTS INCLUDE STAFF INTERPRETERS, SPANISH-SPEAKING NURSE-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 CENTER, THEY HEAD HOME KNOWING THAT THE NURSING STAFF IS AVAILABLE AFTER DISCHARGE TO ANSWER ANY QUESTIONS THAT MAY ARISE ABOUT THE HEALTH OF MOTHER AND BABY 24 HOURS A DAY. LEVEL II NURSERY. IF A NEWBORN NEEDS SPECIAL CARE, REST ASSURED THAT MOUNT AUBURN'S LEVEL II NURSERY 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 TEAM OF NEONATOLOGISTS AND NEONATAL NURSES WHO ARE CERTIFIED TO RESUSCITATE AND ALSO TO STABILIZE AND PREPARE CRITICALLY ILL INFANTS FOR TRANSFER TO A BOSTON-AREA LEVEL III NURSERY. IN THE EVENT OF AN EMERGENCY, MAH'S NURSERY HAS A SPECIALIST PEDIATRICIAN ON CALL 24 HOURS A DAY, AS WELL AS AROUND THE CLOCK NEONATAL BACKUP COVERAGE. ANESTHESIA IS AVAILABLE 24 HOURS A DAY, AS WELL. IN ADDITION TO THE EXPERT OBSTETRIC TEAM, MOUNT AUBURN'S LEVEL II NURSERY FEATURES STATE-OF-THE-ART MONITORING EQUIPMENT FOR NEONATES. IF A NEWBORN IS SERIOUSLY ILL, HIS/HER PARENTS CAN BE ASSURED THAT HE OR SHE WILL RECEIVE THE BEST CARE POSSIBLE IN MOUNT AUBURN'S LEVEL II NURSERY. DURING FISCAL 2012, MOUNT AUBURN HOSPITAL HAD 28 LICENSED OB/GYN BE DES PROVIDING SERVICES TO 2,330 PATIENTS AND 35 BASSINETS PROVIDING INPATIENT SERVICES TO 2,390 NEWBORNS.

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS - 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 SERVICE 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 2012, MOUNT AUBURN HOSPITAL HAD 16 LICENSED INPATIENT PSYCHIATRY BEDS, AND PROVIDED INPATIENT PSYCHIATRY SERVICES TO 263 PATIENTS. THE HOSPITAL HAS A 24 HOUR EMERGENCY DEPARTMENT THAT SERVICED 37,510 VISITS. IN ADDITION, THE HOSPITAL PROVIDED A VARIETY OF OUTPATIENT SERVICES TO MORE THAN 179,000 PATIENTS IN VARIOUS SPECIALTIES LISTED ABOVE, AND CONDUCTED MORE THAN 76,000 VISITS TO PATIENT'S 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 DETAIL RELATED TO MOUNT AUBURN HOSPITAL COMMUNITY BENEFITS ACTIVITIES INCLUDED IN THE SUPPLEMENTAL NARRATIVE TO 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 BOSTON, MA OFFICE OF KPMG ISSUED AN UNQUALIFIED OPINION ON THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF MAH AND AFFILIATE

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 MOUNT AUBURN HOSPITAL OFFICERS, DIRECTOR/TRUSTEES, AND KEY EMPLOYEES HAVE BUSINESS OR FAMILY RELATIONSHIPS JEANETTE CLOUGH, LEON PALANDJIAN, AND JOSEPH ROLLER - BUSINESS RELATIONSHIPS AS NOTED IN VARIOUS NARRATIVE DISCLOSURES WHICH SUPPORT THIS FORM 990 AND RELATED SCHEDULES, 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 CAREGROUP'S PURPOSE IS TO OVERSEE THE FINANCIAL WELL-BEING OF THE AFFILIATED ENTITIES WHICH MAKE UP THE CAREGROUP SYSTEM CAREGROUP SERVES AS THE SOLE MEMBER AND A SUPPORT ORGANIZATION OF BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC OR MEDICAL CENTER) BIDMC IS THE SOLE MEMBER OF BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM, INC (BIDN), MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION, D/B/A AFFILIATED PHYSICIANS GROUP (APG) AND BETH ISRAEL DEACONESS HOSPITAL - MILTON, INC (BID-MILTON) IN ADDITION, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC (HMFP) IS THE DEDICATED PHYSICIAN PRACTICE OF THE MEDICAL CENTER AND AN ENTITY INTEGRALLY RELATED TO HELPING THE MEDICAL CENTER ACCOMPLISH ITS CHARITABLE PURPOSES CAREGROUP ALSO SERVES AS THE SOLE MEMBER AND A SUPPORT ORGANIZATION OF NEW ENGLAND BAPTIST HOSPITAL (NEBH) AND MOUNT AUBURN HOSPITAL (MAH), WHICH IN TURN SERVE AS THE SOLE MEMBER OF NEW ENGLAND BAPTIST MEDICAL ASSOCIATES (NEBMA) AND MOUNT AUBURN PROFESSIONAL SERVICES (MAPS), RESPECTIVELY EACH OF THE ENTITIES LISTED IN THIS PARAGRAPH MAY, IN TURN, SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE CAREGROUP NETWORK OF AFFILIATES TWO OR MORE OF THE PERSONS LISTED IN THIS FORM 990 PART VII HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER BY VIRTUE OF SITTING ON ONE OR BOARDS OF DIRECTORS/TRUSTEES OR BY SERVING IN EMPLOYMENT RELATIONSHIP ONE OR MORE ENTITIES WITHIN THE CAREGROUP NETWORK OF AFFILIATED ORGANIZATIONS ADDITIONAL DETAIL IS PROVIDED IN THE EXPLANATORY NOTES TO THIS FORM 990 SCHEDULE J

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	CAREGROUP, INC , IS 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	PURSUANT TO THE MAH BY LAWS, CAREGROUP AS SOLE MEMBER, APPROVES BUT DOES NOT ELECT THE HOSPITAL'S GROUP 2 TRUSTEES, WHICH COMPOSE UP TO 20 OF A MAXIMUM OF 28 TRUSTEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	ACCORDING TO THE HOSPITAL'S BYLAWS, AS SOLE MEMBER, CAREGROUP HAS THE FOLLOWING RIGHTS - TO APPROVE THE ELECTION OF THE HOSPITAL'S PRESIDENT, - TO APPROVE THE REMOVAL OF THE PRESIDENT, - TO ESTABLISH AND APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS, - TO APPROVE THE HOSPITAL'S STRATEGIC AND FINANCIAL PLANS, - TO APPROVE UNBUDGETED CAPITAL EXPENDITURES IN THE AGGREGATE IN EXCESS OF 3% OF THE ANNUAL CAPITAL BUDGET OR \$1,000,000 WHICHEVER IS LESS, - TO SELECT THE INDEPENDENT AUDITOR TO EXAMINE THE FINANCIAL ACCOUNTS OF THE HOSPITAL, - TO APPROVE THE BORROWING OR INCURRENCE OF DEBT IN ANY AMOUNT, OTHER THAN (I) FOR THE PURPOSE OF SECURING WORKING CAPITAL FROM A LENDER APPROVED BY THE MEMBER AND PURSUANT TO EXISTING LOAN DOCUMENTATION CONTAINING THE TERMS AND PROVISIONS RELATING TO SUCH BORROWING APPROVED BY THE MEMBER AT THE TIME OF THE BORROWING AND, (II) DEBT INCURRED IN THE ORDINARY COURSE OF BUSINESS WHICH IS IN THE MEMBER APPROVED ANNUAL BUDGET, - TO APPROVE ANY VOLUNTARY DISSOLUTION, MERGER OR CONSOLIDATION OF THE HOSPITAL, THE SALE OR TRANSFER OF ALL OR SUBSTANTIALLY ALL OF THE HOSPITAL'S ASSETS, THE CREATION, ACQUISITION OR DISPOSAL OF ANY SUBSIDIARY OR AFFILIATED CORPORATION, OR THE ENTERING INTO ANY JOINT VENTURE OR OTHER PARTNERSHIP ARRANGEMENTS BY THE HOSPITAL, - THE POWER AND AUTHORITY TO INITIATE AND TAKE ANY OF THE FOLLOWING ACTIONS ANY VOLUNTARY DISSOLUTION, MERGER OR CONSOLIDATION OF THE MEDICAL CENTER, THE SALE OR TRANSFER OF ALL OR SUBSTANTIALLY ALL OF THE MEDICAL CENTER'S ASSETS, THE CREATION, ACQUISITION OR DISPOSAL OF ANY SUBSIDIARY OR AFFILIATED CORPORATION, OR THE ENTERING INTO ANY JOINT VENTURE OR OTHER PARTNERSHIP ARRANGEMENTS BY THE MEDICAL CENTER, - THE EXCLUSIVE POWER AND AUTHORITY TO INITIATE ANY BANKRUPTCY OR INSOLVENCY ACTION ON BEHALF OF THE HOSPITAL OR MOUNT AUBURN PROFESSIONAL SERVICES, AND, - OTHER POWERS AND RIGHTS AS VESTED BY LAW

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 CONFLICT 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 AND FORMER 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 AND FORM 990, PART VI, QUESTION 2, FAMILY AND BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS/TRUSTEES AND KEY EMPLOYEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	MOUNT AUBURN HOSPITAL (MAH) HAS A COMPENSATION COMMITTEE (THE "COMMITTEE") THAT IS COMPRISED OF SIX MEMBERS OF THE BOARD OF TRUSTEES INCLUDING THE CURRENT CHAIRMAN OF THE BOARD OF TRUSTEES AND THE MAH CEO, WHO SERVES ON THE COMMITTEE AS AN "EX OFFICIO" MEMBER WITHOUT VOTING RIGHTS. ALL OTHER MEMBERS OF THE COMMITTEE ARE INDEPENDENT. THE COMMITTEE OPERATES TO FULFILL THE FOLLOWING RESPONSIBILITIES: - TO REVIEW AND APPROVE THE TOTAL COMPENSATION OF EACH MEMBER OF THE HOSPITAL'S SENIOR MANAGEMENT TEAM SO AS TO ENSURE THAT SUCH COMPENSATION REMAINS COMPETITIVE IN THE MARKETPLACE, REPRESENTS GOOD VALUE TO THE HOSPITAL FOR THE QUALITY AND QUANTITY OF SERVICES PROVIDED AND CONSTITUTES REASONABLE TOTAL COMPENSATION TO THE EMPLOYEE IN LIGHT OF THE EMPLOYEE'S POSITION, RESPONSIBILITIES, QUALIFICATIONS AND PERFORMANCE IN ACCORDANCE WITH INTERNAL AND EXTERNAL REASONABLE COMPENSATION STANDARDS APPLICABLE TO THIS TAX EXEMPT HOSPITAL, - TO RECOMMEND TO THE BOARD OF TRUSTEES THE TERMS AND CONDITIONS OF ANY EMPLOYMENT AGREEMENTS BETWEEN THE HOSPITAL AND ITS PRESIDENT/CHIEF EXECUTIVE OFFICER INCLUDING BASE SALARIES, INCENTIVE COMPENSATION, SUPPLEMENTAL EMPLOYEE RETIREMENT PLANS, BENEFITS AND OTHER LAWFUL METHODS OF REASONABLE COMPENSATION, - TO RECOMMEND TO THE BOARD OF TRUSTEES FOR THE BOARD'S APPROVAL THE TERMS AND CONDITIONS OF ANY SUPPLEMENTAL EMPLOYEE RETIREMENT PLANS FOR HOSPITAL EXECUTIVES, - TO REVIEW AND APPROVE THOSE PORTIONS OF THE FEDERAL FORM 990 AND THE MASSACHUSETTS FORM PC, OR THEIR EQUIVALENTS, PERTAINING TO THE COMPENSATION OF HOSPITAL EMPLOYEES PRIOR TO THE HOSPITAL'S FILING OF SUCH FORMS WITH THE REGULATORY AUTHORITIES, - AS DETERMINED TO BE ADVISABLE BY THE COMMITTEE FROM TIME TO TIME, TO ENGAGE OUTSIDE COMPENSATION CONSULTANTS AND LEGAL AND OTHER ADVISORS TO PROVIDE TO THE COMMITTEE APPROPRIATE AND RELIABLE COMPARABLE COMPENSATION DATA FOR SIMILARLY SITUATED EMPLOYEES OF NATIONAL, REGIONAL AND LOCAL PEER INSTITUTIONS AND OTHER EXPERT ADVICE TO ASSIST THE COMMITTEE IN FULFILLING ITS RESPONSIBILITIES, - TO WORK WITH THE HOSPITAL'S MANAGEMENT AND AUDITORS TO RESOLVE, OR TO RECOMMEND TO THE BOARD OF TRUSTEES RESOLUTION OF, ANY ISSUES OF CONCERN PERTAINING TO THE COMPENSATION OF HOSPITAL EMPLOYEES THAT MAY ARISE DURING THE COURSE OF THE HOSPITAL'S INDEPENDENT AUDIT OR MAY BE PRESENTED IN THE INDEPENDENT AUDITOR'S MANAGEMENT LETTER TO THE HOSPITAL, - TO REVIEW AND APPROVE EMPLOYEE BENEFITS PROGRAMS INCLUDING WELFARE, FRINGE AND RETIREMENT PLANS AND PROGRAMS, AND ANY MATERIAL AMENDMENTS THERETO, - TO ADOPT SUCH POLICIES AND PROCEDURES AS THE COMMITTEE MAY DETERMINE FROM TIME TO TIME TO BE NECESSARY OR USEFUL TO ENSURE THAT THE HOSPITAL PAYS REASONABLE AND COMPETITIVE COMPENSATION TO ITS MANAGEMENT TEAM WHILE PRESERVING THE TAX EXEMPT STATUS OF THE HOSPITAL, AND - TO REVIEW AND REASSESS THE COMMITTEE'S CHARTER FROM TIME TO TIME AND TO RECOMMEND ANY PROPOSED CHANGES TO THE HOSPITAL'S BOARD OF TRUSTEES FOR ITS CONSIDERATION AND APPROVAL. THE COMMITTEE MEETS SEVERAL TIMES DURING THE YEAR TO REVIEW AND APPROVE INDIVIDUAL PERFORMANCE GOALS FOR MANAGEMENT AND THE CEO, TO REVIEW PERFORMANCE AGAINST SUCH GOALS, TO APPROVE INCENTIVE COMPENSATION PAYMENTS TO MANAGEMENT, TO RECOMMEND COMPENSATION PAYMENTS TO THE CEO FOR APPROVAL BY THE TRUSTEES AND TO APPROVE SALARY ADJUSTMENTS FOR THE NEXT YEAR. FURTHER, THE COMMITTEE WILL ADDRESS AS REQUIRED ANY CHANGES IN INDIVIDUAL OR GROUP COMPENSATION ARRANGEMENTS AT SUCH MEETINGS. THE COMMITTEE UNDERSTANDS THAT ONE OF ITS CORE RESPONSIBILITIES IS TO ENSURE THAT THE TOTAL COMPENSATION PROVIDED TO THESE INDIVIDUALS IS FAIR AND REASONABLE USING CURRENT AND CREDIBLE MARKET PRACTICE INFORMATION AND THAT ALL ARRANGEMENTS COMPLY WITH APPLICABLE LEGAL AND REGULATORY GUIDELINES. THE COMPENSATION COMMITTEE HAS HISTORICALLY RELIED UPON GUIDANCE OUTLINED IN WRITTEN COMPENSATION SURVEYS /STUDIES PRODUCED UNDER AN ARRANGEMENT WITH AN INDEPENDENT COMPENSATION CONSULTING FIRM THAT REGULARLY ASSESSES EXECUTIVE COMPENSATION AND BENEFITS OF ORGANIZATIONS SIMILAR TO MAH. THE COMMITTEE HAS HISTORICALLY HAD A FULL STUDY CONDUCTED BY SUCH FIRM EVERY OTHER YEAR WITH AN UPDATED STUDY IN THE OTHER YEARS. THIS SURVEY HAS FORMED THE BASIS FOR THE COMMITTEE FULFILLING ITS RESPONSIBILITY IN THIS REGARD. FOR THE PERIODS COVERED IN THIS FORM 990, THE COMMITTEE MET SEVERAL TIMES TO REVIEW THE COMPENSATION OF EACH OF THE INDIVIDUALS DESCRIBED ABOVE. TOOLS UTILIZED FOR THIS REVIEW INCLUDED THE COMPENSATION STUDY PREPARED BY THE INDEPENDENT COMPENSATION CONSULTING FIRM CONTRACTED BY THE COMMITTEE. FURTHER, PERFORMANCE OF EACH INDIVIDUAL WAS MEASURED AGAINST PREVIOUS APPROVED GOALS AND OBJECTIVES IN DETERMINING INCENTIVE COMPENSATION PAYMENTS. AFTER DISCUSSION AND ANALYSIS AT SEVERAL MEETINGS, THE COMPENSATION COMMITTEE VOTED TO APPROVE THE COMPENSATION ARRANGEMENTS OF ALL INDIVIDUALS DESCRIBED ABOVE EXCEPT FOR THE CEO. UPON EXCUSING THE CEO FROM ITS MEETING, THE COMPENSATION COMMITTEE DISCUSSED THE COMPENSATION OF THE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	CEO AND THE PERFORMANCE OF THE CEO AGAINST PREVIOUSLY APPROVED GOALS AND OBJECTIVES WITH THE INPUT OF THE COMPENSATION STUDY, THE COMMITTEE VOTED TO RECOMMEND FOR APPROVAL BY THE BOARD OF TRUSTEES THE COMPENSATION ARRANGEMENT OF THE CEO AT A FUTURE BOARD OF TRUSTEES MEETING, THE COMMITTEE CHAIRMAN MADE A FULL REPORT TO THE INDEPENDENT TRUSTEES OF THE COMMITTEES ANALYSIS OF CEO COMPENSATION AND AFTER DISCUSSION RECOMMENDED THAT THE TRUSTEES APPROVE THE CEO COMPENSATION THE TRUSTEES VOTED AND APPROVED THE COMPENSATION ALL DELIBERATIONS WERE CONTEMPORANEOUSLY DOCUMENTED IN MINUTES THE COMPENSATION OF THE MAH CEO WAS THEN ALSO APPROVED BY THE CAREGROUP COMPENSATION COMMITTEE

Identifier	Return Reference	Explanation
	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 GAINS ON INVESTMENTS 10,058,717 TRANSFER OF UNRESTRICTED CASH TO MAPS (AFFILIATE) -11,144,983 CHANGE IN FUNDED STATUS OF EMPLOYEE BENEFIT PLANS - 20,407 INVESTMENT INCOME & GAINS FROM CIP -47,758 TOTAL TO FORM 990, PART XI, LINE 5 - 1,154,431

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

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

2011

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) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ADVANCED VASCULAR CARE LLC 375 LONGWOOD AVE BOSTON, MA 02215 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, MA 02215 04-3426253	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC	RELATED				No			No	
(3) CAREGROUP CLINICAL RESEARCH LLC 109 BROOKLINE AVENUE BOSTON, MA 02215 30-0228711	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA	NONE	RELATED				No			No	
(4) CAREGROUP INVESTMENT PARTNERSHIP LLP 109 BROOKLINE AVENUE BOSTON, MA 02215 04-3278109	INVESTMENT PARTNERSHIP	MA	BETH ISRAEL DEACONESS MEDICAL CENTER	EXCLUDED	631,320	106,531,228		No			No	14 880 %
(5) CHARLTON MRI SERVICES LLC 330 BROOKLINE AVENUE BOSTON, MA 02215 26-4662778	PROVISION OF PATIENT CARE SERVICES	MA	BIH RADIOLOGIC FOUNDATION INC	RELATED				No			No	
(6) PHYSICIAN PROFESSIONAL SERVICES LLP 10 CABOT ROAD MEDFORD, MA 02215 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 STREET NEEDHAM, MA 02494 26-4426847	INACTIVE CORPORATION	MA	N/A	C			
(2) CHESTNUT HEALTHCARE ALLIANCE INC 148 CHESTNUT STREET NEEDHAM, MA 02492 04-3265117	PHYSICIAN/HOSPITAL ORGANIZATION	MA	N/A	C			
(3) HORIZON VENTURES INC 199 REEDSDALE ROAD MILTON, MA 02186 04-2853249	PHYSICIAN BILLING	MA	MILTON HOSPITAL FOUNDATION	C			
(4) MILTON PHYSICIAN-HOSPITAL ORGANIZATION INC 199 REEDSDALE ROAD MILTON, MA 02186 04-3213042	PHYSICIAN/HOSPITAL ORGANIZATION	MA	BETH ISRAEL DEACONESS HOSPITAL - MILTON INC	C			
(5) ANESTHESIA FINANCIAL SOLUTIONS INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3571311	INACTIVE CORPORATION	MA	BI ANAESTHESIA FOUNDATION INC	C			
(6) MOUNT AUBURN HOSPITAL FOUNDATION INC 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 04-2898907	PHYSICIAN/ HOSPITAL ORGANIZATION	MA	MOUNT AUBURN HOSPITAL	C			100 000 %

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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)			

Schedule R (Form 990) 2011

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.

[illegible]

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

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 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
ASSOC PHYS HARVARD MED FAC PHY AT BIDMC 375 LONGWOOD AVE BOSTON, MA 02215 32-0058309	TO PROVIDE EMERGENCY MEDICAL SERVICES	MA	501(C) (3)	LINE 11A, I	HARVARD MED FAC PHYS AT BIDMC		No
BI ANAESTHESIA FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2997215	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C) (3)	LINE 11A, I	HMFP AT BIDMC		No
BI COMMUNITY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2776678	INACTIVE CORPORATION	MA	501(C) (3)	LINE 7	N/A		No
BI DEACONESS DEPARTMENT OF MEDICINE FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3079630	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C) (3)	LINE 11A, I	HMFP AT BIDMC		No
BI DEACONESS DEPARTMENT OF NEONATOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 20-8253452	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C) (3)	LINE 11A, I	HMFP AT BIDMC		No
BI DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3030397	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C) (3)	LINE 11A, I	HMFP AT BIDMC		No
BI DEACONESS DEPARTMENT OF ORTHOPAEDIC SURGERY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 20-4974585	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C) (3)	LINE 11A, I	HMFP AT BIDMC		No
BI DEACONESS DEPARTMENT OF SURGERY FOUNDATION INC 110 FRANCIS STREET BOSTON, MA 02215 02-0671240	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C) (3)	LINE 11A, I	HMFP AT BIDMC		No
BI DEACONESS HOSPITAL - NEEDHAM INC 148 CHESTNUT ST NEEDHAM, MA 02492 04-3229679	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF 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, MA 02215 04-2103881	THE OPERAION OF A WORLD CLASS ACADEMIC MEDICAL CENTER IN BOSTON, MA	MA	501(C) (3)	LINE 3	CAREGROUP INC		No
BIDMC AND CHILDREN'S HOSPITAL MEDICAL CARE CORP 300 LONGWOOD AVE BOSTON, MA 02215 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, MA 02215 04-2794855	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C) (3)	LINE 11A, I	HMFP AT BIDMC		No
BI DERMATOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3117601	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C) (3)	LINE 11A, I	HMFP AT BIDMC		No
BIH PATHOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 22-2548374	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C) (3)	LINE 11A, I	HMFP AT BIDMC		No
BIH RADIOLOGIC FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2571853	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C) (3)	LINE 11A, I	HMFP AT BIDMC		No
CARDIOVASCULAR ASSOC PHYS OF HMFP AT BIDMC INC 185 PILGRIM ROAD BOST BOSTON, MA 02215 04-3208878	SPECIALIZED CARDIOVASCULAR MED SVCS TO PATIENTS OF CARDIO VSUCAL INSTITUTES	MA	501(C) (3)	LINE 11A, I	HMFP AT BIDMC		No
CAREGROUP INC 109 BROOKLINE AVE BOSTON, MA 02215 22-2629185	DEVELOP AND COORDINATE INTEGRATED HEALTH CARE DELIVERY SYSTEM	MA	501(C) (3)	LINE 11D, III-O	N/A		No
CARL J SHAPIRO INSTITUTE 330 BROOKLINE AVE BOSTON, MA 02215 04-3326928	DEVELOP INNOVATIVE PROG AND MODELS FOR TEACHING AND RESEARCH	MA	501(C) (3)	LINE 11A, I	N/A		No
CONTINUING EDU PROGRAM DBA BID DEPT OF PSYCH FDN C/O HARVARD MED SCH 401 PARK DR BOSTON, MA 02215 04-3242952	PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C) (3)	LINE 11A, I	HMFP AT BIDMC		No
JOSLIN CLINIC INC ONE JOSLIN PLACE BOSTON, MA 02215 22-2984590	TO PROVIDE SPECIALTY MEDICAL AND RESEARCH SERVICES FOR DIABETES	MA	501(C) (3)	LINE 11A, I	N/A		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 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
MED CARE OF BOSTON MGMT CORP DBA AFFILIATED PHYS GROUP 400 HUNNEWELL ST NEEDHAM, MA 02494 04-2810972	OUTPATIENT, PRIMARY CARE, AND CARDIOLOGY SERVICES	MA	501 (C)(3)	LINE 9	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
MOUNT AUBURN HOSPITAL 330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-2103606	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501 (C)(3)	LINE 3	CAREGROUP INC		No
MOUNT AUBURN PROFESSIONAL SERVICES INC 330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 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, MA 02120 04-2103612	ORTHOPEDIC SPECIALTY HOSPITAL	MA	501 (C)(3)	LINE 3	CAREGROUP INC		No
NEW ENGLAND BAPTIST MEDICAL ASSOCIATES INC 125 PARKER HILL AVE BOSTON, MA 02120 04-3235796	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, MA 02215 04-2828955	TO HOLD TITLE TO PROPERTY FOR CAREGROUP, INC	MA	501 (C)(2)		CAREGROUP INC		No
HARVARD MEDICAL COLLABORATIVE INC 25 SHATTUCK ST BOSTON, MA 02115 04-3476764	COORDINATE AND PROVIDE STATEGIC PLANNING OPP FOR HMS	MA	501 (C)(3)	LINE 11A, I	N/A		No
HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC 375 LONGWOOD AVE BOSTON, MA 02215 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
BETH ISRAEL DEACONESS HOSPITAL - MILTON INC 199 REEDSDALE RD MILTON, MA 02186 04-2103604	PROVIDE CHARITABLE HEALTHCARE SERVICE TO THE COMMUNITY	MA	501 (C)(3)	LINE 3	MILTON HOSPITAL FOUNDATION INC		No
MILTON HOSPITAL DEVELOPMENT FUND INC 199 REEDSDALE RD MILTON, MA 02186 22-2567057	FUNDRAISING/DEVELOPMENT	MA	501 (C)(3)	LINE 7	MILTON HOSPITAL FOUNDATION INC		No
COMMUNITY PHYSICIAN ASSOCIATES INC 199 REEDSDALE RD MILTON, MA 02186 04-3243146	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501 (C)(3)	LINE 3	MILTON HOSPITAL FOUNDATION INC		No
MILTON HOSPITAL FOUNDATION INC 199 REEDSDALE RD MILTON, MA 02186 22-2566792	PROMOTE HEALTHCARE	MA	501 (C)(3)	LINE 11A, I	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
SOUTHEASTERN MASSACHUSETTS REGIONAL HEALTHCARE INFORMATION ORG 92 HIGHLAND STREET MILTON, MA 02186 56-2645920	INACTIVE	MA			BETH ISRAEL DEACONESS HOSPITAL - MILTON INC		No



MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidated Financial Statements
and Other Financial Information

September 30, 2012 and 2011

(With Independent Auditors' Report Thereon)

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidated Financial Statements and Other Financial Information

September 30, 2012 and 2011

Table of Contents

	Page(s)
Independent Auditors' Report	1
Consolidated Financial Statements	
Consolidated Balance Sheets	2
Consolidated Statements of Operations	3
Consolidated Statements of Changes in Net Assets	4
Consolidated Statements of Cash Flows	5
Notes to Consolidated Financial Statements	6 – 28
Other Financial Information	
Independent Auditors' Report on Other Financial Information	29
Consolidating Balance Sheets	30 – 33
Consolidating Statements of Operations	34 – 35



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, 2012 and 2011, 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, 2012 and 2011, 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

December 19, 2012

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidated Balance Sheets

September 30, 2012 and 2011

(Dollars in thousands)

Assets	<u>2012</u>	<u>2011</u>
Current assets		
Cash and cash equivalents	\$ 33,004	18,234
Investments	92,128	84,692
Patient accounts receivable, net of allowance for doubtful accounts of \$4,257 in 2012 and \$3,921 in 2011	35,404	36,300
Estimated settlements with third-party payors	9,296	12,500
Other current assets	8,910	8,573
Total current assets	<u>178,742</u>	<u>160,299</u>
Assets limited or restricted as to use		
Held by trustees under debt agreements	5,037	5,021
Held for specific purposes and endowments	9,167	8,773
Long-term investments	36,316	30,986
Property and equipment, net	168,983	168,897
Debt issuance costs, net	2,025	2,265
Malpractice insurance receivable (note 2q)	18,554	—
Other assets	6,102	4,441
Total assets	<u>\$ 424,926</u>	<u>380,682</u>
Liabilities and Net Assets		
Current liabilities		
Accounts payable and accrued expenses	\$ 18,475	18,381
Accrued compensation and withholdings	17,035	15,760
Current portion of long-term debt	2,525	2,450
Total current liabilities	<u>38,035</u>	<u>36,591</u>
Long-term debt, net of current portion	108,494	111,049
Professional liability claims reserve (note 2q)	24,648	5,678
Other liabilities	9,014	8,048
Total liabilities	<u>180,191</u>	<u>161,366</u>
Net assets		
Unrestricted	234,907	209,748
Temporarily restricted	5,426	5,166
Permanently restricted	4,402	4,402
Total net assets	<u>244,735</u>	<u>219,316</u>
Total liabilities and net assets	<u>\$ 424,926</u>	<u>380,682</u>

See accompanying notes to consolidated financial statements

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidated Statements of Operations

Years ended September 30, 2012 and 2011

(Dollars in thousands)

	<u>2012</u>	<u>2011</u>
Operating revenue		
Net patient service revenue	\$ 355,786	347,372
Contributions and investment income	1,166	1,982
Other revenue	11,605	10,756
Net assets released from restrictions for operating purposes	2,707	2,768
	<u>371,264</u>	<u>362,878</u>
Operating expenses		
Salaries and benefits	221,157	214,318
Supplies and other expenses	108,087	104,932
Uncompensated care	7,779	6,922
Depreciation	16,986	16,816
Interest	5,983	6,069
	<u>359,992</u>	<u>349,057</u>
Income from operations	<u>11,272</u>	<u>13,821</u>
Nonoperating gains (losses)		
Net realized gains on sales of investment securities	3,368	3,695
Unrealized change in equity interests in limited partnerships	6,757	(1,003)
	<u>10,125</u>	<u>2,692</u>
Excess of revenue over expenses	21,397	16,513
Change in net unrealized gains on investments	2,778	(2,645)
Net assets released from restrictions used for the purchase of property and equipment	1,004	1,308
Change in funded status of employee postretirement benefit plan other than net periodic other postretirement benefit costs	(20)	(127)
Increase in unrestricted net assets	<u>\$ 25,159</u>	<u>15,049</u>

See accompanying notes to consolidated financial statements

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidated Statements of Changes in Net Assets

Years ended September 30, 2012 and 2011

(Dollars in thousands)

	<u>Unrestricted</u>	<u>Temporarily restricted</u>	<u>Permanently restricted</u>	<u>Total</u>
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)
	<u>15,049</u>	<u>(446)</u>	<u>250</u>	<u>14,853</u>
Net assets at September 30, 2011	209,748	5,166	4,402	219,316
Excess of revenue over expenses	21,397	—	—	21,397
Contributions and other receipts	—	3,255	—	3,255
Investment income and realized gains	—	192	—	192
Change in net unrealized gains on investments	2,778	524	—	3,302
Net assets released from restrictions used for operations	—	(2,707)	—	(2,707)
Net assets released from restrictions used for the purchase of property and equipment	1,004	(1,004)	—	—
Change in funded status of employee benefit plan other than net periodic other postretirement benefit costs	(20)	—	—	(20)
	<u>25,159</u>	<u>260</u>	<u>—</u>	<u>25,419</u>
Net assets at September 30, 2012	\$ <u><u>234,907</u></u>	<u><u>5,426</u></u>	<u><u>4,402</u></u>	<u><u>244,735</u></u>

See accompanying notes to consolidated financial statements

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidated Statements of Cash Flows

Years ended September 30, 2012 and 2011

(Dollars in thousands)

	<u>2012</u>	<u>2011</u>
Operating activities		
Change in net assets	\$ 25,419	14,853
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	20	127
Depreciation and amortization	17,231	17,052
Change in net unrealized gains on investments	(10,059)	3,929
Net realized gains on sale of investments	(3,548)	(3,875)
Restricted contributions and investment income	(3,267)	(3,981)
Changes in operating assets and liabilities		
Patient accounts receivable	896	(2,915)
Other current assets	(337)	646
Accounts payable and accrued expenses	(122)	(2,591)
Accrued compensation and withholdings	1,275	(242)
Estimated settlements with third-party payors	3,204	(6,460)
Other assets and liabilities	(35)	33
Net cash provided by operating activities	<u>30,677</u>	<u>16,576</u>
Investing activities		
Purchases of property and equipment	(16,856)	(22,976)
Net sales of investments and assets whose use is limited or restricted	48	9,791
Net cash used in investing activities	<u>(16,808)</u>	<u>(13,185)</u>
Financing activities		
Payments on long-term debt	(2,450)	(2,350)
Restricted contributions and investment income	3,351	4,079
Net cash provided by financing activities	<u>901</u>	<u>1,729</u>
Net increase in cash and cash equivalents	14,770	5,120
Cash and cash equivalents at beginning of year	<u>18,234</u>	<u>13,114</u>
Cash and cash equivalents at end of year	<u>\$ 33,004</u>	<u>18,234</u>

See accompanying notes to consolidated financial statements

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(In thousands of dollars)

(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 December 19, 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.

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(In thousands of dollars)

(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.

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(In thousands of dollars)

(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 \$1,904 and \$1,664 at September 30, 2012 and 2011, 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 1.5% in 2012 and 2.0% in 2011. 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 Operating Purposes" 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

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(In thousands of dollars)

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 22% and 23% of the Corporation's net revenue in 2012 and 2011, 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 33% and 31% of the Corporation's net patient revenue in 2012 and 2011, 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 \$2,487 in 2012 and \$4,941 in 2011 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

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(In thousands of dollars)

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 2012 or 2011.

(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, 2012 is approximately \$122,702.

(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

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(In thousands of dollars)

are required to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts. ASU 2011-07 is 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 did not significantly impact the Corporation's financial position, results of operations or cash flows. Additional disclosures are included in note 9.

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. As a result of the implementation of ASU 2010-24, the Corporation recorded a Malpractice insurance receivable under long-term assets in the amount of \$18,554, and a corresponding increase in Professional liability claims reserve under long-term liabilities.

(r) Reclassifications

Certain amounts in the 2011 consolidated financial statements have been reclassified to conform to the 2012 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.

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(In thousands of dollars)

- 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 by 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.

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(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, 2012. 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	\$	7,721	6,244	—	13,965	Daily Quarterly	1 – 60
Global equities		—	20,043	5,742	25,785	Daily Illiquid	1 – 30 and N/A
Private equity and venture capital		—	—	3,943	3,943	Illiquid	N/A
Absolute return and hedged equity		—	5,518	37,433	42,951	Monthly Illiquid	30 and N/A
Credit related		—	—	18,960	18,960	Illiquid	N/A
Real assets		2,882	—	7,949	10,831	Annually Illiquid	360 and N/A
Fixed income		2,052	—	4,090	6,142	Daily Annually	1 – 360
Cash and cash equivalents		20,071	—	—	20,071	Daily	1
Total	\$	<u>32,726</u>	<u>31,805</u>	<u>78,117</u>	<u>142,648</u>		

Global equities of \$25,785 noted in the table above are comprised of the following strategies: 21% Developed Markets, 43% Global Value, 21% Emerging Markets (actively managed), 10% Emerging Markets (fund of funds) and 5% Emerging/Frontier markets small cap.

Absolute return and hedged equity of \$42,951 noted in the table above are comprised of the following strategies: 50% Event driven, 22% Equity Long/Short, 8% Relative Value and 20% 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, 2012.

Fair value measurements using significant unobservable inputs							
	Beginning balance	Gross purchases	Gross sales	Net realized gains (losses)	Changes in net unrealized gains (losses)	Transfers into (out of) Level 3	Ending balance
Global equities	\$ 4,614	—	(4)	(1)	1,133	—	5,742
Private equity and venture capital	3,481	702	(433)	201	(8)	—	3,943
Absolute return and hedged equity	28,116	7,908	(225)	144	1,490	—	37,433
Credit related	16,398	3,140	(1,769)	155	1,036	—	18,960
Real assets	7,230	824	(525)	277	143	—	7,949
Fixed income	4,212	—	—	—	(122)	—	4,090
Total	\$ <u>64,051</u>	<u>12,574</u>	<u>(2,956)</u>	<u>776</u>	<u>3,672</u>	<u>—</u>	<u>78,117</u>

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(In thousands of dollars)

The following table describes the redemption frequency or liquidity of investments as of September 30, 2012

	<u>Daily</u>	<u>Weekly/ monthly</u>	<u>Quarterly</u>	<u>Annually</u>	<u>Illiquid</u>	<u>Total</u>
Domestic equities	\$ 4.152	4.028	5.785	—	—	13.965
Global equities	—	11.579	8.464	1.542	4.200	25.785
Private equity and venture capital	—	—	—	—	3.943	3.943
Absolute return and hedged equity	—	—	6.330	22.086	14.535	42.951
Credit related	—	—	—	7.959	11.001	18.960
Real assets	2.882	—	1.270	—	6.679	10.831
Fixed income	2.052	—	1.363	—	2.727	6.142
Cash and cash equivalents	20.071	—	—	—	—	20.071
Total	<u>\$ 29.157</u>	<u>15.607</u>	<u>23.212</u>	<u>31.587</u>	<u>43.085</u>	<u>142.648</u>

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>	<u>Redemption period frequency</u>	<u>Days notice</u>
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	<u>\$ 36,635</u>	<u>28,786</u>	<u>64,051</u>	<u>129,472</u>		

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

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(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, 2011

Fair value measurements using significant unobservable inputs							
	Beginning balance	Gross purchases	Gross sales	Net realized gains (losses)	Changes in net unrealized gains (losses)	Transfers into (out of) Level 3	Ending balance
Global equities	\$ 123	5,565	(42)	(117)	(915)	—	4,614
Private equity and venture capital	2,602	945	(477)	157	254	—	3,481
Absolute return and hedged equity	21,929	6,270	(691)	40	(191)	759	28,116
Credit related	18,257	—	(798)	(339)	(722)	—	16,398
Real assets	7,305	645	(927)	369	(162)	—	7,230
Fixed income	3,303	832	—	—	77	—	4,212
Total	\$ 53,519	14,257	(2,935)	110	(1,659)	759	64,051

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

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, 2012 the Corporation projects that the commitments to these partnerships will be exercised by the managers as follows:

Fiscal year	Private equity and venture capital	Absolute return and hedged equity	Credit related	Real assets	Total
2013 – 2022	\$ 2,008	809	4,136	2,301	9,254

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(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

	<u>2012</u>	<u>2011</u>
Unrestricted:		
Excess of revenue over expenses:		
Interest and dividend income	\$ 77	28
Net realized gains on sale of securities	3,368	3,695
Unrealized change in equity interests in limited partnerships	<u>6,757</u>	<u>(1,003)</u>
	10,202	2,720
Change in net unrealized gains	<u>2,778</u>	<u>(2,645)</u>
	<u>12,980</u>	<u>75</u>
Temporarily restricted:		
Interest and dividend income	12	12
Net gains (losses) on investments	<u>704</u>	<u>(101)</u>
Restricted investment income	<u>716</u>	<u>(89)</u>
	\$ <u><u>13,696</u></u>	\$ <u><u>(14)</u></u>

(4) Property and Equipment

Property and equipment consisted of the following at September 30

	<u>2012</u>	<u>2011</u>
Land	\$ 3,489	3,489
Building and improvements	214,593	204,748
Equipment	201,143	194,511
Construction in progress	<u>2,214</u>	<u>2,009</u>
	421,439	404,757
Less accumulated depreciation	<u>(252,456)</u>	<u>(235,860)</u>
	\$ <u><u>168,983</u></u>	\$ <u><u>168,897</u></u>

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(In thousands of dollars)

(5) Long-Term Debt

Long-term debt consisted of the following at September 30

	2012	2011
Fixed rate debt		
Massachusetts Development Finance Agency (Mass Development) Revenue Bonds		
CareGroup Series B (5.000% to 5.375%)	\$ 14,218	14,218
CareGroup Series D (4.000% to 5.250%)	38,000	40,450
CareGroup Series E-1 (5.125%)	59,640	59,640
	<u>111,858</u>	<u>114,308</u>
Unamortized original issue discounts, net	(839)	(809)
	<u>111,019</u>	<u>113,499</u>
Less current portion	(2,525)	(2,450)
	<u><u>\$ 108,494</u></u>	<u><u>111,049</u></u>

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 Development Finance Agency revenue bonds, which together aggregated \$601,170 at September 30, 2012. 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 Mass Development 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 2012 and 2011 amounted to \$5,763 and \$5,857, respectively.

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(In thousands of dollars)

The combined aggregate amount of maturities for the five fiscal years and thereafter succeeding September 30, 2012 is as follows

2013	\$	2,525
2014		2,625
2015		2,750
2016		2,825
2017		2,950
Thereafter		98,183
	\$	<u>111,858</u>

(6) Assets Held by Trustees

Assets held by trustees include amounts held in trust under the requirements of various debt agreements. The terms of Mass Development 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	
	2012	2011
Debt agreements		
Debt service reserve fund	\$ 4,270	4,255
Debt service funds	767	766
	<u>\$ 5,037</u>	<u>5,021</u>

(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, 2012 were as follows:

	Operating leases
Year ending September 30:	
2013	\$ 5,622
2014	5,607
2015	4,934
2016	4,751
2017	4,668
Thereafter	9,610
	<u>\$ 35,192</u>

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(In thousands of dollars)

Rent expense amounted to approximately \$5.828 and \$5.402 for the years ended September 30, 2012 and 2011, 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 no contributions to or withdrawals from the Partnership during 2012 and had net withdrawals of \$1.181 from the Partnership during 2011. The total market value of all the Hospital's investments held by the Partnership was \$135.211 at September 30, 2012.

(b) Operations

The Corporation pays management fees to CareGroup based upon its allocated share of CareGroup's costs. These fees were \$827 in 2012 and \$831 in 2011.

During the years ended September 30, 2012 and 2011, the Hospital was reimbursed \$531 and \$430, 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 \$1.998 and \$1.980 for the years ended September 30, 2012 and 2011, 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:

	2012	2011
Unreimbursed charity care	\$ 4,370	3,940
Uncompensated care	7,779	6,922
	<u>\$ 12,149</u>	<u>10,862</u>

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(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

	<u>2012</u>	<u>2011</u>
Charity care – at established charges	\$ 9,900	10,670
Estimated cost of charity care	\$ 5,006	5,349
Less reimbursement from the HSN	<u>(636)</u>	<u>(1,409)</u>
Unreimbursed charity care – at cost	<u>\$ 4,370</u>	<u>3,940</u>

The estimated cost of charity care is calculated at the individual affiliate level and is determined by applying the ratio of total expenses reduced by other revenue to total gross patient charges

(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:

	<u>September 30</u>	
	<u>2012</u>	<u>2011</u>
Gross obligation to the HSN for the delivery of charity care to the indigent statewide	\$ 2,347	1,953
Provision for bad debts	<u>5,432</u>	<u>4,969</u>
Uncompensated care expense	<u>\$ 7,779</u>	<u>6,922</u>

(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 \$8,106 and \$7,770 for 2012 and 2011, 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

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(In thousands of dollars)

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 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 2013 are as follows:

Unrecognized gain at adoption	\$	(2)
Unrecognized prior service cost at adoption		137
	\$	<u>135</u>

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:

	<u>2012</u>	<u>2011</u>
Service cost for benefits earned during the year	\$ 315	280
Interest cost on projected benefit obligation	199	195
Net amortization	<u>176</u>	<u>158</u>
Net periodic postretirement benefit expense	<u>\$ 690</u>	<u>633</u>

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(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

	<u>2012</u>	<u>2011</u>
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 5,044	4,415
Service cost	315	280
Interest cost	199	195
Benefits paid	(102)	(131)
Actuarial loss	197	295
Assumption changes	—	(10)
Benefit obligation at end of year	\$ <u>5,653</u>	<u>5,044</u>

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

	<u>2012</u>	<u>2011</u>
Unrecognized prior service cost	\$ (536)	(742)
Unrecognized actuarial (loss) gain	(206)	20
	\$ <u>(742)</u>	<u>(722)</u>

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 2012 and 2011, the cost of these benefits exceed the limit

The discount rate used in determining the accumulated postretirement benefit obligations was 4.0% in 2012 and 2011

(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.

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(In thousands of dollars)

(13) Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets consisted of the following at September 30

	2012	2011
Donor restricted for operations	\$ 2,622	2,714
Donor restricted for capital	423	507
Accumulated net realized and unrealized gains on permanently restricted donations subject to spending policy	2,381	1,945
	<u>\$ 5,426</u>	<u>5,166</u>

Permanently restricted net assets consisted of the following at September 30

	2012	2011
Principal to be held in perpetuity, income from which is Restricted for specific purposes	\$ 3,511	3,511
Unrestricted	891	891
	<u>\$ 4,402</u>	<u>4,402</u>

(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

	2012	2011
Medicare	29%	32%
Medicaid	8	6
Blue Cross	20	20
Commercial insurance and managed care	37	35
Patient	6	7
	<u>100%</u>	<u>100%</u>

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, 2012, the Corporation had cash balances of approximately \$1,296 in excess of insured limits. In addition to FDIC insurance, several of the financial institutions where the Corporation maintains

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(In thousands of dollars)

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 \$1.162 at September 30, 2012.

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:

	<u>2012</u>	<u>2011</u>
Healthcare services	\$ 297,032	286,160
General and administrative	62,960	62,897
	<u>\$ 359,992</u>	<u>349,057</u>

(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

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(In thousands of dollars)

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 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, 2012

	Temporarily restricted	Permanently restricted	Total
Donor-restricted endowment funds			
Clinical	\$ 2,188	1,788	3,976
Teaching	173	1,723	1,896
Other	76	891	967
Total endowed net assets	<u>\$ 2,437</u>	<u>4,402</u>	<u>6,839</u>

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(In thousands of dollars)

Changes in endowment net assets for the year ended September 30, 2012 are as follows

	Temporarily restricted	Permanently restricted	Total
Endowment net assets, October 1, 2011	\$ 2,119	4,402	6,521
Investment return			
Investment income, net	5	—	5
Net gains	693	—	693
Total investment return	698	—	698
Contributions	1	—	1
Appropriation of endowment assets for expenditure	(381)	—	(381)
Endowment net assets, September 30, 2012	<u>\$ 2,437</u>	<u>4,402</u>	<u>6,839</u>

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	<u>\$ 2,119</u>	<u>4,402</u>	<u>6,521</u>

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(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

(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 was 1 fund with such a deficiency as of September 30, 2012 and 7 funds with deficiencies as of September 30, 2011.

(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.

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(In thousands of dollars)

(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 \$253 and \$250 for the years ending September 30, 2012 and 2011, 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
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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, 2012 and 2011

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information is presented for purposes of additional analysis and is not a required part of the basic consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

KPMG LLP

December 19, 2012

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidating Balance Sheet

September 30, 2012

(Dollars in thousands)

Assets	Mount Auburn Hospital	Mount Auburn Professional Services, Inc.	Eliminations	Consolidated
Current assets:				
Cash and cash equivalents	\$ 32,794	210	—	33,004
Investments	92,128	—	—	92,128
Patient accounts receivable, net	32,103	3,301	—	35,404
Estimated settlements with third-party payors	(284)	9,580	—	9,296
Other current assets	6,826	2,084	—	8,910
Total current assets	163,567	15,175	—	178,742
Assets limited or restricted as to use:				
Held by trustees under debt agreements	5,037	—	—	5,037
Held for specific purposes and endowments	9,059	108	—	9,167
Long-term investments	36,316	—	—	36,316
Property and equipment, net	161,637	7,346	—	168,983
Debt issuance costs, net	2,025	—	—	2,025
Malpractice insurance receivable	9,404	9,150	—	18,554
Other assets	6,102	—	—	6,102
Total assets	\$ 393,147	31,779	—	424,926

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidating Balance Sheet

September 30, 2012

(Dollars in thousands)

Liabilities and Net Assets	Mount Auburn Hospital	Mount Auburn Professional Services, Inc.	Eliminations	Consolidated
Current liabilities:				
Accounts payable and accrued expenses	\$ 17,009	1,466	—	18,475
Accrued compensation and withholdings	14,497	2,538	—	17,035
Current portion of long-term debt	2,525	—	—	2,525
Total current liabilities	34,031	4,004	—	38,035
Long-term debt, net of current portion	108,494	—	—	108,494
Professional liability claims reserve	12,493	12,155	—	24,648
Other liabilities	8,549	465	—	9,014
Total liabilities	129,536	12,620	—	142,156
	163,567	16,624	—	180,191
Net assets:				
Unrestricted	219,860	15,047	—	234,907
Temporarily restricted	5,318	108	—	5,426
Permanently restricted	4,402	—	—	4,402
Total net assets	229,580	15,155	—	244,735
Total liabilities and net assets	\$ 393,147	31,779	—	424,926

See accompanying independent auditors' report on other financial information.

(Dollars in thousands)

See accompanying independent auditors' report on other financial information.

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidating Statement of Operations

Year ended September 30, 2012

(Dollars in thousands)

	Mount Auburn Hospital	Mount Auburn Professional Services, Inc.	Eliminations	Consolidated
Operating revenue:				
Net patient service revenue	\$ 304,289	51,497	—	355,786
Contributions and investment income	1,166	—	—	1,166
Other revenue	8,640	11,440	(8,475)	11,605
Net assets released from restrictions for operating purposes	2,702	5	—	2,707
	<u>316,797</u>	<u>62,942</u>	<u>(8,475)</u>	<u>371,264</u>
Operating expenses:				
Salaries and benefits	167,330	53,827	—	221,157
Supplies and other expenses	100,801	15,761	(8,475)	108,087
Uncompensated care	6,808	971	—	7,779
Depreciation	15,605	1,381	—	16,986
Interest	5,983	—	—	5,983
	<u>296,527</u>	<u>71,940</u>	<u>(8,475)</u>	<u>359,992</u>
Income (loss) from operations	<u>20,270</u>	<u>(8,998)</u>	<u>—</u>	<u>11,272</u>
Nonoperating gains:				
Net realized gains on sales of investment securities	3,368	—	—	3,368
Unrealized change in equity interests in limited partnerships	6,757	—	—	6,757
	<u>10,125</u>	<u>—</u>	<u>—</u>	<u>10,125</u>
Excess (deficiency) of revenue over expenses	<u>30,395</u>	<u>(8,998)</u>	<u>—</u>	<u>21,397</u>
Change in net unrealized gains on investments	2,778	—	—	2,778
Net assets released from restrictions used for the purchase of property and equipment	1,004	—	—	1,004
Change in funded status of employee postretirement benefit plan other than net periodic benefit costs	(20)	—	—	(20)
Transfers of unrestricted cash and other net assets to Mount Auburn Professional Services, Inc.	(11,145)	11,145	—	—
Increase in unrestricted net assets	<u>\$ 23,012</u>	<u>2,147</u>	<u>—</u>	<u>25,159</u>

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
	<u>311,656</u>	<u>58,489</u>	<u>(7,267)</u>	<u>362,878</u>
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
	<u>289,377</u>	<u>66,947</u>	<u>(7,267)</u>	<u>349,057</u>
Income (loss) from operations	<u>22,279</u>	<u>(8,458)</u>	<u>—</u>	<u>13,821</u>
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)
	<u>2,692</u>	<u>—</u>	<u>—</u>	<u>2,692</u>
Excess (deficiency) of revenue over expenses	<u>24,971</u>	<u>(8,458)</u>	<u>—</u>	<u>16,513</u>
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	<u>13,526</u>	<u>1,523</u>	<u>—</u>	<u>15,049</u>

See accompanying independent auditors' report on other financial information.