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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 10-01-2012 , 2012, and ending 09-30-2013

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

C Name of organization
MOUNT AUBURN HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
330 MOUNT AUBURN STREET

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

D Employer identification number
04-2103606

E Telephone number
(617) 499-5021

G Gross receipts $ 314,011,101

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW MOUNTAUBURNHOSPITAL ORG

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

L Year of formation 1871

M State of legal domicile MA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	27
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 2012 (Part V, line 2a)	**5**	2,497
6	Total number of volunteers (estimate if necessary)	**6**	311
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,579,060
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-89,556

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,990,470	3,152,864
9	Program service revenue (Part VIII, line 2g)	304,399,715	293,462,121
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,700,419	7,177,419
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,589,656	8,905,955
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	319,680,260	312,698,359
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	669,034	941,500
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)	167,329,694	171,076,194
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,193,234		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	127,249,985	120,109,873
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	295,248,713	292,127,567
19	Revenue less expenses Subtract line 18 from line 12	24,431,547	20,570,792

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	393,146,629	412,893,267
21	Total liabilities (Part X, line 26)	163,566,610	166,413,699
22	Net assets or fund balances Subtract line 21 from line 20	229,580,019	246,479,568

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 2014-08-08

WILLIAM SULLIVAN CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CHRISTINE KAWECKI		2014-08-06		P00743140

Firm's name ▶ DELOITTE TAX LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ TWO JERICHO PLAZA
JERICHO, NY 11753 — Phone no (516) 918-7000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 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 $	94,819,282	including grants of $	941,500) (Revenue $	104,835,494)	
	SEE SCHEDULE O						
4b	(Code	) (Expenses $	22,145,843	including grants of $	) (Revenue $	30,901,336)	
	SEE SCHEDULE O						
4c	(Code	) (Expenses $	23,070,582	including grants of $	) (Revenue $	24,605,945)	
	SEE SCHEDULE O						
	(Code	) (Expenses $	113,626,385	including grants of $	) (Revenue $	133,119,346)	
4d	Other program services (Describe in Schedule O)						
	(Expenses $	113,626,385	including grants of $	) (Revenue $	133,119,346)		
4e	**Total program service expenses** ▶	253,662,092					

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		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*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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	206		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,497		
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, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	27		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
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 this 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 ☐ Other (explain in Schedule O)

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 during the tax year

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 (617) 499-5021

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

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

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

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

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								4,788,024	2,110,389	2,434,910

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 333

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
WALSH BROTHERS INC 210 COMMERCIAL ST BOSTON MA 02109	CONTRACTOR	6,399,460
CARE GROUP INC 109 BROOKLINE AVENUE BOSTON MA 02215	MGMT SERVICES	2,343,871
QUEST DIAGNOSTICS NICHOLS INSTITIUTE 12436 CLCTNS CNTRE DRIVE CHICAGO IL 606932436	LAB TESTING	1,816,502
ANGELICA TEXTILE SERVICES PO BOX 823283 PHILADELPHIA PA 191823283	LAUNDRY SERVICE	1,302,794
ANESTHESIA ASSOCIATES OF MASSACHUSETTS P 690 CANTON STREET - SUITE 325 WESTWOOD MA 02090	MD SERVICES	1,243,612
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 57		

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	422,562			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	450,539			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,279,763			
	g	Noncash contributions included in lines 1a-1f $		25,440			
	h	**Total.** Add lines 1a-1f			3,152,864		
Program Service Revenue			Business Code				
	2a	INPATIENT MEDICAL / SU	900099		104,835,494	104,835,494	
	b	OUTPATIENT RADIOLOGY	900099		30,901,336	30,901,336	
	c	INPATIENT OBSTECTRICS	900099		24,605,945	24,605,945	
	d	OUTPATIENT SURGERY	621990		21,916,949	21,916,949	
	e	EMERGENCY DEPARTMENT	621990		17,959,409	17,959,409	
	f	All other program service revenue			93,242,988	93,242,988	
	g	**Total.** Add lines 2a–2f			293,462,121		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			104,171		88,773	15,398
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross rents	1,683,022					
	b	Less rental expenses	895,227					
	c	Rental income or (loss)	787,795					
	d	Net rental income or (loss)			787,795			787,795
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	7,138,986	53,192				
	b	Less cost or other basis and sales expenses	118,930	0				
	c	Gain or (loss)	7,020,056	53,192				
	d	Net gain or (loss)			7,073,248		53,192	7,020,056
	8a	Gross income from fundraising events (not including $ 422,562 of contributions reported on line 1c) See Part IV, line 18	a	298,585				
	b	Less direct expenses	b	298,585				
	c	Net income or (loss) from fundraising events			0			
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities						
	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	3,345,107		3,345,107	
	b	PARKING REVENUE		812930	2,303,316			2,303,316
	c	CAFE, COFFEE SHOP & VE		722210	1,676,384			1,676,384
	d	All other revenue			793,353		91,988	701,365
	e	**Total.** Add lines 11a–11d			8,118,160			
	12	**Total revenue.** See Instructions			312,698,359	293,462,121	3,579,060	12,504,314

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)

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	937,500	937,500		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	4,000	4,000		
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	3,715,011	1,781,463	1,691,287	242,261
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	136,595,672	122,868,146	13,419,060	308,466
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,432,769	5,725,164	643,277	64,328
9 Other employee benefits	14,672,263	13,058,314	1,467,226	146,723
10 Payroll taxes	9,660,479	8,597,826	966,048	96,605
11 Fees for services (non-employees)				
a Management				
b Legal	284,593		284,593	
c Accounting	10,417		10,417	
d Lobbying	66,307		66,307	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,750,816	12,171,484	2,470,439	108,893
12 Advertising and promotion	838,591	59,594	778,997	
13 Office expenses	42,991,189	41,578,081	1,348,703	64,405
14 Information technology	7,955,978	6,225,991	1,713,146	16,841
15 Royalties . .				
16 Occupancy	6,636,321	5,101,285	1,488,651	46,385
17 Travel	366,474	328,976	36,617	881
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,782,806	1,714,200		68,606
20 Interest	5,871,938	4,345,234	1,526,704	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,412,358	11,759,648	3,652,710	
23 Insurance	2,476,435	2,313,970	162,465	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MISCELLANEOUS	12,247,129	8,355,183	3,863,221	28,725
b PATIENT SERVICES	3,575,953	3,562,830	13,123	0
c DUES, LICENSES & FEES	2,579,697	910,328	1,669,254	115
d UNCOMPENSATED CARE	2,262,864	2,262,864	0	0
e All other expenses	7	11	-4	
25 **Total functional expenses.** Add lines 1 through 24e	292,127,567	253,662,092	37,272,241	1,193,234
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		32,410,029	1	4,679,307
	2	Savings and temporary cash investments		2,675,408	2	31,942,723
	3	Pledges and grants receivable, net		422,863	3	273,861
	4	Accounts receivable, net		32,250,744	4	35,359,340
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,313,524	8	3,625,560
	9	Prepaid expenses and deferred charges		3,364,580	9	3,162,704
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 414,404,970			
	b	Less accumulated depreciation	10b 254,127,075	161,637,426	10c	160,277,895
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		135,211,287	12	153,684,913
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		21,860,768	15	19,886,964
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		393,146,629	16	412,893,267
Liabilities	17	Accounts payable and accrued expenses		31,402,059	17	37,342,708
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		111,018,421	20	108,474,940
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		21,146,130	25	20,596,051
	26	**Total liabilities.** Add lines 17 through 25		163,566,610	26	166,413,699
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		219,858,942	27	236,210,334
	28	Temporarily restricted net assets		5,318,557	28	5,767,455
	29	Permanently restricted net assets		4,402,520	29	4,501,779
		Organizations that do not follow SFAS 117 (ASC 958), 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		229,580,019	33	246,479,568
	34	Total liabilities and net assets/fund balances		393,146,629	34	412,893,267

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	312,698,359
2	Total expenses (must equal Part IX, column (A), line 25)	2	292,127,567
3	Revenue less expenses Subtract line 2 from line 1	3	20,570,792
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	229,580,019
5	Net unrealized gains (losses) on investments	5	12,050,699
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-15,721,942
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	246,479,568

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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	1 00	X						0	0	0
CALANO DANIEL V TRUSTEE	1 00	X						0	0	0
CANEPA JOHN J TRUSTEE, VICE CHAIRMAN	2 00	X						0	0	0
CLOUGH JEANETTE G TRUSTEE, PRESIDENT & CEO	50 00 10 00	X		X				875,202	154,447	885,179
GORDON LISA TRUSTEE	1 00	X						0	0	0
HATEM MD CHARLES J TRUSTEE, PROG DIR MED RESIDENCY	60 00	X						326,540	500	49,307
HOGAN IV WILLIAM M TRUSTEE	1 00	X						0	0	0
KANEB CHRISTOPHER TRUSTEE	1 00	X						0	0	0
KETTYLE MD WILLIAM TRUSTEE	1 00	X						0	0	0
KIM KIJA TRUSTEE	1 00	X						0	0	0
LUCCHINO DAVID L TRUSTEE	1 00 1 00	X						0	0	0
MAMBRINO MD LAWRENCE TRUSTEE	1 00	X						0	0	0
MASSARO GEORGE TRUSTEE	1 00	X						0	0	0
PALANDJIAN LEON TRUSTEE, TREASURER	2 00	X						0	0	0
RAFFERTY JAMES J TRUSTEE, CLERK	2 00	X						0	0	0
REARDON GERALD TRUSTEE	1 00	X						0	0	0
ROLLER JOSEPH TRUSTEE, VICE CHAIRMAN	2 00	X						0	0	0
SAAL MD A KIM TTEE, CARDIOLOGY CHIEF	10 00 1 00	X						68,125	0	0
SHACHOY CHRISTOPHER TRUSTEE, PRESIDENT BOARD OF OVERSEERS	2 00	X						0	0	0
SHAPIRO MD DEBORAH TRUSTEE	1 00	X						0	0	0
SHORTSLEEVE MD MICHAEL TRUSTEE, CHAIR DPT OF RADIOLOGY	5 00	X						23,296	0	0
SIMONS THOMAS TRUSTEE & CHAIRMAN	5 00 1 00	X						0	0	0
SMERLAS DONNA TRUSTEE & PRES, AUXILL	2 00	X						0	0	0
STEVENSON HOWARD H TRUSTEE	1 00 2 00	X						0	0	0
SWANN ERIC TRUSTEE	1 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
WAGNER III HERBERT TRUSTEE	1 00	X						0	0	0
WILSON WILLIAM TRUSTEE	1 00	X						0	0	0
DIIESO NICHOLAS COO, MAH	60 00			X				465,792	0	389,154
SULLIVAN WILLIAM VP FINANCE & CFO	50 00 10 00			X				237,944	41,990	107,028
HUANG MD EDWIN CHAIR, DEPT OF OB/GYN	36 00 24 00				X			231,620	154,412	56,184
ABOOKIRE MD SUSAN MD, CHAIR QUALITY & SAFETY	60 00				X			348,812	0	99,224
BAKER DEBORAH VP, PATIENT CARE SERVICES	60 00				X			282,237	0	84,574
BRIDGEMAN JOHN VP, CLINICAL SERVICES	60 00				X			234,916	0	70,817
BURKE KATHRYN VP, CONTRACTING/BUSINESS DEV	60 00				X			327,414	0	103,031
O'CONNELL MICHAEL L VP, PLANNING & MARKETING	60 00				X			274,401	0	92,250
CUTLER MD ANDREW MD, INTERNAL MEDICINE	3 00 57 00					X		20,359	386,801	42,024
MOYER MD PATRICIA MD, INTERNAL MEDICINE	17 00 43 00					X		85,907	220,904	159,252
ROSENBLATT MD PETER DIR, UROGYN & RECON SURG	6 00 54 00					X		54,900	494,099	42,627
SETNIK MD GARY S CHAIR, EMERG MED	36 00 24 00					X		232,446	154,965	70,088
SCHIFFMAN ROBERT CHIEF, PULMON MED	6 00 54 00					X		40,590	365,313	32,212
ZINNER MD STEPHEN FORMER TRUSTEE	50 00 10 00						X	372,957	65,816	28,502
NAUTA MD RUSSELL J FORMER TRUSTEE	48 00 12 00						X	284,566	71,142	123,457

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

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

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

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

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

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

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

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a 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—2012.** 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—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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2012

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ **Yes** ☐ **No**

4a Was a correction made? ☐ **Yes** ☐ **No**

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function 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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		66,307
j	Total Add lines 1c through 1i			66,307
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 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, 2013 MAH IS REPORTING INDIRECT LOBBYING EXPENSES THROUGH MEMBERSHIP ORGANIZATIONS AND DIRECT LOBBYING EXPENSES OF $43,120 AND $23,187 RESPECTIVELY TOTAL COMBINED LOBBYING EXPENDITURES OF MAH WERE MINIMAL AND NOT SUBSTANTIAL BASED ON REVENUES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, 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 XIII

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 XIII and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	9,721,077	9,455,611	9,646,753	10,168,224	11,461,701
b	Contributions	3,229,776	3,255,067	3,969,080	3,298,045	2,711,304
c	Net investment earnings, gains, and losses	934,739	716,757	-88,866	454,217	349,071
d	Grants or scholarships					
e	Other expenditures for facilities and programs	3,616,352	3,706,358	4,071,356	4,273,733	4,353,852
f	Administrative expenses					
g	End of year balance	10,269,240	9,721,077	9,455,611	9,646,753	10,168,224

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 44 000 %
- c Temporarily restricted endowment ▶ 56 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

4 Describe in Part XIII 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		205,695,988	81,567,201	124,128,787
c Leasehold improvements		4,563,845	2,577,577	1,986,268
d Equipment		197,092,195	169,982,297	27,109,898
e Other		6,883,942		6,883,942
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				160,277,895

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVEST HELD THRU CGCIP EIN 04-3278109	153,684,913	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	153,684,913	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
ACCRUED POST RETIREMENT BENEFITS	701,224
DUE TO AFFILIATES	351,457
OTHER LIABILITIES	8,773,239
PROFESSIONAL LIABILITY CLAIMS RESERVE	10,770,131
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	20,596,051

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	379,058,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	68,875,000		
e	Add lines **2a** through **2d**			2e	68,875,000
3	Subtract line **2e** from line **1**			3	310,183,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	2,515,359		
c	Add lines **4a** and **4b**			4c	2,515,359
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	312,698,359

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

1	Total expenses and losses per audited financial statements			1	360,367,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	68,239,433		
e	Add lines **2a** through **2d**			2e	68,239,433
3	Subtract line **2e** from line **1**			3	292,127,567
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	292,127,567

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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, 2013, THESE SOURCES INCREASED FREE CARE PROVIDED TO PATIENTS BY $259,000
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	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 2013
PART XI, LINE 2D - OTHER ADJUSTMENTS		CONSOLIDATED REVENUES, NET OF ELIMINATIONS 55,375,000 NET ASSETS RELEASED FROM RESTRICTIONS 2,758,000 UNREALIZED CHANGE IN VALUE OF LPS 10,742,000
PART XI, LINE 4B - OTHER ADJUSTMENTS		EXPENSES ASSOCIATED WITH REAL ESTATE RENTAL - 895,227 EXPENSES ASSOCIATED WITH SPECIAL EVENTS - 298,585 RESTRICTED CONTRIBUTIONS AND OTHER INCOME 3,230,000 RESTRICTED INCOME/GAINS 337,000 PARTNERSHIP INCOME /ROUNDING 142,171
PART XII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES ASSOCIATED WITH REAL ESTATE RENTAL 895,227 EXPENSES ASSOCIATED WITH SPECIAL EVENTS 298,585 ROUNDING -379 CONSOLIDATED AFFILIATE NET OF ELIMINATIONS 67,046,000

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

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

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

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

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	See Add'l Data					
3a	Sub-total	0	0			25,335,042
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			25,335,042

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

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

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

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

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (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 organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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 required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 NO GRANT FUNDS GIVEN OUTSIDE THE UNITED STATES

Additional Data

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CENTRAL AMERICA & THE CARIBBEAN	0	0	PROGRAM SERVICES	JOINTLY OWNED FOREIGN INSURANCE	632,294
CENTRAL AMERICA & THE CARIBBEAN	0	0	INVESTMENTS		23,158,426
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		324,102

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		617,505
NORTH AMERICA	0	0	INVESTMENTS		397,145
SOUTH AMERICA	0	0	INVESTMENTS		205,570

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

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 email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising 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

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GALA (event type)	(b) Event #2 GOLF CLASSIC (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	422,795	106,320	192,032	721,147
	2 Less Contributions	220,554	55,618	146,390	422,562
	3 Gross income (line 1 minus line 2)	202,241	50,702	45,642	298,585
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	202,241	50,702	45,642	298,585
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(298,585)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				0

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

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

b If "Yes," explain _____

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 Enter 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	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

2012

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,411,837	978,235	2,433,602	0 830 %
b Medicaid (from Worksheet 3, column a)			9,698,385	7,711,217	1,987,168	0 680 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			2,262,864	0	2,262,864	0 770 %
d **Total** Financial Assistance and Means-Tested Government Programs			15,373,086	8,689,452	6,683,634	2 280 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			871,992		871,992	0 300 %
f Health professions education (from Worksheet 5)			10,244,542	3,901,513	6,343,029	2 170 %
g Subsidized health services (from Worksheet 6)						0 %
h Research (from Worksheet 7)			24,338		24,338	0 010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			3,000		3,000	0 %
j **Total.** Other Benefits			11,143,872	3,901,513	7,242,359	2 480 %
k **Total.** Add lines 7d and 7j			26,516,958	12,590,965	13,925,993	4 760 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			11,590		11,590	0 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			11,590		11,590	

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

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	4,785,770		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	85,620,496		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	82,748,248		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	2,872,248		
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?	9a	Yes		
b	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	9b	Yes		

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—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 %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

	Name, address, and primary website address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	MOUNT AUBURN HOSPITAL 330 MOUNT AUBURN STREET CAMBRIDGE,MA 02138	X	X		X			X			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group MOUNT AUBURN HOSPITAL

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report 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 the community health 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)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report 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)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
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)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to 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 on admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
15 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?	**15**	Yes	
16 Check all of the following 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			
e ☐ Other similar actions (describe in Part VI)			
17 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?	**17**		No
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)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals 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)

Policy Relating to Emergency Medical Care

		Yes	No
19 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?	**19**	Yes	
If "No," indicate why			
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)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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 its 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)			
21 During the tax year, did the hospital facility charge any FAP-eligible individuals 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?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Health Care 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 health care 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, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

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

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

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

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

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
		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 $4,696,466 IN FISCAL YEAR ENDED SEPTEMBER 30, 2013 AND 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 OTHER UNCOMPENSATED CHARITY CARE - MEDICAID AND MEDICAREIN ADDITION TO THE CHARITY CARE REPORTED ABOVE, MOUNT AUBURN 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 DURING THE FISCAL PERIOD COVERED BY THIS FILING, MOUNT AUBURN HOSPITAL RECEIVED $7,711,217 IN MEDICAID REVENUE WHICH WAS LESS THAN THE COST OF CARE PROVIDED BY MOUNT AUBURN HOSPITAL FOR SUCH SERVICES BY $1,987,168 AS REPORTED ON THIS SCHEDULE H, PART I LINE 1B MEDICARE IS THE FEDERALLY SPONSORED HEALTH INSURANCE PROGRAM FOR ELDERLY OR DISABLED PATIENTS AND MOUNT AUBURN HOSPITAL PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN THE MEDICARE PROGRAM DURING THE FISCAL PERIOD COVERED BY THIS FILING, MOUNT AUBURN HOSPITAL RECEIVED $85,620,496 IN MEDICARE REVENUE

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) OTHER FINANCIAL ASSISTANCE - BAD DEBTS AS REPORTED IN THE MOUNT AUBURN HOSPITAL AND SUBSIDIARY AUDITED FINANCIAL STATEMENT FOR THE PERIOD COVERED BY THIS FILING, IN 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 $4,785,770 DURING THE FISCAL PERIOD COVERED BY THIS FILING AS REPORTED IN THE FINANCIAL STATEMENTS AND IN THIS FORM 990 SCHEDULE H, PART III AS REQUIRED
		PART II COMMUNITY HEALTH INITIATIVES IN CHNA 17 WITH THE GUIDANCE OF MAHRCHC, THE CHNA CARRIED OUT A BROAD COMMUNITY HEALTH ASSESSMENT TO IDENTIFY SHARED HEALTH PRIORITIES THE CHNA IS FOUNDED ON THE CONCEPT THAT GOOD HEALTH REQUIRES THE BROAD AND ENGAGED PARTICIPATION OF ALL MEMBERS OF A COMMUNITY THROUGHOUT THE ASSESSMENT PROCESS, THE CHNA MADE AN EFFORT TO THINK ABOUT HEALTH NOT ONLY AS THE PHYSICAL HEALTH OF THE PEOPLE WHO LIVE IN ITS MEMBER COMMUNITIES, BUT ALSO AS THE SPIRITUAL, SOCIAL, PHYSICAL AND EMOTIONAL WELL-BEING OF COMMUNITY MEMBERS AND OF THE COMMUNITY AS A WHOLE IMPLICIT IN THIS APPROACH IS AN UNDERSTANDING THAT HEALTH IS NOT DETERMINED BY HEALTHCARE, BUT BY THE SOCIAL SUPPORTS, ENVIRONMENTAL OPPORTUNITIES, POLICIES AND NORMS OF THE COMMUNITY AND BY THE UNDERLYING ECONOMIC FACTORS AND WELL-BEING OF WHERE PEOPLE LIVE THE PROCESS OF CARRYING OUT THE COMMUNITY HEALTH ASSESSMENT AND PRIORITIZING HEALTH AREAS FOR THE CHNA'S FUTURE WORK WAS CHALLENGING A FEW OF THE MORE INTERESTING CHALLENGES RELATED TO PLANNING A BROAD YET TIMELY PROCESS AND ENGAGING COMMUNITY MEMBERS IN A MEANINGFUL WAY IN A PROCESS THAT CAN SOMETIMES BE TECHNICAL AND CUMBERSOME IT WAS DIFFICULT TO STRIKE A BALANCE BETWEEN THE GROUP'S INTEREST IN EXPLORING A WIDE VARIETY OF SOCIAL DETERMINANTS OF HEALTH AND THE TIME CONSTRAINTS THAT MADE COLLECTING AND ANALYZING ALL OF THAT DATA IMPOSSIBLE THIS WAS ADDRESSED IN PART BY REFINING AND REDUCING THE LIST OF INDICATORS, AND IDENTIFYING THE CRITERIA THAT THE GROUP WOULD USE TO PRIORITIZE ISSUES EARLIER IN THE PROCESS THAN INITIALLY EXPECTED THIS ALLOWED THE GROUP TO COLLECT ONLY THE INFORMATION ABOUT EACH INDICATOR THAT WOULD ACTUALLY BE USED TO MAKE A DECISION AND NOT SPEND TIME ON INTERESTING BUT LESS USEFUL DATA ALTHOUGH THE CHNA ENTERED THE ASSESSMENT PROCESS WITH THE INTENTION OF INCLUDING THE VOICE OF UNAFFILIATED COMMUNITY MEMBERS AND HAD SOME FUNDING AVAILABLE TO STIPEND ASSESSMENT TEAM MEMBERS WHO WOULD OTHERWISE NOT BE PAID TO PARTICIPATE, THE VAST MAJORITY OF THE ASSESSMENT TEAM MEMBERS WERE THERE REPRESENTING AN ORGANIZATION OR AN INSTITUTION WHILE THE ASSESSMENT TEAM WAS DIVERSE AND LARGE, IT DID NOT NECESSARILY REPRESENT THE COMPLETE DEMOGRAPHICS OR DIVERSITY OF OPINIONS OF THE FULL CHNA 17 POPULATION IN SOME WAYS THE TEAM'S EFFORTS AT SURVEYING AND INTERVIEWING A BROAD BASE OF RESIDENTS IN EACH COMMUNITY WAS A RESPONSE TO THE LACK OF THIS VOICE AT THE PLANNING TABLE IT WAS CHALLENGING TO ENGAGE PEOPLE FROM ALL SECTORS OF ALL MEMBER COMMUNITIES DESPITE PLANS TO SCREEN THE FILM UNNATURAL CAUSES (WWW UNNATURALCAUSES ORG) AT DIFFERENT VENUES THROUGHOUT THE CHNA TOWNS, THE ASSESSMENT GROUP WAS ONLY ABLE TO SCREEN THE FILM FOUR TIMES THE GROUP WAS ALSO NOT ABLE TO COLLECT INFORMATION FROM SOME SECTORS OF SOME COMMUNITIES FOR EXAMPLE, IN AT LEAST ONE TOWN SCHOOLS AND ELECTED OFFICIALS WERE NOT CONTACTED, BUT OTHER SECTORS IN THE SAME COMMUNITY WERE INCLUDED AT TIMES THIS REFLECTED A LACK OF RESPONSE WHEN THEY REACHED OUT TO BUSY PEOPLE, BUT IN OTHER CASES IT WAS BECAUSE THE TEAM DIDN'T HAVE THE TIME AND THE RESOURCES TO DISSEMINATE INFORMATION ABOUT THE ASSESSMENT AS WIDELY AND DEEPLY AS THEY WOULD HAVE LIKED DESPITE THE CHALLENGES, THE TEAM TRIED TO BE REPRESENTATIVE OF ALL COMMUNITIES AND TO INCLUDE AS MANY VARIED VOICES AS POSSIBLE THE SIZE OF ASSESSMENT TEAM GREW AS THE ASSESSMENT PROGRESSED ASSESSMENT IS OFTEN THOUGHT OF AS A GRUELING OR BORING PROCESS, BUT THIS ASSESSMENT INVOLVED STAKEHOLDERS IN GENUINE WAY AND ALLOWED THE FUTURE USERS OF THE ASSESSMENT RESULTS TO GUIDE AND SHAPE THE PROCESS IN MANY WAYS THIS WAS WONDERFUL AND IN OTHERS IT WAS CHALLENGING ONE OF THE CHALLENGES WAS THAT PEOPLE ENTERED THE PROCESS AND JOINED THE TEAM WITH VARYING LEVELS OF EXPERIENCE AND EXPERTISE IN ASSESSMENT AND DATA ANALYSIS THIS FORCED THE MEMBERS, FACILITATORS AND EVEN THE CONSULTANT EVALUATORS TO MAKE LANGUAGE AND PROCESSES AS ACCESSIBLE, PRACTICAL AND SIMPLE AS POSSIBLE THIS, IN TURN, MADE THE RESULTS MORE COMPREHENSIBLE AND ALLOWED ALL MEMBERS OF THE PROCESS TO BE HEARD AND TO OWN THE DECISIONS THAT FOLLOWED FROM THE ASSESSMENT IN TERMS OF DATA COLLECTION, THE INSTITUTE FOR COMMUNITY HEALTH RELIED HEAVILY ON MASSCHIP AND YOUTH BEHAVIOR RISK SURVEY DATA MASSCHIP IS WONDERFULLY CONSISTENT DATA, BUT SOMETIMES IT'S OLD AND MANY TYPES OF DATA ARE NOT INCLUDED THERE WAS ALSO INCONSISTENCY IN TERMS OF WHAT DATA EACH COMMUNITY COLLECTS AND MAKES AVAILABLE TO THE PUBLIC SOME OF THE TOPICS THAT CHNA 17 WAS INTERESTED IN EXPLORING CAN BE DIFFICULT TO TALK ABOUT THESE INCLUDE DOMESTIC VIOLENCE, HOMELESSNESS AND OTHERS IT'S POSSIBLE THAT THE LACK OF DATA AND PEOPLE'S DISCOMFORT IN DISCUSSING THE ISSUES MADE THEM LESS VISIBLE IN THE CHNA 17'S ASSESSMENT THAN THEY SHOULD HAVE BEEN IT WAS SUGGESTED THAT THE CHNA 17 SET UP FUNDING FOR THESE AND OTHER STIGMATIZED TOPICS THE PROCESS DESIGN EVOLVED AS THE PROJECT PROGRESSED, TAKING INTO CONSIDERATION NEW FINDINGS, THE INTERESTS OF NEW MEMBERS AND IDEAS ABOUT HOW TO BETTER ENGAGE THE COMMUNITY IN THE ASSESSMENT PROCESS THE PROCESS AS WHOLE EVOLVED AND SO DID THE ASSESSMENT TEAM'S ASSESSMENT SKILLS AS A RESULT OF THE ASSESSMENT PROCESS CHNA 17 HAS A SHARED AND ARTICULATED DIRECTION, CHNA 17 MEMBERS ARE MORE AWARE OF THEIR COMMUNITIES' SIMILARITIES AND DIFFERENCES, THE STEERING COMMITTEE OF THE CHNA 17 HAS GROWN TO INCLUDE REPRESENTATIVES FROM COMMUNITIES THAT HAD TRADITIONALLY BEEN LESS INVOLVED IN CHNA 17, AND THE WHOLE CHNA 17 IS ACTIVELY ENGAGED IN THE PROCESS OF DECIDING HOW THE FUNDS THAT WILL BE COMING TO CHNA 17 SHOULD BE SPENT PRIORITIZATION WITH CHNA 17 MEMBERS THE STEPS TAKEN TO PRIORITIZE THE HEALTH NEEDS FROM THE ASSESSMENT IN ORDER TO CHOOSE AREAS OF INTERVENTION FOLLOW FIRST, THE ASSESSMENT GROUP RATED EACH OF THE 15 HEALTH ISSUES THAT ROSE TO THE TOP OF THE LIST OF CONCERNS (EITHER THROUGH THE PRELIMINARY DATA, COMMUNITY VOICED CONCERNS OR BOTH) ACCORDING TO HOW WELL THEY MET THE CRITERIA THAT THEY HAD CHOSEN FOR PRIORITY ISSUES FOR EACH TOPIC THEY LOOKED AT THE DATA AND TALKED AS A GROUP TO DECIDE HOW TO RATE THE TOPIC ON A SCALE OF 1-5 FOR EACH OF THE CRITERIA THE CRITERIA WERE WHETHER - COMMUNITY MEMBERS SEE IT AS A PROBLEM, - IT AFFECTS ALL 6 CHNA 17 MEMBER COMMUNITIES, - WHETHER THE CHNA CAN MAKE MEASURABLE AND SUSTAINABLE CHANGE ON THIS IN 5 YEARS, - WHETHER THERE ARE RESOURCES RELATED TO THIS THAT THE CHNA CAN BUILD ON AND - WHETHER IT AFFECTS VULNERABLE POPULATIONS SECOND, THE GROUP SCORED EACH OF THE HEALTH TOPIC AREAS BASED ON THE DATA COLLECTED AND ON THE ASSESSMENT TEAM MEMBERS' KNOWLEDGE OF LOCAL RESOURCES, POTENTIAL FOR CHANGE AND HEALTH DISPARITIES THE ISSUES THAT RANKED HIGHEST WERE 1 YOUTH SUBSTANCE ABUSE 2 YOUTH ACCESS TO SERVICES 3 YOUTH MENTAL HEALTH 4 ADULT MENTAL HEALTH 5 OBESITY AND ACTIVE LIVING 6 CRIME AND SAFETY THIRD, THESE SIX ISSUES WITH THE TOP SCORES WERE PRESENTED TO THE CHNA 17 STEERING COMMITTEE STEERING COMMITTEE MEMBERS INCLUDE MEMBERS OF THE CAMBRIDGE DEPARTMENT OF PUBLIC HEALTH, COMMUNITY BASED ORGANIZATIONS IN CAMBRIDGE, WATERTOWN AND WALTHAM, AND MAH'S DIRECTOR OF COMMUNITY HEALTH (DURING THE ASSESSMENT PROCESS THE STEERING COMMITTEE CONTINUED TO ACTIVELY RECRUIT MEMBERS FROM ALL THE CHNA TOWNS AND THE DIFFERENT SECTORS) FORTH, THE STEERING COMMITTEE MADE A RECOMMENDATION THAT YOUTH ISSUES (MENTAL HEALTH, SUBSTANCE ABUSE AND ACCESS TO SERVICES) BE COMBINED THEY DEVELOPED A FORMULA BASED ON THE SCORES TO DIVIDE THE YEARLY FUNDS THAT CHNA 17 HAS ALLOCATED FOR INTERVENTIONS BETWEEN THE ISSUES FIFTH, THE CHNA 17 GENERAL MEMBERSHIP WAS ASKED TO SELECT ONE OF THE FOUR TOP PRIORITY AREAS AND JOIN A TEMPORARY TASK FORCE FOCUSED ON THAT ONE PRIORITY EACH TASK FORCE WAS GIVEN THE TASK OF WORKING THROUGH A VISIONING AND PLANNING PROCESS THAT WOULD BE INCORPORATED INTO THE DEVELOPMENT OF A LOGIC MODEL FOR EACH PRIORITY AREA AND WOULD GUIDE CHNA 17 WHEN THINKING ABOUT HOW SPECIFICALLY FUNDING IN EACH CATEGORY WOULD BE ALLOCATED AND WHAT THE DESIRED HEALTH OUTCOMES FOR EACH AREA WOULD BE SIXTH, IN ADDITION TO PLANNING INTERVENTIONS FOR THE FOUR TOP PRIORITY AREAS, THE CHNA DECIDED TO CONTINUE TO PROVIDE MINI-GRANTS WITH A BROADER FOCUS AS A WAY TO FUND WORK THAT IS IMPORTANT BUT MAY NOT HAVE BEEN IDENTIFIED AS A PRIORITY IN THE ASSESSMENT PROCESS

Identifier	ReturnReference	Explanation
		PART III, LINE 4 THE PERCENTAGES CALCULATED IN PART I, LINE 7, COLUMN F WERE BASED ON EACH ITEM OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT AS A PERCENTAGE OF TOTAL EXPENSES REPORTED IN PART IX OF THIS FORM 990 AS REQUIRED BY THIS FORM 990, SCHEDULE H, PART III, LINE 4, BELOW ARE THE BAD DEBT AND ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTES FROM THE HOSPITAL'S AUDITED FINANCIAL STATEMENTS AS PREVIOUSLY NOTED IN THIS FORM 990, THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE MOUNT AUBURN HOSPITAL AND SUBSIDIARY (THE CORPORATION) CONSISTS OF MOUNT AUBURN HOSPITAL (THE HOSPITAL) AND MOUNT AUBURN PROFESSIONAL SERVICES, INC (PROFESSIONAL SERVICES) THE HOSPITAL'S FORM 990 IS PREPARED FOR THE HOSPITAL ONLY AND AS SUCH, THE METRICS INCLUDED IN THESE FOOTNOTES WILL NOT TIE TO THE FACE OF THE MEDICAL CENTER'S FORM 990, SCHEDULE H FINANCIAL STATEMENT FOOTNOTES BAD DEBTSTHE HOSPITAL PROVIDES CARE WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES, TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY ESSENTIALLY, THE POLICY DEFINES CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED BECAUSE THE HOSPITAL DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE EXCEPT TO THE EXTENT REIMBURSED BY THE STATEWIDE HEALTH SAFETY NET (HSN) THE HOSPITAL GRANTS CREDIT WITHOUT COLLATERAL TO PATIENTS, MOST OF WHOM ARE LOCAL RESIDENTS AND ARE INSURED UNDER THIRD-PARTY AGREEMENTS ADDITIONS TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS ARE MADE BY MEANS OF THE PROVISION FOR BAD DEBTS ACCOUNTS WRITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE AND SUBSEQUENT RECOVERIES ARE ADDED THE AMOUNT OF THE PROVISION FOR BAD DEBT IS BASED UPON MANAGEMENT S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN FEDERAL AND STATE GOVERNMENTAL HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS PATIENT ACCOUNTS RECEIVABLE AND RELATED ALLOWANCE FOR DOUBTFUL ACCOUNTSPATIENT ACCOUNTS RECEIVABLE ARE REFLECTED NET OF AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS PAST COLLECTION HISTORY, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN GOVERNMENTAL AND EMPLOYEE HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS FOR EACH OF ITS MAJOR CATEGORIES OF REVENUE BY PAYOR TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR CATEGORIES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THROUGHOUT THE YEAR, THE HOSPITAL, AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED, WILL WRITE OFF THE DIFFERENCE BETWEEN THE STANDARD RATES (OR DISCOUNTED RATES IF APPLICABLE) AND THE AMOUNTS ACTUALLY COLLECTED AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN ADDITION TO THE REVIEW OF THE CATEGORIES OF REVENUE, MANAGEMENT MONITORS THE WRITE OFFS AGAINST ESTABLISHED ALLOWANCES TO DETERMINE THE APPROPRIATENESS OF THE UNDERLYING ASSUMPTIONS USED IN ESTIMATING THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THE HOSPITAL'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY PATIENTS AS A PERCENTAGE OF TOTAL SELF-PAY ACCOUNTS RECEIVABLE INCREASED FROM 41% AS OF SEPTEMBER 30, 2012 TO 43% AS OF SEPTEMBER 30, 2013 A SIGNIFICANT CONTRIBUTING FACTOR FOR THE INCREASE IN THE ALLOWANCE FOR DOUBTFUL ACCOUNTS WAS AN INCREASE IN UNINSURED AND UNDERINSURED PATIENTS SERVED IN 2013 FROM THE PREVIOUS YEAR COMMUNITY BENEFITS AND UNCOMPENSATED CARETHE COST OF UNREIMBURSED CHARITY AND OTHER UNCOMPENSATED CARE CONSISTED OF THE FOLLOWING FOR THE YEARS ENDED SEPTEMBER 30 2013 AND 2012 UNREIMBURSED CHARITY CARE $3,270 $4,370UNCOMPENSATED CARE $8,148 $7,779 $11,418 $12,149(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 2013 AND 2012 CHARITY CARE - AT ESTABLISHED CHARGES $8,437 $9,900ESTIMATED COST OF CHARITY CARE $4,248 $5,006LESS REIMBURSEMENT FROM THE HSN ($978) ($636) $3,270 $4,370(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 IS REPORTED AS AMOUNTING TO $2,263 AND $2,347 FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012 RESPECTIVELY, WHICH IS REFLECTED AS UNCOMPENSATED CARE EXPENSE IN THE CONSOLIDATED STATEMENTS OF OPERATIONS
		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 $7,711,217 IN MEDICAID REVENUE WHICH WAS LESS THAN THE COST OF CARE PROVIDED BY THE HOSPITAL FOR SUCH SERVICES BY $1,987,168, 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 29% OF MAH'S PATIENT REVENUE DERIVED FROM MEDICARE PATIENTS THIS TRANSLATED TO $85,620,496

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
MOUNT AUBURN HOSPITAL		PART V, SECTION B, LINE 19D MOUNT AUBURN HOSPITAL - EMERGENCY CARE ACCESSAS NOTED IN THIS SCHEDULE H, PART V, SECTION A AND SECTION B QUESTION 19, MOUNT 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 24 HOURS A DAY, SEVEN DAYS A WEEK, AND 365 DAYS A YEAR

Identifier	ReturnReference	Explanation
	FORM 990 SCHEDULE H PART VI SUPPLEMENTAL INFORMATION	AS NOTED THROUGHOUT THIS FILING, MOUNT AUBURN PROFESSIONAL SERVICES IS A SUPPORT ORGANIZATION OF MOUNT AUBURN HOSPITAL THE DETAIL BELOW IS THE NARRATIVE EXPLANATORY DETAIL FROM THE HOSPITAL'S FORM 990 SCHEDULE H AND IS DESIGNED 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 SUCH, IT ALSO PROVIDES ADDITIONAL DETAIL ON THE THE ACTIVITIES IN WHICH MAPS IS ENGAGED, IN SUPPORT OF THE HOSPITAL'S MISSIONS
	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, 4 76% OF MAH'S TOTAL EXPENSES 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
		PART VI, LINE 2 MOUNT AUBURN HOSPITAL - CREDIT AND COLLECTION POLICY - NOTICE OF AVAILABILITY OF FINANCIAL ASSISTANCE AND OTHER COVERAGE OPTIONSFINANCIAL ASSISTANCE IS INTENDED TO ASSIST LOW-INCOME PATIENTS WHO ARE OR OTHERWISE HAVE THE ABILITY TO PAY FOR THEIR HEALTH CARE SERVICES. SUCH ASSISTANCE TAKES INTO ACCOUNT EACH INDIVIDUALS ABILITY TO CONTRIBUTE TO THE COST OF HIS OR HER CARE AND APPLIES TO THAT PART NOT INSURED OR UNDERINSURED. THE HOSPITAL WILL ASSIST PATIENTS IN APPLYING FOR ANY PUBLICLY 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 HOSPITALS 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 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.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, CHILDRENS 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. MOUNT AUBURN HOSPITAL'S CREDIT AND COLLECTION POLICY ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAMS AS NOTED IN THIS, SCHEDULE H, PART III, SECTION C, QUESTION 9B, 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, CHILDRENS 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 PATIENTS 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 WORKERS 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
		PART VI, LINE 3 MOUNT AUBURN HOSPITAL - CREDIT AND COLLECTION POLICY STANDARD COLLECTION PRACTICESAS PREVIOUSLY NOTED IN THE NARRATIVE TO THIS FORM 990 SCHEDULE H, MOUNT AUBURN HOSPITAL ASSISTS PATIENTS IN OBTAINING FINANCIAL ASSISTANCE FROM PUBLIC PROGRAMS AND OTHER SOURCES WHEREVER 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 PATIENTS IN FINDING ALTERNATIVE COVERAGE OPTIONS IF FINANCIAL ASSISTANCE IS NOT APPROPRIATE, 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 ESTABLISHEDCRITERIA 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 HOSPITALS' 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 PRACTICESMOUNT 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 CREDIT AND COLLECTION POLICY - DISCOUNT FOR UNINSURED PATIENTSIN ADDITION TO THE FINANCIAL ASSISTANCE INFORMATION PROVIDED ABOVE, THE MEDICAL CENTER GIVES A SELF-PAY DISCOUNT TO PATIENTS WHO ARE UNINSURED BILLING AND COLLECTIONS BEFORE REASONABLE EFFORTSNEITHER THE HOSPITAL NOR ANY AUTHORIZED THIRD PARTY TOOK ANY OF THE ACTIONS LISTED IN FORM 990, SCHEDULE H, PART V, SECTION B, QUESTION 17 OR 18 FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS - COMMUNITY HEALTH IMPROVEMENT SERVICES AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPSCOMMUNITY 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 $871,992 AND $3,000 REPORTED ON THIS SCHEDULE H, PART I LINES 7G 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 FY13 THERE WERE 3 LISTEN AND LEARN PROGRAMS: 1) TYPE 2 DIABETES PREVENTION AMONG UNDERSERVED COMMUNITY MEMBERS; 2) TYPE 2 DIABETES PREVENTION AMONG UNDERSERVED COMMUNITY MEMBERS - STROKE. THIS PROGRAM AIMS TO BETTER UNDERSTAND BARRIERS TO EMERGENT CARE FOR ELDERS AT RISK FOR STROKE - BREAST HEALTH: TO IDENTIFY AND UNDERSTAND CULTURAL BARRIERS TO BREAST CANCER SCREENING, CREATE AND SUPPORT A LEARNING COMMUNITY COMPRISED OF IMMIGRANT WOMEN AND ONCOLOGY NURSES, COMMUNITY HEALTH CARE WORKERS, AND SOCIAL WORKERS TO LEARN TOGETHER ABOUT BELIEFS AND BARRIERS TO BREAST CANCER SCREENING AMONG IMMIGRANTS 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 ELDERS 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 3D SPEAK 'EM 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 DOOR(DOSE PREVENTION AND EDUCATION NETWORK). IN COLLABORATION WITH THE ARLINGTON PUBLIC SCHOOLS MAH UTILIZED PHOTOVOICE TO BUILD THE STUDENTS CAPACITY TO IMPACT LOCAL POLICY. 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 GRANTEES 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 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 MAINTAIN ITS TAX EXEMPT STATUS AS A HOSPITAL UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED. 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 4 CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT THE CURRENT COMMUNITY HEALTH PLAN HAS BEEN DEVELOPED IN RESPONSE TO BOTH THE MASSACHUSETTS ATTORNEY GENERAL'S AND FEDERAL GUIDELINES A FORMAL COMMUNITY NEEDS ASSESSMENT WAS LAST CONDUCTED FROM MAY 2009-SEPTEMBER 2009 (APPENDIX 1) AND WAS SHARED BROADLY WITH COMMUNITY ORGANIZATIONS AND INDIVIDUAL MEMBERS THIS CURRENT ASSESSMENT INCORPORATES A REVIEW OF - POPULATION DATA - HEALTH INDICATORS - CURRENT COMMUNITY BENEFIT PROGRAMMING AT MOUNT AUBURN HOSPITAL - HEALTH SERVICES IN THE AREA - INPUT FROM COMMUNITY MEMBERS AND PUBLIC HEALTH DEPARTMENTSPERTINENT ASSESSMENT MATERIAL WAS REVIEWED WITH COMMUNITY MEMBERS INCLUDING THOSE AFFILIATED WITH PUBLIC HEALTH DEPARTMENTS, COMMUNITY BASED ORGANIZATIONS AND WITH COMMUNITY HEALTH NETWORK AREAS (CHNA) WITH A FOCUS ON THE STEERING COMMITTEES OF CHNAS 7, 15, 17, 18, AND 20 AS WELL AS THE THOSE MEMBERS WHO ARE PART OF THE CHNA17 WHICH SERVES ARLINGTON, BELMONT, CAMBRIDGE, SOMERVILLE, WALTHAM AND WATERTOWN PRIORITIES FOR THE COMMUNITY BENEFIT PLAN WERE DEVELOPED BY REVIEWING THE CURRENT PROGRAMS AND RESOURCES, INFORMATION OBTAINED FROM THE COMMUNITY NEEDS ASSESSMENT, INPUT FROM CHNA STEERING COMMITTEES AND CHNA17 MEMBERSHIP AND CONSIDERING THE ATTORNEY GENERAL'S RECOMMENDED STATE WIDE PRIORITIES RECOGNIZING THAT COMMUNITY BENEFIT PLANNING IS ONGOING AND WILL CHANGE WITH CONTINUED COMMUNITY INPUT THE MOUNT AUBURN HOSPITAL COMMUNITY BENEFIT PLAN WILL EVOLVE SENIOR MANAGEMENT AND THE BOARD OF TRUSTEES ARE COMMITTED TO ASSESSING INFORMATION AND UPDATES AS NEEDED COMMUNITIES SERVED BY MOUNT AUBURN HOSPITALMOUNT AUBURN HOSPITAL COMMUNITY BENEFITS ARE AIMED AT SERVING COMMUNITY MEMBERS WHO LIVE ARLINGTON, BELMONT, CAMBRIDGE, WALTHAM, WATERTOWN AND SOMERVILLE, COMMUNITY MEMBERS SERVED BY JOSEPH M COMMUNITY HEALTH CENTER AND COMMUNITY HEALTH NETWORK AREAS (CHNA) 7,15, 17, 18 AND 20 THIS DECISION WAS MADE BY REVIEWING MAH PRIMARY DISCHARGE DATA, THE NEEDS OF THE COMMUNITY HEALTH NETWORK AREAS AND THE NEEDS OF THE CLOSEST FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER-JOSEPH M SMITH COMMUNITY HEALTH CENTER (JMSCHC) TOWNS THAT REPRESENTED MORE THAN 5% OF MOUNT AUBURN HOSPITAL DISCHARGES ARE INCLUDED AN DEPICTED BELOW COMMUNITY BENEFITS PROCESSCOMMUNITY BENEFITS LEADERSHIP/TEAMTHE DIRECTOR OF COMMUNITY HEALTH IS RESPONSIBLE FOR THE DEVELOPMENT AND IMPLEMENTATION OF MAH'S COMMUNITY BENEFITS PROGRAM AS SUPERVISOR TO THE METROWEST REGIONAL 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 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 COMMUNITY BENEFITS TEAM MEETINGSANNUALLY THE BOARD OF TRUSTEES APPROVES THE COMMUNITY BENEFIT'S MISSION STATEMENT AND PLAN THE VICE PRESIDENT OF MARKETING AND STRATEGIC PLANNING AND THE DIRECTOR OF COMMUNITY HEALTH MEET REGULARLY TO DISCUSS COMMUNITY BENEFIT PROGRAMMING AMENDMENTS TO THE PLAN DURING THE YEAR ARE APPROVED BY THE VICE PRESIDENT OF MARKETING AND STRATEGIC PLANNING A HOSPITAL-WIDE DIVERSITY COMMITTEE, AIMED AT KEEPING THE ORGANIZATION FOCUSED ON THE NEEDS OF PATIENTS AND EMPLOYEES FROM DIFFERENT CULTURAL AND LINGUISTIC BACKGROUNDS, IS CHAIRED BY THE DIRECTOR OF COMMUNITY HEALTH AND INCLUDES REPRESENTATIVES FROM MANY HOSPITAL DISCIPLINES THE COMMUNITY BENEFITS PLAN WAS PRESENTED TO THE PATIENT AND FAMILY ADVISORY COUNCIL COPIES OF THE COMMUNITY BENEFITS PLAN WERE SENT TO EVERYONE INVOLVED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS COMMUNITY HEALTH STAFF MEMBERS MEET MONTHLY TO REVIEW COMMUNITY PROGRAMS COMMUNITY MEMBERS ARE INVITED TO AN OPEN COMMUNITY BENEFITS MEETING THE METROWEST REGIONAL CENTER FOR HEALTHY COMMUNITIES, A MOUNT AUBURN HOSPITAL PROGRAM, HAS A COMMUNITY ADVISORY BOARD THAT PROVIDES SUGGESTIONS AND FEEDBACK MAH COMMUNITY HEALTH DEPARTMENT STAFF MET WITH COMMUNITY MEMBERS INCLUDING THOSE WHO WORK IN PUBLIC HEALTH TO REACH COMMUNITY MEMBERS IN MAH'S TARGET AREA MAH CONCENTRATED ITS EFFORTS WITH MEMBERS FROM THE LOCAL COMMUNITY HEALTH NETWORK AREAS A COMMUNITY HEALTH NETWORK IS A LOCAL COALITION OF PUBLIC, NON-PROFIT, AND PRIVATE SECTOR ORGANIZATIONS WORKING TOGETHER TO BUILD HEALTHIER COMMUNITIES IN MASSACHUSETTS THROUGH COMMUNITY-BASED PREVENTION PLANNING AND HEALTH PROMOTION THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH ESTABLISHED THE COMMUNITY HEALTH NETWORK AREA (CHNA) EFFORT IN 1992 TODAY THIS INITIATIVE INVOLVES ALL 351 TOWNS AND CITIES THROUGH 27 COMMUNITY HEALTH NETWORKS (WWW MASS GOV) MOUNT AUBURN HOSPITAL'S REGIONAL CENTER FOR HEALTHY COMMUNITIES STAFF WORKED DIRECTLY WITH COMMUNITY HEALTH NETWORK AREAS TO HELP COMMUNITIES REALIZE THEIR VISION FOR A HEALTHIER PLACE TO LIVE THE CENTER DID THIS BY 1) SUPPORTING AND ENCOURAGING CHNAS TO DESIGN AND IMPLEMENT INCLUSIVE COMMUNITY HEALTH PLANNING AND ASSESSMENT PROCESSES, AND 2) PROVIDING TOOLS AND TEMPLATES, TRAINING, FACILITATION, AND OPPORTUNITIES FOR SHARING AND COLLABORATION AMONG THE CHNAS THE RCHC LEAD REGIONAL HEALTH PLANNING THROUGH ITS WORK WITH COMMUNITY HEALTH NETWORK AREAS 7, 15, 17, 18, AND 20 MAH COMMUNITY BENEFITS STAFF WORKED CLOSELY WITH THE LEADERS OF CHNA 17 TO REVIEW THE ASSESSMENT, AND PRIORITIZE THE AREAS FOR IMPLEMENTATION OF COMMUNITY HEALTH INITIATIVES WITHIN THE CHNA MAH THEN REVIEWED THE CURRENT COMMUNITY BENEFIT PLAN WITH 1) COMMUNITY BASED ORGANIZATION PARTNERS, 2) MAH STAFF AND 3) THE MAH PATIENT AND FAMILY ADVISORY BOARD THE RESULTS OF ALL OF THESE THOUGHTFUL PLANNING PROCESSES WERE REVIEWED WITH SENIOR MANAGEMENT AND THE BOARD OF TRUSTEES ON JULY 24TH, 2012 THE BOARD OF TRUSTEES APPROVED AN ANNUAL PROGRAM BUDGET OF OVER ONE MILLIONS DOLLARS COMMUNITY PARTNERSMAH SUPPORTS CHNA 17'S MISSION TO HELP BUILD HEALTHIER PEOPLE AND BETTER CONNECTED COMMUNITIES ACROSS THE CHNA MAH CURRENTLY PROVIDES 100% OF CHNA 17'S FUNDING IN ADDITION TO THE DEDICATED COMMUNITY HEALTH INITIATIVES (DETAILED BELOW) THE CHNA HOSTS GENERAL MEETINGS, TRAININGS, AND PATHWAYS FOR CHNA MEMBERS TO COMMUNICATE WHICH INCLUDE EMAILS, NEWSLETTERS, A WEBSITE AND DEDICATED TIME AT GENERAL MEETINGS THE CHNA CONSISTS OF OVER 60 MEMBERS THE FOLLOWING AGENCIES ARE REPRESENTED - AIDS ACTION COMMITTEE - ARLINGTON DIVERSION - ARLINGTON YOUTH COALITION - BOSTON AREA GLEANERS - CAMBRIDGE AND SOMERVILLE EARLY INTERVENTION - CAMBRIDGE COMMUNITY CENTER - CAMBRIDGE ECONOMIC OPPORTUNITY COUNCIL - CAMBRIDGE HEALTH ALLIANCE - CAMBRIDGE PREVENTION COALITION - CAMBRIDGE PUBLIC HEALTH DEPARTMENT - CASPAR - CHILD CARE RESOURCE CENTER - COMMUNITY DAY CENTER OF WALTHAM - EAST END HOUSE - FOOD FOR FREE - GREATER WALTHAM ARC - HEALTHY WALTHAM - INSTITUTE FOR COMMUNITY HEALTH - MARGARET FULLER HOUSE - MASSACHUSETTS ALLIANCE OF PORTUGUESE SPEAKERS - MINUTE MAN SENIOR SERVICES SHINE - PAINE SENIOR SERVICES - PARENTS HELPING PARENTS - REACH - SOMERVILLE CARES ABOUT PREVENTION - SOMERVILLE COMMUNITY HEALTH AGENDA - SOMERVILLE EARLY INTERVENTION - SOMERVILLE HOMELESS COALITION - SOMERVILLE POLICE DEPARTMENT - SPRINGWELL - ST ELIZABETH'S MEDICAL CENTER - THOM CHARLES RIVER EARLY INTERVENTION - TITLE IX RUNNING CLUB - TRANSITION HOUSE - WATERTOWN COMMUNITY FOUNDATION - WATERTOWN HEALTH DEPARTMENT - WATERTOWN YOUTH COALITION - WIC - YOUTH ON FIREMAJOR HEALTH NEEDS AND HOW PRIORITIES WERE DETERMINED TO DETERMINE PRIORITIES FOR COMMUNITY BENEFIT PROGRAMMING MAH GROUPED ASSESSMENT INFORMATION INTO THREE AREAS - SUPPORT FOR LOCAL COMMUNITY HEALTH NETWORK AREAS - COMMUNITY HEALTH INITIATIVES IN COMMUNITY HEALTH NETWORK AREA 17 - DIRECT AND INDIRECT PROGRAMMING SUPPORTS FOR LOCAL COMMUNITY HEALTH NETWORK AREAS MAHRCHC STAFF WORKED WITH THE STEERING COMMITTEES OF THE CHNAS TO CHOOSE ACTIVITIES THAT - HAVE BEEN RIGOROUSLY EVALUATED AND ARE SHOWN TO BE EFFECTIVE - ARE DEVELOPED TO REDUCE 'RISK' FACTORS AND ENHANCE 'PROTECTIVE' FACTORS FOR COMMUNITY MEMBERS - BUILD UPON THE STRENGTHS AND RESOURCES OF DIVERSE COMMUNITY MEMBERS EACH CHNA THEN WORKED INTERNALLY TO IDENTIFY CHOOSE THE SUPPORT THEY WOULD RECEIVE FROM THE MAH REGIONAL CENTER STAFF
		PART VI, LINE 5 COMMUNITY BENEFIT GOALS AND ACTIVITIES THROUGHOUT THIS PROCESS, MAH AND ENGAGED COMMUNITY MEMBERS ALL RECOGNIZED THAT THE CAUSES OF COMMUNITY HEALTH NEEDS ARE BOTH COMPLEX AND CHALLENGING TO ARTICULATE EQUALLY CHALLENGING IS THE TASK OF ADDRESSING THESE NEEDS IN MEANINGFUL AND IMPACTFUL WAYS TO MEET THIS CHALLENGE MAH HAS DEVELOPED AN ARRAY OF COMMUNITY BENEFIT PROGRAMS THAT ARE AIMED AT ADDRESSING THE HEALTH NEEDS IDENTIFIED IN THE COMMUNITY NEEDS ASSESSMENT THE INFORMATION BELOW DESCRIBES WHAT COMMUNITY HEALTH NEEDS MAH WILL ADDRESS AND WHAT MAH WILL DO TO ADDRESS THOSE NEEDS SOME OF THESE PROGRAMS WILL BE ADDRESSED BY MAH DIRECTLY AND SOME WILL BE ADDRESSED BY MAH IN COLLABORATION WITH PARTNERS TO FINALIZE THE COMMUNITY BENEFIT PLAN, MAH ARTICULATED PROGRAMS AND GOALS TO ADDRESS THE IDENTIFIED NEEDS OVER THE NEXT 3 YEARS THESE PROGRAMS WILL POSITIVELY IMPACT THE HEALTH OF MAH TARGET COMMUNITIES AS WELL AS INDIVIDUAL COMMUNITY MEMBERS AT THE COMMUNITY LEVEL WE WILL INCREASE THE HEALTH AND WELLBEING OF COMMUNITY MEMBERS BY IMPLEMENTING EVIDENCED BASED PROGRAMS PROMOTE HEALTH POLICIES THAT SUPPORT THE HEALTHY CHOICE BEING THE EASY CHOICE SUPPORT THE STEERING COMMITTEES OF COMMUNITY HEALTH NETWORK AREAS 7, 15, 17, 18 AND 20 TO OPERATIONALIZE THEIR MISSION AND GOALS AT THE INDIVIDUAL LEVEL WE WILL INCREASE THE HEALTH AND WELLBEING OF COMMUNITY MEMBERS BY FACILITATING CONNECTIONS TO HEALTH CARE, INSURANCE INCREASING HOPE, EMPOWERMENT AND/OR CONFIDENCE INCREASING UNDERSTANDING OF PREVENTION AND EARLY DETECTION OF ILLNESS INCREASING POSITIVE HEALTH BEHAVIORS DECREASING NEGATIVE HEALTH BEHAVIORS THROUGHOUT THIS PROCESS OF IDENTIFYING NEEDS AND DESIGNING PROJECTS AIMED AT MEETING THOSE NEEDS, MAH RECOGNIZED THAT COMMUNITY BENEFIT PLANNING IS ONGOING THEREFORE WE WILL MEET EMERGENT AND SPORADIC INDIVIDUAL AND ORGANIZATIONAL NEEDS THAT ARE IDENTIFIED BY COMMUNITY MEMBERS AND CLINICIANS WHEN THEY ARE CONSISTENT WITH OUR COMMUNITY BENEFIT PLAN EACH PROGRAM IS LISTED BELOW WITH APPLICABLE PARTNER ORGANIZATIONS AND GOALS (UNLESS OTHERWISE STATED THE GOALS ARE EVALUATED ANNUALLY) THE IMPACT OF THESE PROGRAMS OVER TIME WILL LEAD TO A DECREASE MORBIDITY, HOSPITALIZATION AND MORTALITY FROM ILLNESS OVER THE NEXT 10 YEARS COMMUNITY LEVEL PROGRAMSCHNA 17 COMMUNITY GOALS ANNUALLY, CHNA 17 COMMUNITIES WILL DEMONSTRATE INCREASED AWARENESS OF LARGER HEALTH TRENDSINCREASED KNOWLEDGE OF PROGRAMS, SERVICES AND INITIATIVESINCREASED SHARING OF RESOURCESINCREASED CAPACITY TO EFFECTIVELY ADMINISTER AND EVALUATE PROGRAMS ANDSERVICESINCREASED KNOWLEDGE USE AND DOCUMENTATION OF BEST PRACTICESWITHIN THEIR FUNDING CYCLE, GRANTEES FUNDED BY THE CHNA WILL DEVELOP, IMPLEMENT AND REPORT ON PROGRAMS THAT ARE EVIDENCED-BASEDINCLUDE THE TARGET POPULATIONADDRESS THE NEEDS OF VULNERABLE POPULATIONSINCLUDE INTERCOMMUNITY AND INTERAGENCY COLLABORATIONSADDRESS THE HEALTH INDICATORS NOTED IN THE ASSESSMENTBUILD ON EXISTING COMMUNITY RESOURCESINCORPORATE CHNA 17 MEMBER INPUTINFLUENCE MUNICIPAL POLICYANNUALLY, CHNA 17 COMMUNITIES WILL SHARE IDEAS AND PLANS FOR EVALUATION, POLICY AND PROGRAMMING CHALLENGES AND SUCCESSES IN DEVELOPING AND IMPLEMENTING QUALITY PROGRAMS AND IMPLEMENTING POLICY CHANGES AFTER THREE YEARS THE CHNA 17 COMMUNITIES WILL DEMONSTRATE INCREASED NUMBER OF COLLABORATIONS AND PARTNERSHIPSINCREASED EFFICIENCY AND EFFECTIVE UTILIZATION OF RESOURCESINDIVIDUAL CHNA MEMBERS INCORPORATE INCREASED KNOWLEDGE AND UNDERSTANDING INTO THEIR ORGANIZATIONS PROGRAMS AND SERVICESINCREASED KNOWLEDGE AND CAPACITY AMONG CHNA MEMBERS AND GRANTEES ABOUT THE OPERATIONAL MANAGEMENT OF COMMUNITY BASED ORGANIZATIONS DOCUMENTED BEST PRACTICE USED IN CHNA 17 COMMUNITIESCROSS COMMUNITY COLLABORATIONS HAVE BEEN IMPLEMENTED AND EXPANDEDUNFUNDED COMMUNITY ATTENDANCE AT COMMUNITIES OF LEARNINGAFTER FIVE YEARS ALL THE CHNA 17 COMMUNITIES WILL HAVE ENGAGED IN ONE OR MORE HEALTH INITIATIVESIMPLEMENTED PROGRAMS, TRAININGS AND POLICY INITIATIVESWORKED ON ISSUES THAT ADDRESS VULNERABLE POPULATIONSAN INCREASINGLY REGIONAL APPROACH TO ADDRESSING HEALTH INDICATORSDEMONSTRATED INCREASED EFFECTIVENESS OF AVAILABLE ESERVICES AND PROGRAMSDEMONSTRATE AN INCREASE IN THE NUMBER OF BEST PRACTICES REPLICATED THE CHNA 17 COMMUNITIESYOUTH SERVICES IN CHNA 17 THREE YEAR GRANT PROGRAM AIMED AT INCREASING THE EFFECTIVENESS OF YOUTH SERVICES AND PROGRAMS ACROSS VIOLENCE, BULLYING, SUBSTANCE ABUSE AND MENTAL HEALTH ISSUES TO REDUCE HARMFUL BEHAVIORS IN CHNA 17 PARTNERS CHNA 17 COMMUNITY MEMBERSGOALS BY 2016 COMMUNITY MEMBERS WILL HAVE INCREASED ACCESS TO HIGH QUALITY, EFFECTIVE YOUTH PROGRAMMING AND SERVICE ORGANIZATIONS WILL HAVE RECEIVED BETTER SUPPORT IN REDUCING HARMFUL BEHAVIOR BY JANUARY 2013 ALL GRANTEES WILL DEMONSTRATE IMPLEMENTATION OF EVIDENCE-BASED YOUTH PROGRAMMING INVOLVEMENT OF YOUTH IN PROGRAM PLANNING AND IMPLEMENTATION YOUTH LEADERS PLAYING AN PIVOTAL ROLE IN PROGRAMMING AND PEER EDUCATION AS IN THE INDIVIDUAL PROGRAMS BY JANUARY 2014 ALL GRANTEES DEMONSTRATE INCREASE IN AVAILABILITY OF PROGRAMS AND SERVICES FOR YOUTH IN CHNA 17 COMMUNITIESINCREASE IN THE NUMBER OF YOUTH RECEIVING EDUCATION ON ISSUES SUCH AS VIOLENCE, SUBSTANCE ABUSE, BULLYING AND MENTAL HEALTH BY NOVEMBER 2014 ALL GRANTEES WILL DEMONSTRATE INCREASE IN THE NUMBER OF YOUTH SERVED INCREASED EFFECTIVENESS OF YOUTH SERVICES AND PROGRAMS ACROSS VIOLENCE, BULLYING, SUBSTANCE ABUSE AND MENTAL HEALTH TO REDUCE HARMFUL BEHAVIORS IN CHNA 17 COMMUNITIES FOOD AND ACTIVITY POLICY TWO YEAR GRANT CYCLE TO SUPPORT THE CREATION OR ENHANCEMENT OF FOOD AND ACTIVITY POLICY COUNCILS IN CHNA 17 PARTNERS CHNA 17 COMMUNITY MEMBERSGOALS BY JANUARY 2013 THREE FOOD AND ACTIVITY COUNCILS WILL HAVE RESEARCHED, ASSESSED AND IDENTIFIED RESOURCES AND AREAS OF NEED IN THEIR COMMUNITIES, AND WILL HAVE SHARED THIS INFORMATION WITH THEIR COMMUNITY BY JANUARY 2014 THREE FOOD AND ACTIVITY COUNCILS WILL HAVE DEVELOPED POLICY RECOMMENDATIONS BY JANUARY 2014 THREE FOOD AND ACTIVITY COUNCILS WILL HAVE BUILT SUPPORT AND DEVELOPED PARTNERSHIPS AMONG DECISION MAKERS AND COMMUNITY MEMBERS TO MOVE RECOMMENDATIONS FORWARD BY 2016 LOCAL FOOD AND ACTIVITY POLICY COUNCILS WILL HAVE IMPLEMENTED RECOMMENDATIONS WITH MUNICIPALITIES AND SCHOOL SYSTEMS THAT RESULT IN GREATER ACCESS TO HEALTHY FOODS AND MORE OPPORTUNITIES FOR ACTIVE LIVING MENTAL HEALTH FIRST AID TRAININGS SCHOLARSHIPS FOR COMMUNITY MENTAL HEALTH FIRST AID TRAININGS FOR COMMUNITY MEMBERS AND FIRST RESPONDERSPARTNERS CHNA 17 COMMUNITY MEMBERSGOALS BY JANUARY 2014 COMMUNITY MEMBERS WILL DEMONSTRATE AN INCREASED AWARENESS OF MENTAL HEALTH FIRST AID BY JANUARY 2014 AN INCREASE IN THE - NUMBER OF FIRST RESPONDERS WHO HAVE BEEN TRAINED IN MENTAL HEALTHFIRST AID - NUMBER OF COMMUNITY AGENCIES THAT HAVE STAFF THAT ARE TRAINED IN MENTAL HEALTH FIRST AID BY JANUARY 2014 THERE WILL BE AT LEAST ONE NEW TRAINER CERTIFIED TO TEACH MENTAL HEALTH FIRST AID BY JANUARY 2014 INCREASED NUMBER OF COMMUNITY MEMBERS AND FIRST RESPONDERS WHO SELF-REPORT THAT THEY HAVE - INCREASED KNOWLEDGE ABOUT MENTAL HEALTH AND MENTAL ILLNESS - INCREASED CONFIDENCE IN THEIR ABILITY TO RESPOND APPROPRIATELYTO A MENTAL HEALTH CRISIS - INCREASED CONFIDENCE IN THEIR ABILITY TO IDENTIFY RESOURCES FOR MENTAL HEALTH NEEDS BY JANUARY 2014 INCREASED NUMBER OF MENTAL HEALTH FIRST AID TRAININGS TO COMMUNITY MEMBERS IN THE CHNA 17 AREA BY JANUARY 2016 CORE COMMUNITY AGENCIES WILL SELF REPORT THAT THEY HAVEA GREATER UNDERSTANDING OF MENTAL HEALTH ISSUES AND ARE BETTER ABLE TORESPOND TO THE MENTAL HEALTH NEEDS OF THEIR COMMUNITY MEMBERS, UTILIZINGKNOWLEDGE FROM MENTAL HEALTH FIRST AID TRAINING CRIME AND SAFETY TOWN ASSESSMENTS COLLECT DATA TO EXPAND UPON THE COMMUNITY HEALTHASSESSMENT THAT CHNA 17 COMPLETED LAST YEAR IN ORDER TO BETTER UNDERSTAND ISSUES AND CONCERNS IN THE AREA RELATING TO CRIME AND SAFETY PARTNERS CHNA 17 COMMUNITY MEMBERSGOALS BY JANUARY 2013 DEVELOP PLAN TO ENGAGE COMMUNITY LEADERS, CIVIC ORGANIZATIONS, LAW ENFORCEMENT OFFICIALS, SCHOOL PERSONNEL AND OTHERS OTHER STAKEHOLDERS TO BETTER UNDERSTAND ISSUES AND CONCERNS ABOUT CRIME AND SAFETY BY JANUARY 2014 CONDUCT AT LEAST 4 FOCUS GROUPS AND DISSEMINATE DATA COLLECTED

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 REGIONAL CENTER FOR HEALTHY COMMUNITIES AT MOUNT AUBURN HOSPITAL PROVIDES TECHNICAL ASSISTANCE, FACILITATION AND CAPACITY BUILDING TO LOCAL COMMUNITY HEALTH NETWORK AREAS PARTNERS COMMUNITY MEMBERS IN CHNAS 7,15,17,18 AND 20GOALS ANNUALLY FOR CHNAS 7,15,17,18 AND 20 THE REGIONAL CENTER FOR HEALTH COMMUNITIES WILL PROVIDE TECHNICAL ASSISTANCE AND EVALUATION SUPPORT TO ACH CHNA IN ACCORDANCE WITH THE INDIVIDUAL MEMORANDUMS OF UNDERSTANDINGCONVENE AND FACILITATE AT LEAST 4 INTER-CHNA MEETINGSCONDUCT STATEWIDE WORK TO IDENTIFY INDICATORS FOR SUCCESS AND COMMON GOALS (EVALUATION FRAMEWORK) COORDINATE ALL MEETINGS FOR CHNA'S 7 AND 20TOBACCO FREE PEER LEADER DEVELOPMENT-A SOCIAL NORMS APPROACHMAH WORKS CLOSELY WITH THE ARLINGTON ENRICHMENT COLLABORATIVE (AEC), THE ARLINGTON YOUTH HEALTH AND SAFETY COALITION (AYHSC), AND ARLINGTON PUBLIC SCHOOLS TO BRING TOBACCO AWARENESS AS WELL AS EDUCATIONAL TOOLS AND MATERIALS PARTNERS ARLINGTON ENRICHMENT COLLABORATIVE, ARLINGTON YOUTH HEALTH AND SAFETY COALITION, ARLINGTON PUBLIC SCHOOLS GOALS BY JANUARY 2013 DEVELOP TOBACCO PEER LEADERSHIP PROGRAMMING MODULE FOR MIDDLE SCHOOL STUDENTS TO INCREASE POSITIVE HEALTH BEHAVIORS AND DECREASE NEGATIVE BEHAVIORS BY JANUARY 2014 EXPAND PROGRAM TO HIGH SCHOOL TO PROMOTE HEALTH POLICIES THAT SUPPORT THE HEALTHY CHOICE IS THE EASY CHOICE LETS MOVE-HEALTHY WALTHAM MAH SUPPORT THE HEALTHY WALTHAM COALITIONAND THE LETS MOVE CAMPAIGN IN WALTHAMPARTNERS HEALTHY WALTHAM GOALS MAH COMMUNITY HEALTH STAFF TO SERVE ON HEALTHY WALTHAM BOARDMAH TO SUPPORT LET'S MOVE CAMPAIGN WITH DESIGN, TRANSLATION AND PRINTING OF MATERIALS TO SUPPORT THE HEALTHY CHOICE BEING THE EASY CHOICE
REPORTS FILED WITH STATES	PART VI, LINE 7	MA

Identifier	ReturnReference	Explanation
		DRUG FREE COMMUNITIES APPLICATION WALTHAM MAH PROVIDES ASSISTANCE AND SUPPORT TO THE WALTHAM PARTNERSHIP FOR YOUTH IN THEIR APPLICATION FOR A DRUG FREE COMMUNITIES GRANT PARTNERS WALTHAM PARTNERSHIP FOR YOUTH, WAYSIDE YOUTH SERVICESGOAL SUPPORT WALTHAM IN APPLYING FOR EVIDENCED BASED DRUG FREE COMMUNITIES GRANT WHICH WILL PROMOTE THE HEALTHY CHOICE BEING THE EASY CHOICE WATERTOWN TASK FORCE MAH SOCIAL WORKERS PARTICIPATE IN TOWN WIDE TASK FORCE AIMED AT ADDRESSING SOCIAL SERVICES ISSUES INCLUDING HOARDING PARTNERS WATERTOWN DEPARTMENT OF PUBLIC HEALTH GOAL FACILITATE HEALTH POLICIES THAT SUPPORT THE HEALTHY CHOICE BEING THE EASY CHOICE FOR WATERTOWN COMMUNITY MEMBERS IN NEED OF SOCIAL SERVICES WATERTOWN FLU CLINICS AT THE REQUEST OF THE WATERTOWN DPH, MAH NURSES WILL STAFF FLU CLINICSPARTNERS WATERTOWN DEPARTMENT OF PUBLIC HEALTHGOAL FACILITATE THE CONNECTION TO INFLUENZA PREVENTION BY PROVIDE NURSES TO 9 FLU CLINICS INDIVIDUAL LEVEL PROGRAMSBRIDGE TO HEALTHCARE BRIDGE IS TARGETED TO UNINSURED/UNDERINSURED AND LIMITED ENGLISH PROFICIENCY RESIDENTS MATERIALS AND PRESENTATIONS ARE TRANSLATED INTO OTHER LANGUAGES HEALTH EDUCATION TOPICS ARE COORDINATED WITH ESOL PROGRAM DIRECTORS PARTNERS SOMERVILLE COMMUNITY ADULT EDUCATION EXPERIENCE, POWER PROGRAM, PROJECT LITERACY, WALTHAM FAMILY SCHOOL, WALTHAM ALLIANCE TO CREATE HOUSING, CAMBRIDGE LEARNING CENTER GOALS - IMMIGRANT COMMUNITY MEMBERS INCREASE UNDERSTANDING OF PREVENTION AND EARLY DETECTION OF ILLNESS - IMMIGRANT COMMUNITY MEMBERS STATE INTENT TO INCREASE POSITIVE HEALTH BEHAVIORS LISTEN AND LEARN TYPE 2 DIABETES, BREAST HEALTH, STROKE EDUCATION TO IDENTIFY AND UNDERSTAND CULTURAL BARRIERS TO PRACTICING PREVENTION AND EARLY DETECTION GUIDELINES, CREATE AND SUPPORT A LEARNING COMMUNITY COMPRISED OF IMMIGRANT COMMUNITY MEMBERS, MAH CLINICIANS TO LEARN TOGETHER ABOUT BELIEFS AND BARRIERS TO PREVENTION, AND SCREENING AMONG IMMIGRANTS PARTNERS SOMERVILLE COMMUNITY ADULT EDUCATION EXPERIENCE, POWER PROGRAM, PROJECT LITERACY, WALTHAM FAMILY SCHOOL, WALTHAM ALLIANCE TO CREATE HOUSING, CAMBRIDGE LEARNING CENTER GOALS - IMMIGRANT COMMUNITY MEMBERS INCREASE UNDERSTANDING OF PREVENTION AND EARLY DETECTION OF ILLNESS - IMMIGRANT COMMUNITY MEMBERS STATE INTENT TO INCREASE POSITIVE HEALTH BEHAVIORS PROMOTING THE HEALTH OF THE HOMELESS BRINGS BASIC HEALTH EDUCATION TO THE HOMELESS THESE ENCOUNTERS FOSTER RELATIONSHIPS WITH HEALTH CARE PROVIDERS AND IMPROVE HEALTH SEEKING BEHAVIORS PARTNERS HEADING HOME, CASPAR, SALVATION ARMY CAMBRIDGE, ON THE RISE, YWCAGOALS - HOMELESS COMMUNITY MEMBERS INCREASE UNDERSTANDING OF PREVENTION AND EARLY DETECTION OF ILLNESS - HOMELESS COMMUNITY MEMBERS STATE INTENT TO INCREASE POSITIVE HEALTH BEHAVIORS
		MY LIFE MY HEALTH TO IMPROVE THE HEALTH OF COMMUNITY MEMBERS WITH CHRONIC DISEASES, MOUNT AUBURN HOSPITAL OFFERS MY LIFE MY HEALTH AN EVIDENCED BASED PROGRAM DEVELOPED AT STANFORD UNIVERSITY PARTNERS SOMERVILLE CAMBRIDGE ELDER SERVICESGOALS IMPROVE HOPE, EMPOWERMENT AND/OR CONFIDENCE IN COMMUNITY MEMBERS WITH CHRONIC DISEASEIMPROVE HOME, EMPOWERMENT AND/OR CONFIDENCE IN COMMUNITY MEMBERS WHO CARE FOR SOMEONE WITH CHRONIC DISEASECOMMUNITY MEMBERS INCREASE POSITIVE HEALTH BEHAVIORSTRAIN MAH STAFF TO RUN STANFORD CHRONIC DISEASE SELF MANAGEMENT PROGRAM MATTER OF BALANCE TO IMPROVE THE HEALTH OF SENIORS, MOUNT AUBURN HOSPITAL OFFERS THE MATTER OF BALANCE EVIDENCED BASED PROGRAM TO SENIOR COMMUNITY MEMBERS AT RISK FOR FALLS PARTNERS SOMERVILLE CAMBRIDGE ELDER SERVICESGOALS IMPROVE HOPE, EMPOWERMENT AND/OR CONFIDENCE IN COMMUNITY MEMBERS AT RISK FOR FALLING COMMUNITY MEMBERS INCREASE POSITIVE HEALTH BEHAVIORS AIMED AT DECREASING FALLS TRAIN MAH STAFF TO RUN MATTER OF BALANCE PROGRAMSMOKING CESSATION THIS DIRECT PROGRAM PROVIDES SMOKING CESSATION EDUCATION TO THOSE IN NEED OF QUITTING GOALS DECREASE THE NUMBER OF COMMUNITY MEMBERS WHO SMOKE PROVIDE REFERRAL TO OTHER SMOKING CESSATION PROGRAMS AND QUIT WORKS TO COMMUNITY MEMBERSESTABLISH MAH AS A TOBACCO FREE ORGANIZATION BY SEPTEMBER 30, 2013BEREAVEMENT SUPPORT GROUP THIS DIRECT PROGRAM SUPPORT GROUP IS OPEN TO ANY ADULT COMMUNITY MEMBER WHO HAS EXPERIENCED THE DEATH OF SOMEONE SIGNIFICANT IN THEIR LIFE GOALS IMPROVE HOPE, EMPOWERMENT AND/OR CONFIDENCE IN COMMUNITY MEMBERS EXPERIENCING GRIEF PROVIDE BEREAVEMENT SUPPORT GROUPS FOR COMMUNITY MEMBERS SUPPORT FOR COMMUNITY MEMBERS WITH CANCER THIS DIRECT PROGRAM WORKS WITH CANCER PATIENTS TO CREATE A SENSE OF SUPPORT, CONFIDENCE, COURAGE, AND COMMUNITY AMONG CANCER PATIENTS PARTNERS AMERICAN CANCER SOCIETYGOALS IMPROVE HOPE, EMPOWERMENT AND/OR CONFIDENCE IN COMMUNITY MEMBERS EXPERIENCING CANCERHOST LOOK GOOD FEEL BETTER SESSIONS FOR COMMUNITY MEMBERSHOST BREAST CANCER SUPPORT GROUPS FOR COMMUNITY MEMBERS DIAGNOSED WITH BREAST CANCERPRENATAL SUPPORT GROUP THIS DIRECT PROGRAM PROVIDES SUPPORT FOR EXPECTANT PARENTS GOAL IMPROVE HOPE, EMPOWERMENT AND/OR CONFIDENCE IN EXPECTANT PARENTS IN-KIND SPACE FOR LOCAL ALCOHOL RECOVERY PROGRAMS PROVIDE HANDICAPPED ACCESSIBLE SPACE FOR AA AND SMART RECOVERY PROGRAMS TO MEET PARTNERS LOCAL AA AND SMART RECOVER PROGRAMSGOALS DECREASE THE NUMBER OF COMMUNITY MEMBERS WHO ABUSE SUBSTANCES PROVIDE HANDICAPPED ACCESSIBLE SPACE FOR MEETINGSOVERDOSE PREVENTION WORK WITH OPEN (OVERDOSE PREVENTION AND EDUCATION NETWORK) TO SUPPORT THEIR MISSION PARTNERS OPEN COALITIONGOALS MAH STAFF TO ATTEND OPEN MEETINGSMAH TO PROVIDE START UP FUNDS FOR LEARN TO COPE SUPPORT GROUPS FOR FAMILIES AND FRIENDS OF COMMUNITY MEMBERS STRUGGLING WITH ADDICTIONCAMBRIDGE INFORMAL CAREGIVERS OF ELDERS NEED ASSESSMENT IN PARTNERSHIP WITH LOCAL PROVIDERS OF ELDER SERVICES IN CAMBRIDGE, MAH WILL LEAD THE DEVELOPMENT AND IMPLEMENTATION OF A PILOT NEEDS ASSESSMENT OF INFORMAL CAREGIVER OF ELDERS PARTNERS CAMBRIDGE HEALTH ALLIANCE, CAMBRIDGE COUNCIL ON AGING, WINDSOR HOUSE,PAINE SENIOR SERVICES, SOMERVILLE CAMBRIDGE ELDER SERVICESGOALS BY JANUARY 2013DOCUMENT THE NEEDS AND BARRIERS EXPRESSED BY CAMBRIDGE CAREGIVERS DOCUMENT THE NEEDS AND BARRIERS EXPRESSED BY CLINICIANS WHO CARE FOR CAMBRIDGE CAREGIVERS SHARE THE FINDINGS WITH THOSE INVOLVED AND WITH THOSE AFFECTED BY THE RECOMMENDATIONSELDER CARDIOVASCULAR HEALTH MAH NURSES REACH OUT TO ELDERS IN THE COMMUNITY AND PROVIDE BLOOD PRESSURE SCREENING AND STROKE EDUCATION PARTNERS WALTHAM COUNCIL ON AGING, BELMONT COUNCIL ON AGING, WATERTOWN COUNCIL ON AGINGGOALS INCREASE POSITIVE HEALTH BEHAVIORS TO REDUCE STROKE AND ACCESS CARE EMERGENTLY FOR ANY SIGNS AND SYMPTOMS OF STROKE PROVIDE BLOOD PRESSURE CLINICS TO UNDERSERVED ELDERS TO INCREASE UNDERSTANDING OF PREVENTION AND EARLY DETECTION OF STROKE, AND CARDIOVASCULAR DISEASE COMMUNITY EDUCATION FORUMS IN THIS DIRECT PROGRAM MAH CLINICIANS PROVIDE FREE EDUCATIONAL FORUMS TO COMMUNITY MEMBERS GOAL COMMUNITY MEMBERS WILL ARTICULATE INCREASED UNDERSTANDING OF PREVENTION AND EARLY DETECTION OF ILLNESSADDRESSING HUNGER IN AN EFFORT TO ADDRESS HUNGER THIS PROGRAM CONDUCTS FOOD DRIVES AND PROVIDES OPPORTUNITIES FOR SNAP ENROLLMENT TO IMPROVE NUTRITIONAL STATUS IN VULNERABLE POPULATIONS PARTNERS SALVATION ARMY, SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAMGOALS TO FACILITATE CONNECTION TO SERVICES, MAH FINANCIAL COUNSELORS TO ENROLL COMMUNITY MEMBERS IN SNAP CONDUCT 2 FOOD DRIVES ANNUALLY MEDICAL HOUSE CALLS TO HOMEBOUND SENIORS IN RESPONSE TO A WORKING GROUP CONSISTING OF HOMECARE PROVIDERS, HOME BOUND ELDERS AND THEIR FAMILIES, AND GERIATRICIANS, THIS PROGRAM ADDRESSES BARRIERS TO HEALTH CARE BY TAKING GERIATRICIANS OUT OF THE OFFICE TO CARE FOR VULNERABLE ELDERS IN THEIR OWN HOMES GOAL FACILITATE CONNECTION TO HEALTH CARE BY PROVIDING AT LEAST 500 MEDICAL VISITS TO HOMEBOUND SENIORS LACK OF TRANSPORTATION THIS DIRECT PROGRAM EXPLORES WAYS TO ADDRESS TRANSPORTATION WHEN IT IS A BARRIER TO MEDICAL CAREPARTNERS SOMERVILLE CAMBRIDGE MEDFORD COMMUNITY TRANSPORTATIONGOAL FACILITATE CONNECTION TO HEALTH CARE BY PROVIDING TRANSPORTATION WHEN IT IS A BARRIER TO MEDICAL CAREMIDWIFERY PROGRAM AT JOSEPH M SMITH COMMUNITY HEALTH CENTER THIS PROGRAM IMPROVES BIRTH OUTCOMES FOR IMMIGRANT WOMEN BY IMPROVING ACCESS TO PERINATAL CARE PARTNERS JOSEPH M SMITH COMMUNITY HEALTH CENTERGOALS FACILITATE CONNECTION TO HEALTH CARE BY IMPROVING ACCESS TO PERI-NATAL CARE INCREASE HOPE, EMPOWERMENT AND/OR CONFIDENCE BY PROVIDING DOULAS TO AT LEAST 50 LATINAS DURING CHILDBIRTH PROVIDE SUPPORT STAFF TO MIDWIFERY PROGRAM ONSITE AT JOSEPH M SMITH COMMUNITY HEALTH CENTER FINANCIAL COUNSELORS AT JOSEPH M SMITH COMMUNITY HEALTH CENTER PROVIDES FINANCIAL COUNSELORS TO AUGMENT HEALTH CARE CENTER STAFF PARTNERS JOSEPH M SMITH COMMUNITY HEALTH CENTERGOALS FACILITATE CONNECTION TO HEALTH INSURANCE BY PROVIDING 2 FTES OF FINANCIAL COUNSELORS AT JMSCHC THE BARRON CENTER FOR MEN'S HEALTH PROVIDES UROLOGICAL HEALTH SERVICES TO MEN WHO OTHERWISE WOULD NOT HAVE ACCESS TO THESE SERVICES PARTNERS JOSEPH M SMITH COMMUNITY HEALTH CENTERGOALS FACILITATE CONNECTION TO UROLOGICAL CARE FOR AT LEAST 50 UNDERSERVED MEN FROMJOSEPH M SMITH COMMUNITY HEALTH CENTER BY PROVIDING AT LEAST 10 UROLOGY CLINICS SAFE BEDS WOMEN WHO ARE VICTIMS OF DOMESTIC VIOLENCE ARE PROVIDED SHELTER AT MAH WHILE AWAITING MORE PERMANENT SERVICES PARTNERS CAMBRIDGE POLICE DEPARTMENTGOAL FACILITATE CONNECTION TO SAFE CARE FOR WOMEN AND THEIR DEPENDENTS WHO ARE VICTIMS OF DOMESTIC VIOLENCE ROOMING IN WHEN ELDERS ARE UNABLE TO STAY AT HOME BECAUSE THEIR CAREGIVER HAS BEEN ADMITTED TO THE HOSPITAL, THIS DIRECT MAH PROGRAM PROVIDES SHORT TERM ACCOMMODATIONS GOAL FACILITATE CONNECTION TO CARE FOR ELDERS WHO ARE AT RISK BECAUSE THEIR CAREGIVER IS ADMITTED TO THE HOSPITAL EMERGENCY RESPONSE SYSTEMS THIS PROGRAM PROVIDES EMERGENCY RESPONSE SERVICES TO UNDERSERVED ELDERS AND DISABLED ADULTS PARTNERS SOMERVILLE CAMBRIDGE ELDER SERVICES, SPRINGWELLGOAL FACILITATE CONNECTION TO EMERGENCY SERVICES FOR UNDERSERVED ELDERS AND DISABLE ADULTS BY PROVIDING SERVICES BELOW COSTS

Identifier	ReturnReference	Explanation
	FORM 990 SCHEDULE H PART VI SUPPLEMENTAL INFORMATION	MOUNT AUBURN HOSPITAL - COMMUNITY INFORMATIONTOWNS SERVED BY MOUNT AUBURN HOSPITAL'S COMMUNITY BENEFITS ARE DETERMINED BY PROXIMITY TO THE HOSPITAL AND AN EVALUATION OF DISCHARGE DATA THE FOLLOWING MASSACHUSETTS CITIES AND TOWNS ARE THE FOCUS OF THE COMMUNITY BENEFITS ASSESSMENT AND PROGRAMS - ARLINGTON - BOSTON'S ALLSTON AREA- BELMONT - CAMBRIDGE - LEXINGTON - MEDFORD - SOMERVILLE - WALTHAM - WATERTOWN MOUNT AUBURN HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA ENCOMPASSES 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 MOUNT AUBURN HOSPITAL - COMMUNITY BUILDING ACTIVITIESMOUNT 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 CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS - 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 FOUR APPROVED RESIDENCY PROGRAMS WITH APPROXIMATELY 42 INTERNAL MEDICINE RESIDENTS, APPROXIMATELY 12 RADIOLOGY RESIDENTS, AND NEWLY INITIATED PODIATRY AND PHARMACY PRACTICE RESIDENCY PROGRAM WITH 6 AND 2 RESIDENTS ENROLLED RESPECTIVELY DURING 2013 STAFF PHYSICIANS AT MAH WHO HOLD FACULTY APPOINTMENTS AT HARVARD MEDICAL SCHOOL INSTRUCT THE DOCTORS OF TOMOROW 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 TRACK OF 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 PROTOCOLLING AND INTERPRETATION OF PATIENT EXAMINATIONS, AND TO PARTICIPATE IN DISCUSSIONS CONCERNING DIAGNOSTIC PROBLEMS RESIDENTS ADVANCE TO INCREASED LEVELS OF RESPONSIBILITY, AND UPON 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 MASSACHUSETTS GENERAL HOSPITAL) - PEDIATRIC RADIOLOGY (2ND YEAR, 3 MONTHS PERFORMED AT BOSTON CHILDREN'S HOSPITAL) - ARMED FORCES INSTITUTE OF PATHOLOGY (3RD YEAR, 4 WEEK COURSE, WASHINGTON, D C) - ROTATIONS IN CARDIAC RADIOLOGY AND CAROTID ULTRASOUND ARE ALSO INCLUDED IN CONJUNCTION WITH THE DEPARTMENTS OF CARDIOLOGY AND VASCULAR SURGERY - ONE MONTH OF RESEARCH OR OTHER SCHOLARLY ACTIVITY DURING THE THIRD YEAR - THREE MONTHS OF THE 4TH YEAR IS SET ASIDE FOR AN ELECTIVE, ALLOWING THE RESIDENT TO DEVELOP IN-DEPTH KNOWLEDGE IN A SPECIFIC AREA OF INTEREST THREE RESIDENTS ARE CHOSEN EACH YEAR FOR A FOUR-YEAR PROGRAM AND APPOINTED AS CLINICAL FELLOWS AT HARVARD MEDICAL SCHOOL THE RATIO OF STAFF RADIOLOGISTS TO RESIDENTS RESULTS IN CLOSE CONTACT BETWEEN THE STAFF AND RESIDENTS THROUGHOUT THE TRAINING PROGRAM AFTER THE RESIDENT HAS OBTAINED THE NECESSARY FIRM FOUNDATIONS IN THE FUNDAMENTALS OF RADIOLOGY, HE OR SHE IS ENCOURAGED TO TAKE INCREASING RESPONSIBILITY IN BOTH ROUTINE AND SPECIALIZED EXAMINATIONS AND PROCEDURES THE MAJORITY OF OUR RESIDENTS PURSUE SUBSPECIALTY FELLOWSHIP TRAINING HOWEVER, THE GOAL OF THE RADIOLOGY RESIDENCY PROGRAM IS TO TRAIN RESIDENTS TO BE FULLY QUALIFIED IN DIAGNOSTIC RADIOLOGY AND SPECIAL PROCEDURES BY THE TIME THEY HAVE COMPLETED THE FOUR-YEAR PROGRAM GRADUATES HAVE PURSUED CAREERS IN ACADEMIA AND PRIVATE PRACTICE DURING THE FISCAL YEAR COVERED BY THIS FILING, MAH HAD NET EXPENDITURES OF $343,029 REPORTED ON THIS SCHEDULE H RELATED TO MAH'S TEACHING FUNCTION
	FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS - RESEARCH	MOUNT AUBURN HOSPITAL PARTICIPATES IN THE EASTERN COOPERATIVE ONCOLOGY GROUP (ECOG), WHICH IS A LARGE NETWORK OF RESEARCHERS, PHYSICIANS, AND HEALTH CARE PROFESSIONALS AT PUBLIC AND PRIVATE INSTITUTIONS ACROSS THE COUNTRY INVOLVED IN ONCOLOGY CLINICAL RESEARCH, AND FUNDED PRIMARILY BY THE NATIONAL CANCER INSTITUTE (NCI) PARTICIPATING ENTITIES WORK TOWARD THE COMMON GOAL OF CONTROLLING, EFFECTIVELY TREATING, AND ULTIMATELY CURING CANCER RESEARCH RESULTS ARE PROVIED TO THE WORLD-WIDE MEDICAL COMMUNITY THROUGH SCIENTIFIC PUBLICATIONS AND PROFESSIONAL MEETINGS DURING THE FISCAL YEAR COVERED BY THIS FILING, THE HOSPITAL PROVIDED ONCOLOGY NURSING SUPPORT DIRECTED TOWARD THIS RESEARCH IN ADDITION, DURING THE PERIOD COVERED BY THIS FILING, THE HOSPITAL ENGAGED IN DISPARITIES RESEARCH, FOCUSED ON ASSESSING THE NEEDS OF CAREGIVERS OF ELDERS IN CAMBRIDGE RESEARCH RESULTS WERE SHARED BROADLY WITH THE COMMUNITY DURING THE FISCAL YEAR COVERED BY THIS FILING, MAH HAD NET EXPENDITURES OF $24,328 REPORTED ON THIS SCHEDULE H RELATED TO RESEARCH MOUNT AUBURN HOSPITAL- ADDITIONAL INFORMATION REGARDING PROMOTING THE HEALTH OF THE COMMUNITYMOUNT 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 MOUNT AUBURN HOSPITAL - AFFILIATED HEALTH CARE SYSTEMAS 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 COMMUNITY HEALTH NEEDS NOT ADDRESSED IN THE IMPLEMENTATION PLANSCHEDULE H, PART V, SECTION B, QUESTION 7AFTER CAREFULLY REVIEWING THE ASSESSMENT MAH HAS CHOSEN TO FOCUS ON AREAS THAT WERE PRIORITIZE IN CONJUNCTION WITH COMMUNITY MEMBERS USING THE AFOREMENTIONED METHODS AND CAN BE ACHIEVED WITH OUR RESOURCES PARTICULAR EMPHASIS HAS BEEN PUT ON NEEDS IDENTIFIED THROUGH COMMUNITY HEALTH NETWORK AREA 17 MAH IS ALSO AWARE OF THE STRENGTHS OF THE OTHER HOSPITAL IN CAMBRIDGE HEALTH ALLIANCE AND THE SERVICES IT OFFERS COMMUNITY MEMBERS AS WELL AS THE STRENGTHS OF THE MANY LOCAL COMMUNITY BASED ORGANIZATIONS AT A CHNA 17 GENERAL MEETING SOME COMMUNITY MEMBERS VOICED THEIR CONCERN OVER THE HEALTH TOPICS NOT CHOSEN FOR INTERVENTION THEY AREAS NOT CHOSEN WERE - SENIOR ACCESS TO SERVICES - CHRONIC HEALTH CONDITIONS - IMMIGRANT ACCESS TO SERVICES - HOMELESSNESS AFFORDABLE HOUSING - DOMESTIC VIOLENCE - SUBSTANCE ABUSE ADULTS - POVERTY/ HUNGER ACCESS TO FOOD - SEXUAL HEALTH - GENERAL POPULATION ACCESS TO SERVICES MAH WORKED WITH THE CHNA 17 STEERING COMMITTEE TO DESIGNATE FUNDS TO SUPPORT ANNUAL MINI-GRANTS AIMED AT PROVIDING RESOURCES FOR THOSE TOPICS NOT CHOSEN AS PRIORITY HEALTH INITIATIVES SOME OF THE HEALTH NEEDS NOT PRIORITIZED BY CHNA 17 HAVE BEEN ADDRESSED IN THE BROADER MAH PLAN A REVIEW OF ALL THE HEALTH INDICATIONS AND THE PROGRAMS AIMED AT ADDRESSING THE INDICATORS IS BELOW SEXUAL HEALTH IS NOT DIRECTLY ADDRESSED IN MAH'S COMMUNITY BENEFIT PLAN THERE ARE A NUMBER OF ORGANIZATIONS IN THE AREA THAT DO ADDRESS SEXUAL HEALTH IN ADDITION, EACH YEAR CHNA 17 MINIGRANTS ARE AVAILABLE FOR ANY HEALTH AREA FORMALLY ADDRESSED IN THE COMMUNITY BENEFIT PLAN

Identifier	ReturnReference	Explanation
	PART VI, LINE 2 CONTINUATION	MOUNT AUBURN HOSPITAL HAS NO ROLE IN THE DETERMINATION OF PROGRAM ELIGIBILITY MADE BY THE COMMONWEALTH, BUT AT THE PATIENTS REQUEST MAY TAKE A DIRECT ROLE IN APPEALING OR SEEKING INFORMATION RELATED TO THE COVERAGE DECISIONS IT IS STILL THE PATIENTS RESPONSIBILITY TO INFORM THE HOSPITAL OF ALL COVERAGE DECISIONS MADE BY THE COMMONWEALTH TO ENSURE ACCURATE AND TIMELY ADJUDICATION OF ALL HOSPITAL BILLS IN ADDITION, THE HOSPITALS POLICY PROVIDES FOR INDIVIDUALS WHO ARE UNABLE TO AFFORD THEIR CARE BECAUSE OF MEDICAL HARDSHIP AND PROVIDES FOR FEES BASED ON A SLIDING SCALE RELATIVE TO PERCENTAGES OF THE FEDERAL POVERTY GUIDELINES (SCHEDULE H, PART V, SECTION B, QUESTION 20D) IN ADDITION, ALL HOSPITAL PATIENTS WHO PRESENT WITHOUT PRIVATE INSURANCE ARE SCREENED FOR PRIOR HSN ELIGIBILITY AND/OR FINANCIAL ASSISTANCE BEFORE ANY BILLS ARE SENT TO THE PATIENT AND ONCE THE HOSPITAL BECOMES AWARE OF A PATIENTS HSN OR FINANCIAL ELIGIBILITY STATUS, ALL INVOICES ARE ADJUSTED ACCORDINGLY (SCHEDULE H, PART V, SECTION B, QUESTIONS 21 AND 22)

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MACIPA 1380 SOLDIERS FIELD ROAD BRIGHTON, MA 02135	04-2898888		937,500				FUNDING FOR ELECTRONIC MEDICAL RECORDS FOR COMMUNITY PHYSICIANS

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 . . . . . ▶ 1

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. Part III can be duplicated 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, Part III, column (b), and any other additional information

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
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**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ 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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 4B	AS PREVIOUSLY NOTED, CAREGROUP, INC (CAREGROUP) IS THE SOLE MEMBER OF MOUNT AUBURN HOSPITAL DURING THE PERIOD COVERED BY THIS FILING, THE CEO OF MAH/MAPS WAS PAID BY CAREGROUP WHICH IS A PARTICIPATING EMPLOYER IN THE CAREGROUP ANNUITY RETIREMENT PLAN (ARP) UNDER THE DEFINITIONS TO THIS FORM 990, THE ARP IS CONSIDERED A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PARTICIPANTS RECEIVE BOTH CURRENTLY TAXABLE AND DEFERRED BENEFITS FROM THIS PLAN AND ADDITIONAL INFORMATION IS INCLUDED WITH THE EXPLANATORY NOTES TO SCHEDULE J BELOW
	PART I, LINE 7	THE PRESIDENT, VICE PRESIDENTS, DEPARTMENT CHAIRS AND OTHER SENIOR MANAGEMENT ARE ELIGIBLE TO RECEIVE ANNUAL INCENTIVE COMPENSATION PAYMENTS BASED ON COMPARISON OF ACTUAL ACCOMPLISHMENTS WITH PRE-DETERMINED GOALS
SUPPLEMENTAL INFORMATION	PART III	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, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION CALANO, DANIEL V TRUSTEE - MOUNT AUBURN HOSPITAL MR CALANO DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION CANEPA, JOHN J TRUSTEE AND BOARD VICE-CHAIR - MOUNT AUBURN HOSPITAL MR CANEPA DEVOTES, ON AVERAGE, 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION CLOUGH, JEANETTE G TRUSTEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER - MOUNT AUBURN HOSPITAL TRUSTEE, PRESIDENT AND 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 AND 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 COUGH 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 442,649 INCENTIVE COMPENSATION 358,805 OTHER REPORTABLE COMPENSATION 73,748 DEFERRED COMPENSATION 734,825 NON-TAXABLE BENEFITS 17,577 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 78,114 INCENTIVE COMPENSATION 63,319 OTHER REPORTABLE COMPENSATION 13,014 DEFERRED COMPENSATION 129,675 NON-TAXABLE BENEFITS 3,102 INCENTIVE COMPENSATION REPORTED FOR THE 2012 CALENDAR YEAR INCLUDES 1) PAYMENTS IN 2012 PURSUANT TO A LONG TERM INCENTIVE PLAN RELATED TO MOUNT AUBURN HOSPITALS FISCAL YEAR ENDED SEPTEMBER 30, 2011 IN THE AMOUNT OF $219,562 AND 2) A PAYMENT PURSUANT TO AN ANNUAL INCENTIVE PLAN RELATED TO THE FISCAL YEAR ENDED SEPTEMBER 30, 2011 IN THE AMOUNT OF $201,544 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 2012 CALENDAR YEAR INCLUDES AN ACTUARIAL CHANGE IN THE PROJECTED BENEFIT OBLIGATION OF MS CLOUGHS SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) OF $402,000 THE SERP DOES NOT VEST UNTIL MS CLOUGH REACHES AGE 62 DEFERRED COMPENSATION REPORTED FOR THE 2012 CALENDAR YEAR ALSO INCLUDES TWO INCENTIVE PAYMENTS RELATED TO THE SERVICES MS CLOUGH PERFORMED DURING MOUNT AUBURNS FISCAL YEAR ENDED SEPTEMBER 30, 2012 BUT WHICH WERE NOT PAID TO MS CLOUGH UNTIL AFTER DECEMBER 31, 2012 -- ONE IN THE AMOUNT OF $225,000 RELATED TO AN ANNUAL INCENTIVE PLAN, AND ANOTHER FOR $225,000 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 $59,375 ADDITIONALLY, OTHER REPORTABLE COMPENSATION IN THE AMOUNT OF $18,018 WAS REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990, AS REQUIRED GORDON, LISA TRUSTEE - MOUNT AUBURN HOSPITAL MS GORDON DEVOTES, ON AVERAGE, 1 HOUR 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 316,649 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 9,891 DEFERRED COMPENSATION 20,000 NON-TAXABLE BENEFITS 29,307 PAYMENTS REPORTED BY BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION BASE COMPENSATION 500 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 0 HOGAN, IV, WILLIAM M TRUSTEE - MOUNT AUBURN HOSPITAL MR HOGAN DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION KANEB, CHRISTOPHER TRUSTEE - MOUNT AUBURN HOSPITAL MR KANEB DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION KETTYLE, M D , WILLIAM TRUSTEE - MOUNT AUBURN HOSPITAL MEMBER, AFFILIATED FACULTY - HARVARD-MIT DIVISION OF HEALTH SCIENCES AND TECHNOLOGY DR KETTYLE DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION KIM, KIJA TRUSTEE - MOUNT AUBURN HOSPITAL MS KIM DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION LUCCHINO, DAVID L TRUSTEE - MOUNT AUBURN HOSPITAL TRUSTEE - MOUNT AUBURN PROFESSIONAL SERVICES MR LUCCHINO DEVOTES, ON AVERAGE, A COMBINED 2 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, OTOLOGY AND LARYNGOLOGY HARVARD MEDICAL SCHOOL DR MAMBRINO DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION MASSARO, GEORGE TRUSTEE - MOUNT AUBURN HOSPITAL MR MASSARO DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION PALANDJIAN, LEON TRUSTEE AND TREASURER - MOUNT AUBURN HOSPITAL MR PALANDJIAN DEVOTES, ON AVERAGE, 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION RAFFERTY, JAMES J TRUSTEE AND CLERK - MOUNT AUBURN HOSPITAL MR RAFFERTY DEVOTES, ON AVERAGE, 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION REARDON, GERALD TRUSTEE MOUNT AUBURN HOSPITAL MR REARDON DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION ROLLER, JOSEPH TRUSTEE AND VICE CHAIR - MOUNT AUBURN HOSPITAL MR ROLLER DEVOTES, ON AVERAGE, 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION SAAL, M D , A KIM TRUSTEE - MOUNT AUBURN HOSPITAL CHIEF, DIVISION OF CARDIOLOGY - MOUNT AUBURN HOSPITAL DIRECTOR - CAREGROUP, INC INSTRUCTOR IN MEDICINE - HARVARD MEDICAL SCHOOL DR SAAL'S TERM ON THE MAH BOARD BEGAN JANUARY 2013 DR SAAL DEVOTES, ON AVERAGE, A COMBINED 11 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 68,125 AS REQUIRED BY THIS FORM 990, COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2012 CALENDAR YEAR INCLUDES $68,125 PAID TO DR SAAL BY MOUNT AUBURN CARDIOLOGY ASSOCIATES AND RELATED TO DR SAAL'S POSITION AS CHIEF OF THE DIVISION OF CARDIOLOGY AT MOUNT AUBURN HOSPITAL SHACHOY, CHRISTOPHER TRUSTEE (EX-OFFICIO) - MOUNT AUBURN HOSPITAL MR SHACHOY DEVOTES, ON AVERAGE, 1 HOUR 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, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION 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, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 23,296 AS REQUIRED BY THIS FORM 990, COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2012 CALENDAR YEAR INCLUDES $23,296 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 6 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE
SUPPLEMENTAL INFORMATION	PART III	SMERLAS, DONNA TRUSTEE (EX-OFFICIO) - MOUNT AUBURN HOSPITAL MS SMERLAS DEVOTES, ON AVERAGE, 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION STEVENSON, HOWARD H TRUSTEE - MOUNT AUBURN HOSPITAL TRUSTEE - MOUNT AUBURN PROFESSIONAL SERVICES DIRECTOR (EX-OFFICIO) - CAREGROUP, INC MR STEVENSON DEVOTES, ON AVERAGE, A COMBINED 3 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, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION WAGNER, III, HERBERT S TRUSTEE - MOUNT AUBURN HOSPITAL MR WAGNER DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION WILSON, WILLIAM TRUSTEE - MOUNT AUBURN HOSPITAL MR WILSON DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION DILESO, NICHOLAS CHIEF OPERATING OFFICER - MOUNT AUBURN HOSPITAL MR DILESO DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 337,100 INCENTIVE COMPENSATION 88,754 OTHER REPORTABLE COMPENSATION 39,938 DEFERRED COMPENSATION 365,227 NON-TAXABLE BENEFITS 23,927 AS REQUIRED BY THIS FORM 990, BONUS AND INCENTIVE COMPENSATION FOR THE 2012 CALENDAR YEAR IN THE AMOUNT OF $88,754 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2012 CALENDAR YEAR INCLUDES AN ACTUARIAL CHANGE IN THE PROJECTED BENEFIT OBLIGATION OF MR DILESO'S SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) OF $254,700 THE SERP DOES NOT VEST UNTIL MR DILESO REACHES AGE 60 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2012 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF $90,527 RELATED TO MR DILESO'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2012, BUT NOT PAID TO MR DILESO UNTIL AFTER DECEMBER 31, 2012 SULLIVAN, WILLIAM VICE PRESIDENT AND CHIEF FINANCIAL OFFICER - MOUNT AUBURN HOSPITAL VICE PRESIDENT FINANCE AND 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 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 236,755 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 1,189 DEFERRED COMPENSATION 71,316 NON-TAXABLE BENEFITS 19,658 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 41,780 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 210 DEFERRED COMPENSATION 12,585 NON-TAXABLE BENEFITS 3,469 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2012 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF $71,401 RELATED TO MR SULLIVAN'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2012, BUT NOT PAID TO MR SULLIVAN UNTIL AFTER DECEMBER 31, 2012 ABOOKIRE, M D , SUSAN CHAIR OF QUALITY AND 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 259,028 INCENTIVE COMPENSATION 55,424 OTHER REPORTABLE COMPENSATION 34,360 DEFERRED COMPENSATION 76,097 NON-TAXABLE BENEFITS 23,127 AS REQUIRED BY THIS FORM 990, BONUS AND INCENTIVE COMPENSATION FOR THE 2012 CALENDAR YEAR IN THE AMOUNT OF $55,424 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2012 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF $63,597 RELATED TO DR ABOOKIRE'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2012, BUT NOT PAID TO DR ABOOKIRE UNTIL AFTER DECEMBER 31, 2012 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 237,613 INCENTIVE COMPENSATION 43,187 OTHER REPORTABLE COMPENSATION 1,437 DEFERRED COMPENSATION 61,447 NON-TAXABLE BENEFITS 23,127 AS REQUIRED BY THIS FORM 990, BONUS AND INCENTIVE COMPENSATION FOR THE 2012 CALENDAR YEAR IN THE AMOUNT OF $43,187 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2012 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF $48,947 RELATED TO MS BAKER'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2012, BUT NOT PAID TO MS BAKER UNTIL AFTER DECEMBER 31, 2012 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 189,873 INCENTIVE COMPENSATION 42,717 OTHER REPORTABLE COMPENSATION 2,326 DEFERRED COMPENSATION 46,590 NON-TAXABLE BENEFITS 24,227 AS REQUIRED BY THIS FORM 990, BONUS AND INCENTIVE COMPENSATION FOR THE 2012 CALENDAR YEAR IN THE AMOUNT OF $42,717 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2012 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF $29,709 RELATED TO MR BRIDGEMAN'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2012, BUT NOT PAID TO MR BRIDGEMAN UNTIL AFTER DECEMBER 31, 2012 BURKE, KATHRYN VICE PRESIDENT CONTRACTING AND 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 264,306 INCENTIVE COMPENSATION 60,580 OTHER REPORTABLE COMPENSATION 2,528 DEFERRED COMPENSATION 80,350 NON-TAXABLE BENEFITS 22,681 AS REQUIRED BY THIS FORM 990, BONUS AND INCENTIVE COMPENSATION FOR THE 2012 CALENDAR YEAR IN THE AMOUNT OF $60,580 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2012 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF $67,850 RELATED TO MS BURKE'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2011, BUT NOT PAID TO MS BURKE UNTIL AFTER DECEMBER 31, 2012
SUPPLEMENTAL INFORMATION	PART III	HUANG, M D , EDWIN CHAIR, DEPARTMENT OF OBSTETRICS AND GYNECOLOGY - MOUNT AUBURN HOSPITAL CHAIR, DEPARTMENT OF OBSTETRICS AND GYNECOLOGY - MOUNT AUBURN PROFESSIONAL SERVICES ASSISTANT CLINICAL PROFESSOR OF OBSTETRICS, GYNECOLOGY AND REPRODUCTIVE BIOLOGY - HARVARD MEDICAL SCHOOL DR HUANG DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE DR HUANG PERFORMS SERVICES FOR BOTH MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES AS REQUIRED BY THIS FORM 990, ALTHOUGH DR HUANG IS PAID DIRECTLY BY MOUNT AUBURN HOSPITAL, THE PORTION OF DR HUANG'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 230,620 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 1,000 DEFERRED COMPENSATION 19,200 NON-TAXABLE BENEFITS 14,510 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 153,746 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 666 DEFERRED COMPENSATION 12,800 NON-TAXABLE BENEFITS 9,674 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES FOR THE 2012 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $32,000 RELATED TO DR HUANG'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2012, BUT NOT PAID TO DR HUANG UNTIL AFTER DECEMBER 31, 2012 O'CONNELL, MICHAEL L VICE PRESIDENT PLANNING AND 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 185,736 INCENTIVE COMPENSATION 46,632 OTHER REPORTABLE COMPENSATION 42,033 DEFERRED COMPENSATION 67,563 NON-TAXABLE BENEFITS 24,687 AS REQUIRED BY THIS FORM 990, BONUS AND INCENTIVE COMPENSATION FOR THE 2012 CALENDAR YEAR IN THE AMOUNT OF $46,632 WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2012 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF $47,563 RELATED TO MR O'CONNELL'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2012, BUT NOT PAID TO MR O'CONNELL UNTIL AFTER DECEMBER 31, 2012 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 10,270 INCENTIVE COMPENSATION 10,041 OTHER REPORTABLE COMPENSATION 47 DEFERRED COMPENSATION 875 NON-TAXABLE BENEFITS 1,226 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 195,140 INCENTIVE COMPENSATION 190,778 OTHER REPORTABLE COMPENSATION 883 DEFERRED COMPENSATION 16,625 NON-TAXABLE BENEFITS 23,298 AS REQUIRED BY THIS FORM 990, BONUS AND INCENTIVE COMPENSATION FOR THE 2012 CALENDAR YEAR IN THE AMOUNT OF $104,504 WAS 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 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 56,594 INCENTIVE COMPENSATION 28,762 OTHER REPORTABLE COMPENSATION 551 DEFERRED COMPENSATION 37,706 NON-TAXABLE BENEFITS 6,885 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 145,527 INCENTIVE COMPENSATION 73,959 OTHER REPORTABLE COMPENSATION 1,418 DEFERRED COMPENSATION 96,958 NON-TAXABLE BENEFITS 17,703 AS REQUIRED BY THIS FORM 990, BONUS AND INCENTIVE COMPENSATION FOR THE 2012 CALENDAR YEAR IN THE AMOUNT OF $102,721 WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES FOR THE 2012 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $114,664 RELATED TO DR MOYER'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2012, BUT NOT PAID TO DR MOYER UNTIL AFTER DECEMBER 31, 2012 ROSENBLATT, M D , PETER UROGYNECOLOGIC AND RECONSTRUCTIVE SURGEON MOUNT AUBURN PROFESSIONAL SERVICES ASSISTANT PROFESSOR OF OBSTETRICS, GYNECOLOGY AND REPRODUCTIVE BIOLOGY -HARVARD MEDICAL SCHOOL DR ROSENBLATT DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE DR ROSENBLATT PERFORMS SERVICES FOR BOTH MOUNT AUBURN HOSPITAL IN CLINICAL RESIDENT INSTRUCTION AS WELL AS HIS SERVICES FOR AND MOUNT AUBURN PROFESSIONAL SERVICES AS REQUIRED BY THIS FORM 990, ALTHOUGH DR ROSENBLATT IS PAID DIRECTLY BY MOUNT AUBURN PROFESSIONAL SERVICES, THE PORTION OF DR ROSENBLATT'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 49,158 INCENTIVE COMPENSATION 5,538 OTHER REPORTABLE COMPENSATION 204 DEFERRED COMPENSATION 1,750 NON-TAXABLE BENEFITS 2,513 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 442,418 INCENTIVE COMPENSATION 49,845 OTHER REPORTABLE COMPENSATION 1,836 DEFERRED COMPENSATION 15,750 NON-TAXABLE BENEFITS 22,614
SUPPLEMENTAL INFORMATION	PART III	SCHIFFMAN, M D , ROBERT CHIEF, DIVISION OF PULMONARY MEDICINE - MOUNT AUBURN HOSPITAL PULMONOLOGIST - 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 28,656 INCENTIVE COMPENSATION 11,249 OTHER REPORTABLE COMPENSATION 685 DEFERRED COMPENSATION 2,250 NON-TAXABLE BENEFITS 971 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 257,906 INCENTIVE COMPENSATION 101,242 OTHER REPORTABLE COMPENSATION 6,165 DEFERRED COMPENSATION 20,250 NON-TAXABLE BENEFITS 8,741 AS REQUIRED BY THIS FORM 990, BONUS AND INCENTIVE COMPENSATION FOR THE 2012 CALENDAR YEAR IN THE AMOUNT OF $34,397 WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 SETNIK, M D , GARY S CHAIR, DEPARTMENT OF EMERGENCY MEDICINE - MOUNT AUBURN HOSPITAL CHAIR, DEPARTMENT OF EMERGENCY MEDICINE - 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 PROFESSIONAL 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 186,473 INCENTIVE COMPENSATION 41,625 OTHER REPORTABLE COMPENSATION 4,348 DEFERRED COMPENSATION 29,100 NON-TAXABLE BENEFITS 12,953 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 124,316 INCENTIVE COMPENSATION 27,750 OTHER REPORTABLE COMPENSATION 2,899 DEFERRED COMPENSATION 19,400 NON-TAXABLE BENEFITS 8,635 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES FOR THE 2012 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $13,500 RELATED TO DR SETNIK'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2012, BUT NOT PAID TO DR SETNIK UNTIL AFTER DECEMBER 31, 2012 AS REQUIRED BY THIS FORM 990, BONUS AND INCENTIVE COMPENSATION FOR THE 2012 CALENDAR YEAR IN THE AMOUNT OF $16,875 WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 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 281,922 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 2,644 DEFERRED COMPENSATION 75,320 NON-TAXABLE BENEFITS 23,446 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 70,481 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 661 DEFERRED COMPENSATION 18,830 NON-TAXABLE BENEFITS 5,861 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES FOR THE 2012 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $76,650 RELATED TO DR NAUTA'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2012, BUT NOT PAID TO DR NAUTA UNTIL AFTER DECEMBER 31, 2012 ZINNER, M D , STEPHEN FORMER TRUSTEE - MOUNT AUBURN HOSPITAL 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 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 364,930 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 8,027 DEFERRED COMPENSATION 14,875 NON-TAXABLE BENEFITS 9,352 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 64,399 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 1,417 DEFERRED COMPENSATION 2,625 NON-TAXABLE BENEFITS 1,650

Additional Data

Return to Form

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CLOUGH JEANETTE G	(I)	442,649	358,805	73,748	734,825	17,577	1,627,604	0
	(II)	78,114	63,319	13,014	129,675	3,102	287,224	0
HATEM MD CHARLES J	(I)	316,649	0	9,891	20,000	29,307	375,847	0
	(II)	500	0	0	0	0	500	0
DIIESO NICHOLAS	(I)	337,100	88,754	39,938	365,227	23,927	854,946	0
	(II)	0	0	0	0	0	0	0
SULLIVAN WILLIAM	(I)	236,755	0	1,189	71,316	19,658	328,918	0
	(II)	41,780	0	210	12,585	3,469	58,044	0
HUANG MD EDWIN	(I)	230,620	0	1,000	19,200	14,510	265,330	0
	(II)	153,746	0	666	12,800	9,674	176,886	0
ABOOKIRE MD SUSAN	(I)	259,028	55,424	34,360	76,097	23,127	448,036	0
	(II)	0	0	0	0	0	0	0
BAKER DEBORAH	(I)	237,613	43,187	1,437	61,447	23,127	366,811	0
	(II)	0	0	0	0	0	0	0
BRIDGEMAN JOHN	(I)	189,873	42,717	2,326	46,590	24,227	305,733	0
	(II)	0	0	0	0	0	0	0
BURKE KATHRYN	(I)	264,306	60,580	2,528	80,350	22,681	430,445	0
	(II)	0	0	0	0	0	0	0
O'CONNELL MICHAEL L	(I)	185,736	46,632	42,033	67,563	24,687	366,651	0
	(II)	0	0	0	0	0	0	0
CUTLER MD ANDREW	(I)	10,271	10,041	47	875	1,226	22,460	0
	(II)	195,139	190,778	884	16,625	23,298	426,724	0
MOYER MD PATRICIA	(I)	56,594	28,762	551	37,706	6,885	130,498	0
	(II)	145,527	73,959	1,418	96,958	17,703	335,565	0
ROSENBLATT MD PETER	(I)	49,158	5,538	204	1,750	2,513	59,163	0
	(II)	442,418	49,845	1,836	15,750	22,614	532,463	0
SETNIK MD GARY S	(I)	186,473	41,625	4,348	29,100	12,953	274,499	0
	(II)	124,316	27,750	2,899	19,400	8,635	183,000	0
SCHIFFMAN ROBERT	(I)	28,656	11,249	685	2,250	971	43,811	0
	(II)	257,906	101,242	6,165	20,250	8,741	394,304	0
ZINNER MD STEPHEN	(I)	364,930	0	8,027	14,875	9,352	397,184	0
	(II)	64,399	0	1,417	2,625	1,650	70,091	0
NAUTA MD RUSSELL J	(I)	281,922	0	2,644	75,320	23,446	383,332	0
	(II)	70,481	0	661	18,830	5,861	95,833	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MA DEVELOPMENT FINANCE AGENCY	04-3431814	NONEAVAIL	07-11-2012	49,910,000	REFUND ISSUES DATED 2/11/1998		X		X		X
B	MA DEVELOPMENT FINANCE AGENCY	04-3431814	NONEAVAIL	09-15-2011	120,280,000	REFUND ISSUES DATED 2/11/1998		X		X		X
C	MA HLTH & ED FAC AUTH	04-2456011	57586C3S2	06-09-2008	377,527,010	REFUND ISSUES DATED 1/19/1989, 9/23/1992, 8/12/2004		X		X		X
D	MA HLTH & ED FAC AUTH	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	19,395,000	19,395,000	74,930,000	154,175,000
2	Amount of bonds legally 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		27,356,617	
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	368,094	290,672	3,929,290	1,796,643
8	Credit enhancement from proceeds	7,991,727			7,991,727
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	134,556,855		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		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 III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	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%		%		%		%	
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%		%		%		%	
6	Total of lines 4 and 5	0%		%		%		%	
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X			X		X
c	No rebate due?		X		X	X		X	
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X	X	
b	Name of provider	CITI BANK							
c	Term of hedge								
d	Was the hedge superintegrated?		X						X
e	Was a hedge terminated?	X						X	

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has 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?	X		X		X		X	

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
See Additional Data Table		

Additional Data

Return to Form

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

Form 990 Schedule K, Part VI - Supplemental Information

Identifier	Return Reference	Explanation
SCHEDULE K - EXPLANATORY STATEMENT		CAREGROUP, INC , (CAREGROUP) IS A MASSACHUSETTS NON-PROFIT CORPORATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED THAT SERVES A S A SUPPORT ORGANIZATION OF BETH ISRAEL DEACONESS MEDICAL CENTER, BETH ISRAEL DEACONESS HO SPITAL - NEEDHAM, BETH ISRAEL DEACONESS HOSPITAL - MILTON, MOUNT AUBURN HOSPITAL, NEW ENGL AND BAPTIST HOSPITAL AND THESE ENTITIES PHYSICIAN GROUPS AND AFFILIATED ENTITIES OTHER CAR EGIVERS CAREGROUP'S PURPOSE IS TO OVERSEE THE FINANCIAL WELL - BEING OF THE AFFILIATED EN TITIES WHICH MAKE UP THE CAREGROUP SYSTEM CAREGROUP AND SOME OF ITS AFFILIATES JOINTLY BO RROW DEBT AS AN OBLIGATED GROUP THE OBLIGATED GROUP MEMBERS ARE CAREGROUP, BETH ISRAEL D EACONESS 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 GR OUP (APG) THE INFORMATION REPORTED ON SCHEDULE K FOR BETH ISRAEL DEACONESS MEDICAL CENTER (MEDICAL CENTER) REFLECTS THE COMBINED CAREGROUP OBLIGATED GROUP DEBT ISSUED AFTER DECEMB ER 31, 2002 WITH AN OUTSTANDING PRINCIPAL BALANCE IN EXCESS OF $100,000

Form 990 Schedule K, Part VI - Supplemental Information

Identifier	Return Reference	Explanation
SCHEDULE K PART 1F - DESCRIPTION OF TAX-EXEMPT DEBT PURPOSE		PURPOSES OF CAREGROUP SERIES E BONDS - TO FINANCE OR REFINANCE VARIOUS RENOVATION AND CON STRUCTION PROJECTS AND CAPITAL EQUIPMENT ACQUISITIONS FOR THE MEDICAL CENTER - TO FINANCE OR REFINANCE CONSTRUCTION, RENOVATION, FURNISHING AND VARIOUS OTHER CAPITAL ACQUISITIONS F OR MAH'S NEW AND EXPANDED FACILITIES WITH APPROXIMATELY 250,000 SQUARE FEET OF NEW AND REN OVATED SPACE TO INCLUDE A NEW SIX-STORY ACUTE CARE FACILITY TO SUPPORT ADDITIONAL CRITICA L CARE AND MEDICAL /SURGICAL BEDS, EXPANDED OPERATING ROOMS AND INTERVENTIONAL RADIOLOGY R OOMS AND A NEW PARKING GARAGE - TO FINANCE OR REFINANCE CONSTRUCTION, RENOVATION, FURNISHI NG AND VARIOUS OTHER CAPITAL ACQUISITIONS FOR NEBH'S MASTER FACILITY PLAN, INCLUDING A NEW ATRIUM OF APPROXIMATELY 2,740 SQUARE FEET, A PRE-OPERATIVE AND POST ANESTHESIA UNIT OF AP PROXIMATELY 14, 310 SQUARE FEET, CONSTRUCTION OF A CENTRAL STERILE SUPPLY AREA OF APPROXIM ATELY 8,290 SQUARE FEET AND CONSTRUCTION OF NEW OPERATING ROOMS OF APPROXIMATELY 18,615 SQ UARE FEET, - TO FINANCE OR REFINANCE CONSTRUCTION, RENOVATION, FURNISHING AND VARIOUS OTHE R CAPITAL ACQUISITIONS FOR BID-NEEDHAM'S NEW AND EXPANDED FACILITIES INCLUDING AN APPROXIM ATELY 59,000 SQUARE FOOT PROJECT ON TWO FLOORS TO RENOVATE AND EXPAND SERVICES IN THE EMER GENCY DEPARTMENT, INPATIENT UNITS, RADIOLOGY DEPARTMENT AND ASSOCIATED SUPPORT SERVICES, - TO REFINANCE $201,975,000 OF DEBT PREVIOUSLY ISSUED BY MEMBERS OF THE OBLIGATED GROUP, IN CLUDING $138,075,000 OF THE CAREGROUP SERIES C BONDS DESCRIBED BELOW PURPOSES OF CAREGROU P SERIES D BONDS -REFUNDING OF THE OUTSTANDING PRINCIPAL BALANCE OF THE MAH SERIES B BOND S BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED JULY 13, 2004 PURPOSES OF CAREGROUP SER IES 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 PRINCIPA L 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 IRREV OCABLE REFUNDING TRUST DATED JULY 1,2012

Form 990 Schedule K, Part VI - Supplemental Information

Identifier	Return Reference	Explanation
SCHEDULE K PART II LINE 3 - TOTAL ISSUE PROCEEDS		THE DIFFERENCE BETWEEN THE TOTAL PROCEEDS AND THE ISSUE PRICE IS THE INVESTMENT EARNINGS O F $1,384,679

Form 990 Schedule K, Part VI - Supplemental Information

Identifier	Return Reference	Explanation
SCHEDULE K PART II, LINE 11, COLUMNS A, B & D		THE OTHER SPENT PROCEEDS RELATE TO THE REFUNDING PROCEEDS OF THESE ISSUES

Form 990 Schedule K, Part VI - Supplemental Information

Identifier	Return Reference	Explanation
SCHEDULE K PART II, LINE 11, COLUMN C		$8,993,760 OF THE PROCEEDS LISTED WERE USED FOR TERMINATION OF THE HEDGE AGREEMENT, WITH T HE REMAINDER USED FOR REFUNDING PURPOSES OF THE ISSUE

Form 990 Schedule K, Part VI - Supplemental Information

Identifier	Return Reference	Explanation
SCHEDULE K PART II LINE 13 - YEAR OF SUBSTANTIAL COMPLETION OF PROJECT(S)		THE PROJECTS FINANCED AND/OR REFINANCED WITH TAX-EXEMPT BOND FINANCED WERE COMPLETED, ON V ARIOUS DATES COLUMNS A, B AND D ALL MEMBERS OF THE CAREGROUP OBLIGATED GROUP UNDERSTAND THIS QUESTION RELATES TO THE NON-REFUNDING PROCEEDS OF THE ISSUES SINCE THE ISSUES LISTED IN THESE COLUMNS WERE USED ENTIRELY FOR REFUNDING PROCEEDS, THESE LINES HAVE BEEN LEFT BL ANK

Form 990 Schedule K, Part VI - Supplemental Information

Identifier	Return Reference	Explanation
SCHEDULE K PART III QUESTIONS 2 AND 3		FACILITIES FINANCED WITH TAX-EXEMPT BONDS ARE PRIMARILY OCCUPIED BY CAREGROUP AND ITS AFFI LIATED TAX-EXEMPT ENTITIES, INCLUDING BUT NOT LIMITED TO THE MEDICAL CENTER, BID-NEEDHAM, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, NEBH, NEW ENGL AND BAPTIST MEDICAL ASSOCIATES, MAH, MAPS AND APG SOME FINANCED SPACE MAY CONTAIN LEASE A RRANGEMENTS, AND THE AFFILIATES WHICH OWN THE DEBT FINANCED SPACE MAY OPT TO ENGAGE A MANA GEMENT 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, 2013 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

Form 990 Schedule K, Part VI - Supplemental Information

Identifier	Return Reference	Explanation
SCHEDULE K PART IV, LINE 2C, REBATE CALCULATIONS, COLUMN C		A REBATE CALCULATION WAS COMPLETED AS OF SEPTEMBER 30, 2012 WITH NO REBATE DUE

Form 990 Schedule K, Part VI - Supplemental Information

Identifier	Return Reference	Explanation
SCHEDULE K PART IV, LINE 2C, REBATE CALCULATIONS, COLUMN D		A REBATE CALCULATION WAS COMPLETED AS OF SEPTEMBER 30, 2013 WITH NO REBATE DUE

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2012

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? 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 assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MICHAEL SHORTSLEEVE	TRUSTEE	302,139			No
(2) DR SUSAN ABOOKIRE	FAMILY MEMBER	261,410			No
(3) JAMES RAFFERTY	FAMILY MEMBER	101,347			No

Part V Supplemental 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 $302,139 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 INCLUDE BASE COMPENSATION $220,002INCENTIVE COMPENSATION $27,757OTHER REPORTABLE COMPENSATION $1,063DEFERRED COMPENSATION $12,388NON-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 INCLUDE BASE COMPENSATION $87,954INCENTIVE COMPENSATION $420OTHER REPORTABLE COMPENSATION $72DEFERRED COMPENSATION $4,511NON-TAXABLE BENEFITS $8,390JANICE SAAL, M D , PHD, CO-MEDICAL DIRECTOR OF HOFFMAN BREAST CANCER AT MOUNT AUBURN HOSPITAL, IS THE SPOUSE OF A KIM SAAL, WHO IS A TRUSTEE AND CHIEF OF THE DIVISION OF CARDIOLOGY AT MOUNT AUBURN HOSPITAL HER SALARY AND OTHER INCOME INCLUDE BASE COMPENSATION $9,807INCENTIVE COMPENSATION $0OTHER REPORTABLE COMPENSATION $0DEFERRED COMPENSATION $0NON-TAXABLE BENEFITS $0ALL 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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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	4	25,440	COST OR SELLING PRICE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (_____)				
26	Other ▸ (_____)				
27	Other ▸ (_____)				
28	Other ▸ (_____)				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTIONS	PART I, COLUMN (B)	THERE WERE 4 CONTRIBUTORS WITH A TOTAL OF 4 CONTRIBUTIONS

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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

2012

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

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 2013, MOUNT AUBURN HOSPITAL HAD 171 LICENSED MEDICAL/SURGICAL BEDS, AND PROVIDED INPATIENT MEDICAL SERVICES TO 6,070 PATIENTS, AND INPATIENT SURGICAL SERVICES TO 1,899 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 2013, MOUNT AUBURN HOSPITAL PROVIDED OUTPATIENT RADIOLOGY SERVICES TO 71,074 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 AN D 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 OBSTETR ICIANS, 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 PRE GNANCY AND DELIVERY FOR EACH MOTHER AND BABY MOUNT AUBURN HOSPITAL OFFERS GUIDANCE, OPTIO NS AND A SEASONED TEAM OF PROVIDERS WHO ARE COMMITTED TO DELIVERING INDIVIDUALIZED CARE W OMEN WHO SEEK A MORE NATURAL APPROACH TO CHILDBIRTH ARE ENCOURAGED AND SUPPORTED WOMEN WH OSE PREGNANCIES ARE CONSIDERED TO BE HIGH RISK, SUCH AS THOSE HAVING TWINS OR MEDICAL PROB LEMS COMPLICATING THE PREGNANCY, WILL FIND THE SPECIALIZED EXPERTISE AND TECHNOLOGY THAT T HEY NEED THAT INCLUDES THE HOSPITAL'S LEVEL II NURSERY FOR NEWBORNS WHO REQUIRE EXTRA MED ICAL ATTENTION AND MONITORING DURING THE FIRST DAYS OF LIFE LABOR, DELIVERY AND POSTPARTU M 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 CAR E 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-QUALI FIED PROVIDERS, INCLUDING OBSTETRICIANS, NURSE-MIDWIVES AND NURSE PRACTITIONERS, ALL OF WH OM COLLABORATE WITH EACH OTHER AS NEEDED IN CARING FOR THEIR PATIENTS FOR EXAMPLE, IF A W OMAN DEVELOPS COMPLICATIONS DURING PREGNANCY, SHE CAN CONTINUE TO RECEIVE PRENATAL CARE FR OM HER NURSE-MIDWIFE, IN ADDITION TO SEEING MATERNAL-FETAL MEDICINE SPECIALISTS ON A REGUL AR BASIS OUR MAIN PROVIDERS INCLUDE - OBSTETRICIANS - DOCTORS WHO SPECIALIZE IN PREGNANC Y AND CHILDBIRTH, THEY HAVE THE TRAINING TO PROVIDE THE FULL SCOPE OF OBSTETRICAL PRACTICE , INCLUDING PERFORMING CESAREAN SECTIONS - NURSE-MIDWIVES - NURSES WHO SPECIALIZE IN NORMA L PREGNANCY AND CHILDBIRTH AND COLLABORATE WITH OBSTETRICIANS IN CASES WHERE COMPLICATIONS ARISE, NURSE-MIDWIVES SUPPORT WOMEN THROUGHOUT LABOR AND ENCOURAGE FAMILY INVOLVEMENT - N URSE PRACTITIONERS - NURSES WITH SPECIALIZED EXPERIENCE IN OBSTETRICS WHO PRACTICE IN COLL ABORATION WITH OBSTETRICIANS AND NURSE-MIDWIVES IN PROVIDING PRENATAL CARE - MATERNAL-FETA L MEDICINE SPECIALISTS - OBSTETRICIANS WHO HAVE SPECIAL TRAINING IN THE COMPLICATIONS OF P REGNANCY AND CHILDBIRTH MOUNT AUBURN HOSPITAL HAS A TALENTED NURSING STAFF IN PRENATAL/ANT ENATAL TESTING, LABOR AND DELIVERY, ON THE POSTPARTUM UNIT AND IN THE NURSERY ANESTHESIOL OGISTS ARE AVAILABLE 24 HOURS A DAY TO PROVIDE PAIN RELIEF DURING LABOR IN ADDITION, NEON ATOLOGISTS, WHO SPECIALIZE IN CARING FOR NEWBORNS, AND PEDIATRICIANS ARE ON SITE AROUND TH E CLOCK TO CARE FOR NEWBORNS MOUNT AUBURN ALSO OFFERS ADDITIONAL SERVICES TO WOMEN WHO AR E 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 AU BURN 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 PREGNA NCY 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 EXPER IENCING HIGH-RISK PREGNANCIES IN THOSE INSTANCES, A MATERNAL-FETAL MEDICINE SPECIALIST, A PHY SICIAN 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 N URSES 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 A DDITIONAL GOAL IS TO MAKE PRENATAL CARE AND CHILDBIRTH A SMOOTH, WELL-COORDINATED EXPERIEN CE 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 M IGHT 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 BIRTHI NG 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 FOR

Identifier	Return Reference	Explanation
INPATIENT OBSTETRICS / NEWBORN SERVICES	FORM 990, PART III LINE 4C	FATHERS OR OTHER SUPPORT PERSONS, AND ROOMS FEATURING VIEWS OF THE CHARLES RIVER AND BOSTO N SKYLINE IN CASES WHERE A CAESARIAN SECTION NEEDS TO BE PERFORMED, SURGICAL SUITES ARE L OCATED ADJACENT TO THE LABOR AND DELIVERY AREA A STATE-OF-THE-ART MONITORING SYSTEM ALLOW S WOMEN TO SAFELY WALK AROUND THE UNIT WHILE THEY ARE IN LABOR AT THE MOUNT AUBURN HOSPIT AL BAIN BIRTHING CENTER, A PATIENT'S CHOICE IS PARAMOUNT PAIN RELIEF DURING LABOR IS AN I SSUE THAT EACH WOMAN SHOULD EXPLORE WITH HER PROVIDER MANY WOMEN CHOOSE TO HAVE AN EPIDUR AL, BUT PROVIDERS AT MOUNT AUBURN, ESPECIALLY NURSE-MIDWIVES, ALSO SUPPORT ALTERNATIVE MET HODS SUCH AS PRESSURE-POINT MASSAGE, AND HYPNO-BIRTHING (SELF-HYPNOSIS DURING THE BIRTH PR OCESS) 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 DELI VERY AREA MOUNT AUBURN HOSPITAL STRIVES TO PROVIDE SUPPORT AND INFORMATION, PRIVACY AND C HOICE 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, INCL UDING 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 INTERPRETE R 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 QUEST IONS THAT MAY ARISE ABOUT THE HEALTH OF MOTHER AND BABY 24 HOURS A DAY LEVEL II NURSERY I F A NEWBORN NEEDS SPECIAL CARE, REST ASSURED THAT MOUNT AUBURN'S LEVEL II NURSERY IS EQUIP PED TO ADDRESS YOUR INFANT'S CRITICAL HEALTH ISSUES, INCLUDING PREMATURITY, MEDICAL AND FE EDING DIFFICULTIES THIS SEVEN-BED NURSERY IS STAFFED BY A HIGHLY SKILLED TEAM OF NEONATOL OGISTS AND NEONATAL NURSES WHO ARE CERTIFIED TO RESUSCITATE AND ALSO TO STABILIZE AND PREP ARE 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 S TATE-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 2013, MOUNT AUBURN HOSPITAL HAD 28 LICENSED OB/GYN BEDS PROVIDING SERVICES TO 2,523 PATIENTS AND 35 BASSINETS PROVIDING INPATIENT SERVICES TO 2,56 6 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 2013, MOUNT AUBURN HOSPITAL HAD 16 LICENSED INPATIENT PSYCHIATRY BEDS, AND PROVIDED INPATIENT PSYCHIATRY SERVICES TO 269 PATIENTS THE HOSPITAL HAS A 24 HOUR EMERGENCY DEPARTMENT THAT SERVICED 35,761 VISITS IN ADDITION, THE HOSPITAL PROVIDED A VARIETY OF OUTPATIENT SERVICES TO MORE THAN 176,000 PATIENTS IN VARIOUS SPECIALTIES LISTED ABOVE, AND CONDUCTED MORE THAN 78,000 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 12A	AS DESCRIBED IN THIS FILING, MOUNT AUBURN HOSPITAL (MAH) IS A PUBLIC CHARITY AND A REGIONAL TEACHING HOSPITAL, EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED THE FINANCIAL RECORDS OF MAH ARE AUDITED EACH YEAR AS PART OF THE MAH CONSOLIDATED AUDITED FINANCIAL STATEMENT PROCESS AND FOR THE FISCAL PERIOD COVERED BY THIS FILING, THE BOSTON, MA OFFICE OF KPMG ISSUED AND 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 COMPRIS ED 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 VO TING 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 COMPENSATI ON REMAINS COMPETITIVE IN THE MARKETPLACE, REPRESENTS GOOD VALUE TO THE HOSPITAL FOR THE Q UALITY AND QUANTITY OF SERVICES PROVIDED AND CONSTITUTES REASONABLE TOTAL COMPENSATION TO THE EMPLOYEE IN LIGHT OF THE EMPLOYEE'S POSITION, RESPONSIBILITIES, QUALIFICATIONS AND PER FORMANCE IN ACCORDANCE WITH INTERNAL AND EXTERNAL REASONABLE COMPENSATION STANDARDS APPLIC ABLE TO THIS TAX EXEMPT HOSPITAL, - TO RECOMMEND TO THE BOARD OF TRUSTEES THE TERMS AND CO NDITIONS OF ANY EMPLOYMENT AGREEMENTS BETWEEN THE HOSPITAL AND ITS PRESIDENT/CHIEF EXECUTI VE OFFICER INCLUDING BASE SALARIES, INCENTIVE COMPENSATION, SUPPLEMENTAL EMPLOYEE RETIREME NT 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 SUPPLEMENTA L EMPLOYEE RETIREMENT PLANS FOR HOSPITAL EXECUTIVES, - TO REVIEW AND APPROVE THOSE PORTION S 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 WIT H THE REGULATORY AUTHORITIES, - AS DETERMINED TO BE ADVISABLE BY THE COMMITTEE FROM TIME T O TIME, TO ENGAGE OUTSIDE COMPENSATION CONSULTANTS AND LEGAL AND OTHER ADVISORS TO PROVIDE TO THE COMMITTEE APPROPRIATE AND RELIABLE COMPARABLE COMPENSATION DATA FOR SIMILARLY SITU ATED EMPLOYEES OF NATIONAL, REGIONAL AND LOCAL PEER INSTITUTIONS AND OTHER EXPERT ADVICE T O ASSIST THE COMMITTEE IN FULFILLING ITS RESPONSIBILITIES, - TO WORK WITH THE HOSPITAL'S M ANAGEMENT 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 INDEPEND ENT 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 AM ENDMENTS THERETO, - TO ADOPT SUCH POLICIES AND PROCEDURES AS THE COMMITTEE MAY DETERMINE F ROM 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 CONSIDERATIO N AND APPROVAL THE COMMITTEE MEETS SEVERAL TIMES DURING THE YEAR TO REVIEW AND APPROVE IN DIVIDUAL 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 TH E 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 IT S CORE RESPONSIBILITIES IS TO ENSURE THAT THE TOTAL COMPENSATION PROVIDED TO THESE INDIVID UALS IS FAIR AND REASONABLE USING CURRENT AND CREDIBLE MARKET PRACTICE INFORMATION AND THA T ALL ARRANGEMENTS COMPLY WITH APPLICABLE LEGAL AND REGULATORY GUIDELINES THE COMPENSATIO N COMMITTEE HAS HISTORICALLY RELIED UPON GUIDANCE OUTLINED IN WRITTEN COMPENSATION SURVEYS /STUDIES PRODUCED UNDER AN ARRANGEMENT WITH AN INDEPENDENT COMPENSATION CONSULTING FIRM TH AT 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 W ITH AN UPDATED STUDY IN THE OTHER YEARS THIS SURVEY HAS FORMED THE BASIS FOR THE COMMITTE E 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 DESC RIBED ABOVE TOOLS UTILIZED FOR THIS REVIEW INCLUDED THE COMPENSATION STUDY PREPARED BY TH E INDEPENDENT COMPENSATION CONSULTING FIRM CONTRACTED BY THE COMMITTEE FURTHER, PERFORMAN CE OF EACH INDIVIDUAL WAS MEASURED AGAINST PREVIOUS APPROVED GOALS AND OBJECTIVES IN DETER MINING INCENTIVE COMPENSATION PAYMENTS AFTER DISCUSSION AND ANALYSIS AT SEVERAL MEETINGS, THE COMPENSATION COMMITTEE VOTED TO APPROVE THE COMPENSATION ARRANGEMENTS OF ALL INDIVIDU ALS DESCRIBED ABOVE EXCEPT FOR THE CEO UPON EXCUSING THE CEO FROM ITS MEETING, THE COMPEN SATION 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 COMM ITTEES ANALYSIS OF CEO COMPENSATION AND AFTER DISCUSSION RECOMMENDED THAT THE TRUSTEES APP ROVE THE CEO COMPENSATION THE TRUSTEES VOTED AND APPROVED THE COMPENSATION ALL DELIBERAT IONS WERE CONTEMPORANEOUSLY DOCUMENTED IN MINUTES THE COMPENSATION OF THE MAH CEO WAS THE N 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 9	TRANSFER FROM AFFILIATE -15,623,938 FAS 158 43,961 INVESTMENT INCOME & GAINS-CIP -141,965

Identifier	Return Reference	Explanation
	FORM 990, PART XII QUESTION 2B AND 2C	AS PREVIOUSLY REPORTED IN THIS FILING, MOUNT AUBURN HOSPITAL (MAH) IS A PUBLIC CHARITY AND A REGIONAL TEACHING HOSPITAL, EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED THE FINANCIAL RECORDS OF MAH ARE AUDITED EACH YEAR AS PART OF THE MAH CONSOLIDATED AUDITED FINANCIAL STATEMENT PROCESS AND FOR THE FISCAL PERIOD COVERED BY THIS FILING THE AUDIT WAS PREPARED AND SIGNED BY THE BOSTON, MA OFFICE OF KPMG THIS PROCESS IS MONITORED AND REVIEWED INTERNALLY BY THE MAH AUDIT COMMITTEE.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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" to 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 entity? Yes	(g) No
See Additional Data Table							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 PHYS ORG LLC DBA BIDCO 400 BLUE HILL DRIVE SUITE 2B WESTWOOD, MA 02090 04-3426253	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	NONE	RELATED				No			No	
(3) BIDCO PHYSICIAN LLC 400 BLUE HILL DRIVE SUITE 2B WESTWOOD, MA 02090 04-3426253	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC	RELATED				No			No	
(4) CAREGROUP CLINICAL RESEARCH LLC 109 BROOKLINE AVENUE BOSTON, MA 02215 30-0228711	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA	NONE	RELATED				No			No	
(5) CAREGROUP INVESTMENT PARTNERSHIP LLP 109 BROOKLINE AVENUE BOSTON, MA 02215 04-3278109	INVESTMENT PARTNERSHIP	MA	NONE	EXCLUDED	11,919,012	127,614,877		No	139,254		No	13 960 %
(6) 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	
(7) 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" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) HORIZON VENTURES INC 199 REEDSDALE ROAD MILTON, MA 02186 04-2853249	PHYSICIAN BILLING	MA	MILTON HOSPITAL FOUNDATION	C					No
(2) MILTON PHYSICIAN-HOSPITAL ORGANIZATION INC 199 REEDSDALE ROAD MILTON, MA 02186 04-3213042	PHYSICIAN/HOSPITAL ORGANIZATION	MA	NONE	C					No
(3) ANESTHESIA FINANCIAL SOLUTIONS INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3571311	INACTIVE CORPORATION	MA	BI ANAESTHESIA FOUNDATION INC	C					No
(4) NEW ENGLAND BAPTIST HEALTH SERVICES 125 PARKER HILL AVE BOSTON, MA 02120 04-3200386	PHYSICIAN/HOSPITAL ORGANIZATION	MA	NONE	C					No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

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

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 - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner? Yes	(j) General or Managing Partner? No	(k) Percentage ownership
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	
BETH ISRAEL DEACONESS PHYS ORG LLC DBA BIDCO 400 BLUE HILL DRIVE SUITE 2B WESTWOOD, MA 02090 04-3426253	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	NONE	RELATED				No			No	
BIDCO PHYSICIAN LLC 400 BLUE HILL DRIVE SUITE 2B WESTWOOD, MA 02090 04-3426253	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC	RELATED				No			No	
CAREGROUP CLINICAL RESEARCH LLC 109 BROOKLINE AVENUE BOSTON, MA 02215 30-0228711	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA	NONE	RELATED				No			No	
CAREGROUP INVESTMENT PARTNERSHIP LLP 109 BROOKLINE AVENUE BOSTON, MA 02215 04-3278109	INVESTMENT PARTNERSHIP	MA	NONE	EXCLUDED	11,919,012	127,614,877		No	139,254		No	13 960 %
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	
PHYSICIAN PROFESSIONAL SERVICES LLP 10 CABOT ROAD MEDFORD, MA 02215 04-3275078	TO PROVIDE MEDICAL BILLING SERVICES	MA	SEE SUPPLEMENTAL EXPLANATIONS	RELATED				No			No	

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidated Financial Statements
and Other Financial Information

September 30, 2013 and 2012

(With Independent Auditors' Report Thereon)

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidated Financial Statements
and Other Financial Information

September 30, 2013 and 2012

Table of Contents

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 financial statements of Mount Auburn Hospital and subsidiary (the Corporation), which comprise the consolidated balance sheets as of September 30, 2013 and 2012, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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 consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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, 2013 and 2012, and the results of their operations, changes in their net assets and their cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

KPMG LLP

December 18, 2013

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidated Balance Sheets

September 30, 2013 and 2012

(Dollars in thousands)

Assets		2013	2012
Current assets:			
Cash and cash equivalents	$	34,330	33,004
Investments		110,578	92,128
Patient accounts receivable, net of allowance for doubtful accounts of $5,198 in 2013 and $4,257 in 2012		39,139	35,404
Estimated settlements with third-party payors		5,861	9,296
Other current assets		8,855	8,910
Total current assets		198,763	178,742
Assets limited or restricted as to use:			
Held by trustees under debt agreements		4,904	5,037
Held for specific purposes and endowments		10,093	9,167
Long-term investments		35,675	36,316
Property and equipment, net		171,867	168,983
Malpractice insurance receivable		18,377	18,554
Other assets		10,343	8,127
Total assets	$	450,022	424,926
Liabilities and Net Assets			
Current liabilities:			
Accounts payable and accrued expenses	$	23,878	18,475
Accrued compensation and withholdings		18,225	17,035
Current portion of long-term debt		2,625	2,525
Total current liabilities		44,728	38,035
Long-term debt, net of current portion		105,850	108,494
Professional liability claims reserve		24,013	24,648
Other liabilities		9,848	9,014
		139,711	142,156
Total liabilities		184,439	180,191
Net assets:			
Unrestricted		255,211	234,907
Temporarily restricted		5,871	5,426
Permanently restricted		4,501	4,402
Total net assets		265,583	244,735
Total liabilities and net assets	$	450,022	424,926

See accompanying notes to consolidated financial statements.

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidated Statements of Operations

Years ended September 30, 2013 and 2012

(Dollars in thousands)

	2013	2012
Operating revenue:		
Net patient service revenue (net of bad debt of $5,885 in 2013 and $5,432 in 2012)	$ 345,406	350,354
Contributions and investment income	1,173	1,166
Other revenue	12,291	11,605
Net assets released from restrictions for operating purposes	2,763	2,707
	361,633	365,832
Operating expenses:		
Salaries and benefits	227,930	221,157
Supplies and other expenses	107,425	108,087
Uncompensated care	2,263	2,347
Depreciation	16,877	16,986
Interest	5,872	5,983
	360,367	354,560
Income from operations	1,266	11,272
Nonoperating gains:		
Net realized gains on sales of investment securities	6,683	3,368
Unrealized change in equity interests in limited partnerships	10,742	6,757
	17,425	10,125
Excess of revenue over expenses	18,691	21,397
Change in net unrealized gains on investments	711	2,778
Net assets released from restrictions used for the purchase of property and equipment	858	1,004
Change in funded status of employee postretirement benefit plan other than net periodic other postretirement benefit costs	44	(20)
Increase in unrestricted net assets	$ 20,304	25,159

See accompanying notes to consolidated financial statements.

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidated Statements of Changes in Net Assets

Years ended September 30, 2013 and 2012

(Dollars in thousands)

	Unrestricted	Temporarily restricted	Permanently restricted	Total
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)
	25,159	260	—	25,419
Net assets at September 30, 2012	234,907	5,426	4,402	244,735
Excess of revenue over expenses	18,691	—	—	18,691
Contributions and other receipts	—	3,131	99	3,230
Investment income and realized gains	—	337	—	337
Change in net unrealized gains on investments	711	598	—	1,309
Net assets released from restrictions used for operations	—	(2,763)	—	(2,763)
Net assets released from restrictions used for the purchase of property and equipment	858	(858)	—	—
Change in funded status of employee benefit plan other than net periodic other postretirement benefit costs	44	—	—	44
	20,304	445	99	20,848
Net assets at September 30, 2013	$ 255,211	5,871	4,501	265,583

See accompanying notes to consolidated financial statements

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidated Statements of Cash Flows

Years ended September 30, 2013 and 2012

(Dollars in thousands)

	2013	2012
Operating activities:		
Change in net assets	$ 20,848	25,419
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	(44)	20
Depreciation and amortization	17,108	17,231
Change in net unrealized gains on investments	(12,051)	(10,059)
Net realized gains on sale of investments	(7,020)	(3,548)
Restricted contributions and investment income	(3,230)	(3,267)
Changes in operating assets and liabilities:		
Patient accounts receivable	(3,735)	896
Other current assets	55	(337)
Accounts payable and accrued expenses	3,164	(122)
Accrued compensation and withholdings	1,190	1,275
Estimated settlements with third-party payors	3,435	3,204
Other assets and liabilities	(1,862)	(35)
Net cash provided by operating activities	17,858	30,677
Investing activities:		
Purchases of property and equipment	(17,522)	(16,856)
Net sales of investments and assets whose use is limited or restricted	136	48
Net cash used in investing activities	(17,386)	(16,808)
Financing activities:		
Payments on long-term debt	(2,525)	(2,450)
Restricted contributions and investment income	3,379	3,351
Net cash provided by financing activities	854	901
Net increase in cash and cash equivalents	1,326	14,770
Cash and cash equivalents at beginning of year	33,004	18,234
Cash and cash equivalents at end of year	$ 34,330	33,004

See accompanying notes to consolidated financial statements.

(1) Corporate Organization

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

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 18, 2013 and subsequent events have been evaluated through that date.

(b) Cash and Cash Equivalents

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

(c) Inventories

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

(d) Assets Limited or Restricted as to Use

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

(Continued)

(e) Investments and Investment Income

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

Investment income or loss (including realized gains and losses on investments, interest, and dividends) and unrealized changes in equity interests in limited partnerships are included in the excess of revenue over expenses unless the income is restricted by donor or law. Unrealized gains and losses on marketable investments are excluded from the excess of revenue over expenses. Periodically, the Corporation reviews investments where the market value is substantially below cost, and in cases where the decline is considered to be "other than temporary," an adjustment is recorded as a realized loss, and a new cost basis is established. No such impairments were recorded in 2013 or 2012.

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 9 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.

(Continued)

(g) Debt Issuance Costs

Debt issuance costs and original issue discounts are amortized over the period the related obligation is outstanding, generally using the interest method.

(h) Professional Liability

The Corporation insures its professional liability risks on a claims-made basis in cooperation with several other Harvard-affiliated healthcare organizations through a captive insurance company, of which CareGroup holds an approximately 10% ownership interest. The Corporation maintains a program of self-insurance to cover professional liability claims incurred but not reported to the captive insurance company as of the consolidated balance sheet date. The estimated amount of accrued unasserted claims has been determined by consulting actuaries on a discounted basis using an interest rate of 2.0% in 2013 and 1.5% in 2012. 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 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 19% and 22% of the Corporation's net revenue in 2013 and 2012, respectively, relates to risk-sharing agreements with third-party payors, including risk pools and capitation agreements. Net revenue associated with these contracts is recognized based upon management's estimate of its ultimate performance under the arrangements.

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

Revenue from the Medicare and Medicaid programs accounted for approximately 31% and 33% of the Corporation's net patient revenue in 2013 and 2012, 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 $3,963 in 2013 and $2,487 in 2012 due to removal of allowances previously estimated that are no longer necessary as a result of final settlements and years that are no longer subject to audits or review.

(m) Uncompensated Care and Provision for Bad Debts

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

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

conditions, trends in federal and state governmental healthcare coverage, and other collection indicators.

(n) Donations

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

(o) Income Tax Status

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

The Corporation recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. Recognized income tax positions are measured at the largest amount that is greater than fifty percent likely of being realized upon settlement. Changes in recognition in measurement are reflected in the period in which the change in judgment occurs. The Corporation did not recognize the effect of any income tax positions in either 2013 or 2012.

(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. Utilizing available market pricing information provided by a third-party, the Corporation's estimated fair value of long-term debt as of September 30, 2013 is approximately $116,000. The fair value of long-term debt is based on significant observable inputs and is categorized as Level 2 for purposes of valuation disclosure.

(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 and changes in net assets by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts). Additionally,

those health care entities are required to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts. The amendments also require disclosures of patient service revenue (net of contractual allowances and discounts) as well as qualitative and quantitative information about changes in the allowance for doubtful accounts. The Corporation retrospectively adopted the provisions of ASU 2011-07. Accordingly, the previously reported provision for bad debt of $5,432 for the year ended September 30, 2012 has been reclassified as a reduction of net patient service revenue.

(r) Reclassifications

Certain amounts in the 2012 consolidated financial statements have been reclassified to conform to the 2013 presentation.

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

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

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

- Level 1 – quoted prices (unadjusted) in active markets that are accessible at the measurement date for assets or liabilities. Level 1 includes debt and equity securities that trade in an active exchange market, as well as U.S. Treasury securities;
- Level 2 – observable prices that are based on inputs not quoted in active markets, but corroborated by market data. This category generally includes certain U.S. governmental and agency mortgage-backed debt securities, corporate debt securities, and some alternative investments; and
- Level 3 – unobservable inputs are used when little or no market data is available. Significant professional judgment is used in determining the fair value assigned to such assets or liabilities. This category includes financial instruments whose value is determined using pricing models, discounted cash flow methodologies or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation. Investments that are included in this category generally include limited partnerships, private equity, real estate funds, and hedge funds.

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

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

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

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

The Corporation owns interests in alternative investment funds rather than in the securities underlying each fund and, therefore, it is generally required to consider such investments as Level 2 or 3 for purposes of applying ASC 820-10, even though the underlying securities may not be difficult to value or may be readily marketable. The Corporation has applied the provisions of Accounting Standards Update 2009-12, *Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)*, for its alternative investments. This standard allows for the estimation of the fair value of investments in investment companies for which the investment does not have a readily determinable value 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.

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.

(In thousands of dollars)

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, 2013. 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	$ 11,576	6,315	—	17,891	Daily-Quarterly	1 – 60
Global equities	—	24,084	10,390	34,474	Weekly-Illiquid	7 – 30 and N/A
Private equity and venture capital	—	—	4,212	4,212	Illiquid	N/A
Absolute return and hedged equity	—	12,104	32,319	44,423	Quarterly-Illiquid	60 and N/A
Credit related	—	—	16,270	16,270	Annually-Illiquid	360 nd N/A
Real assets	3,107	—	4,657	7,764	Daily-Illiquid	1 - 360 and N/A
Fixed income	4,136	—	4,681	8,817	Daily-Illiquid	1 - 360 and N/A
Cash and cash equivalents	27,399	—	—	27,399	Daily	1
Total	$ 46,218	42,503	72,529	161,250		

Global equities of $34,474 noted in the table above are comprised of the following strategies: 24% Developed Markets, 47% Global Value and 29% Emerging Markets.

Absolute return and hedged equity of $44,423 noted in the table above are comprised of the following strategies: 53% Event driven, 25% Equity Long/Short, 9% Relative Value and 13% 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, 2013:

	Fair value measurements using significant unobservable inputs						
	Beginning balance	Gross purchases	Gross sales	Net realized gains	Changes in net unrealized gains (losses)	Transfers into (out of) Level 3	Ending balance
Global equities	$ 5,742	3,949	—	—	699	—	10,390
Private equity and venture capital	3,943	322	(226)	115	58	—	4,212
Absolute return and hedged equity	37,433	1,166	(5,495)	575	(1,132)	(228)	32,319
Credit related	18,960	732	(3,526)	498	(394)	—	16,270
Real assets	7,949	1,150	(2,056)	152	(2,538)	—	4,657
Fixed income	4,090	677	(1,124)	534	504	—	4,681
Total	$ 78,117	7,996	(12,427)	1,874	(2,803)	(228)	72,529

(Continued)

(In thousands of dollars)

The following table describes the redemption frequency or liquidity of investments as of September 30, 2013:

		Daily	Weekly/ monthly	Quarterly	Annually	Illiquid	Total
Domestic equities	$	5,926	6,199	5,766	—	—	17,891
Global equities		—	14,758	9,326	1,633	8,757	34,474
Private equity and venture capital		—	—	—	—	4,212	4,212
Absolute return and hedged equity		—	—	6,407	24,738	13,278	44,423
Credit related		—	—	—	7,188	9,082	16,270
Real assets		3,107	—	—	—	4,657	7,764
Fixed income		4,136	—	1,560	—	3,121	8,817
Cash and cash equivalents		27,399	—	—	—	—	27,399
Total	$	40,568	20,957	23,059	33,559	43,107	161,250

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	Quarterly/Illiquid	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	Daily/Annually/ Illiquid	1 - 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	$	32,726	31,805	78,117	142,648		

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.

(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, 2012:

	Fair value measurements using significant unobservable inputs					
	Beginning balance	Gross purchases	Gross sales	Net realized gains (losses)	Changes in net unrealized gains (losses)	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	$ 64,051	12,574	(2,956)	776	3,672	78,117

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

	Daily	Weekly/ monthly	Quarterly	Annually	Illiquid	Total
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	$ 29,157	15,607	23,212	31,587	43,085	142,648

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, 2013 the Corporation projects that the commitments to these partnerships will be exercised by the managers as follows:

Fiscal year	Global equities	Private equity and venture capital	Absolute return and hedged equity	Credit related	Real assets	Total
2014 – 2022	$ 1,487	1,455	3,071	3,248	2,003	11,264

(Continued)

(In thousands of dollars)

(4) Patient Accounts Receivable and Related Allowances for Doubtful Accounts

Patient accounts receivable are reflected net of an allowance for doubtful accounts. In evaluating the collectability of patient accounts receivable, the Hospital analyzes its past collection history, business and economic conditions, trends in governmental and employee health care coverage and other collection indicators for each of its major categories of revenue by payor to estimate the appropriate allowance for doubtful accounts. Management regularly reviews data about these major categories of revenue in evaluating the sufficiency of the allowance for doubtful accounts. Throughout the year, the Hospital, after all reasonable collection efforts have been exhausted, will write off the difference between the standard rates (or discounted rates if applicable) and the amounts actually collected against the allowance for doubtful accounts. In addition to the review of the categories of revenue, management monitors the write offs against established allowances to determine the appropriateness of the underlying assumptions used in estimating the allowance for doubtful accounts.

The Hospital's allowance for doubtful accounts for self-pay patients as a percentage of total self-pay accounts receivable increased from 41% as of September 30, 2012 to 43% as of September 30, 2013. A significant contributing factor for the increase in the allowance for doubtful accounts was an increase in uninsured and underinsured patients served in 2013 from the previous year.

(5) Property and Equipment

Property and equipment consisted of the following at September 30:

		2013	2012
Land	$	3,889	3,489
Building and improvements		223,673	214,593
Equipment		206,680	201,143
Construction in progress		6,895	2,214
		441,137	421,439
Less accumulated depreciation		(269,270)	(252,456)
	$	171,867	168,983

(Continued)

(In thousands of dollars)

(6) Long-Term Debt

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

		2013	2012
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 (4.500% to 5.250%)		35,475	38,000
CareGroup Series E-1 (5.125%)		59,640	59,640
		109,333	111,858
Unamortized original issue discounts, net		(858)	(839)
		108,475	111,019
Less current portion		(2,625)	(2,525)
	$	105,850	108,494

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 $574,295 at September 30, 2013. 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 7). 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 2013 and 2012 amounted to $5,690 and $5,763, respectively.

(Continued)

(In thousands of dollars)

The combined aggregate amount of maturities for the five fiscal years and thereafter succeeding September 30, 2013 is as follows:

2014	$	2,625
2015		2,750
2016		2,825
2017		2,950
2018		3,075
Thereafter		95,108
	$	109,333

(7) 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	
		2013	2012
Debt agreements:			
Debt service reserve fund	$	4,136	4,270
Debt service funds		768	767
	$	4,904	5,037

(8) Leases

The Corporation leases office space under various operating leases. Minimum lease payments for the Corporation under these noncancelable operating leases at September 30, 2013 were as follows:

		Operating leases
Year ending September 30:		
2014	$	5,545
2015		5,338
2016		5,372
2017		5,305
2018		4,862
Thereafter		9,904
	$	36,326

(Continued)

(In thousands of dollars)

Rent expense amounted to approximately $6,013 and $5,828 for the years ended September 30, 2013 and 2012, respectively.

(9) 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 2013 and 2012. The total market value of all the Hospital's investments held by the Partnership was $153,685 at September 30, 2013.

(b) Operations

The Corporation pays management fees to CareGroup based upon its allocated share of CareGroup's costs. These fees were $712 in 2013 and $827 in 2012.

During the years ended September 30, 2013 and 2012, the Hospital was reimbursed $537 and $531, 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 $2,359 and $1,998 for the years ended September 30, 2013 and 2012, respectively. These payments have been reflected in the accompanying consolidated financial statements as supplies and other expenses.

(10) Community Benefits and Uncompensated Care

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

		2013	2012
Unreimbursed charity care	$	3,270	4,370
Uncompensated care		8,148	7,779
	$	11,418	12,149

(Continued)

(In thousands of dollars)

(a) Unreimbursed Charity Care

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

		2013	2012
Charity care – at established charges	$	8,437	9,900
Estimated cost of charity care	$	4,248	5,006
Less reimbursement from the HSN		(978)	(636)
Unreimbursed charity care – at cost	$	3,270	4,370

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 is reported as amounting to $2,263 and $2,347 for the years ended September 30, 2013 and 2012 respectively, which is reflected as uncompensated care expense in the consolidated statements of operations.

(11) 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 $8,501 and $8,106 for 2013 and 2012, respectively.

(12) Postretirement Benefits Other than Pensions

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

(In thousands of dollars)

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	$	12
Unrecognized prior service cost at adoption		69
	$	81

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:

		2013	2012
Service cost for benefits earned during the year	$	342	315
Interest cost on projected benefit obligation		224	199
Net amortization		135	176
Net periodic postretirement benefit expense	$	701	690

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:

		2013	2012
Change in benefit obligation:			
Benefit obligation at beginning of year	$	5,653	5,044
Service cost		342	315
Interest cost		224	199
Benefits paid		(100)	(102)
Actuarial loss		92	197
Benefit obligation at end of year	$	6,211	5,653

(Continued)

(In thousands of dollars)

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:

		2013	2012
Unrecognized prior service cost	$	(400)	(536)
Unrecognized actuarial loss		(299)	(206)
	$	(699)	(742)

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 2013 and 2012, the cost of these benefits exceed the limit.

The discount rate used in determining the accumulated postretirement benefit obligations was 4.0% in 2013 and 2012 for the Postretirement Plan and 3.0% and 4.0% in 2013 and 2012 for the SERP Plan.

(13) 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.

(14) Temporarily and Permanently Restricted Net Assets

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

		2013	2012
Donor restricted for operations	$	2,620	2,622
Donor restricted for capital		200	423
Accumulated net realized and unrealized gains on permanently restricted donations subject to spending policy		3,051	2,381
	$	5,871	5,426

(Continued)

(In thousands of dollars)

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

	2013	2012
Principal to be held in perpetuity, income from which is:		
Restricted for specific purposes	$ 3,610	3,511
Unrestricted	891	891
	$ 4,501	4,402

(15) 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:

	2013	2012
Medicare	28%	29%
Medicaid	8	8
Blue Cross	20	20
Commercial insurance and managed care	38	37
Patient	6	6
	100%	100%

The Corporation maintains its cash accounts at various financial institutions. Accounts at certain financial institutions are insured up to $250 per depositor by the Federal Deposit Insurance Corporation (FDIC). At September 30, 2013, the Corporation had cash balances of approximately $8,082 in excess of insured limits. In addition to FDIC insurance, several of the financial institutions where the Corporation maintains accounts are covered by the Depositors Insurance Fund (DIF) which provides unlimited coverage beyond the standard FDIC limits. The Corporation had cash balances with institutions that do not provide this additional coverage of approximately $134 at September 30, 2013.

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.

(Continued)

(In thousands of dollars)

(16) 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:

		2013	2012
Healthcare services	$	295,061	291,600
General and administrative		65,306	62,960
	$	360,367	354,560

(17) 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 17 individual funds established for a variety of purposes including both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

(a) Relevant Law

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

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

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

(In thousands of dollars)

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, 2013:

		Temporarily restricted	Permanently restricted	Total
Donor-restricted endowment funds:				
Clinical	$	2,392	1,788	4,180
Teaching		179	891	1,070
Other		417	1,822	2,239
Total endowed net assets	$	2,988	4,501	7,489

Changes in endowment net assets for the year ended September 30, 2013 are as follows:

		Temporarily restricted	Permanently restricted	Total
Endowment net assets, October 1, 2012	$	2,437	4,402	6,839
Investment return:				
Investment income, net		(5)	—	(5)
Net gains		929	—	929
Total investment return		924	—	924
Contributions		6	99	105
Appropriation of endowment assets for expenditure		(379)	—	(379)
Endowment net assets, September 30, 2013	$	2,988	4,501	7,489

(Continued)

(In thousands of dollars)

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	$	2,437	4,402	6,839

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	$	2,437	4,402	6,839

(b) Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below their original contributed value. There were no funds with such a deficiency as of September 30, 2013 and one fund with a deficiency as of September 30, 2012.

(Continued)

(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.

(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 $259 and $253 for the years ending September 30, 2013 and 2012, respectively.

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

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

Independent Auditors' Report on Other Financial Information

The Board of Trustees
Mount Auburn Hospital:

We have audited the consolidated financial statements of Mount Auburn Hospital and subsidiary as of and for the years ended September 30, 2013 and 2012, and have issued our report thereon dated December 18, 2013 which contained an unmodified opinion on those consolidated financial statements. Our audit was performed for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating financial information is presented for purposes of additional analysis and is not a required part of the 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 audit 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 taken as a whole.

KPMG LLP

December 18, 2013

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidating Balance Sheet

September 30, 2013

(Dollars in thousands)

Assets		Mount Auburn Hospital	Mount Auburn Professional Services, Inc.	Eliminations	Consolidated
Current assets:					
Cash and cash equivalents	$	34,064	266	—	34,330
Investments		110,578	—	—	110,578
Patient accounts receivable, net		35,202	3,937	—	39,139
Estimated settlements with third-party payers		(2,229)	8,090	—	5,861
Other current assets		6,946	1,909	—	8,855
Total current assets		184,561	14,202	—	198,763
Assets limited or restricted as to use:					
Held by trustees under debt agreements		4,904	—	—	4,904
Held for specific purposes and endowments		9,990	103	—	10,093
Long-term investments		35,675	—	—	35,675
Property and equipment, net		160,278	11,589	—	171,867
Malpractice insurance receivable		8,242	10,135	—	18,377
Other assets		9,243	1,100	—	10,343
Total assets	$	412,893	37,129	—	450,022

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidating Balance Sheet

September 30, 2013

(Dollars in thousands)

Liabilities and Net Assets		Mount Auburn Hospital	Mount Auburn Professional Services, Inc.	Eliminations	Consolidated
Current liabilities:					
Accounts payable and accrued expenses	$	22,307	1,571	—	23,878
Accrued compensation and withholdings		15,386	2,839	—	18,225
Current portion of long-term debt		2,625	—	—	2,625
Total current liabilities		40,318	4,410	—	44,728
Long-term debt, net of current portion		105,850	—	—	105,850
Professional liability claims reserve		10,770	13,243	—	24,013
Other liabilities		9,475	373	—	9,848
		126,095	13,616	—	139,711
Total liabilities		166,413	18,026	—	184,439
Net assets:					
Unrestricted		236,211	19,000	—	255,211
Temporarily restricted		5,768	103	—	5,871
Permanently restricted		4,501	—	—	4,501
Total net assets		246,480	19,103	—	265,583
Total liabilities and net assets	$	412,893	37,129	—	450,022

See accompanying independent auditors' report on other financial information.

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
Malpractice insurance receivable	9,404	9,150	—	18,554
Other assets	8,127	—	—	8,127
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
		129,536	12,620	—	142,156
Total liabilities		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.

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidating Statement of Operations

Year ended September 30, 2013

(Dollars in thousands)

	Mount Auburn Hospital	Mount Auburn Professional Services, Inc.	Eliminations	Consolidated
Operating revenue:				
Net patient service revenue (net of bad debt of $5,885)	$ 293,294	52,112	—	345,406
Contributions and investment income	1,173	—	—	1,173
Other revenue	9,033	11,144	(7,886)	12,291
Net assets released from restrictions for operating purposes	2,758	5	—	2,763
	306,258	63,261	(7,886)	361,633
Operating expenses:				
Salaries and benefits	171,076	56,854	—	227,930
Supplies and other expenses	98,569	16,742	(7,886)	107,425
Uncompensated care	2,263	—	—	2,263
Depreciation	15,541	1,336	—	16,877
Interest	5,872	—	—	5,872
	293,321	74,932	(7,886)	360,367
Income (loss) from operations	12,937	(11,671)	—	1,266
No operating gains:				
Net realized gains on sales of investment securities	6,683	—	—	6,683
Unrealized change in equity interests in limited partnerships	10,742	—	—	10,742
	17,425	—	—	17,425
Excess (deficiency) of revenue over expenses	30,362	(11,671)	—	18,691
Change in net unrealized gains on investments	711	—	—	711
Net assets released from restrictions used for the purchase of property and equipment	858	—	—	858
Change in funded status of employee postretirement benefit plan other than net periodic benefit costs	44	—	—	44
Transfers of unrestricted cash and other net assets to Mount Auburn Professional Services, Inc.	(15,624)	15,624	—	—
Increase in unrestricted net assets	$ 16,351	3,953	—	20,304

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 (Net of bad debt of $5,432)	$ 299,828	50,526	—	350,354
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
	312,336	61,971	(8,475)	365,832
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	2,347	—	—	2,347
Depreciation	15,605	1,381	—	16,986
Interest	5,983	—	—	5,983
	292,066	70,969	(8,475)	354,560
Income (loss) from operations	20,270	(8,998)	—	11,272
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
	10,125	—	—	10,125
Excess (deficiency) of revenue over expenses	30,395	(8,998)	—	21,397
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	$ 23,012	2,147	—	25,159

See accompanying independent auditors' report on other financial information.