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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013 , 2013, and ending 09-30-2014

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 province, country, and ZIP or foreign postal code
CAMBRIDGE, MA 02138

D Employer identification number
04-2103606

E Telephone number
(617)499-5021

G Gross receipts $ 334,923,085

F Name and address of principal officer
JEANETTE CLOUGH
330 MOUNT AUBURN STREET
CAMBRIDGE,MA 02138

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW MOUNTAUBURNHOSPITAL ORG

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

L Year of formation 1871

M State of legal domicile MA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	2,522
6	Total number of volunteers (estimate if necessary)	**6**	300
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,304,993
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,152,864	6,460,773
9	Program service revenue (Part VIII, line 2g)	293,462,121	307,452,534
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,177,419	10,887,240
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,905,955	8,592,564
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	312,698,359	333,393,111
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	941,500	1,565,996
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)	171,076,194	174,249,838
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,331,169		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	120,109,873	124,372,718
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	292,127,567	300,188,552
19	Revenue less expenses Subtract line 18 from line 12	20,570,792	33,204,559

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	412,893,267	429,857,785
21	Total liabilities (Part X, line 26)	166,413,699	161,772,267
22	Net assets or fund balances Subtract line 21 from line 20	246,479,568	268,085,518

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: 2015-08-10

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		2015-08-07		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 or note to any line 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 $	99,979,683	including grants of $	1,565,996) (Revenue $	108,185,630)	
	SEE SCHEDULE O						
4b	(Code	) (Expenses $	21,512,340	including grants of $	) (Revenue $	31,289,103)	
	SEE SCHEDULE O						
4c	(Code	) (Expenses $	25,387,188	including grants of $	) (Revenue $	27,352,612)	
	SEE SCHEDULE O						
	(Code	) (Expenses $	110,791,302	including grants of $	) (Revenue $	140,625,189)	
4d	Other program services (Describe in Schedule O)						
	(Expenses $	110,791,302	including grants of $	) (Revenue $	140,625,189)		
4e	**Total program service expenses** ▶	257,670,513					

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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI 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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or government 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 or 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 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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**		No
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 or note to any line in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	195		
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	2,522		
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" to line 3b, 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 or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	26		
	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**	19		
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

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 02138 (617) 499-5021

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

Check if Schedule O contains a response or note to any line 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			

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)** ▶								5,120,450	1,940,471	2,285,797

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 ▶ 371

			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	7,763,912
CARE GROUP INC 109 BROOKLINE AVENUE BOSTON MA 02215	MGMT SERVICES	2,393,258
MACIPA INC 1380 SOLDIERS FIELD ROAD BRIGHTON MA 02135	EMR/CASE MGMT	1,877,541
QUEST DIAGNOSTICS NICHOLS INST 12436 COLLECTIONS CTR DRV CHICAGO IL 60693	LAB TESTING	1,776,034
ANESTHESIA ASSOCIATES OF MASSACHUSETTS P 690 CANTON STSTE 325 WESTWOOD MA 02090	MD SERVICES	1,162,817

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 ▶ 64

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	505,704			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	637,681			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,317,388			
	g	Noncash contributions included in lines 1a-1f $		23,684			
	h	**Total.** Add lines 1a-1f			6,460,773		
Program Service Revenue			Business Code				
	2a	INPATIENT MED/SURGI	900099	108,185,630	108,185,630		
	b	OUTPATIENT RADIOLOGY	900099	31,289,103	31,289,103		
	c	INPATIENT OBSTECTRICS	900099	27,352,612	27,352,612		
	d	OUTPATIENT SURGERY	621990	23,001,321	23,001,321		
	e	EMERGENCY DEPARTMENT	621990	18,119,591	18,119,591		
	f	All other program service revenue		99,504,277	99,504,277		
	g	**Total.** Add lines 2a–2f		307,452,534			
	3	Investment income (including dividends, interest, and other similar amounts)		453,872		124,032	329,840
	4	Income from investment of tax-exempt bond proceeds		23,942			23,942
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	1,945,673				
	b	Less rental expenses	928,031				
	c	Rental income or (loss)	1,017,642				
	d	Net rental income or (loss)			1,017,642		1,017,642
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	10,561,478	158,592			
	b	Less cost or other basis and sales expenses	310,644	0			
	c	Gain or (loss)	10,250,834	158,592			
	d	Net gain or (loss)			10,409,426	158,592	10,250,834
Other Revenue	8a	Gross income from fundraising events (not including $ 505,704 of contributions reported on line 1c) See Part IV, line 18	a	111,419			
	b	Less direct expenses	b	291,299			
	c	Net income or (loss) from fundraising events			-179,880		-179,880
	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 REV	541380	2,930,541		2,930,541	
	b	PARKING REVENUE	812930	2,417,442			2,417,442
	c	CAFE & COFFEE SHOP	722210	1,624,964			1,624,964
	d	All other revenue		781,855		91,828	690,027
	e	**Total.** Add lines 11a–11d		7,754,802			
	12	**Total revenue.** See Instructions		333,393,111	307,452,534	3,304,993	16,174,811

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 or note to any line 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	1,562,496	1,562,496		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	3,500	3,500		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,097,188	1,195,298	1,623,286	278,604
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	138,937,888	120,736,885	17,863,700	337,303
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,738,985	5,795,527	876,068	67,390
9 Other employee benefits	15,790,201	13,579,573	2,052,726	157,902
10 Payroll taxes	9,685,576	8,329,595	1,259,125	96,856
11 Fees for services (non-employees)				
a Management				
b Legal	451,323		451,323	
c Accounting	10,477		10,477	
d Lobbying	66,425		66,425	
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)	15,911,150	12,791,905	3,026,241	93,004
12 Advertising and promotion	355,343	33,294	322,049	
13 Office expenses	46,946,918	45,601,102	1,287,495	58,321
14 Information technology	8,463,474	6,470,219	1,972,930	20,325
15 Royalties . .				
16 Occupancy	6,541,905	5,022,725	1,470,156	49,024
17 Travel	379,842	348,429	30,282	1,131
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,966,395	1,823,531	553	142,311
20 Interest	5,775,678	4,274,002	1,501,676	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,603,698	13,011,224	2,592,474	
23 Insurance	1,042,303	879,647	162,656	
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 MGMT FEES AND SUPPORT	13,162,069	8,919,060	4,214,136	28,873
b PATIENT SERVICES	3,990,082	3,973,917	16,165	0
c UNCOMPENSATED CARE	2,329,452	2,329,452	0	0
d DUES, LICENSES & FEES	1,376,184	989,132	386,927	125
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	300,188,552	257,670,513	41,186,870	1,331,169
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 or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		4,679,307	1	24,078,262
	2	Savings and temporary cash investments		31,942,723	2	18,466,083
	3	Pledges and grants receivable, net		273,861	3	322,417
	4	Accounts receivable, net		35,359,340	4	38,284,379
	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		3,625,560	8	3,600,551
	9	Prepaid expenses and deferred charges		3,162,704	9	3,324,410
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 427,677,579			
	b	Less accumulated depreciation	10b 269,865,809	160,277,895	10c	157,811,770
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		153,684,913	12	164,394,320
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		19,886,964	15	19,575,593
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		412,893,267	16	429,857,785
Liabilities	17	Accounts payable and accrued expenses		37,342,708	17	37,102,925
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		108,474,940	20	105,825,555
	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		20,596,051	25	18,843,787
	26	**Total liabilities.** Add lines 17 through 25		166,413,699	26	161,772,267
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		236,210,334	27	258,043,698
	28	Temporarily restricted net assets		5,767,455	28	5,539,809
	29	Permanently restricted net assets		4,501,779	29	4,502,011
		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		246,479,568	33	268,085,518
	34	Total liabilities and net assets/fund balances		412,893,267	34	429,857,785

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	333,393,111
2	Total expenses (must equal Part IX, column (A), line 25)	2	300,188,552
3	Revenue less expenses Subtract line 2 from line 1	3	33,204,559
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	246,479,568
5	Net unrealized gains (losses) on investments	5	674,369
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	-12,272,978
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	268,085,518

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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	5 00 1 00	X						0	0	0
CLOUGH JEANETTE G TRUSTEE, PRESIDENT & CEO	55 00 10 00	X		X				915,056	161,481	1,131,208
GORDON LISA TRUSTEE	1 00	X						0	0	0
HATEM MD CHARLES J TEE, DIR MEDICAL EDUC	60 00	X						293,879	0	48,633
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		X				0	0	0
RAFFERTY JAMES J TRUSTEE, CLERK	2 00	X		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 TEE, CARDIOLOGY CHIEF	10 00 1 00	X						64,531	0	0
SHACHOY CHRISTOPHER TRUSTEE, PRESIDENT BOARD OF OVERSEERS	2 00	X						0	0	0
SHAPIRO MD DEBRA TRUSTEE	1 00	X						0	0	0
SHORTSLEEVE MD MICHAEL TRUSTEE, CHAIR DPT OF RADIOLOGY	5 00	X						23,247	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
WAGNER III HERBERT 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			
WILSON WILLIAM TRUSTEE	1 00	X						0	0	0
DIIESO NICHOLAS COO, MAH	60 00			X				495,152	0	415,468
SULLIVAN WILLIAM VP FINANCE & CFO	50 00 10 00			X				312,473	55,142	35,018
ABOOKIRE MD SUSAN MD, CHAIR QUALITY & SAFETY	60 00				X			344,924	0	56,087
BAKER DEBORAH VP, PATIENT CARE SERVICES	60 00				X			293,084	0	35,018
BRIDGEMAN JOHN VP, CLINICAL SERVICES	60 00				X			226,510	0	39,006
BURKE KATHRYN VP, CONTRACTING/BUSINESS DEV	60 00				X			339,807	0	77,342
O'CONNELL MICHAEL L VP, PLANNING & MARKETING	60 00				X			324,072	0	44,368
ZINNER MD STEPHEN FRMR TEE, CHAIR DEPT MED	51 00 9 00				X			374,090	66,016	28,442
ROSENBLATT MD PETER DIR, UROGYN & RECON SURG	6 00 54 00					X		53,581	482,224	40,118
HUANG MD EDWIN CHAIR, DEPT OF OB/GYN	36 00 24 00					X		314,849	209,899	40,682
SETNIK MD GARY S CHAIR, EMERG MED	36 00 24 00					X		239,671	159,780	56,129
SCHIFFMAN MD ROBERT CHIEF, PULMON MED	6 00 54 00					X		38,011	342,094	35,735
MOYER MD PATRICIA MD, INTERNAL MEDICINE	17 00 43 00					X		95,242	244,909	43,629
NAUTA MD RUSSELL J FRMR TEE, CHAIR SURGERY	48 00 12 00						X	345,780	86,446	152,658
SEMENZA PETER FORMER CFO	0 00 60 00						X	26,491	132,480	6,256

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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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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		
Return Reference	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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

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2013

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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) 2010	(b) 2011	(c) 2012	(d) 2013	(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		66,425
j Total Add lines 1c through 1i			66,425
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

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

Return Reference	Explanation
PART II-B, LINE 1	LOBBYING PARTS II-B - IV FROM TIME TO TIME, CERTAIN EXECUTIVES OF MOUNT AUBURN HOSPITAL (MAH) ENGAGE IN LOBBYING EFFORTS RELATED TO THE HOSPITAL'S ACTIVITIES AS SUCH, A PORTION OF THEIR SALARIES HAS BEEN LISTED AS A LOBBYING EXPENSE ADDITIONALLY, MAH PAYS DUES TO CERTAIN MEMBERSHIP ORGANIZATIONS, A PIECE OF 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, 2014 MAH IS REPORTING INDIRECT LOBBYING EXPENSES THROUGH MEMBERSHIP ORGANIZATIONS AND DIRECT LOBBYING EXPENSES OF $42,543 AND $23,882 RESPECTIVELY TOTAL COMBINED LOBBYING EXPENDITURES OF MAH WERE MINIMAL AND NOT SUBSTANTIAL BASED ON REVENUES

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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	10,269,240	9,721,077	9,455,611	9,646,753	10,168,224
b	Contributions	5,361,641	3,229,776	3,255,067	3,969,080	3,298,045
c	Net investment earnings, gains, and losses	535,470	934,739	716,757	-88,866	454,217
d	Grants or scholarships					
e	Other expenditures for facilities and programs	6,124,531	3,616,352	3,706,358	4,071,356	4,273,733
f	Administrative expenses					
g	End of year balance	10,041,820	10,269,240	9,721,077	9,455,611	9,646,753

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 ▶ 45 000 %
- c Temporarily restricted endowment ▶ 55 000 %

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

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		213,330,039	89,266,149	124,063,890
c Leasehold improvements		4,578,871	2,995,250	1,583,621
d Equipment		208,442,707	177,604,410	30,838,297
e Other		1,156,962		1,156,962
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				157,811,770

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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	164,394,320	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	164,394,320	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d 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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
ACCRUED POST RETIREMENT BENEFITS	676,239
DUE TO AFFILIATES	158,263
DEFERRED COMP	2,479,181
PROFESSIONAL LIABILITY CLAIMS RESERVE	7,816,077
SERP	6,567,416
SHATZKY ANNUINTY	40,669
DEFERRED REVENUE-LT	264,791
ASSET RETIREMENT OBLIGATION	802,526
GIFT ANNUITIES	38,625
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	18,843,787

2. Liability for uncertain tax positions 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 Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	390,211,000
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	61,743,000		
e	Add lines **2a** through **2d**			2e	61,743,000
3	Subtract line **2e** from line **1**			3	328,468,000
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	4,925,111		
c	Add lines **4a** and **4b**			4c	4,925,111
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	333,393,111

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	373,109,000
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	72,920,448		
e	Add lines **2a** through **2d**			2e	72,920,448
3	Subtract line **2e** from line **1**			3	300,188,552
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	300,188,552

Part XIII Supplemental Information

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

Return Reference	Explanation
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, 2014, THESE SOURCES INCREASED FREE CARE PROVIDED TO PATIENTS BY $232,000
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 2014
PART XI, LINE 2D - OTHER ADJUSTMENTS	CONSOLIDATED REVENUE NET OF ELIMINATIONS 58,124,000 NET ASSETS RELEASED FROM RESTRICTIONS 2,872,000 UNREALIZED CHANGE IN VALUE OF LP'S 747,000
PART XI, LINE 4B - OTHER ADJUSTMENTS	EXPENSES ASSOCIATED WITH REAL ESTATE RENTAL -928,031 EXPENSES ASSOCIATED WITH SPECIAL EVENTS -291,299 RESTRICTED CONTRIBUTIONS 5,361,000 RESTRICTED INVESTMENT INCOME 500,000 PARTNERSHIP INCOME/ROUNDING 282,624 ROUNDING 817
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES ASSOCIATED WITH REAL ESTATE RENTAL 928,031 EXPENSES ASSOCIATED WITH SPECIAL EVENTS 291,299 CONSOLIDATING AFFILIATE NET OF ELIMINATIONS 71,702,000 ROUNDING -882

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
ACCRUED POST RETIREMENT BENEFITS	676,239
DUE TO AFFILIATES	158,263
DEFERRED COMP	2,479,181
PROFESSIONAL LIABILITY CLAIMS RESERVE	7,816,077
SERP	6,567,416
SHATZKY ANNUINTY	40,669
DEFERRED REVENUE-LT	264,791
ASSET RETIREMENT OBLIGATION	802,526
GIFT ANNUITIES	38,625

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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.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 its grants and other 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 its grants and other assistance 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
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			27,764,561
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			27,764,561

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 non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 organization may 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, Information 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**

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART IV- FOREIGN FORMS	STATEMENT OF ACTIVITIES OUTSIDE THE UNITED STATES ALTHOUGH BIDMC WAS AN INDIRECT SHAREHOLD ER OF A PASSIVE FOREIGN INVESTMENT COMPANY OR QUALIFIED ELECTING FUND DURING THE PERIOD CO VERED BY THIS FILING, BIDMC WAS NOT REQUIRED TO FILE FORM 8621, INFORMATION RETURNS BY A S HAREHOLDER OF A PASSIVE FOREIGN INVESTMENT COMPANY OR QUALIFIED ELECTING FUND "

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			INVESTMENTS		24,254,601
EAST ASIA AND THE PACIFIC			INVESTMENTS		306,884
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		1,137,634

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
NORTH AMERICA			INVESTMENTS		1,036,045
SOUTH AMERICA			INVESTMENTS		263,218
CENTRAL AMERICA & THE CARIBBEAN	0	0	PROGRAM SERVICES	JOINTLY OWNED FOREIGN INSURANCE	766,179

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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. Form 990-EZ filers are not required to complete this part.

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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions 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 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	455,765	97,735	63,623	617,123
	2 Less Contributions	391,650	59,222	54,832	505,704
	3 Gross income (line 1 minus line 2)	64,115	38,513	8,791	111,419
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	220,650	61,858	8,791	291,299
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(291,299)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-179,880

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 Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

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

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 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. 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).

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.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

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	Yes	
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		No
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)			4,142,727		4,142,727	1 380 %
b Medicaid (from Worksheet 3, column a)			12,759,380	12,060,577	698,803	0 230 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			16,902,107	12,060,577	4,841,530	1 610 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,625,350		1,625,350	0 540 %
f Health professions education (from Worksheet 5)			10,517,228	4,112,477	6,404,751	2 130 %
g Subsidized health services (from Worksheet 6)			36,773,573	25,362,346	11,411,227	3 800 %
h Research (from Worksheet 7)			24,150		24,150	0 010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			320,276		320,276	0 110 %
j **Total.** Other Benefits			49,260,577	29,474,823	19,785,754	6 590 %
k **Total.** Add lines 7d and 7j			66,162,684	41,535,400	24,627,284	8 200 %

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						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 **Total**						

Part III Bad Debt, Medicare, & 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 4,059,502			
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	88,443,517
6	Enter Medicare allowable costs of care relating to payments on line 5	6	79,545,710
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	8,897,807
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, primary website address, and state license number	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
	See Additional Data Table										

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

If reporting on Part V, Section B for a single hospital facility 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 11			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests 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 (list url) SEE PART VI			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☐ 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 as of the end of the tax year)			
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 ☐ Residency			
i ☐ 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 individual'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 Section C)			
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 individual'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 Section C)			

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 individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☑ Other (describe in Section C)

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 individual 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 individual 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. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. 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

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

Form and Line Reference	Explanation
DISCLOSURES FOR FORM 990 SCHEDULE H PART VI SUPPLEMENTAL INFORMATION	WILL FOLLOW THOSE DISCLOSURES RELATED TO FORM 990 SCHEDULE H PART V, SECTION B FORM 990 SC HEDULE H PART V, SECTION C SUPPLEMENTAL INFORMATION FOR SCHEDULE H PART V, SECTION B FIN ANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS - COMMUNITY HEALTH IMPROVEMENT SERV ICES AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPSCOMMUNITY BENEFITS MISSION STAT EMENT MOUNT AUBURN HOSPITAL (MAH OR HOSPITAL) IS COMMITTED TO IMPROVING THE HEALTH AND WEL LBEING OF COMMUNITY MEMBERS BY COLLABORATING WITH COMMUNITY PARTNERS TO REDUCE BARRIERS TO HEALTH, INCREASE PREVENTION AND/OR SELF-MANAGEMENT OF CHRONIC DISEASE AND INCREASE THE EA RLY DETECTION OF ILLNESS DURING THE FISCAL YEAR COVERED BY THIS FILING, MAH PROVIDED COMM UNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BENEFIT OPERATIONS AND CASH AND IN-KIND CONTR IBUTIONS TO COMMUNITY GROUPS OF $1,945,626 AS REPORTED ON THIS SCHEDULE H, PART I, LINES 7 E AND 7I, COLUMN C COMMUNITY 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 DIR ECTOR HAS CONTINUOUS DIALOGUES WITH THOSE WHO WORK CLOSELY WITH LOCAL COMMUNITY HEALTH NET WORK 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 HO SPITAL 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 TRUSTEE S APPROVES THE COMMUNITY BENEFIT'S MISSION STATEMENT AND PLAN THE VICE PRESIDENT OF MARKE TING 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 DIFF ERENT CULTURAL AND LINGUISTIC BACKGROUNDS, IS CHAIRED BY THE DIRECTOR OF COMMUNITY HEALTH AND INCLUDES REPRESENTATIVES FROM MANY HOSPITAL DISCIPLINES THE COMMUNITY BENEFITS PLAN WA S PRESENTED TO THE PATIENT AND FAMILY ADVISORY COUNCIL COPIES OF THE COMMUNITY BENEFITS P LAN WERE SENT TO EVERYONE INVOLVED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS COMMU NITY 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 COMMUNITY HEALTH NEEDS ASSESSMENTCOMMUNITY HEALTH NEEDS ASSESSME NT - INTERNAL REVENUE CODE SECTION 501(R)INTERNAL REVENUE CODE (IRC) SECTION 501(R), ENACT ED AS PART OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, REQUIRES EACH HOSPITAL TO CO MPLETE 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 HOSP ITAL UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED MAH COMPLET ED ITS MOST RECENT NEEDS ASSESSMENT IN SEPTEMBER 2012 THE NEEDS ASSESSMENT AND ACCOMPANYI NG IMPLEMENTATION PLAN WERE APPROVED BY THE MAH BOARD OF TRUSTEES ON OR BEFORE SEPTEMBER 3 0, 2012 THE MAH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND THE ASSOCIATED COMMUNITY HEA LTH IMPROVEMENT PLAN (CHIP OR IMPLEMENTATION STRATEGY) WERE THE CULMINATION OF SEVERAL MON THS OF WORK AND WERE BORNE LARGELY OUT OF MAH'S COMMITMENT TO BETTER UNDERSTAND AND ADDRES S THE HEALTH-RELATED NEEDS OF THOSE LIVING IN ITS COMMUNITY BENEFITS SERVICE AREA WITH AN EMPHASIS ON THOSE WHO ARE MOST DISADVANTAGED THE PROJECT ALSO FULFILLED THE COMMONWEALTH ATTORNEY GENERAL'S OFFICE AND FEDERAL INTERNAL REVENUE SERVICE (IRS) REGULATIONS THAT REQU IRE THAT MAH ASSESS COMMUNITY HEALTH NEEDS, ENGAGE THE COMMUNITY, IDENTIFY PRIORITY HEALTH ISSUES, AND CREATE A COMMUNITY HEALTH STRATEGY THAT DESCRIBES HOW MAH, IN COLLABORATION W ITH THE COMMUNITY AND LOCAL HEALTH DEPARTMENT, WILL ADDRESS THE NEEDS AND THE PRIORITIES I DENTIFIED BY THE ASSESSMENT COMMUNITY HEALTH NEEDS ASSESSMENT - TARGETED GEOGRAPHY AND POP ULATIONMAH COMMUNITY BENEFITS ARE AIMED AT SERVING COMMUNITY MEMBERS WHO LIVE ARLINGTON, B ELMONT, CAMBRIDGE, WALTHAM, WATERTOWN AND SOMERVILLE, UNDERSERVED COMMUNITY MEMBERS SERVED BY JOSEPH M COMMUNITY HEALTH CENTER AND MASSACHUSETTS COMMUNITY HEALTH NETWORK AREAS 7, 15, 17, 18 AND 20 THIS DECISION WAS MADE BY REVIEWING MAH PRIMARY DISCHARGE DATA, THE NEE DS OF THE MASSACHUSETTS COMMUNITY HEALTH NETWORK AREAS NOTED ABOVE, THE UNIQUE EXPERTISE O F THE MOUNT AUBURN HOSPITAL REGIONAL CENTER FOR HEALTHY COMMUNITIES STAFF (MAHRCHC), AND T HE NEEDS OF THE CLOSEST FEDERALLY QUALIFIED COMMUN

Form and Line Reference	Explanation
DISCLOSURES FOR FORM 990 SCHEDULE H PART VI SUPPLEMENTAL INFORMATION	ITY HEALTH CENTER-JOSEPH M SMITH COMMUNITY HEALTH CENTER (JMSCHC) COMMUNITY HEALTH NEEDS ASSESSMENT - APPROACH AND METHODSMAH COMMUNITY HEALTH DEPARTMENT STAFF MET WITH COMMUNITY MEMBERS INCLUDING THOSE WHO WORK IN PUBLIC HEALTH TO REACH COMMUNITY MEMBERS IN MAH'S TA RGET AREA MAH CONCENTRATED ITS EFFORTS WITH MEMBERS FROM THE LOCAL COMMUNITY HEALTH NETWOR K AREAS (NETWORK AREA) A COMMUNITY HEALTH NETWORK IS A LOCAL COALITION OF PUBLIC, NON-PRO FIT, AND PRIVATE SECTOR ORGANIZATIONS WORKING TOGETHER TO BUILD HEALTHIER COMMUNITIES IN M ASSACHUSETTS THROUGH COMMUNITY-BASED PREVENTION PLANNING AND HEALTH PROMOTION THESE NETWO RK AREAS WERE ESTABLISHED BY THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH IN 1992 MOUNT AUBURN HOSPITAL'S REGIONAL CENTER FOR HEALTHY COMMUNITIES (MAHRCHC OR CENTER) 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 NETWORK A REAS TO DESIGN AND IMPLEMENT INCLUSIVE COMMUNITY HEALTH PLANNING AND ASSESSMENT PROCESSES, AND 2) PROVIDING TOOLS AND TEMPLATES, TRAINING, FACILITATION, AND OPPORTUNITIES FOR SHARI NG AND COLLABORATION AMONG THE NETWORK AREAS THE MAHRCHC LEAD REGIONAL HEALTH PLANNING TH ROUGH ITS WORK WITH FIVE NETWORK AREAS (AREAS 7, 15, 17, 18, AND 20) MAH COMMUNITY BENEFI TS STAFF WORKED CLOSELY WITH THE LEADERS OF NETWORK AREA 17 TO REVIEW THE ASSESSMENT, AND TO PRIORITIZE THE AREAS FOR IMPLEMENTATION OF COMMUNITY HEALTH INITIATIVES WITHIN THE NETW ORK AREA MAH THEN REVIEWED THE CURRENT COMMUNITY BENEFIT PLAN WITH 1) COMMUNITY BASED ORGA NIZATION PARTNERS, 2) MAH STAFF AND 3) THE MAH PATIENT AND FAMILY ADVISORY BOARD THE RESU LTS 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 PROGRA M BUDGET OF OVER ONE MILLIONS DOLLARS COMMUNITY HEALTH NEEDS ASSESSMENT - MAJOR HEALTH NEE DS AND HOW PRIORITIES WERE DETERMINED TODETERMINE PRIORITIES FOR COMMUNITY BENEFIT PROGRAM MING MAH GROUPED ASSESSMENT INFORMATION INTO THREE AREAS 1 SUPPORT FOR LOCAL COMMUNITY H EALTH NETWORK AREAS2 COMMUNITY HEALTH INITIATIVES IN COMMUNITY HEALTH NETWORK AREA 173 D IRECT AND INDIRECT PROGRAMMINGMAHRCHC STAFF WORKED WITH THE STEERING COMMITTEES OF THE NET WORK AREAS TO CHOOSE ACTIVITIES THAT 1 HAVE BEEN RIGOROUSLY EVALUATED AND ARE SHOWN TO BE EFFECTIVE 2 ARE DEVELOPED TO REDUCE 'RISK' FACTORS AND ENHANCE 'PROTECTIVE' FACTORS FOR COMMUNITY MEMBERS 3 BUILD UPON THE STRENGTHS AND RESOURCES OF DIVERSE COMMUNITY MEMBERS E ACH NETWORK AREA THEN WORKED INTERNALLY TO IDENTIFY AND CHOOSE THE SUPPORT THEY WOULD RECE IVE FROM THE MAH REGIONAL CENTER STAFF COMMUNITY HEALTH NEEDS ASSESSMENT - COMMUNITY HEALT H INITIATIVES IN NETWORK AREA 17WITH THE GUIDANCE OF MAHRCHC, NETWORK AREA 17 CARRIED OUT A BROAD COMMUNITY HEALTH NEEDS ASSESSMENT TO IDENTIFY SHARED HEALTH PRIORITIES THE NETWOR K AREA IS FOUNDED ON THE CONCEPT THAT GOOD HEALTH REQUIRES THE BROAD AND ENGAGED PARTICIPA TION OF ALL MEMBERS OF A COMMUNITY THROUGHOUT THE ASSESSMENT PROCESS, THE NETWORK AREA MA DE 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 A N UNDERSTANDING THAT HEALTH IS NOT DETERMINED BY HEALTHCARE, BUT BY THE SOCIAL SUPPORTS, E NVIRONMENTAL OPPORTUNITIES, POLICIES AND NORMS OF THE COMMUNITY AND BY THE UNDERLYING ECON OMIC FACTORS AND WELL-BEING OF WHERE PEOPLE LIVE

Form and Line Reference	Explanation
THIS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS INCLUDED FACILITATORS AND	CONSULTANT EVALUATORS TO MAKE LANGUAGE AND PROCESSES AS ACCESSIBLE, PRACTICAL AND SIMPLE A S 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 TE RMS OF DATA COLLECTION, THE INSTITUTE FOR COMMUNITY HEALTH RELIED HEAVILY ON MASSCHIP AND YOUTH BEHAVIOR RISK SURVEY DATA THE PROCESS DESIGN EVOLVED AS THE PROJECT PROGRESSED, TAK ING INTO CONSIDERATION NEW FINDINGS, THE INTERESTS OF NEW MEMBERS AND IDEAS ABOUT HOW TO B ETTER ENGAGE THE COMMUNITY IN THE ASSESSMENT PROCESS (SCHEDULE H, PART V, SECTION B, QUES TION 3) AS A RESULT OF THE ASSESSMENT PROCESS NETWORK AREA 17 HAS A SHARED AND ARTICULATED DIRECTION AND MEMBERS ARE MORE AWARE OF THEIR COMMUNITIES' SIMILARITIES AND DIFFERENCES THE STEERING COMMITTEE OF NETWORK AREA 17 HAS GROWN TO INCLUDE REPRESENTATIVES FROM COMMUN ITIES THAT HAD TRADITIONALLY BEEN LESS INVOLVED AND THE WHOLE NETWORK AREA 17 IS ACTIVELY ENGAGED IN THE PROCESS OF DECIDING HOW THE FUNDS THAT WILL BE COMING TO NETWORK AREA SHOUL D BE SPENT COMMUNITY HEALTH NEEDS ASSESSMENT - KEY FINDINGSMAH'S CHNA RESULTED IN THE FOLL OWING KEY FINDINGS RELATED TO COMMUNITY HEALTH NEEDS 1 YOUTH SUBSTANCE ABUSE2 YOUTH ACCE SS TO SERVICES3 YOUTH MENTAL HEALTH4 ADULT MENTAL HEALTH5 OBESITY AND ACTIVE LIVING6 C RIME AND SAFETYCOMMUNITY HEALTH NEEDS ASSESSMENT - ADDRESSING COMMUNITY HEALTH NEEDSMAH ST RIVES TO ADDRESS THE PRIORITY AREAS AND IN ITS CHNA AND IMPLEMENTATION STRATEGY WHICH ARE AVAILABLE ON THE MAH WEBSITE (HTTP //WWW MOUNTAUBURNHOSPITAL ORG/BODY CFM?ID=13) AND UPON REQUEST A SUMMARY OF MAH'S COMMUNITY BENEFIT ACTIVITIES FOR THE FISCAL YEAR COVERED BY TH IS FILING AND WHICH ADDRESS THE UNMET NEEDS IDENTIFIED IN THE MOST RECENT CHNA AND PRIORIT IZED IN THE MOST RECENT CHIP ARE PROVIDED HERE ALONG WITH THE ENTITIES WITH WHICH THE HOSP ITAL PARTNERS RELATED TO THESE EFFORTS YOUTH SUBSTANCE ABUSE - CANCER PREVENTION PEER LEA DER DEVELOPMENT-A SOCIAL NORMS APPROACHMOUNT AUBURN HOSPITAL WORKS CLOSELY WITH THE ARLING TON ENRICHMENT COLLABORATIVE (AEC) AND THE ARLINGTON YOUTH HEALTH AND SAFETY COALITION (AY HSC) TO BRING CANCER PREVENTION AWARENESS AS WELL AS EDUCATIONAL TOOLS AND MATERIALS TO DE VELOP MIDDLE SCHOOL PEER LEADER EDUCATORS, BUILDING ESSENTIAL STEPS IN DEVELOPING AN ONGOI NG TOBACCO-FREE AND SUN SAFETY SOCIAL NORMS FOR MIDDLE AND HIGH SCHOOL STUDENTS YOUTH SUB STANCE ABUSE, ACCESS TO SERVICES AND MENTAL HEALTHADDRESSING YOUTH ISSUES, IN PARTICULAR M ENTAL HEALTH, SUBSTANCE ABUSE, DATING VIOLENCE, BULLYING, AND ACCESS TO SERVICES FOR YOUTH , WERE SOME OF THE TOP ISSUES IDENTIFIED IN THE COMMUNITY NEEDS ASSESSMENT MAH HAS WORKED WITH THE MEMBERS OF NETWORK AREA 17 TO MAKE FUNDS AVAILABLE TO ADDRESS THESE ISSUES DURI NG THE PERIOD COVERED BY THIS FILING, FIVE GRANTEES COMPLETED THREE YEARS OF FUNDING IN A DDITION TO PROVIDING TECHNICAL SUPPORT FOR INDIVIDUAL GRANTEES, MOUNT AUBURN HOSPITAL STAF F ORGANIZES AND FACILITATES COMMUNITIES OF LEARNING FOR THE GRANTEES THESE MEETINGS PROVI DE OPPORTUNITIES FOR REPRESENTATIVES FROM DIFFERENT ORGANIZATIONS TO SHARE SUCCESSES AND P ROBLEM SOLVE CHALLENGES YOUTH MENTAL HEALTHAS NOTED IN MORE DETAIL BELOW RELATED TO ADULT MENTAL HEALTH, MAH HAS WORKED WITH NETWORK AREA 17 MEMBERS TO CREATE A SCHOLARSHIP PROGRA M TO TRAIN COMMUNITY MEMBERS IN MENTAL HEALTH FIRST AID DURING THE PERIOD COVERED BY THIS FILING, MAH EXPANDED THIS PROGRAM TO INCLUDE YOUTH MENTAL HEALTH FIRST AID TRAINING AND R EACHED OUT TO LOCAL SCHOOL DEPARTMENTS TO OFFER THE INSTRUCTOR TRAINING OPPORTUNITY ADULT MENTAL HEALTHMAH HAS WORKED WITH NETWORK AREA 17 MEMBERS TO CREATE A SCHOLARSHIP PROGRAM T O TRAIN COMMUNITY MEMBERS IN MENTAL HEALTH FIRST AID SCHOLARSHIPS ARE OFFERED AT THREE LE VELS INDIVIDUAL-FOR A COMMUNITY MEMBER TO ATTEND TRAINING, COMMUNITY--FOR AN ORGANIZATION TO HAVE TRAINING FOR THEIR STAFF, AND INSTRUCTOR-FOR A REPRESENTATIVE FROM A COMMUNITY OR GANIZATION TO BECOME AN INSTRUCTOR OBESITY AND ACTIVE LIVING THROUGH THE MOST RECENT COMM UNITY NEEDS ASSESSMENT, OBESITY, ACCESS TO HEALTHY FOODS, AND OPPORTUNITIES FOR ACTIVE LIV ING WERE IDENTIFIED AS A COMBINED PRIORITY AREA FOR THE NETWORK AREA MAH HAS WORKED WITH MEMBERS OF THE NETWORK AREA TO MAKE FUNDS AVAILABLE TO PROMOTE POLICY CHANGE DURING THE P ERIOD COVERED BY THIS FILING, THREE GRANTEES COMPLETED TWO YEARS OF FUNDING AS FOOD AND AC TIVITY POLICY COUNCILS ANOTHER REQUEST FOR PROPOSAL WAS CRAFTED AND FIVE ADDITIONAL GRANT EES WERE FUNDED THREE OF THESE FIVE ARE NEW PROGRAMS EACH GRANTEE IS OFFERED TECHNICAL A SSISTANCE BY MOUNT AUBURN HOSPITAL COMMUNITY HEALTH SPECIALISTS THE GROUP IS CONVENED AT A COMMUNITY OF LEARNING THROUGHOUT THE YEAR MOUNT AUBURN HOSPITAL COMMUNITY HEALTH SPECIA LISTS PLAN AND FACILITATE THESE EVENTS WHERE GRANTEES FROM DIFFERENT TOWNS SHARE SUCCESSES AND CHALLENGES OBESITY AND ACTIVE LIVING HEALTHY WALTHAM FILLS A VITAL ROLE FOR THE HEALT H AND WELL-BEING OF WALTHAM COMMUNITY MEMBERS LON

Form and Line Reference	Explanation
THIS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS INCLUDED FACILITATORS AND	G TERMS GOALS INCLUDE IMPROVING NUTRITION AND EXERCISE AMONG COMMUNITY MEMBERS TO PREVENT ILLNESS DURING THE PERIOD COVERED BY THIS FILING, HEALTHY WALTHAM PARTNERED WITH JOSEPH M SMITH COMMUNITY HEALTH CENTER AND MOUNT AUBURN HOSPITAL TO INCREASE AWARENESS OF THE LIN K BETWEEN OBESITY AND CANCER IN PARTICULAR COLORECTAL CANCER EFFORTS HAVE FOCUSED ON PREV ENTION AND SCREENING RECOGNIZING THAT HEALTH INCLUDES FEELING SAFE AND SECURE IN THE COMM UNITY YOU LIVE, MOUNT AUBURN HOSPITAL ALSO SUPPORTED HEALTHY WALTHAM'S WORK WITH YOUTH TO IDENTIFY SAFE AND UNSAFE PLACES IN THE COMMUNITY AND THOUGHTS ABOUT HOW TO IMPROVE THE OVE RALL WELL-BEING OF THE WALTHAM COMMUNITY CRIME AND SAFETY DURING THE MOST RECENT COMMUNITY NEEDS ASSESSMENT CRIME AND SAFETY WAS PRIORITIZED AS AN AREA OF CONCERN WITHOUT A CLEAR CONSENSUS ON WHICH ACTIVITIES WOULD BE MOST BENEFICIAL THE NETWORK AREA DECIDED TO CONDUCT FOCUS GROUPS IN EACH TOWN BASED ON THE RESULTS OF THOSE FOCUS GROUPS A REQUEST FOR PROPO SAL WAS DEVELOPED TO FOSTER PROMISING PRACTICES AND COLLABORATIONS ACROSS NON-TRADITIONAL PARTNERS THREE PROGRAMS WERE FUNDED--TWO ADDRESS DOMESTIC VIOLENCE AND ONE ADDRESSED THE INTERSECTION BETWEEN PETTY THEFT AND SUBSTANCE ABUSE AS WITH OTHER FUNDING PROGRAMS, MOUN T AUBURN HOSPITAL STAFF PROVIDES TECHNICAL ASSISTANCE TO THE GRANTEES AS WELL AS DESIGN AN D FACILITATE COMMUNITIES OF LEARNING FOR THE GRANTEES TO SHARE SUCCESSES AND CHALLENGES CO MMUNITY PARTNERSMAH SUPPORTS NETWORK AREA 17'S MISSION TO HELP BUILD HEALTHIER PEOPLE AND BETTER CONNECTED COMMUNITIES ACROSS MAH CURRENTLY PROVIDES 100% OF NETWORK AREA 17'S FUND ING IN ADDITION TO THE DEDICATED COMMUNITY HEALTH INITIATIVES THE NETWORK AREA HOSTS GENE RAL MEETINGS, TRAININGS, AND PATHWAYS FOR NETWORK AREA MEMBERS TO COMMUNICATE WHICH INCLUD E EMAILS, NEWSLETTERS, A WEBSITE AND DEDICATED TIME AT GENERAL MEETINGS NETWORK AREA 17 CO NSISTS OF OVER 60 MEMBERS THE FOLLOWING AGENCIES ARE REPRESENTED - AIDS ACTION COMMITTEE- ARLINGTON DIVERSION - ARLINGTON YOUTH COALITION- BOSTON AREA GLEANERS- CAMBRIDGE AND SOME RVILLE EARLY INTERVENTION- CAMBRIDGE COMMUNITY CENTER- CAMBRIDGE ECONOMIC OPPORTUNITY COUN CIL - CAMBRIDGE HEALTH ALLIANCE - CAMBRIDGE PREVENTION COALITION- CAMBRIDGE PUBLIC HEALTH DEPARTMENT - CASPAR - COMMUNITY DAY CENTER OF WALTHAM- CHILD CARE RESOURCE CENTER- EAST EN D HOUSE - FOOD FOR FREE- GREATER WALTHAM ARC - HEALTHY WALTHAM - INSTITUTE FOR COMMUNITY H EALTH WIC- MASSACHUSETTS ALLIANCE OF PORTUGUESE SPEAKERS - MARGARET FULLER HOUSE- MINUTE M AN SENIOR SERVICES SHINE- PAINE SENIOR SERVICES- PARENTS HELPING PARENTS- REACH- SOMERVILL E CARES ABOUT PREVENTION- SOMERVILLE COMMUNITY HEALTH AGENDA- SOMERVILLE EARLY INTERVENTIO N- 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 COALI TION- YOUTH ON FIRECOMMUNITY HEALTH NEEDS - OTHER INITIATIVESIMMIGRANT HEALTH - LISTEN AND LEARNTHE LISTEN AND LEARN PROGRAMS BRING CLINICIANS AND COMMUNITY MEMBERS TOGETHER TO "LI STEN AND LEARN" FROM EACH OTHER ABOUT BARRIERS TO THE PREVENTION AND EARLY DETECTION OF IL LNESS HEALTH EDUCATION IS PROVIDED IN LOCATIONS CONVENIENT TO UNDERSERVED COMMUNITY MEMBE RS SUCH AS ENGLISH SPEAKERS OF OTHER LANGUAGES (ESOL) PROGRAMS AND SENIOR CENTERS COMMUNI TY MEMBERS ARE ENCOURAGED TO SHARE THEIR BELIEFS ABOUT ILLNESS AND BARRIERS TO PREVENTION AND EARLY DETECTION GUIDELINES INFORMATION LEARNED IS SHARED WITH APPROPRIATE CLINICAL TE AMS AT MOUNT AUBURN HOSPITAL

Form and Line Reference	Explanation
IMMIGRANT HEALTH - BREASTFEEDING	THIS PROGRAM BRINGS MOUNT AUBURN HOSPITAL, JOSEPH M SMITH COMMUNITY HEALTH CENTER AND WAL THAM'S WOMEN'S INFANTS AND CHILDREN TOGETHER TO PROMOTE COORDINATION AND COMMUNICATION ABO UT INCREASING BREAST FEEDING SUCCESS AMONG IMMIGRANT WOMEN HEALTH EDUCATION FOR THE HOMELE SSMAH STAFF GOES TO HOMELESS SHELTERS TO TEACH BASIC HEALTH EDUCATION THE FOCUS IS ON PRE VENTION AND EARLY DETECTION OF ILLNESS BY GOING WHERE VULNERABLE COMMUNITY MEMBERS ARE TH ESE ENCOUNTERS FOSTER RELATIONSHIPS WITH HEALTH CARE PROVIDERS AND IMPROVE HEALTH SEEKING BEHAVIORS HUNGERIN AN EFFORT TO ADDRESS HUNGER THIS PROGRAM CONDUCTS FOOD DRIVES, AND PROV IDES OPPORTUNITIES FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) ENROLLMENT TO IMP ROVE NUTRITIONAL STATUS IN VULNERABLE POPULATIONS FINANCIAL COUNSELORS HAVE BEEN TRAINED TO BE ABLE TO ENROLL COMMUNITY MEMBERS IN SNAP AS THEY ENROLL IN PUBLIC ASSISTANCE PROGRAM S CHRONIC DISEASE SELF-MANAGEMENT - HOUSE CALLS PROGRAMMOUNT AUBURN HOSPITAL STRIVES TO IM PROVE THE HEALTH OF ELDERS THROUGH MANY COMMUNITY BASED INITIATIVES THE FIRST IS A HOUSE CALLS PROGRAM THIS PROGRAM WAS DEVELOPED IN RESPONSE TO A WORKING GROUP CONSISTING OF HOM ECARE PROVIDERS, HOME BOUND ELDERS AND THEIR FAMILIES, AND GERIATRICIANS THE HOUSE CALLS PROGRAM ADDRESSES BARRIERS TO HEALTH CARE BY TAKING GERIATRICIANS OUT OF THE OFFICE TO CAR E FOR VULNERABLE ELDERS IN THEIR OWN HOMES THESE SERVICES ARE PROVIDED IN-KIND SECOND, M OUNT AUBURN HOSPITAL SOCIAL WORKERS ATTEND COMMUNITY MEETINGS TO SHARE BEST PRACTICES, IDE NTIFY OPPORTUNITIES TO IMPROVE AND ADDRESS CHALLENGES TO ELDER CARE MOUNT AUBURN ALSO PRO VIDES DIRECT FINANCIAL SUPPORT FOR COMMUNITY BASED ORGANIZATIONS THAT SERVE ELDERS CHRONIC DISEASE SELF-MANAGEMENT - FALL PREVENTION STRATEGIES FOR SENIORSTO IMPROVE THE HEALTH OF SENIORS, MOUNT AUBURN HOSPITAL OFFERS THIS EVIDENCED BASED PROGRAM TO SENIOR COMMUNITY MEM BERS AT RISK FOR FALLS THIS PROGRAM CONTINUES TO BE IN HIGH DEMAND AND WE CONTINUE TO BE ABLE TO MEET THAT DEMAND BY ADDING NEW CLASSES DURING THE PERIOD COVERED BY THIS FILING, MAH WE PILOTED THIS PROGRAM AT ELDER HOUSING IN ARLINGTON BY REACHING SENIORS WHERE THEY LIVE WITH THESE IMPORTANT FALL PREVENTION STRATEGIES WE HOPE TO ENCOURAGE THEM TO ATTENDED OTHER HEALTH PROMOTION ACTIVITIES AT THE LOCAL COUNCIL ON AGING CHRONIC DISEASE SELF-MANA GEMENT - BLOOD PRESSURE MONITORING FOR SENIORSIN THIS PROGRAM MAH NURSES GO TO COMMUNITY S ETTINGS AND PROVIDE FREE BLOOD PRESSURE SCREENINGS SENIORS ARE SEEN IN COUNCILS ON AGING OR ELDER HOUSING COMPLEXES IN ADDITION TO PROVIDING COMMUNITY MEMBERS WITH A RECORD OF TH EIR BLOOD PRESSURE READING TO SHARE WITH THEIR PROVIDERS, THE NURSES TAKE THIS OPPORTUNITY TO REVIEW WARNING SIGNS OF HEART ATTACK AND STROKE CHRONIC DISEASE SELF-MANAGEMENT - LIVI NG WITH DIABETESTO IMPROVE THE HEALTH OF COMMUNITY MEMBERS WITH CHRONIC DISEASE, MOUNT AUB URN HOSPITAL OFFERS THESE EVIDENCED BASED PROGRAMS TO ALL COMMUNITY MEMBERS DEVELOPED AT STANFORD UNIVERSITY THESE PROGRAMS BUILD THE CAPACITY FOR INDIVIDUALS TO BETTER MANAGE THE IR OWN HEALTH PARTICIPANTS RECEIVE THE BOOK "LIVING A HEALTHY LIFE WITH CHRONIC CONDITION S" AND A RELAXATION CD ALL PROGRAMS ARE OFFERED FREE OF CHARGE THERE IS NO COST FOR PARK ING CHRONIC DISEASE - POWERFUL TOOLS FOR CAREGIVERSRECOGNIZING THAT THE ROLE OF CAREGIVING CAN BE STRESSFUL AND NEGATIVELY IMPACT THE HEALTH OF THE CAREGIVER, MAH CONDUCTED AN ASSE SSMENT OF CAREGIVER NEED IN FY 13 BASED ON THE RESULTS OF THAT ASSESSMENT MAH ADDED THE P OWERFUL TOOLS FOR CAREGIVERS EVIDENCED BASED PROGRAM TO OUR ARRAY OF HEALTHY AGING PROGRAM MING MAH STAFF HAS BEEN TRAINED AS LEADERS OF THE POWERFUL TOOLS FOR CAREGIVERS PROGRAM W HICH PROVIDES THE TOOLS FOR CAREGIVERS TO CARE FOR THEMSELVES CHRONIC DISEASE - LYME DISE ASE AWARENESSAT MOUNT AUBURN HOSPITAL WE ARE WORKING TO INCREASE AWARENESS OF LYME DISEASE IN THE COMMUNITIES WE SERVE MASSACHUSETTS IS ONE OF THE STATES WHERE LYME DISEASE IS PRE VALENT THERE WERE OVER 25000 CONFIRMED CASES OF LYME DISEASE IN MIDDLESEX COUNTY, MASSACH USETTS IN 2012 THIS PROGRAM PROVIDED COMMUNITY EDUCATION ABOUT PREVENTION AND EARLY DETEC TION OF LYME DISEASE EFFORTS WERE MADE TO REACH LANDSCAPERS AND OTHER SEASONAL WORKERS WH O ARE AT RISK VULNERABLE COMMUNITY MEMBERS IN WATERTOWNMAH SUPPORTS WATERTOWN'S SOCIAL SER VICE RESOURCE SPECIALIST PILOT PROGRAM WATERTOWN ORGANIZATIONS HAD IDENTIFIED A GAP IN SU PPORT FOR ADULT COMMUNITY MEMBERS AND HAVE WORKED TOGETHER TO STRUCTURE THIS TWO YEAR PILO T MAH SOCIAL WORKERS ALSO ATTEND COMMUNITY MEETINGS WITH WATERTOWN DEPARTMENT OF PUBLIC H EALTH AND OTHER COMMUNITY BASED ORGANIZATIONS THESE MEETINGS PROVIDE FORUMS FOR COMMUNICA TION ABOUT THE NEEDS OF WATERTOWN COMMUNITY MEMBERS LACK OF TRANSPORTATIONTRANSPORTATION I S TOO OFTEN A BARRIER TO MEDICAL CARE MOUNT AUBURN STAFF PARTICIPATED IN CAMBRIDGE'S COMM UNITY WIDE TASK FORCE ADDRESSING TRANSPORTATION DURING THE PERIOD COVERED BY THIS FILING, MAH CO-HOSTED A FOCUS GROUP OF ELDERS WHO UTILIZE

Form and Line Reference	Explanation
IMMIGRANT HEALTH - BREASTFEEDING	PUBLIC TRANSPORTATION WITH THE CITY OF CAMBRIDGE AND MOUNT AUBURN CLINICIANS WORK WITH PA TIENTS WHO REQUIRE TRANSPORTATION TO IDENTIFY SOLUTIONS AND WHEN NECESSARY PROVIDE ASSISTA NCE ACCESS TO SERVICES FOR IMMIGRANTSTHIS COMPREHENSIVE PROGRAM IMPROVES BIRTH OUTCOMES B Y IMPROVING ACCESS TO PERINATAL CARE FOR EASE OF ACCESS, MOUNT AUBURN MIDWIVES AND OBSTET RICIANS WORK ON-SITE AT JOSEPH M SMITH COMMUNITY HEALTH CENTER (JMSCHC) TWENTY PERCENT O F THE WOMEN WERE IDENTIFIED AS HAVING LIMITED SUPPORTS AND WERE PROVIDED DOULAS THESE "BI RTH COUCHES" PROVIDE ONE TO ONE SUPPORT DURING LABOR IN ADDITION A GROUP PREGNANCY SUPPOR T GROUP FOR LATINAS HELPS TO BUILD EACH WOMAN'S CAPACITY TO PREPARE FOR DELIVERY AND CARE FOR HER CHILD AND HERSELF MAH HELPS TO PROVIDES UROLOGICAL HEALTH SERVICES TO MEN WHO OTHE RWISE WOULD NOT HAVE ACCESS TO THESE SERVICES OPEN TO ALL COMMUNITY MEMBERS, THIS CLINIC MOSTLY SERVES PATIENTS FROM THE JOSEPH M SMITH COMMUNITY HEALTH CENTER THERE ARE NO HOSP ITAL OR PROFESSIONAL CHARGES ASSOCIATED WITH THE CLINIC VISIT ADULT SUBSTANCE ABUSEDESPITE OVERWHELMING PUBLIC AWARENESS ABOUT THE HEALTH RISKS ASSOCIATED WITH SMOKING, MANY COMMUN ITY MEMBERS, IN PARTICULAR UNDERSERVED COMMUNITY MEMBERS, CONTINUE TO BE UNSUCCESSFUL IN T HEIR ATTEMPTS TO STOP SMOKING DURING THE PERIOD COVERED BY THIS FILING, MAH REORGANIZED T HIS FREE PROGRAM WHICH PROVIDES SMOKING CESSATION EDUCATION TO THOSE IN NEED OF QUITTING WITH AN EMPHASIS ON FIRST HELPING SMOKERS UNDERSTAND WHY SMOKING IS SO ADDICTING AND HOW T HE TOBACCO INDUSTRY MARKETS SMOKING, THE GOAL OF THIS PROGRAM IS TO HELP COMMUNITY MEMBERS SET REALISTIC PLANS TO STOP SMOKING ADULT SUBSTANCE ABUSEMAH PROVIDES HANDICAPPED ACCESSI BLE SPACE FOR MULTIPLE SCLEROSIS, AA AND SMART RECOVERY GROUPS TO MEET COMMUNITY SUPPORT - BEREAVEMENTTHIS SUPPORT GROUP PROVIDES PEOPLE THE OPPORTUNITY, IN A SAFE AND SUPPORTIVE E NVIRONMENT, TO SHARE THEIR FEELING AND STORIES WITH OTHERS THAT ARE GOING, OR HAVE GONE, T HROUGH THE LOSS OF A LOVED ONE IT IS OPEN TO ANY ADULT COMMUNITY MEMBER WHO HAS EXPERIENC ED THE DEATH OF SOMEONE SIGNIFICANT IN THEIR LIFE COMMUNITY SUPPORT - LIVING WITH CANCERTH IS PROGRAM WORKS WITH CANCER PATIENTS TO CREATE A SENSE OF SUPPORT, CONFIDENCE, COURAGE, A ND COMMUNITY AMONG CANCER PATIENTS IN ADDITION TO OUR COLLABORATION WITH THE AMERICAN CAN CER SOCIETY, DURING THE PERIOD COVERED BY THIS FILING, MOUNT AUBURN HOSPITAL STAFF WAS TRA INED TO LEAD THE EVIDENCED BASED PROGRAM- "CANCER THRIVING AND SURVIVING" THE HOSPITAL AL SO OFFERS AN EIGHT WEEK MIND-BODY PROGRAM FOR CANCER SURVIVORS ALL THESE PROGRAMS ARE AIM ED AT INCREASING HOPE AND EMPOWERMENT FOR THOSE AFFECTED BY CANCER COMMUNITY SUPPORT - LI VING WITH POST-PARTUM DEPRESSIONTHIS FREE GROUP IS OPEN TO COMMUNITY MEMBERS AND PROVIDES THE NECESSARY SUPPORT AND EDUCATION TO NEW MOTHERS MAH CLINICIANS MAY ALSO IDENTIFY AT RI SK WOMEN WHO WOULD LIKELY BENEFIT FROM INCREASED SUPPORT AND SUGGEST THEY PARTICIPATE SENI OR ACCESS TO CARE - LIFELINETHIS PROGRAM PROVIDES PERSONAL EMERGENCY RESPONSE SERVICES (LI FELINE) TO UNDERSERVED ELDERS AND DISABLED ADULTS MAH WORKED CLOSELY WITH LOCAL AGING SER VICE ACTION POINTS AND PROVIDED THE EMERGENCY RESPONSE SYSTEMS BELOW COST TO OVER 1,000 CO MMUNITY MEMBERS WHO ARE IN NEED SENIOR ACCESS TO CARE - WHEN A CAREGIVER IS ILLMAH WORKS W ITH LOCAL SOCIAL SERVICE AGENCIES TO ENSURE THAT WHEN A CAREGIVER OF AN ELDER IS ADMITTED AS A PATIENT, THE ELDER IS ALSO ADMITTED UNTIL SAFE CARE CAN BE ARRANGED

Form and Line Reference	Explanation
DOMESTIC VIOLENCE	IN PARTNERSHIP WITH THE LOCAL POLICE DEPARTMENTS MOUNT AUBURN HOSPITAL PROVIDES TEMPORARY "SAFE BEDS" FOR VICTIMS OF DOMESTIC VIOLENCE AS DESCRIBED IN DETAIL IN THIS SUPPORTING NARRATIVE TO THE FORM 990 SCHEDULE H, MAH IS DEEPLY DEDICATED TO ITS COMMUNITY BENEFITS OPERATIONS AND TO IMPROVING THE HEALTH OF THE COMMUNITIES IT SERVES HOWEVER, AS NOTED IN SCHEDULE H, PART V, SECTION B, QUESTION 7, THERE WERE SOME NEEDS IDENTIFIED IN THE CHNA THAT ARE NOT INCLUDED IN THE CHIP THE FOLLOWING IDENTIFIED NEEDS WERE NOT ADDRESSED IN THE CHIP 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 AND GENERAL POPULATION ACCESS TO SERVICES HOWEVER, AS NOTED WITHIN THIS NARRATIVE, THE HOSPITAL CAN AND DOES PROACTIVELY SUPPORT SOME OF THESE ADDITIONAL COMMUNITY HEALTH NEEDS WITHIN THE BROADER MAH PLAN IN ADDITION, WHERE THE HOSPITAL IS UNABLE TO ADDRESS NEEDS BECAUSE OF LIMITED FINANCIAL RESOURCES, THE HOSPITAL EXPLORES A RANGE OF OTHER FUNDING OPPORTUNITIES TO MEET HELP MEET COMMUNITY NEEDS AS NOTED IN DETAIL ABOVE, THE MAH'S PRIMARY TOOL FOR ASSESSING THE HEALTH CARE NEEDS OF THE COMMUNITIES SERVED IS THROUGH THE CHNA AND CHIP (SCHEDULE H PART VI QUESTION 2)

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART VI SUPPLEMENTAL INFORMATION	THE PURPOSE OF THIS FORM 990 SCHEDULE H NARRATIVE DISCLOSURE IS TO HELP THE READER UNDERST AND IN MORE DETAIL HOW MOUNT AUBURN HOSPITAL (MAH OR HOSPITAL) CARES FOR ITS COMMUNITY BY PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AS DEMONSTRATED IN TH IS SCHEDULE H, 8 2% OF MAH'S TOTAL EXPENSES AS REPORTED ON FORM 990 PART IX, LINE 24, ARE INCURRED IN PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST A S NOTED THROUGHOUT THIS FILING, MOUNT AUBURN PROFESSIONAL SERVICES IS A SUPPORT ORGANIZATI ON OF MOUNT AUBURN HOSPITAL AS SUCH, IT ALSO PROVIDES ADDITIONAL DETAIL ON THE ACTIVITIES IN WHICH MAPS IS ENGAGED, IN SUPPORT OF THE HOSPITAL'S MISSIONS COMMUNITY BENEFITS - ANNU AL COMMUNITY BENEFITS REPORTIN ADDITION TO MAH'S COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP) WHICH WERE APPROVED BY THE BOARD OF TRUSTE ES DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2012, AS NOTED IN THIS FORM 990 SCHEDULE H, PART I, LINES 6A AND 6B, MAH PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT WHICH IS SUBMITTE D TO THE MASSACHUSETTS ATTORNEY GENERAL THAT FILING IS AVAILABLE FOR PUBLIC INSPECTION AT THE ATTORNEY GENERAL'S OFFICE, ON THE ATTORNEY GENERAL'S WEBSITE AND AT MAH UPON REQUEST THERE ARE SOME DIFFERENCES BETWEEN THE MASSACHUSETTS ATTORNEY GENERAL DEFINITION OF CHARI TY CARE AND COMMUNITY BENEFITS AND THE INTERNAL REVENUE SERVICE DEFINITION OF FINANCIAL AS SISTANCE AND COMMUNITY BENEFITS AS SUCH, THERE ARE VARIANCES BETWEEN THIS SCHEDULE H DISC LOSURE AND THE REPORT MAH FILED WITH THE ATTORNEY GENERAL'S OFFICE IN ADDITION, AS NOTED IN THIS FORM 990, SCHEDULE H, PART V, SECTION A, MAH IS A GENERAL MEDICAL AND SURGICAL HOS PITAL AND TEACHING HOSPITAL, PROVIDING 24 HOUR EMERGENCY MEDICAL CARE TO ALL PATIENTS WITH OUT REGARD TO ABILITY TO PAY FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS - CHARITY CARE AND MEANS TESTED GOVERNMENT PROGRAMSFINANCIAL ASSISTANCEMAH'S NET COST OF CHA RITY CARE, INCLUDING CARE FOR EMERGENT SERVICES PROVIDED TO NON-PAYING PATIENTS AND INCLUD ING PAYMENTS TO THE HEALTH SAFETY NET TRUST, WAS $4,142,727 FOR THE FISCAL YEAR ENDED SEPT EMBER 30, 2014 AND HAS BEEN REPORTED ON THIS SCHEDULE H,PART I,LINE 7A AS REPORTED IN SCHE DULE H PART I LINE 3 AND AGAIN IN SCHEDULE H PART V SECTION B LINES 10 AND 11, 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 C ARE IS DETERMINED BY REVIEWING THE INDIVIDUAL'S EMPLOYMENT STATUS,FAMILY SIZE AND MONTHLY EXPENSES,INCLUDING MEDICAL HARDSHIP REVIEW SEE ADDITIONAL INFORMATION IN THIS SCHEDULE H N ARRATIVE OTHER UNCOMPENSATED CHARITY CARE -MEDICAID AND MEDICAREIN ADDITION TO THE CHARITY CARE REPORTED ABOVE,MAH ALSO PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN OTHER PROGRAMS DESIGNED TO SUPPORT LOW INCOME FAMILIES, INCLUDING PARTICULARLY THE MEDICAID PROGRAM, WHIC H 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 E NROLLMENT OF UNINSURED PATIENTS IN OTHER INSURANCE PROGRAMS PAYMENTS FROM MEDICAID AND OT HER PROGRAMS WHICH INSURE LOW INCOME POPULATIONS DO NOT COVER THE COST OF SERVICES PROVIDE D DURING THE FISCAL PERIOD COVERED BY THIS FILING, MAH GENERATED $12,060,577 RELATED TO T REATING MEDICAID PATIENTS WHICH WAS LESS THAN THE COST OF CARE PROVIDED BY MAH FOR SUCH SE RVICES BY $698,803 AS REPORTED ON THIS SCHEDULE H,PART I LINE 7B MEDICARE IS THE FEDERALL Y SPONSORED HEALTH INSURANCE PROGRAM FOR ELDERLY OR DISABLED PATIENTS,AND MAH PROVIDES CAR E TO PATIENTS WHO PARTICIPATE IN THE MEDICARE PROGRAM DURING THE FISCAL PERIOD COVERED BY THIS FILING, MAH GENERATED $95,034,198 RELATED TO TREATING MEDICARE PATIENTS OF THIS AMO UNT, REVENUE OF $6,076,219 IS RELATED TO THE PROVISION OF PSYCHIATRIC CARE AND CARE IN THE EMERGENCY DEPARTMENT AND IS INCLUDED ON THIS SCHEDULE H, PART I, LINE 7G, AS PART OF SUBS IDIZED HEALTH SERVICES IN RESPONSE TO THE FORM 990, SCHEDULE H, PART III, LINE 8,ALTHOUGH MAH CONSIDERS THE PROVISION OF CLINICAL CARE TO ALL MEDICARE PATIENTS AS PART OF ITS COMM UNITY BENEFIT, THE REMAINING CARE TO MEDICARE PATIENTS IS NOT QUANTIFIED ON PAGE 1 OF THE SCHEDULE H INSTEAD, PER THE IRS INSTRUCTIONS TO SCHEDULE H, MAH HAS SEPARATELY REPORTED T HIS AMOUNT IN SCHEDULE H, PART III, LINE 7, AS REQUIRED BAD DEBTSIN ADDITION TO CHARITY C ARE AND SHORTFALLS IN PROVIDING SERVICES TO PATIENTS INSURED UNDER STATE AND FEDERAL PROGR AMS, MAH ALSO INCURS LOSSES RELATED TO SELF-PAY PATIENTS WHO FAIL TO MAKE PAYMENTS FOR SER VICES OR INSURED PATIENTS WHO FAIL TO PAY COINSURANCE OR DEDUCTIBLES FOR WHICH THEY ARE RE SPONSIBLE UNDER INSURANCE CONTRACTS BAD DEBT EXPENSE IS INCLUDED IN UNCOMPENSATED CARE EX PENSE IN THE CONSOLIDATED FINANCIAL STATEMENTS, AND INCLUDES THE PROVISION FOR ACCOUNTS AN TICIPATED TO BE UNCOLLECTIBLE CHARGES FOR THOSE S

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART VI SUPPLEMENTAL INFORMATION	ERVICES DURING THE FISCAL PERIOD COVERED BY THIS FILING OF $4,059,502 AND ARE REPORTED AS BAD DEBT ON FORM 990, SCHEDULE H, PART III, LINE 2 AS REQUIRED BY THE INSTRUCTIONS TO THI S FORM 990 SCHEDULE H, LOSSES RELATED TO BAD DEBTS HAVE NOT BEEN INCLUDED IN THE CALCULATI ON OF FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS IN SCHEDULE H PART I LINE 7 RATHER IT HAS BEEN SEPARATELY REPORTED IN SCHEDULE H PART III AS REQUIRED THE PERCENTA GES 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 AN D ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTES FROM THE MOUNT AUBURN HOSPITAL AND AFFILIATE A UDITED FINANCIAL STATEMENTS AS PREVIOUSLY NOTED IN THIS FORM 990, THE CONSOLIDATED AUDITE D FINANCIAL STATEMENTS OF THE HOSPITAL AND ITS AFFILIATE FOR FISCAL YEAR ENDED SEPTEMBER 3 0, 2014 INCLUDE THE ACCOUNTS OF MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVIC ES (MAPS) THE MAH FORM 990 IS PREPARED FOR MAH ONLY AND AS SUCH, THE METRICS INCLUDED IN THESE FOOTNOTES WILL NOT TIE TO THE FACE OF THE MAH FORM 990, SCHEDULE H FINANCIAL STATEME NT FOOTNOTES UNCOMPENSATED CARE AND PROVISION FOR BAD DEBTSTHE HOSPITAL PROVIDES CARE WITH OUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES, TO PATIENTS WHO MEET CERTAIN CRI TERIA UNDER ITS CHARITY CARE POLICY ESSENTIALLY, THE POLICY DEFINES CHARITY SERVICES AS T HOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED BECAUSE THE HOSPITAL DOES NOT PURSUE CO LLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENU E EXCEPT TO THE EXTENT REIMBURSED BY THE STATEWIDE HEALTH SAFETY NET (HSN) THE HOSPITAL GR ANTS CREDIT WITHOUT COLLATERAL TO PATIENTS, MOST OF WHOM ARE LOCAL RESIDENTS AND ARE INSUR ED 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 DEDUCT ED 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 COLLECTION, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN FEDERAL AND STATE GOVERNMENTAL HEALTHCARE COV ERAGE, AND OTHER COLLECTION INDICATORS PATIENT ACCOUNTS RECEIVABLE AND RELATED ALLOWANCE FOR DOUBTFUL ACCOUNTSPATIENT ACCOUNTS RECEIVABLE ARE REFLECTED NET OF AN ALLOWANCE FOR DOU BTFUL ACCOUNTS IN EVALUATING THE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, THE HOSPI TAL ANALYZES ITS PAST COLLECTION HISTORY, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN GOVE RNMENTAL AND EMPLOYEE HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS FOR EACH OF IT S 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 EVA LUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THROUGHOUT THE YEAR, THE H OSPITAL, AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED, WILL WRITE OFF THE D IFFERENCE BETWEEN THE STANDARD RATES (OR DISCOUNTED RATES IF APPLICABLE) AND THE AMOUNTS A CTUALLY COLLECTED AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN ADDITION TO THE REVIEW O F THE CATEGORIES OF REVENUE, MANAGEMENT MONITORS THE WRITE OFFS AGAINST ESTABLISHED ALLOWA NCES TO DETERMINE THE APPROPRIATENESS OF THE UNDERLYING ASSUMPTIONS USED IN ESTIMATING THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THE HOSPITAL'S METHODOLOGY FOR VALUING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE REMAINED SUBSTANTIALLY CONSISTENT IN 2014 AND 2013 THE HOSPITAL'S ALLOWANCE FOR DOUBTFUL ACCOUNTS REPRESENTED APPROXIMATELY 11% AND 12% OF PATIENT ACCOUNTS RECEIVABLE NET OF CONTRACTUAL ALLOWANCES IN 2014 AND 2013, RESPECTIVELY

Form and Line Reference	Explanation
EMERGENCY CARE ACCESS	MOUNT AUBURN HOSPITAL EMERGENCY DEPARTMENT (ED) IS A FULL SERVICE ED STAFFED BY PROFESSION AL NURSES AND PHYSICIANS SPECIALIZING IN EMERGENCY MEDICINE THE ED'S MISSION IS TO PROVID E EXPERT EMERGENCY MEDICAL CARE WHILE MAINTAINING COMPASSIONATE CONCERN FOR ALL PATIENTS A ND THEIR FAMILIES THE MOUNT AUBURN HOSPITAL EMERGENCY DEPARTMENT STAFF PHYSICIANS ARE EME RGENCY MEDICINE BOARD CERTIFIED AND ARE ON THE HARVARD SCHOOL FACULTY THE MAH DEPARTMENT OF EMERGENCY MEDICINE, PROVIDES MEDICALLY NECESSARY CARE FOR ALL PEOPLE REGARDLESS OF THEI R ABILITY TO PAY THE HOSPITAL OFFERS THIS CARE FOR ALL PATIENTS THAT COME TO THIS FACILIT Y 24 HOURS A DAY, SEVEN DAYS A WEEK, AND 365 DAYS A YEAR MOUNT AUBURN HOSPITAL - CREDIT A ND COLLECTION POLICY GUIDING PRINCIPLESTHE HOSPITAL ASSISTS PATIENTS IN OBTAINING FINANCIA L 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 AUB URN HOSPITAL'S CREDIT AND COLLECTION POLICY, WHICH APPLIES TO THE HOSPITAL AND ANY OTHER E NTITY 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 "FINANC IAL 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 A S IT IS ISSUED MOUNT AUBURN HOSPITAL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, N ATIONAL ORIGIN, CITIZENSHIP, ALIENAGE, RELIGION, CREED, SEX, SEXUAL ORIENTATION, DISABILIT Y, 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 P LANS, DEFERRED OR REJECTED ADMISSIONS, LOW INCOME PATIENT STATUS AS DETERMINED BY THE MASS ACHUSETTS OFFICE OF MEDICAID, DETERMINATION THAT A PATIENT IS LOW-INCOME, OR IN ITS BILLIN G AND COLLECTION PRACTICES 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 DO NOT OTHERWISE HAVE THE ABILITY TO PAY FOR TH EIR HEALTH CARE SERVICES SUCH ASSISTANCE TAKES INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO THE COST OF HIS OR HER CARE FOR PATIENTS THAT ARE UNINSURED OR UNDERINSURED , THE HOSPITAL WILL WORK WITH THEM TO ASSIST WITH APPLYING FOR AVAILABLE FINANCIAL ASSISTA NCE PROGRAMS THAT MAY COVER ALL OR SOME OF THEIR UNPAID HOSPITAL BILLS MOUNT AUBURN HOSPIT AL PROVIDES THIS ASSISTANCE FOR BOTH RESIDENTS AND NON-RESIDENTS OF MASSACHUSETTS, HOWEVER , THERE MAY NOT BE COVERAGE FOR A MASSACHUSETTS HOSPITAL'S SERVICES THROUGH AN OUT-OF STAT E PROGRAM IN ORDER FOR THE HOSPITAL TO ASSIST UNINSURED AND UNDERINSURED PATIENTS FIND TH E 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 VERI FY THEIR FINANCIAL AND OTHER INFORMATION THAT COULD BE USED IN DETERMINING ELIGIBILITY TH E HOSPITAL PROVIDES PATIENTS WITH INFORMATION ABOUT FINANCIAL ASSISTANCE PROGRAMS THAT ARE AVAILABLE THROUGH THE COMMONWEALTH OF MASSACHUSETTS OR THROUGH THE HOSPITAL'S OWN FINANCI AL ASSISTANCE PROGRAM, WHICH MAY COVER ALL OR SOME OF THEIR UNPAID HOSPITAL BILL FOR THOS E PATIENTS THAT REQUEST SUCH ASSISTANCE, THE HOSPITAL ASSISTS PATIENTS BY SCREENING THEM F OR ELIGIBILITY IN AN AVAILABLE PUBLIC PROGRAM AND ASSISTING THEM IN APPLYING FOR THE PROGR AM THESE PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO MASSHEALTH, COMMONWEALTH CARE, CHILDRE N'S MEDICAL SECURITY PLAN, HEALTHY START AND HEALTH SAFETY NET WHEN APPLICABLE, THE HOSPI TAL MAY ALSO ASSIST PATIENTS IN APPLYING FOR COVERAGE OF SERVICES AS A MEDICAL HARDSHIP BA SED ON THE PATIENT'S DOCUMENTED FAMILY INCOME, CURRENT AND PRIOR INSURANCE COVERAGE AND AL LOWABLE MEDICAL EXPENSES IN ADDITION, IN ORDER TO HELP UNINSURED AND UNDERINSURED PATIENTS FIND AVAILABLE AND APPROPRIATE FINANCIAL ASSISTANCE PROGRAMS, THE HOSPITAL WILL PROVIDE A LL 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 THA T 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 PRO GRAM WHEN THE PATIENT IS SCHEDULING SERVICES, WHILE THE PATIENT IS IN THE HOSPITAL, UPON D ISCHARGE, AND/OR FOR A REASONABLE TIME FOLLOWING DISCHARGE FROM THE HOSPITAL THE HOSPITAL WILL DIRECT ALL PATIENTS SEEKING INFORMATION ON A

Form and Line Reference	Explanation
EMERGENCY CARE ACCESS	VAILABLE COVERAGE OPTIONS OR FINANCIAL ASSISTANCE TO THE HOSPITAL'S PATIENT FINANCIAL COUN SELING OFFICE TO DETERMINE IF THEY ARE ELIGIBLE AND THEN TO SCREEN PATIENTS FOR ELIGIBILIT Y 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 AVAILAB ILITY OF FINANCIAL ASSISTANCE THROUGH THE HOSPITAL'S OWN INTERNAL FINANCIAL ASSISTANCE PRO GRAM FOR CASES WHERE THE HOSPITAL IS USING THE VIRTUAL GATEWAY APPLICATION, THE HOSPITAL W ILL ASSIST THE PATIENT IN COMPLETING THE APPLICATION FOR MASSHEALTH, COMMONWEALTH CARE, CH ILDREN'S MEDICAL SECURITY PLAN, HEALTHY START, HEALTH SAFETY NET, OR OTHER FORMS OF FINANC IAL ASSISTANCE PROGRAMS AS THEY BECOME PART OF THE VIRTUAL GATEWAY PROGRAM, WHICH IS AN IN TERNET PORTAL DESIGNED BY THE MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES IN ORDER TO PROVIDE THE GENERAL PUBLIC, MEDICAL PROVIDERS, AND COMMUNITY-BASED ORGANIZATIO NS WITH AN ONLINE APPLICATION FOR THE PROGRAMS OFFERED BY THE COMMONWEALTH MOUNT AUBURN H OSPITAL - CREDIT AND COLLECTION POLICY - ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAMSAS N OTED 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 PROGR AM WHICH MAY COVER ALL OR SOME OF THEIR UNPAID HOSPITAL BILL FOR PATIENTS THAT REQUEST SU CH ASSISTANCE, THE HOSPITAL ASSISTS THEM BY SCREENING FOR ELIGIBILITY IN AN AVAILABLE PUBL IC 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 APPL YING FOR COVERAGE OF SERVICES AS A MEDICAL HARDSHIP BASED ON THE PATIENT'S DOCUMENTED FAMI LY INCOME, CURRENT AND PRIOR INSURANCE COVERAGE AND ALLOWABLE MEDICAL EXPENSES IT IS THE PATIENT'S OBLIGATION TO PROVIDE THE HOSPITAL WITH ACCURATE AND TIMELY INFORMATION REGARDIN G THEIR FULL NAME, ADDRESS, TELEPHONE NUMBER, DATE OF BIRTH, SOCIAL SECURITY NUMBER (IF AV AILABLE), CURRENT HEALTH INSURANCE COVERAGE OPTIONS, INCLUDING OTHER INSURANCE OR COVERAGE OPTIONS (SUCH AS MOTOR VEHICLE POLICY OR WORKER'S COMPENSATION POLICY) THAT CAN COVER THE COST OF THE CARE RECEIVED AND ANY OTHER APPLICABLE FINANCIAL RESOURCES, AND CITIZENSHIP A ND RESIDENCY INFORMATION - ALL TO DETERMINE IF THE PATIENT IS ELIGIBLE TO APPLY FOR CERTAI N HEALTH INSURANCE PROGRAMS IF THERE IS NO SPECIFIC COVERAGE FOR THE SERVICES PROVIDED, T HE HOSPITAL WILL USE THE INFORMATION TO DETERMINE IF THE SERVICES MAY BE COVERED BY AN APP LICABLE PROGRAM THAT WILL COVER CERTAIN SERVICES DEEMED BAD DEBT IN ADDITION, THE HOSPITA L 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 THROUG H 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 PROVI DERS, AND COMMUNITY-BASED ORGANIZATIONS WITH AN ONLINE APPLICATION FOR THE PROGRAMS OFFERE D BY THE STATE OR THROUGH A STANDARD PAPER APPLICATION THAT IS COMPLETED BY THE PATIENT AN D ALSO SUBMITTED DIRECTLY TO THE MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVIC ES FOR PROCESSING AS THIS OFFICE SOLELY MANAGES THE APPLICATION PROCESS LISTED ABOVE, WHIC H IS AVAILABLE FOR CHILDREN, ADULTS, SENIORS, VETERANS, HOMELESS, AND DISABLED INDIVIDUALS

Form and Line Reference	Explanation
THE HOSPITAL SPECIFICALLY ASSISTS THE PATIENT IN COMPLETING THE APPLICATION	AND SECURING THE NECESSARY DOCUMENTATION REQUIRED BY THE APPLICABLE FINANCIAL ASSISTANCE P ROGRAM NECESSARY DOCUMENTATION INCLUDES PROOF OF (1) ANNUAL HOUSEHOLD INCOME (PAYROLL ST UBS, RECORD OF SOCIAL SECURITY PAYMENTS, AND A LETTER FROM THE EMPLOYER, TAX RETURNS, OR B ANK 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 MEDICAR E 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 DOC UMENTATION 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 DO CUMENTATION NEEDED FOR ENROLLMENT IN THE APPLICABLE FINANCIAL ASSISTANCE PROGRAM IN SPECIA L 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 INCLUD E 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 DOCUMEN TATION LISTED ABOVE AS THE BASIS FOR DETERMINING ELIGIBILITY FOR STATE SPONSORED PUBLIC AS SISTANCE PROGRAMS MOUNT AUBURN HOSPITAL HAS NO ROLE IN THE DETERMINATION OF PROGRAM ELIGI BILITY MADE BY THE COMMONWEALTH, BUT AT THE PATIENT'S REQUEST MAY TAKE A DIRECT ROLE IN AP PEALING OR SEEKING INFORMATION RELATED TO THE COVERAGE DECISIONS IT IS STILL THE PATIENT' S RESPONSIBILITY TO INFORM THE HOSPITAL OF ALL COVERAGE DECISIONS MADE BY THE COMMONWEALTH TO ENSURE ACCURATE AND TIMELY ADJUDICATION OF ALL HOSPITAL BILLS IN ADDITION, THE HOSPIT AL'S POLICY PROVIDES FOR INDIVIDUALS WHO ARE UNABLE TO AFFORD THEIR CARE BECAUSE OF MEDICA L HARDSHIP AND PROVIDES FOR FEES BASED ON A SLIDING SCALE RELATIVE TO PERCENTAGES OF THE F EDERAL 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 ELIGIBI LITY AND/OR FINANCIAL ASSISTANCE BEFORE ANY BILLS ARE SENT TO THE PATIENT AND ONCE THE HOS PITAL BECOMES AWARE OF A PATIENT'S HSN OR FINANCIAL ELIGIBILITY STATUS, ALL INVOICES ARE A DJUSTED ACCORDINGLY (SCHEDULE H, PART V, SECTION B, QUESTIONS 21 AND 22) MOUNT AUBURN HOS PITAL - CREDIT AND COLLECTION POLICY STANDARD COLLECTION PRACTICESAS PREVIOUSLY NOTED IN THE NARRATIVE TO THIS FORM 990 SCHEDULE H, MOUNT AUBURN HOSPITAL ASSISTS PATIENTS IN OBTAI NING FINANCIAL ASSISTANCE FROM PUBLIC PROGRAMS AND OTHER SOURCES WHENEVER APPROPRIATE ADD ITIONALLY, TO REMAIN VIABLE AS IT FULFILLS ITS MISSION, THE HOSPITAL MUST MEET ITS FIDUCIA RY RESPONSIBILITY TO APPROPRIATELY BILL AND COLLECT FOR MEDICAL SERVICES PROVIDED TO PATIE NTS 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 COS T OF CARE, AND FROM OTHER PROGRAMS OF ASSISTANCE FOR WHICH THE PATIENT IS ELIGIBLE TO DET ERMINE WHETHER A PATIENT IS ABLE TO PAY FOR THE SERVICES PROVIDED AS WELL AS TO ASSIST THE PATIENT IN FINDING ALTERNATIVE COVERAGE OPTIONS IF THEY ARE UNINSURED OR UNDERINSURED, TH E HOSPITAL HAS ESTABLISHED CRITERIA RELATED TO BILLING AND COLLECTING FROM PATIENTS THE H OSPITAL MAKES THE SAME REASONABLE EFFORT AND FOLLOWS THE SAME REASONABLE PROCESS FOR COLLE CTING ON BILLS OWED BY AN UNINSURED PATIENT AS IT DOES FOR ALL OTHER PATIENTS THE HOSPITA L WILL FIRST SHOW THAT IT HAS A CURRENT UNPAID BALANCE THAT IS RELATED TO SERVICES PROVIDE D TO THE PATIENT AND NOT COVERED BY A PRIVATE INSURER OR A FINANCIAL ASSISTANCE PROGRAM T HE HOSPITAL ALSO HAS ESTABLISHED CRITERIA RELATED TO BILLING AND COLLECTING FROM PATIENTS MOUNT AUBURN HOSPITAL - CREDIT AND COLLECTION POLICY OUTSIDE COLLECTION AGENCIESTHE HOSP ITAL CONTRACTS WITH AN OUTSIDE COLLECTION AGENCY TO ASSIST IN THE COLLECTION OF CERTAIN AC COUNTS, INCLUDING PATIENT RESPONSIBLE AMOUNTS NOT RESOLVED AFTER ISSUANCE OF HOSPITAL BILL S OR FINAL NOTICES HOWEVER, AS DETERMINED THROUGH THE HOSPITAL'S CREDIT AND COLLECTION PO LICY, THE HOSPITAL MAY ASSIGN SUCH DEBT AS BAD DEBT OR CHARITY CARE (OTHERWISE DEEMED AS U NCOLLECTIBLE) 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 HOSPIT AL HAS A SPECIFIC AUTHORIZATION OR CONTRACT WITH ITS OUTSIDE COLLECTION AGENCY AND REQUIRE S SUCH AGENCY TO ABIDE BY THE HOSPITAL'S CREDIT AN

Form and Line Reference	Explanation
THE HOSPITAL SPECIFICALLY ASSISTS THE PATIENT IN COMPLETING THE APPLICATION	D COLLECTION POLICIES FOR DEBTS THAT THE AGENCY IS PURSUING IN ADDITION, THE HOSPITAL REQ UIRES 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 COLL ECTION REGULATIONS FINALLY, ANY OUTSIDE COLLECTION AGENCY HIRED BY THE HOSPITAL WILL PROV IDE THE PATIENT WITH AN OPPORTUNITY TO FILE A GRIEVANCE AND WILL FORWARD TO THE HOSPITAL T HE RESULTS OF ANY SUCH PATIENT GRIEVANCE MOUNT AUBURN HOSPITAL - CREDIT AND COLLECTION POL ICY EXEMPTION FROM HOSPITAL COLLECTION PRACTICESMOUNT AUBURN HOSPITAL EXEMPTS PATIENTS EN ROLLED IN A PUBLIC HEALTH INSURANCE PROGRAM, INCLUDING BUT NOT LIMITED TO, MASSHEALTH, EME RGENCY AID TO THE ELDERLY, DISABLED AND CHILDREN, HEALTHY START, CHILDREN'S MEDICAL SECURI TY PLAN AND "LOW INCOME PATIENTS" AS DETERMINED BY THE MASSACHUSETTS EXECUTIVE OFFICE OF H EALTH AND HUMAN SERVICES, SUBJECT TO SOME EXCEPTIONS, FROM ANY COLLECTION OR BILLING PROCE DURES BEYOND THE INITIAL BILL PURSUANT TO STATE REGULATIONS CREDIT AND COLLECTION POLICY - DISCOUNT FOR UNINSURED PATIENTSIN ADDITION TO THE FINANCIAL ASSISTANCE INFORMATION PROVID ED ABOVE, THE MEDICAL CENTER GIVES A SELF-PAY DISCOUNT TO PATIENTS WHO ARE UNINSURED BILLI NG 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 CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS - HEALTH PROFESSIONS EDUCATIONM AH'S DEVOTION TO TEACHING, RESPECT FOR STUDENTS/TRAINEES, AND WILLINGNESS TO EMBRACE TECHN OLOGICAL AND CLINICAL PRACTICE INNOVATION MAKE MAH A TOP CHOICE AMONG MEDICAL STUDENTS AND HEALTH CARE PROFESSIONALS THE HOSPITAL TRAINS MEDICAL STUDENTS, INTERNS, RESIDENTS AND F ELLOWS MAH HAS FOUR APPROVED RESIDENCY PROGRAMS WITH APPROXIMATELY 42 INTERNAL MEDICINE R ESIDENTS, 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 DO CTORS OF TOMORROW THROUGH SUPERVISION OF THEIR DAILY PATIENT CARE AND A RANGE OF INTERACTI VE 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 SC HOOL SUB-INTERNSHIP IN MEDICINE THE HOSPITAL ALSO PARTICIPATES IN THE INTRODUCTORY COURSE S IN CLINICAL MEDICINE FOR FIRST AND SECOND-YEAR HARVARD MEDICAL STUDENTS AND THE BIOMEDIC AL 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 T HE INTERNAL MEDICINE TRAINING PROGRAM, MOUNT AUBURN HOSPITAL IS A SITE FOR OTHER POST-GRAD UATE MEDICAL EDUCATION DISCIPLINES THE HOSPITAL'S RESIDENTS BENEFIT FROM THE MAH RESIDENC Y PROGRAM IN DIAGNOSTIC RADIOLOGY, ITS PARTICIPATION AS A CORE SITE FOR THE BETH ISRAEL DE ACONESS MEDICAL CENTER SURGICAL TRAINING PROGRAM, AND IN THE HARVARD-AFFILIATED EMERGENCY MEDICINE RESIDENCY MAH ALSO WELCOMES ROTATING INTERNS FROM THE HARVARD / LONGWOOD PSYCHIA TRY RESIDENCY, GERIATRIC FELLOWS FROM THE BETH ISRAEL DEACONESS / HARVARD MEDICAL SCHOOL D IVISION ON AGING FELLOWSHIP PROGRAM, AND PEDIATRIC / NEONATOLOGY RESIDENTS FROM MASSACHUSE TTS 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

Form and Line Reference	Explanation
THE CATEGORICAL TRACK	MAH'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 S PECTRUM OF OPPORTUNITIES IN BOTH GENERAL INTERNAL MEDICINE AND MEDICINE SUB-SPECIALTIES R ESIDENT 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 CA RE PRACTICE, HOSPITALIST MEDICINE, AND PLACEMENT IN COMPETITIVE SUB-SPECIALTY FELLOWSHIP T RAINING PROGRAMS ONE WAY MAH SUPPORTS TRAINEES IN THEIR INTENDED CAREER GOALS IS THROUGH T HE USE OF DEFINED PATHWAYS THESE PATHWAYS, IN SUB-SPECIALTY FELLOWSHIP, PRIMARY CARE, HOS PITALIST MEDICINE, AND MEDICAL EDUCATION, OUTLINE FOR THE TRAINEE THE MILESTONES THAT SHOU LD BE MET THROUGHOUT THE COURSE OF TRAINING THE PRELIMINARY TRACKTHE PRELIMINARY MEDICINE INTERNSHIP TRACK OFFERS ONE YEAR OF TRAINING IN MEDICINE FOR PHYSICIANS WHO WILL CONTINUE THEIR TRAINING IN SPECIALTIES OTHER THAN INTERNAL MEDICINE, SUCH AS RADIOLOGY, OPHTHALMOL OGY, ANESTHESIOLOGY, RADIATION ONCOLOGY, NEUROLOGY, DERMATOLOGY, PHYSICAL MEDICINE & REHAB ILITATION, AND OTHERS THIS TRACK'S MAJOR STRENGTH, AS WELL AS ITS MAJOR ATTRACTION, IS TH AT THE YEAR IS VIRTUALLY IDENTICAL IN STRUCTURE AND CONTENT TO THE FIRST YEAR FOR PHYSICIA NS 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 RESID ENCY PROGRAMRESIDENTS ARE TYPICALLY ASSIGNED IN ONE MONTH BLOCKS TO ONE OF THE DIFFERENT M ODALITIES EARLY IN TRAINING, RESIDENTS ARE EXPECTED TO READ EXTENSIVELY, MASTER ANATOMY, PARTICIPATE IN THE PROTOCOLLING AND INTERPRETATION OF PATIENT EXAMINATIONS, AND TO PARTICI PATE IN DISCUSSIONS CONCERNING DIAGNOSTIC PROBLEMS RESIDENTS ADVANCE TO INCREASED LEVELS OF RESPONSIBILITY, AND SOUND JUDGMENT AS A RADIOLOGIST IS ESTABLISHED DURING OVERNIGHT CAL L - ROTATIONS AVAILABLE CT AND MR WHICH INCLUDES NEURO, HEAD AND NECK, ,CARDIOTHORACIC, G I, GU AND MUSCULOSKELETAL RADIOLOGY - SPECIAL PROCEDURES (INTERVENTIONAL RADIOLOGY) WHICH INCLUDES VASCULAR RADIOLOGY AND INTERVENTION, THORACIC PROCEDURES, ABDOMINAL PROCEDURES, U TERINE FIBROID EMBOLIZATION PROGRAM, VERTEBROPLASTY - FLUOROSCOPY WHICH INCLUDES GI, GU AN D MUSCULOSKELETAL PROCEDURES - ULTRASOUND, INCLUDING OBSTETRIC ULTRASOUND - NUCLEAR MEDICI NE, INCLUDING CARDIAC - BREAST IMAGING, INCLUDING MAMMOGRAPHY, MR, AND PROCEDURES - EMERGE NCY RADIOLOGY (2ND YEAR, 3 MONTHS PERFORMED AT MASSACHUSETTS GENERAL HOSPITAL) - PEDIATRIC RADIOLOGY (2ND YEAR, 3 MONTHS PERFORMED AT BOSTON CHILDREN'S HOSPITAL) - ARMED FORCES INS TITUTE OF PATHOLOGY (3RD YEAR, 4 WEEK COURSE, WASHINGTON, D C) - ROTATIONS IN CARDIAC RAD IOLOGY AND CAROTID ULTRASOUND ARE ALSO INCLUDED IN CONJUNCTION WITH THE DEPARTMENTS OF CAR DIOLOGY AND VASCULAR SURGERY - ONE MONTH OF RESEARCH OR OTHER SCHOLARLY ACTIVITY DURING T HE THIRD YEAR - THREE MONTHS OF THE 4TH YEAR IS SET ASIDE FOR AN ELECTIVE, ALLOWING THE RE SIDENT TO DEVELOP IN-DEPTH KNOWLEDGE IN A SPECIFIC AREA OF INTEREST THREE RESIDENTS ARE C HOSEN EACH YEAR FOR A FOUR-YEAR PROGRAM AND APPOINTED AS CLINICAL FELLOWS AT HARVARD MEDIC AL SCHOOL THE RATIO OF STAFF RADIOLOGISTS TO RESIDENTS RESULTS IN CLOSE CONTACT BETWEEN T HE STAFF AND RESIDENTS THROUGHOUT THE TRAINING PROGRAM AFTER THE RESIDENT HAS OBTAINED TH E 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 DIAGNOS TIC 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 C OVERED BY THIS FILING, MAH HAD NET EXPENDITURES OF $6,404,751 REPORTED ON THIS SCHEDULE H RELATED TO MAH'S TEACHING FUNCTION FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEF ITS - RESEARCHMOUNT AUBURN HOSPITAL PARTICIPATES IN THE EASTERN COOPERATIVE ONCOLOGY GROUP (ECOG), WHICH IS A LARGE NETWORK OF RESEARCHERS, PHYSICIANS, AND HEALTH CARE PROFESSIONAL S AT PUBLIC AND PRIVATE INSTITUTIONS ACROSS THE COUNTRY INVOLVED IN ONCOLOGY CLINICAL RESE ARCH, AND FUNDED PRIMARILY BY THE NATIONAL CANCER INSTITUTE (NCI) PARTICIPATING ENTITIES WORK TOWARD THE COMMON GOAL OF CONTROLLING, EFFECTIVELY TREATING, AND ULTIMATELY CURING CA NCER RESEARCH RESULTS ARE PROVIDED TO THE WORLD-WIDE MEDICAL COMMUNITY THROUGH SCIENTIFIC PUBLICATIONS AND PROFESSIONAL MEETINGS DURING THE FISCAL YEAR COVERED BY THIS FILING, TH E HOSPITAL PROVIDED ONCOLOGY NURSING SUPPORT DIRECTED TOWARD THIS RESEARCH IN ADDITION, D URING THE PERIOD COVERED BY THIS FILING, THE HOSPI

Form and Line Reference	Explanation
THE CATEGORICAL TRACK	TAL ENGAGED IN DISPARITIES RESEARCH, FOCUSED ON ASSESSING THE NEEDS OF CAREGIVERS OF ELDER S IN CAMBRIDGE RESEARCH RESULTS WERE SHARED BROADLY WITH THE COMMUNITY DURING THE FISCAL YEAR COVERED BY THIS FILING, MAH HAD NET EXPENDITURES OF $24,150 REPORTED ON THIS SCHEDUL E 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 O F 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 QUALIF IED PHYSICIANS IN OUR COMMUNITY AND ENDEAVORS TO PROVIDE THEM WITH THE SAFEST AND MOST TEC HNOLOGICALLY ADVANCED ENVIRONMENT POSSIBLE THROUGH THE EFFECTIVE USE OF SURPLUS FUNDS SOM E OF MAH'S SURPLUS FUNDS HAVE BEEN USED TO FUND CONTINUING RENOVATION OF EXISTING FACILITI ES, INCLUDING INPATIENT UNITS AND OTHER CLINICAL AREAS MAH STRIVES TO FULLY SERVE THE COM MUNITY 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 SPECIALIZ ING IN PRIMARY CARE AND RADIOLOGY 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 T AX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED CAREGROUP'S P URPOSE 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 MEDIC AL 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 T HE SOLE MEMBER OF BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM, INC (BIDN), MEDICAL CARE OF B OSTON MANAGEMENT CORPORATION, D/B/A AFFILIATED PHYSICIANS GROUP (APG), BETH ISRAEL DEACONE SS HOSPITAL - MILTON, INC (BID-MILTON), BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH, INC (BID-PLYMOUTH) AND JORDAN HEALTH SYSTEMS, INC IN ADDITION, HARVARD MEDICAL FACULTY PHYSICI ANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC (HMFP) IS THE DEDICATED PHYSICIAN PRACTI CE OF THE MEDICAL CENTER AND AN ENTITY INTEGRALLY RELATED TO HELPING THE MEDICAL CENTER AC COMPLISH ITS CHARITABLE PURPOSES EACH OF THE ENTITIES LISTED IN THIS PARAGRAPH MAY, IN TU RN, SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE CAREGROUP NETWORK OF AFFILIATES COM BINED 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, ENSURI NG ACCESS TO A WIDE RANGE OF SPECIALTY SERVICES AND A BROAD SPECTRUM OF COMPREHENSIVE HEAL TH SERVICES RANGING FROM WELLNESS PROGRAMS TO HOME CARE AS WELL AS TO FURTHERING EXCELLENC E IN MEDICAL EDUCATION AND RESEARCH

Additional Data

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

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MOUNT AUBURN HOSPITAL	
MOUNT AUBURN HOSPITAL	PART V, SECTION B, LINE 18E FOR DISCLOSURES RELATED TO FORM 990 SCHEDULE H PART V, SECTIO N B PLEASE SEE SCHEDULE H PART VI SUPPLEMENTAL INFORMATION
MOUNT AUBURN HOSPITAL	PART V, SECTION B, LINE 20D FOR DISCLOSURES RELATED TO FORM 990 SCHEDULE H PART V, SECTIO N B PLEASE SEE SCHEDULE H PART VI SUPPLEMENTAL INFORMATION

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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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 SOLDIERS FIELD ROAD BRIGHTON, MA 02135	04-2898888		1,562,496				FUNDRAISING 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 . . . . . ▶

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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 directors, trustees, officers, including 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

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

Return Reference	Explanation
PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DURING THE 2013 CALENDAR YEAR, MOUNT AUBURN HOSPITAL MAINTAINED AN IRC SECTION 457(B) PLAN PURSUANT TO WHICH ELIGIBLE EMPLOYEE COULD DEFER PART OF THEIR COMPENSATION THIS PLAN IS STRICTLY EMPLOYEE FUNDED WITH NO EMPLOYER DEFERRALS UNDER THE DEFINITIONS TO THIS FORM 990, THIS PLAN IS CONSIDERED A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN AMOUNTS DEFERRED AND INCREASES IN THE VALUE OF THE NON-QUALIFIED PLAN ACCOUNTS ARE INCLUDED IN FORM 990 SCHEDULE J, PART II, COLUMN B(III), OTHER REPORTABLE COMPENSATION AND/OR FORM 990 SCHEDULE J, PART II, COLUMN C, DEFERRED INCOME, IN ACCORDANCE WITH THE INSTRUCTIONS TO THIS FORM 990 IN ADDITION, 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 BETH ISRAEL DEACONESS MEDICAL CENTER ANNUITY RETIREMENT PLAN (ARP) UNDER THE DEFINITIONS TO THIS FORM 990, THE ARP IS CONSIDERED A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PARTICIPANTS RECEIVE BOTH CURRENTLY TAXABLE AND DEFERRED BENEFITS FROM THIS PLAN ADDITIONAL INFORMATION IS INCLUDED WITH THE EXPLANATORY NOTES TO SCHEDULE J BELOW
PART I, LINE 7	NON-FIXED PAYMENTS 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
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, MOUNT AUBURN PROFESSIONAL SERVICES AND BETH ISRAEL DEACONESS HOSPITAL-NEEDHAM MAY BE REFERRED TO IN THESE EXPLANATORY NOTES TO FORM 990 PART VII AND FORM 990 SCHEDULE J AS MAH, MAPS AND BIDN RESPECTIVELY 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 TRUSTEE - MOUNT AUBURN PROFESSIONAL SERVICES MR CANEPA BEGAN HIS TERM ON MAPS' BOARD ON JANUARY 28, 2014 AND DEVOTES, ON AVERAGE, A COMBINED 6 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE CLOUGH, JEANETTE G TRUSTEE (EX-OFFICIO), 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 65 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 CLOUGH PERFORMS SERVICES FOR BOTH MAH AND MAPS BUT NOT DIRECTLY FOR CAREGROUP AS SUCH AND AS REQUIRED BY THIS FORM 990, MS CLOUGH'S COMPENSATION IS REPORTED HERE AS IF PAID BY MAH AND MAPS THE COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 452,634 INCENTIVE COMPENSATION 367,625 OTHER REPORTABLE COMPENSATION 94,797 DEFERRED COMPENSATION 945,253 NON-TAXABLE BENEFITS 16,274 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 79,877 INCENTIVE COMPENSATION 64,875 OTHER REPORTABLE COMPENSATION 16,729 DEFERRED COMPENSATION 166,809 NON-TAXABLE BENEFITS 2,872 INCENTIVE COMPENSATION REPORTED FOR THE 2013 CALENDAR YEAR INCLUDES 1) PAYMENTS IN 2013 PURSUANT TO A LONG TERM INCENTIVE PLAN RELATED TO MOUNT AUBURN HOSPITAL'S FISCAL YEAR ENDED SEPTEMBER 30, 2012 IN THE AMOUNT OF $225,000 AND 2) A PAYMENT PURSUANT TO AN ANNUAL INCENTIVE PLAN RELATED TO THE FISCAL YEAR ENDED SEPTEMBER 30, 2012 IN THE AMOUNT OF $225,000 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 2013 CALENDAR YEAR INCLUDES AN ACTUARIAL CHANGE IN THE PROJECTED BENEFIT OBLIGATION OF MS CLOUGH'S SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) OF $698,500 THE SERP DOES NOT VEST UNTIL MS CLOUGH REACHES AGE 62 DEFERRED COMPENSATION REPORTED FOR THE 2013 CALENDAR YEAR ALSO INCLUDES TWO INCENTIVE PAYMENTS RELATED TO THE SERVICES MS CLOUGH PERFORMED DURING MOUNT AUBURN'S FISCAL YEAR ENDED SEPTEMBER 30, 2013 BUT WHICH WERE NOT PAID TO MS CLOUGH UNTIL AFTER MARCH 15, 2014 -- ONE IN THE AMOUNT OF $200,000 RELATED TO AN ANNUAL INCENTIVE PLAN, AND ANOTHER FOR $200,000 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 $60,562 ADDITIONALLY, OTHER REPORTABLE COMPENSATION IN THE AMOUNT OF $18,950 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 284,543 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 9,336 DEFERRED COMPENSATION 20,400 NON-TAXABLE BENEFITS 28,233 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'S TERM ON THE MAPS BOARD ENDED JANUARY 28, 2014 MR LUCCHINO DEVOTED, 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 DURING THE PERIOD COVERED BY THIS FILING, DR SAAL DEVOTED, 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 64,531 AS REQUIRED BY THIS FORM 990, COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2013 CALENDAR YEAR INCLUDES $64,531 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
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	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 23,247 AS REQUIRED BY THIS FORM 990, COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2013 CALENDAR YEAR INCLUDES $23,247 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 TRUSTEE - MOUNT AUBURN PROFESSIONAL SERVICES DIRECTOR (EX-OFFICIO) - CAREGROUP, INC MR SIMON'S TERM ON THE MAPS BOARD BEGAN JANUARY 28, 2014 MR SIMONS DEVOTES, ON AVERAGE, A COMBINED 6 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE SMERLAS, DONNA TRUSTEE (EX-OFFICIO) - MOUNT AUBURN HOSPITAL MS SMERLAS DEVOTES, ON AVERAGE, 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION STEVENSON, HOWARD H TRUSTEE - MOUNT AUBURN HOSPITAL TRUSTEE - MOUNT AUBURN PROFESSIONAL SERVICES DIRECTOR - 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 DIIESO, NICHOLAS CHIEF OPERATING OFFICER- MOUNT AUBURN HOSPITAL MR DIIESO DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 344,003 INCENTIVE COMPENSATION 90,527 OTHER REPORTABLE COMPENSATION 60,622 DEFERRED COMPENSATION 392,400 NON-TAXABLE BENEFITS 23,068 AS REQUIRED BY THIS FORM 990, BONUS AND INCENTIVE COMPENSATION FOR THE 2013 CALENDAR YEAR IN THE AMOUNT OF $90,527 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 OTHER REPORTABLE AND DEFERRED COMPENSATION INCLUDE 457(B) DEFERRALS AND THE INCREASE IN THE PLAN VALUE RELATED TO MR DIIESO OF $58,053 IN ADDITION, DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2013 CALENDAR YEAR INCLUDES AN ACTUARIAL CHANGE IN THE PROJECTED BENEFIT OBLIGATION OF MR DIIESO'S SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) OF $372,000 THE SERP DOES NOT VEST UNTIL MR DIIESO REACHES AGE 60 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 250,734 INCENTIVE COMPENSATION 60,691 OTHER REPORTABLE COMPENSATION 1,048 DEFERRED COMPENSATION 10,625 NON-TAXABLE BENEFITS 18,928 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 44,247 INCENTIVE COMPENSATION 10,710 OTHER REPORTABLE COMPENSATION 185 DEFERRED COMPENSATION 2,125 NON-TAXABLE BENEFITS 3,340 AS REQUIRED BY THIS FORM 990, BONUS AND INCENTIVE COMPENSATION FOR THE 2013 CALENDAR YEAR IN THE AMOUNT OF $71,401 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 ABOOKIRE, M D , SUSAN CHAIR OF QUALITY AND SAFETY - MOUNT AUBURN HOSPITAL ASSISTANT PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL DR ABOOKIRE SERVED AS THE CHAIR OF QUALITY AND SAFETY UNTIL NOVEMBER 1, 2013 AND DEVOTED, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 250,389 INCENTIVE COMPENSATION 63,597 OTHER REPORTABLE COMPENSATION 30,938 DEFERRED COMPENSATION 55,996 NON-TAXABLE BENEFITS 91 AS REQUIRED BY THIS FORM 990, BONUS AND INCENTIVE COMPENSATION FOR THE 2013 CALENDAR YEAR IN THE AMOUNT OF $63,597 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 OTHER REPORTABLE AND DEFERRED COMPENSATION INCLUDE COMBINED 457(B) DEFERRALS AND AN INCREASE IN DR ABOOKIRE'S PLAN VALUE OF $28,705 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2013 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF $43,246 RELATED TO DR ABOOKIRE'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2013, BUT NOT PAID TO DR ABOOKIRE UNTIL AFTER MARCH 15, 2014 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 242,669 INCENTIVE COMPENSATION 48,947 OTHER REPORTABLE COMPENSATION 1,468 DEFERRED COMPENSATION 12,750 NON-TAXABLE BENEFITS 22,268 AS REQUIRED BY THIS FORM 990, BONUS AND INCENTIVE COMPENSATION FOR THE 2013 CALENDAR YEAR IN THE AMOUNT OF $48,947 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 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 194,593 INCENTIVE COMPENSATION 29,709 OTHER REPORTABLE COMPENSATION 2,208 DEFERRED COMPENSATION 16,238 NON-TAXABLE BENEFITS 22,768 AS REQUIRED BY THIS FORM 990, BONUS AND INCENTIVE COMPENSATION FOR THE 2013 CALENDAR YEAR IN THE AMOUNT OF $29,709 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 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 269,570 INCENTIVE COMPENSATION 67,850 OTHER REPORTABLE COMPENSATION 2,387 DEFERRED COMPENSATION 54,274 NON-TAXABLE BENEFITS 23,068 AS REQUIRED BY THIS FORM 990, BONUS AND INCENTIVE COMPENSATION FOR THE 2013 CALENDAR YEAR IN THE AMOUNT OF $67,850 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2013 CALENDAR YEAR INCLUDES A BONUS IN AMOUNT OF $41,524 RELATED TO MS BURKE'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2011, BUT NOT PAID TO MS BURKE UNTIL AFTER MARCH 15, 2014 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 189,986 INCENTIVE COMPENSATION 47,563 OTHER REPORTABLE COMPENSATION 86,523 DEFERRED COMPENSATION 20,400 NON-TAXABLE BENEFITS 23,968 AS REQUIRED BY THIS FORM 990, BONUS AND INCENTIVE COMPENSATION FOR THE 2013 CALENDAR YEAR IN THE AMOUNT OF $47,563 WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 OTHER REPORTABLE AND DEFERRED COMPENSATION INCLUDE COMBINED 457(B) DEFERRALS AND AN INCREASE MR O'CONNELL'S PLAN VALUE OF $76,405 ZINNER, M D , STEPHEN CHAIR DEPARTMENT OF MEDICINE - MOUNT AUBURN HOSPITAL FORMER TRUSTEE - MOUNT AUBURN HOSPITAL CHAIR DEPARTMENT OF MEDICINE - MOUNT AUBURN PROFESSIONAL SERVICES FORMER TRUSTEE - MOUNT AUBURN PROFESSIONAL SERVICES CHARLES S DAVIDSON PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL DR ZINNER SERVED AS THE CHAIR IN THE DEPARTMENT OF MEDICINE UNTIL SEPTEMBER 30, 2014 AND DEVOTED, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	DR ZINNER DR ZINNER PERFORMED 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 366,223 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 7,867 DEFERRED COMPENSATION 15,173 NON-TAXABLE BENEFITS 9,003 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 64,628 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 1,388 DEFERRED COMPENSATION 2,678 NON-TAXABLE BENEFITS 1,588 ROSENBLATT, M D , PETER UROGYNECOLOGIC AND RECONSTRUCTIVE SURGEON - MOUNT AUBURN PROFESSIONAL SERVICES INSTRUCTOR, GRADUATE MEDICAL EDUCATION - MOUNT AUBURN HOSPITAL 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 49,375 INCENTIVE COMPENSATION 4,077 OTHER REPORTABLE COMPENSATION 129 DEFERRED COMPENSATION 1,785 NON-TAXABLE BENEFITS 2,226 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 444,371 INCENTIVE COMPENSATION 36,689 OTHER REPORTABLE COMPENSATION 1,164 DEFERRED COMPENSATION 16,065 NON-TAXABLE BENEFITS 20,042 HUANG, M D , EDWIN CHAIR, DEPARTMENT OF OBSTETRICS AND GYNECOLOGY - MOUNT AUBURN HOSPITAL CHAIR, DEPARTMENT OF OBSTETRICS AND GYNECOLOGY - MOUNT AUBURN PROFESSIONAL SERVICES TRUSTEE - MOUNT AUBURN PROFESSIONAL SERVICES ASSISTANT CLINICAL PROFESSOR OF OBSTETRICS, GYNECOLOGY AND REPRODUCTIVE BIOLOGY - HARVARD MEDICAL SCHOOL DR HUANG'S TERM ON MAPS' BOARD BEGAN JANUARY 28, 2014 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 243,208 INCENTIVE COMPENSATION 67,200 OTHER REPORTABLE COMPENSATION 4,441 DEFERRED COMPENSATION 10,500 NON-TAXABLE BENEFITS 13,909 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 162,139 INCENTIVE COMPENSATION 44,800 OTHER REPORTABLE COMPENSATION 2,960 DEFERRED COMPENSATION 7,000 NON-TAXABLE BENEFITS 9,273 OTHER REPORTABLE AND DEFERRED COMPENSATION INCLUDE COMBINED 457(B) DEFERRALS AND AN INCREASE IN DR HUANG'S PLAN VALUE OF $23,668 SETNIK, M D , GARY S CHAIR, DEPARTMENT OF EMERGENCY MEDICINE - MOUNT AUBURN HOSPITAL CHAIR, DEPARTMENT OF EMERGENCY MEDICINE - MOUNT AUBURN PROFESSIONAL SERVICES TRUSTEE - MOUNT AUBURN PROFESSIONAL SERVICES ASSISTANT PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL DR SETNIK'S TERM ON THE MAPS' BOARD BEGAN ON JANUARY 28, 2014 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 197,101 INCENTIVE COMPENSATION 39,600 OTHER REPORTABLE COMPENSATION 2,970 DEFERRED COMPENSATION 21,240 NON-TAXABLE BENEFITS 12,437 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 131,400 INCENTIVE COMPENSATION 26,400 OTHER REPORTABLE COMPENSATION 1,980 DEFERRED COMPENSATION 14,160 NON-TAXABLE BENEFITS 8,292 AS REQUIRED BY THIS FORM 990, BONUS AND INCENTIVE COMPENSATION FOR THE 2013 CALENDAR YEAR IN THE AMOUNT OF $13,500 WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 OTHER REPORTABLE AND DEFERRED COMPENSATION INCLUDE COMBINED 457(B) DEFERRALS AND AN INCREASE IN DR SETNIK'S PLAN VALUE OF $13,713 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 28,377 INCENTIVE COMPENSATION 8,705 OTHER REPORTABLE COMPENSATION 929 DEFERRED COMPENSATION 2,364 NON-TAXABLE BENEFITS 1,209 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 255,394 INCENTIVE COMPENSATION 78,340 OTHER REPORTABLE COMPENSATION 8,360 DEFERRED COMPENSATION 21,279 NON-TAXABLE BENEFITS 10,883 OTHER REPORTABLE AND DEFERRED COMPENSATION INCLUDE COMBINED 457(B) DEFERRALS AND AN INCREASE IN DR SCHIFFMAN'S PLAN VALUE OF $21,780 MOYER, M D , PATRICIA PRIMARY CARE PHYSICIAN - MOUNT AUBURN PROFESSIONAL SERVICES INSTRUCTOR, GRADUATE MEDICAL EDUCATION - MOUNT AUBURN HOSPITAL 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 62,246 INCENTIVE COMPENSATION 32,106 OTHER REPORTABLE COMPENSATION 890 DEFERRED COMPENSATION 5,780 NON-TAXABLE BENEFITS 6,054 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 160,060 INCENTIVE COMPENSATION 82,558 OTHER REPORTABLE COMPENSATION 2,291 DEFERRED COMPENSATION 14,620 NON-TAXABLE BENEFITS 16,725 AS REQUIRED BY THIS FORM 990, BONUS AND INCENTIVE COMPENSATION FOR THE 2013 CALENDAR YEAR IN THE AMOUNT OF $114,664 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 61,320 OTHER REPORTABLE COMPENSATION 2,538 DEFERRED COMPENSATION 99,540 NON-TAXABLE BENEFITS 22,587
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 70,481 INCENTIVE COMPENSATION 15,330 OTHER REPORTABLE COMPENSATION 635 DEFERRED COMPENSATION 24,885 NON-TAXABLE BENEFITS 5,646 AS REQUIRED BY THIS FORM 990, BONUS AND INCENTIVE COMPENSATION FOR THE 2013 CALENDAR YEAR IN THE AMOUNT OF $76,650 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 2013 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $106,575 RELATED TO DR NAUTA'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2013, BUT NOT PAID TO DR NAUTA UNTIL AFTER MARCH 15, 2014 SEMENZA, PETER FORMER CHIEF FINANCIAL OFFICER - MOUNT AUBURN HOSPITAL FORMER CHIEF FINANCIAL OFFICER - MOUNT AUBURN PROFESSIONAL SERVICES FORMER INTERIM CHIEF FINANCIAL OFFICER - BETH ISRAEL DEACONESS HOSPITAL-NEEDHAM MR SEMENZA SERVED AS THE INTERIM CHIEF FINANCIAL OFFICER OF BIDN FROM DECEMBER 3, 2012 TO APRIL 30, 2013 AND DEVOTED, ON AVERAGE, 60 HOURS PER WEEK TO THAT ENTITY PAYMENTS REPORTED BY MAH BASE COMPENSATION 0 BONUS AND INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 26,491 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 0 PAYMENTS REPORTED BY BIDN BASE COMPENSATION 132,480 BONUS AND INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 6,256 MR SEMENZA RETIRED FROM HIS POSITION OF CHIEF FINANCIAL OFFICER OF MOUNT AUBURN HOSPITAL ON AUGUST 15, 2011 AMOUNTS REPORTED HERE AS OTHER REPORTABLE COMPENSATION RELATE TO CONTRIBUTIONS TO AND, THE CHANGE IN VALUE OF, NON-QUALIFIED RETIREMENT PLAN BALANCE

Additional Data

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 TRUSTEE, PRESIDENT & CEO	(I)	452,634	367,625	94,797	945,253	16,274	1,876,583	0
	(II)	79,877	64,875	16,729	166,809	2,872	331,162	0
HATEM MD CHARLES J TEE, DIR MEDICAL EDUC	(I)	284,543	0	9,336	20,400	28,233	342,512	0
	(II)	0	0	0	0	0	0	0
DIIESO NICHOLAS COO, MAH	(I)	344,003	90,527	60,622	392,400	23,068	910,620	0
	(II)	0	0	0	0	0	0	0
SULLIVAN WILLIAM VP FINANCE & CFO	(I)	250,734	60,691	1,048	10,625	18,928	342,026	0
	(II)	44,247	10,710	185	2,125	3,340	60,607	0
ABOOKIRE MD SUSAN MD, CHAIR QUALITY & SAFETY	(I)	250,389	63,597	30,938	55,996	91	401,011	0
	(II)	0	0	0	0	0	0	0
BAKER DEBORAH VP, PATIENT CARE SERVICES	(I)	242,669	48,947	1,468	12,750	22,268	328,102	0
	(II)	0	0	0	0	0	0	0
BRIDGEMAN JOHN VP, CLINICAL SERVICES	(I)	194,593	29,709	2,208	16,238	22,768	265,516	0
	(II)	0	0	0	0	0	0	0
BURKE KATHRYN VP, CONTRACTING/BUSINESS DEV	(I)	269,570	67,850	2,387	54,274	23,068	417,149	0
	(II)	0	0	0	0	0	0	0
O'CONNELL MICHAEL L VP, PLANNING & MARKETING	(I)	189,986	47,563	86,523	20,400	23,968	368,440	0
	(II)	0	0	0	0	0	0	0
ZINNER MD STEPHEN FRMR TEE, CHAIR DEPT MED	(I)	366,223	0	7,867	15,173	9,003	398,266	0
	(II)	64,628	0	1,388	2,678	1,588	70,282	0
ROSENBLATT MD PETER DIR, UROGYN & RECON SURG	(I)	49,375	4,077	129	1,785	2,226	57,592	0
	(II)	444,371	36,689	1,164	16,065	20,042	518,331	0
HUANG MD EDWIN CHAIR, DEPT OF OB/GYN	(I)	243,208	67,200	4,441	10,500	13,909	339,258	0
	(II)	162,139	44,800	2,960	7,000	9,273	226,172	0
SETNIK MD GARY S CHAIR, EMERG MED	(I)	197,101	39,600	2,970	21,240	12,437	273,348	0
	(II)	131,400	26,400	1,980	14,160	8,292	182,232	0
SCHIFFMAN MD ROBERT CHIEF, PULMON MED	(I)	28,377	8,705	929	2,364	1,209	41,584	0
	(II)	255,394	78,340	8,360	21,279	10,883	374,256	0
MOYER MD PATRICIA MD, INTERNAL MEDICINE	(I)	62,246	32,106	890	5,780	6,504	107,526	0
	(II)	160,060	82,558	2,291	14,620	16,725	276,254	0
NAUTA MD RUSSELL J FRMR TEE, CHAIR SURGERY	(I)	281,922	61,320	2,538	99,540	22,587	467,907	0
	(II)	70,481	15,330	635	24,885	5,646	116,977	0
SEMENZA PETER FORMER CFO	(I)	0	0	26,491	0	0	26,491	0
	(II)	132,480	0	0	0	6,256	138,736	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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 2/11/1988		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, & CAPITAL PROJECTS		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		29,700,000	75,420,000	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	
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
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds			134,556,855	
11	Other spent proceeds	49,541,906	119,989,328	213,068,927	177,336,630
12	Other unspent proceeds				
13	Year of substantial completion			2011	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		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 ▶		0 600 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 100 %						
6	Total of lines 4 and 5		0 700 %						
7	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								
c	Term of hedge							21 000000000000	
d	Was the hedge superintegrated?								X
e	Was the hedge terminated?							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
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. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K - EXPLANATORY STATEMENT	CAREGROUP, INC , (CAREGROUP) IS A MASSACHUSETTS NON-PROFIT CORPORATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED THAT SERVES AS A SUPPORT ORGANIZATION OF BETH ISRAEL DEACONESS MEDICAL CENTER, BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM, BETH ISRAEL DEACONESS HOSPITAL - MILTON, BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH, MOUNT AUBURN HOSPITAL, NEW ENGLAND BAPTIST HOSPITAL AND THESE ENTITIES' PHYSICIAN GROUPS AND OTHER AFFILIATED ENTITIES CAREGROUP'S PURPOSE IS TO OVERSEE THE FINANCIAL WELL-BEING OF THE AFFILIATED ENTITIES WHICH MAKE UP THE CAREGROUP SYSTEM CAREGROUP AND SOME OF ITS AFFILIATES JOINTLY BORROW DEBT AS AN OBLIGATED GROUP THE OBLIGATED GROUP MEMBERS ARE CAREGROUP, BETH ISRAEL DEACONESS MEDICAL CENTER (MEDICAL CENTER), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS - NEEDHAM (BID-NEEDHAM), MOUNT AUBURN PROFESSIONAL SERVICES (MAPS) AND MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A AFFILIATED PHYSICIANS GROUP (APG) THE INFORMATION REPORTED ON SCHEDULE K FOR BETH ISRAEL DEACONESS MEDICAL CENTER (MEDICAL CENTER) REFLECTS THE COMBINED CAREGROUP OBLIGATED GROUP DEBT ISSUED AFTER DECEMBER 31, 2002 WITH AN OUTSTANDING PRINCIPAL BALANCE IN EXCESS OF $100,000

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 CONSTRUCTION PROJECTS AND CAPITAL EQUIPMENT ACQUISITIONS FOR THE MEDICAL CENTER - TO FINANCE OR REFINANCE CONSTRUCTION, RENOVATION, FURNISHING AND VARIOUS OTHER CAPITAL ACQUISITIONS FOR MAH'S NEW AND EXPANDED FACILITIES WITH APPROXIMATELY 250,000 SQUARE FEET OF NEW AND RENOVATED SPACE TO INCLUDE A NEW SIX-STORY ACUTE CARE FACILITY TO SUPPORT ADDITIONAL CRITICAL CARE AND MEDICAL /SURGICAL BEDS, EXPANDED OPERATING ROOMS AND INTERVENTIONAL RADIOLOGY ROOMS AND A NEW PARKING GARAGE - TO FINANCE OR REFINANCE CONSTRUCTION, RENOVATION, FURNISHING AND VARIOUS OTHER CAPITAL ACQUISITIONS FOR NEBH'S MASTER FACILITY PLAN, INCLUDING A NEW ATRIUM OF APPROXIMATELY 2,740 SQUARE FEET, A PRE-OPERATIVE AND POST ANESTHESIA UNIT OF APPROXIMATELY 14, 310 SQUARE FEET, CONSTRUCTION OF A CENTRAL STERILE SUPPLY AREA OF APPROXIMATELY 8,290 SQUARE FEET AND CONSTRUCTION OF NEW OPERATING ROOMS OF APPROXIMATELY 18,615 SQUARE FEET, - TO FINANCE OR REFINANCE CONSTRUCTION, RENOVATION, FURNISHING AND VARIOUS OTHER CAPITAL ACQUISITIONS FOR BID-NEEDHAM'S NEW AND EXPANDED FACILITIES INCLUDING AN APPROXIMATELY 59,000 SQUARE FOOT PROJECT ON TWO FLOORS TO RENOVATE AND EXPAND SERVICES IN THE EMERGENCY DEPARTMENT, INPATIENT UNITS, RADIOLOGY DEPARTMENT AND ASSOCIATED SUPPORT SERVICES, - TO REFINANCE $201,975,000 OF DEBT PREVIOUSLY ISSUED BY MEMBERS OF THE OBLIGATED GROUP, INCLUDING $138,075,000 OF THE CAREGROUP SERIES C BONDS DESCRIBED BELOW PURPOSES OF CAREGROUP SERIES D BONDS - REFUNDING OF THE OUTSTANDING PRINCIPAL BALANCE OF THE MAH SERIES B BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED JULY 13, 2004 PURPOSES OF CAREGROUP SERIES C BONDS - REFUNDING OF THE OUTSTANDING PRINCIPAL BALANCE OF THE BETH ISRAEL HOSPITAL ASSOCIATION SERIES G BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED JULY 13, 2004 PURPOSES OF CAREGROUP SERIES F BONDS - REFUNDING OF A PORTION OF THE OUTSTANDING PRINCIPAL BALANCE OF THE CAREGROUP SERIES A BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED SEPTEMBER 1, 2011 PURPOSES OF CAREGROUP SERIES G BONDS - REFUNDING THE REMAINING PORTION OF THE OUTSTANDING PRINCIPAL BALANCE OF THE CAREGROUP SERIES A BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED JULY 1,2012

Return Reference	Explanation
SCHEDULE K PART II LINE 3 - TOTAL ISSUE PROCEEDS	THE TOTAL PROCEEDS OF THE ISSUE EXCEED THE ISSUE PRICE DUE TO THE INVESTMENT EARNINGS ON THE PROJECT FUND

Return Reference	Explanation
SCHEDULE K PART II, COLUMNS A, B AND D, LINE 11	THE OTHER SPENT PROCEEDS ARE THE PROCEEDS USED TO REFUND PRIOR ISSUE(S) THE AMOUNTS ARE NOT LISTED ON LINE 6 BECAUSE THEY ARE NO LONGER IN ESCROW

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 THE REMAINDER USED FOR REFUNDING PURPOSES OF THE ISSUE

Return Reference	Explanation
SCHEDULE K PART III QUESTIONS 2 AND 3	FACILITIES FINANCED WITH TAX-EXEMPT BONDS ARE PRIMARILY OCCUPIED BY CAREGROUP AND ITS AFFILIATED TAX-EXEMPT ENTITIES, INCLUDING BUT NOT LIMITED TO THE MEDICAL CENTER, BID-NEEDHAM, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER NEBH, NEW ENGLAND BAPTIST MEDICAL ASSOCIATES, MAH, MAPS AND APG SOME FINANCED SPACE MAY CONTAIN LEASE ARRANGEMENTS, AND THE AFFILIATES WHICH OWN THE DEBT FINANCED SPACE MAY OPT TO ENGAGE A MANAGEMENT SERVICES COMPANY (I E CLEANING, PATIENT TRANSPORT, AND FOOD SERVICES) OR ENGAGE IN RESEARCH PURSUANT TO RESEARCH AGREEMENTS WITHIN TAX EXEMPT DEBT FINANCED SPACE ANY SUCH AGREEMENTS IN PLACE AS OF SEPTEMBER 30, 2014 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

Return Reference	Explanation
SCHEDULE K PART IV, LINE 2C, REBATE CALCULATIONS, COLUMN C	AN ARBITRAGE REBATE CALCULATION WAS COMPLETED AS OF SEPTEMBER 30, 2012

Return Reference	Explanation
SCHEDULE K PART IV, LINE 2C, REBATE CALCULATIONS, COLUMN D	AN ARBITRAGE REBATE CALCULATION WAS COMPLETED AS OF SEPTEMBER 30, 2013

Return Reference	Explanation
SCHEDULE K PART IV, COLUMN D, LINE 4C	AT THE TIME OF ISSUE, THE CAREGROUP OBLIGATED GROUP ENTERED INTO THREE FLOATING-TO-FIXED INTEREST RATE SWAPS, TWO OF WHICH HAD 21 YEAR MATURITY DATES AND THE THIRD HAD A 20 YEAR MATURITY THESE HEDGES WERE TERMINATED IN 2008

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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.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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
See Additional Data Table					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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 DEPARTMENT OF RADIOLOGY, IS THE PRESIDENT OF SCHATZKI ASSOCIATES SCHATZKI ASSOCIATES PROVIDED RADIOLOGY AND TEACHING SERVICES TO MAH, INCLUDING THE CHAIR OF THE DEPARTMENT OF RADIOLOGY CHARGES FOR THOSE SERVICES DURING THE FISCAL YEAR WERE $302,287 THE FEES PAID TO SCHATZKI ASSOCIATES REFLECTED FAIR MARKET VALUE RATES SEE FORM 990 PART VII AND SCH J FOR ADDITIONAL INFORMATION A KIM SAAL, M D IS THE CHIEF OF THE DIVISION OF CARDIOLOGY AT MOUNT AUBURN HOSPITAL DURING THE PERIOD COVERED BY THIS FILING, HE ALSO SERVED AS A MEMBER OF THE MAH BOARD OF TRUSTEES DR SAAL IS ALSO THE TREASURER OF MOUNT AUBURN CARDIOLOGY ASSOCIATES (MACA) MAH PAID $457,980 TO MACA FOR THE PROVISION OF SERVICES INCLUDING THE MEDICAL DIRECTORS FOR THE DEPARTMENTS WITHIN CARDIOLOGY (CARDIAC CATH LAB, NONINVASICE CARDIOLOGY, EP LAB AND CARDIAC REHAB) AND THE CHIEF OF THE DIVISION OF CARDIOLOGY MACA ALSO PROVIDED CALL COVERAGE FOR THE CATH LAB, EP LAB AND EMERGENCY DEPARTMENTS SEE FORM 990 PART VII AND SCHEDULE J FOR ADDITIONAL INFORMATION JANICE SAAL, M D , PHD , CO-MEDICAL DIRECTOR OF THE HOFFMAN BREAST CENTER AT MOUNT AUBURN HOSPITAL IS THE SPOUSE OF A KIM SAAL, M D , MAH TRUSTEE AND CHIEF OF THE DIVISION OF CARDIOLOGY AT MAH DR JANICE SAAL'S SALARY AND OTHER INCOME INCLUDE BASE COMPENSATION $10,000INCENTIVE COMPENSATION $0OTHER REPORTABLE COMPENSATION $0DEFERRED COMPENSATION $0NON-TAXABLE BENEFITS $0GEORGE E MASSARO, DIRECTOR AND BOARD VICE-CHAIR OF HURON CONSULTING GROUP, SERVES AS A MEMBER OF THE MOUNT AUBURN HOSPITAL BOARD OF TRUSTEES DURING THE PERIOD COVERED BY THIS FILING, MAH MADE PAYMENTS TO HURON CONSULTING GROUP FOR STRATEGIC PLANNING IN THE AMOUNT OF $109,115 THE FEES PAID TO HURON CONSULTING GROUP REFLECT FAIR MARKET VALUE RATES DEBRA SHAPIRO, M D , PRESIDENT AND SOLE STOCKHOLDER OF RESERVOIR MEDICAL ASSOCIATES, P C (RMA) SERVES AS A MEMBER OF THE MOUNT AUBURN HOSPITAL BOARD OF TRUSTEES DURING THE PERIOD COVERED BY THIS FILING, MAH AND MAPS MADE PAYMENTS TO RMA IN THE AMOUNTS OF $1,000 AND $539,406, RESPECTIVELY, FOR PRECEPT AND SHARED SERVICES THE FEES PAID TO RMA REFLECT FAIR MARKET VALUE RATES CHRISTOPHER PECKINS, M D , HUSBAND OF DR SUSAN ABOOKIRE, CHAIR OF QUALITY AND SAFETY FOR MOUNT AUBURN HOSPITAL, IS EMPLOYED AS A PRIMARY CARE PHYSICIAN BY MOUNT AUBURN PROFESSIONAL SERVICES (MAPS), A SUPPORTING ORGANIZATION OF MAH AND AN ORGANIZATION FOR WHICH MAH SERVES AS SOLE MEMBER HIS SALARY AND OTHER INCOME INCLUDE BASE COMPENSATION $213,757INCENTIVE COMPENSATION $17,173OTHER REPORTABLE COMPENSATION $911DEFERRED COMPENSATION $11,859NON-TAXABLE BENEFITS $22,268KATHERINE RAFFERTY, COMMUNITY RELATIONS DIRECTOR AT MOUNT AUBURN HOSPITAL, IS THE SISTER OF JAMES RAFFERTY WHO IS A MAH TRUSTEE HER SALARY AND OTHER INCOME INCLUDE BASE COMPENSATION $89,619INCENTIVE COMPENSATION $250OTHER REPORTABLE COMPENSATION $75DEFERRED COMPENSATION $4,592NON-TAXABLE BENEFITS $7,775ALL 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

Additional Data

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

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) MICHAEL SHORTSLEEVE	TRUSTEE	302,287			No
(2) DR SUSAN ABOOKIRE	FAMILY MEMBER	265,968			No
(3) JAMES RAFFERTY	FAMILY MEMBER	102,311			No
(4) JANICE SAAL MD PHD	FAMILY MEMBER	10,000			No
(5) A KIM SAAL MD	FAMILY MEMBER	457,980			No
(6) GEORGE E MASSARO	TRUSTEE	109,115			No
(7) DEBRA SHAPIRO MD	TRUSTEE	540,406		Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226039685

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

Return Reference	Explanation
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

Return Reference	Explanation
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 2014, MOUNT AUBURN HOSPITAL HAD 173 LICENSED MEDICAL/SURGICAL BEDS, AND PROVIDED INPATIENT MEDICAL SERVICES TO 6,239 PATIENTS, AND INPATIENT SURGICAL SERVICES TO 2,053 PATIENTS

Return Reference	Explanation
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 2014, MOUNT AUBURN HOSPITAL PROVIDED OUTPATIENT RADIOLOGY SERVICES TO 78,541 PATIENTS

Return Reference	Explanation	
	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 PHYSICIAN WHO SPECIALIZES IN THE COMPLICATIONS OF PREGNANCY AND CHILDBIRTH, BECOMES PART OF THE TEAM AND SEES THE WOMAN ON A REGULAR BASIS - NURSERIES, CARING FOR YOUR BABY MOST NEWBORNS SPEND MOST OF THE DAY WITH THEIR MOTHERS WHEN NEWBORNS NEED SPECIAL CARE, THEY STAY IN THE HOSPITAL'S LEVEL II NURSERY, WHICH IS STAFFED BY NEONATOLOGISTS AND NEONATAL 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

Return Reference	Explanation	
	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 Y OUR 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 2014, MOUNT AUBURN HOSPITAL HAD 28 LICENSED OB/GYN BEDS PROVIDING SERVICES TO 2,717 PATIENTS AND 35 BASSINETS PROVIDING INPATIENT SERVICES TO 2,77 6 NEWBORNS

Return Reference	Explanation
FORM 990, PART III LINE 4D PROGRAM SERVICE ACCOMPLISHMENTS - OTHER	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 2014, MOUNT AUBURN HOSPITAL HAD 16 LICENSED INPATIENT PSYCHIATRY BEDS, AND PROVIDED INPATIENT PSYCHIATRY SERVICES TO 265 PATIENTS THE HOSPITAL HAS A 24 HOUR EMERGENCY DEPARTMENT THAT SERVICED 35,246 VISITS IN ADDITION, THE HOSPITAL PROVIDED A VARIETY OF OUTPATIENT SERVICES TO MORE THAN 172,000 PATIENTS IN VARIOUS SPECIALTIES LISTED ABOVE, AND CONDUCTED MORE THAN 75,000 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

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.

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

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

Return Reference	Explanation
FORM 990, PART V (QUESTION 7G)	CONTRIBUTIONS OF INTELLECTUAL PROPERTY THE HOSPITAL DID NOT RECEIVE ANY CONTRIBUTIONS OF INTELLECTUAL PROPERTY AND AS SUCH, WAS NOT REQUIRED TO FILE FORM 8899

Return Reference	Explanation
FORM 990, PART V (QUESTION 7H)	CONTRIBUTIONS OF CARS, BOATS, AIRPLANES AND OTHER VEHICLES THE HOSPITAL DID NOT RECEIVE ANY CONTRIBUTIONS OF CARS, BOATS, AIRPLANES OR OTHER VEHICLES AND AS SUCH, WAS NOT REQUIRED TO FILE FORM 1098-C

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), BETH ISRAEL DEACONESS HOSPITAL - MILTON, INC (BID-MILTON), BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH, INC (BID-PLYMOUTH) AND JORDAN HEALTH SYSTEMS, INC 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 MORE BOARDS OF DIRECTORS/TRUSTEES OR BY SERVING IN AN EMPLOYMENT RELATIONSHIP WITH ONE OR MORE ENTITIES IN THE CAREGROUP NETWORK OF AFFILIATED ORGANIZATIONS ADDITIONAL DETAIL IS PROVIDED IN THE EXPLANATORY NOTES TO THIS FORM 990 SCHEDULE J

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	STATEMENT RE ELECTION OF MEMBERS OF GOVERNING BODY PURSUANT TO THE MAH BYLAWS, 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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS 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 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 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 REVIEW PROCESS 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS 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

Return Reference	Explanation	
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES MOUNT AUBURN HOSPITAL (MAH) HAS A COMPENSATION COMMITTEE (THE "COMMITTEE") THAT IS COMPRISED OF SIX MEMBERS OF T HE BOARD OF TRUSTEES INCLUDING THE CURRENT CHAIRMAN OF THE BOARD OF TRUSTEES AND THE MAH C EO, WHO SERVES ON THE COMMITTEE AS AN "EX OFFICIO" MEMBER WITHOUT VOTING RIGHTS ALL OTHER MEMBERS OF THE COMMITTEE ARE INDEPENDENT THE COMMITTEE OPERATES TO FULFILL THE FOLLOWING RESPONSIBILITIES - TO REVIEW AND APPROVE THE TOTAL COMPENSATION OF EACH MEMBER OF THE HO SPITAL'S SENIOR MANAGEMENT TEAM SO AS TO ENSURE THAT SUCH COMPENSATION REMAINS COMPETITIVE IN THE MARKETPLACE, REPRESENTS GOOD VALUE TO THE HOSPITAL FOR THE QUALITY AND QUANTITY OF SERVICES PROVIDED AND CONSTITUTES REASONABLE TOTAL COMPENSATION TO THE EMPLOYEE IN LIGHT OF THE EMPLOYEE'S POSITION, RESPONSIBILITIES, QUALIFICATIONS AND PERFORMANCE IN ACCORDANCE WITH INTERNAL AND EXTERNAL REASONABLE COMPENSATION STANDARDS APPLICABLE TO THIS TAX EXEMP T HOSPITAL, - TO RECOMMEND TO THE BOARD OF TRUSTEES THE TERMS AND CONDITIONS OF ANY EMPLOY MENT AGREEMENTS BETWEEN THE HOSPITAL AND ITS PRESIDENT/CHIEF EXECUTIVE OFFICER INCLUDING B ASE SALARIES, INCENTIVE COMPENSATION, SUPPLEMENTAL EMPLOYEE RETIREMENT PLANS, BENEFITS AND OTHER LAWFUL METHODS OF REASONABLE COMPENSATION, - TO RECOMMEND TO THE BOARD OF TRUSTEES FOR THE BOARD'S APPROVAL THE TERMS AND CONDITIONS OF ANY SUPPLEMENTAL EMPLOYEE RETIREMENT PLANS FOR HOSPITAL EXECUTIVES, - TO REVIEW AND APPROVE THOSE PORTIONS OF THE FEDERAL FORM 990 AND THE MASSACHUSETTS FORM PC, OR THEIR EQUIVALENTS, PERTAINING TO THE COMPENSATION OF HOSPITAL EMPLOYEES PRIOR TO THE HOSPITAL'S FILING OF SUCH FORMS WITH THE REGULATORY AUTHO RITIES, - AS DETERMINED TO BE ADVISABLE BY THE COMMITTEE FROM TIME TO TIME, TO ENGAGE OUTS IDE COMPENSATION CONSULTANTS AND LEGAL AND OTHER ADVISORS TO PROVIDE TO THE COMMITTEE APPR OPRIATE AND RELIABLE COMPARABLE COMPENSATION DATA FOR SIMILARLY SITUATED EMPLOYEES OF NATI ONAL, REGIONAL AND LOCAL PEER INSTITUTIONS AND OTHER EXPERT ADVICE TO ASSIST THE COMMITTEE IN FULFILLING ITS RESPONSIBILITIES, - TO WORK WITH THE HOSPITAL'S MANAGEMENT AND AUDITORS TO RESOLVE, OR TO RECOMMEND TO THE BOARD OF TRUSTEES RESOLUTION OF, ANY ISSUES OF CONCERN PERTAINING TO THE COMPENSATION OF HOSPITAL EMPLOYEES THAT MAY ARISE DURING THE COURSE OF THE HOSPITAL'S INDEPENDENT AUDIT OR MAY BE PRESENTED IN THE INDEPENDENT AUDITOR'S MANAGEME NT LETTER TO THE HOSPITAL, - TO REVIEW AND APPROVE EMPLOYEE BENEFITS PROGRAMS INCLUDING WE LFARE, FRINGE AND RETIREMENT PLANS AND PROGRAMS, AND ANY MATERIAL AMENDMENTS THERETO, - TO ADOPT SUCH POLICIES AND PROCEDURES AS THE COMMITTEE MAY DETERMINE FROM TIME TO TIME TO BE NECESSARY OR USEFUL TO ENSURE THAT THE HOSPITAL PAYS REASONABLE AND COMPETITIVE COMPENSAT ION TO ITS MANAGEMENT TEAM WHILE PRESERVING THE TAX EXEMPT STATUS OF THE HOSPITAL, AND - T O REVIEW AND REASSESS THE COMMITTEE'S CHARTER FROM TIME TO TIME AND TO RECOMMEND ANY PROPO SED CHANGES TO THE HOSPITAL'S BOARD OF TRUSTEES FOR ITS CONSIDERATION AND APPROVAL THE CO MMITTEE MEETS SEVERAL TIMES DURING THE YEAR TO REVIEW AND APPROVE INDIVIDUAL PERFORMANCE G OALS FOR MANAGEMENT AND THE CEO, TO REVIEW PERFORMANCE AGAINST SUCH GOALS, TO APPROVE INCE NTIVE COMPENSATION PAYMENTS TO MANAGEMENT, TO RECOMMEND COMPENSATION PAYMENTS TO THE CEO F OR APPROVAL BY THE TRUSTEES AND TO APPROVE SALARY ADJUSTMENTS FOR THE NEXT YEAR FURTHER, THE COMMITTEE WILL ADDRESS AS REQUIRED ANY CHANGES IN INDIVIDUAL OR GROUP COMPENSATION ARR ANGEMENTS AT SUCH MEETINGS THE COMMITTEE UNDERSTANDS THAT ONE OF ITS CORE RESPONSIBILITIE S IS TO ENSURE THAT THE TOTAL COMPENSATION PROVIDED TO THESE INDIVIDUALS IS FAIR AND REASO NABLE USING CURRENT AND CREDIBLE MARKET PRACTICE INFORMATION AND THAT ALL ARRANGEMENTS COM PLY WITH APPLICABLE LEGAL AND REGULATORY GUIDELINES THE COMPENSATION COMMITTEE HAS HISTOR ICALLY RELIED UPON GUIDANCE OUTLINED IN WRITTEN COMPENSATION SURVEYS/STUDIES PRODUCED UNDE R AN ARRANGEMENT WITH AN INDEPENDENT COMPENSATION CONSULTING FIRM THAT REGULARLY ASSESSES EXECUTIVE COMPENSATION AND BENEFITS OF ORGANIZATIONS SIMILAR TO MAH THE COMMITTEE HAS HIS TORICALLY HAD A FULL STUDY CONDUCTED BY SUCH FIRM EVERY OTHER YEAR WITH AN UPDATED STUDY I N THE OTHER YEARS THIS SURVEY HAS FORMED THE BASIS FOR THE COMMITTEE FULFILLING ITS RESPO NSIBILITY IN THIS REGARD FOR THE PERIODS COVERED IN THIS FORM 990, THE COMMITTEE MET SEVE RAL TIMES TO REVIEW THE COMPENSATION OF EACH OF THE INDIVIDUALS DESCRIBED ABOVE TOOLS UTI LIZED FOR THIS REVIEW INCLUDED THE COMPENSATION STUDY PREPARED BY THE INDEPENDENT COMPENSA TION CONSULTING FIRM CONTRACTED BY THE COMMITTEE FURTHER, PERFORMANCE OF EACH INDIVIDUAL WAS MEASURED AGAINST PREVIOUSLY APPROVED GOALS AND OBJECTIVES IN DETERMINING INCENTIVE COM PENSATION PAYMENTS AFTER DISCUSSION AND ANALYSIS AT SEVERAL MEETINGS, THE COMPENSATION CO MMITTEE VOTED TO APPROVE THE COMPENSATION ARRANGEMENTS OF ALL INDIVIDUALS DESCRIBED ABOVE EXCEPT FOR THE CEO UPON EXCUSING THE CEO FROM ITS

Return Reference	Explanation	
	FORM 990, PART VI, SECTION B, LINE 15	MEETING, THE COMPENSATION COMMITTEE DISCUSSED THE COMPENSATION OF THE CEO AND THE PERFORM ANCE OF THE CEO AGAINST PREVIOUSLY APPROVED GOALS AND OBJECTIVES WITH THE INPUT OF THE CO MPENSATION STUDY, THE COMMITTEE VOTED TO RECOMMEND FOR APPROVAL BY THE BOARD OF TRUSTEES T HE COMPENSATION ARRANGEMENT OF THE CEO AT A FUTURE BOARD OF TRUSTEES MEETING, THE COMMITT EE CHAIRMAN MADE A FULL REPORT TO THE INDEPENDENT TRUSTEES OF THE COMMITTEES ANALYSIS OF C EO COMPENSATION AND AFTER DISCUSSION RECOMMENDED THAT THE TRUSTEES APPROVE THE CEO COMPENS ATION THE TRUSTEES VOTED AND APPROVED THE COMPENSATION ALL DELIBERATIONS WERE CONTEMPORA NEOUSLY DOCUMENTED IN MINUTES THE COMPENSATION OF THE MAH CEO WAS THEN ALSO APPROVED BY T HE CAREGROUP COMPENSATION COMMITTEE.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE 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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER FROM AFFILIATE -11,500,180 FAS 158 -490,174 INVESTMENT INCOME & GAINS-CIP -282,624

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

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

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
See Additional Data Table												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) MILTON PHYSICIAN-HOSPITAL ORGANIZATION INC 199 REEDSDALE ROAD MILTON, MA 02186 04-3213042	PHYSICIAN/HOSPITAL ORGANIZATION	MA	N/A	C					No
(2) ANESTHESIA FINANCIAL SOLUTIONS INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3571311	INACTIVE CORPORATION	MA	N/A	C					No
(3) JORDON COMMUNITY ACO INC 275 SANDWICH ST PLYMOUTH, MA 02360 45-4047430	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BID-PLYMOUTH	MA	N/A	C					No
(4) ATLANTIC MEDICAL MANAGEMENT INC 275 SANDWICH ST PLYMOUTH, MA 02360 04-3161451	INACTIVE CORPORATION	MA		C					No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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		No
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 related 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" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 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	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) ASSOC PHYS HARVARD MED FAC PHY AT BIDMC 375 LONGWOOD AVE BOSTON, MA 02215 32-0058309	TO PROVIDE EMERGENCY MEDICAL SERVICES	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(1) BI ANAESTHESIA FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2997215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(2) BI COMMUNITY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2776678	INACTIVE CORPORATION	MA	501(C)(3)	LINE 7	N/A		No
(3) BI DEACONESS DEPARTMENT OF MEDICINE FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3079630	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(4) BI DEACONESS DEPARTMENT OF NEONATOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 20-8253452	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(5) BI DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3030397	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(6) BI DEACONESS DEPARTMENT OF ORTHOPAEDIC SURGERY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 20-4974585	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(7) BI DEACONESS DEPARTMENT OF SURGERY FOUNDATION INC 110 FRANCIS STREET BOSTON, MA 02215 02-0671240	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(8) BI DEACONESS HOSPITAL - NEEDHAM INC 148 CHESTNUT ST NEEDHAM, MA 00000 04-3229679	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	LINE 3	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
(9) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE BOSTON, MA 02215 04-2103881	THE OPERAION OF A WORLD CLASS ACADEMIC MEDICAL CENTER IN BOSTON, MA	MA	501(C)(3)	LINE 3	CAREGROUP INC		No
(10) BIDMC AND CHILDREN'S HOSPITAL MEDICAL CARE CORP 300 LONGWOOD AVE BOSTON, MA 02215 04-3200113	OUTPATIENT AMBULATORY CARE CENTER IN LEXINGTON, MA	MA	501(C)(3)	LINE 11A, I	N/A		No
(11) BIDMC OBSTETRICS AND GYNECOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2794855	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(12) BI DERMATOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3117601	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(13) BIH PATHOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 22-2548374	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(14) BIH RADIOLOGIC FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2571853	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(15) LONGWOOD MEDICAL INTL FOUNDATION 185 PILGRIM ROAD BOST BOSTON, MA 02215 04-3208878	INACTIVE CORPORATION	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(16) CAREGROUP INC 109 BROOKLINE AVE BOSTON, MA 02215 22-2629185	OVERSEE FINCIAL HEALTH OF AFFILIATES	MA	501(C)(3)	LINE 11D, III-O	N/A		No
(17) CARL J SHAPIRO INSTITUTE 330 BROOKLINE AVE BOSTON, MA 02215 04-3326928	DEVELOP INNOVATIVE PROG AND MODELS FOR TEACHING AND RESEARCH	MA	501(C)(3)	LINE 11A, I	N/A		No
(18) CONTINUING EDU PROGRAM DBA BID DEPT OF PSYCH FDN C/O HARVARD MED SCH 401 PARK DR BOSTON, MA 02215 04-3242952	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
(19) MED CARE OF BOSTON MGMT CORP DBA AFFILIATED PHYS GROUP 400 HUNNEWELL ST NEEDHAM, MA 02494 04-2810972	OUTPATIENT, PRIMARY CARE AND SPECIALTY SERVICES	MA	501(C)(3)	LINE 9	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(21) MOUNT AUBURN HOSPITAL 330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-2103606	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	LINE 3	CAREGROUP INC		No
(1) MOUNT AUBURN PROFESSIONAL SERVICES INC 330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-3026897	OFFERING MEDICAL CARE IN GENERAL AND SPECIALIZED PRACTICES	MA	501(C)(3)	LINE 11A, I	MOUNT AUBURN HOSPITAL		No
(2) NEW ENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVE BOSTON, MA 02120 04-2103612	ORTHOPEDIC SPECIALTY HOSPITAL	MA	501(C)(3)	LINE 3	CAREGROUP INC		No
(3) NEW ENGLAND BAPTIST MEDICAL ASSOCIATES INC 125 PARKER HILL AVE BOSTON, MA 02120 04-3235796	OUTPATIENT MEDICAL SERVICES TO THE VARIOUS COMMUNITIES SERVICED BY NEBH	MA	501(C)(3)	LINE 3	NEW ENGLAND BAPTIST HOSPITAL INC		No
(4) RIVERBROOK CORPORATION 109 BROOKLINE AVE BOSTON, MA 02215 04-2828955	TO HOLD TITLE TO PROPERTY FOR CAREGROUP, INC	MA	501(C)(2)		CAREGROUP INC		No
(5) HARVARD MEDICAL COLLABORATIVE INC 25 SHATTUCK ST BOSTON, MA 02115 04-3476764	COORDINATE AND PROVIDE STATEGIC PLANNING OPP FOR HMS	MA	501(C)(3)	LINE 11A, I	N/A		No
(6) HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC 375 LONGWOOD AVE BOSTON, MA 02215 22-2768204	GENERAL AND SPECIALIZED MEDICAL SERVICES TO THE PATIENTS OF BIDMC AND OTHERS	MA	501(C)(3)	LINE 9	N/A		No
(7) BETH ISRAEL DEACONESS HOSPITAL - MILTON INC 199 REEDSDALE RD MILTON, MA 02186 04-2103604	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	LINE 3	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
(8) COMMUNITY PHYSICIAN ASSOCIATES INC 199 REEDSDALE RD MILTON, MA 02186 04-3243146	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	LINE 3	MILTON HOSPITAL FOUNDATION INC		No
(9) MILTON HOSPITAL FOUNDATION INC 199 REEDSDALE RD MILTON, MA 02186 22-2566792	PROMOTE HEALTHCARE	MA	501(C)(3)	LINE 11A, I	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
(10) BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH INC 275 SANDWICH ST PLYMOUTH, MA 02186 22-2667354	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	LINE 3	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
(11) JH REALTY CORP 275 SANDWICH ST PLYMOUTH, MA 02360 22-2677673	REAL ESTATE	MA	501(C)(3)	LINE 11A, I	BETH ISRAEL DEACONESS-PLYMOUTH		No
(12) JORDAN AMBULATORY HEALTH CARE 36 CORDAGE PARK CIRCLE PLYMOUTH, MA 02360 22-2667348	PROVIDE MEDICAL SERVICES	MA	501(C)(3)	LINE 11A, I	BETH ISRAEL DEACONESS-PLYMOUTH		No
(13) JORDAN HEALTH FOUNDATION 175 SANDWICH ST PLYMOUTH, MA 02360 51-0432984	PROMOTE HEALTHCARE	MA	501(C)(3)	LINE 11A, I	BETH ISRAEL DEACONESS-PLYMOUTH		No
(14) JORDAN HEALTH SYSTEMS INC 275 SANDWICH ST PLYMOUTH, MA 02360 04-2103805	PROMOTE HEALTHCARE	MA	501(C)(3)	LINE 11A, I	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
(15) JORDAN PHYSICIANS ASSOCIATES INC 275 SANDWICH ST PLYMOUTH, MA 02360 04-3228556	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	LINE 9	JORDAN HEALTH SYSTEMS INC		No

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?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ADVANCED VASCULAR CARE LLC 375 LONGWOOD AVE BOSTON, MA 02215 26-1647880	TO PROVIDE MEDICAL SUPPORT SERVICES	MA	N/A									
BETH ISRAEL DEACONESS PHYS ORG LLC DBA BIDCO ONE UNIVERSITY AVE NORTH ENTRANCE WESTWOOD, MA 02090 04-3426253	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A									
BIDCO PHYSICIAN LLC ONE UNIVERSITY AVE NORTH ENTRANCE WESTWOOD, MA 02090 04-3426253	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A									
BIDCO HOSPITAL LLC ONE UNIVERSITY AVE NORTH ENTRANCE WESTWOOD, MA 02090 46-1643790	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A									
CAREGROUP CLINICAL RESEARCH LLC 109 BROOKLINE AVENUE BOSTON, MA 02215 30-0228711	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA	N/A									
CAREGROUP INVESTMENT PARTNERSHIP LLP 109 BROOKLINE AVENUE BOSTON, MA 02215 04-3278109	INVESTMENT PARTNERSHIP	MA	NONE	EXCLUDED	14,728,523	138,006,151		No	311,924		No	14 000 %
CHARLTON MRI SERVICES LLC 330 BROOKLINE AVENUE BOSTON, MA 02215 26-4662778	PROVISION OF PATIENT CARE SERVICES	MA	N/A									
PHYSICIAN PROFESSIONAL SERVICES LLP 10 CABOT ROAD MEDFORD, MA 02215 04-3275078	TO PROVIDE MEDICAL BILLING SERVICES	MA	N/A									

KPMG

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidated Financial Statements
and Other Financial Information

September 30, 2014 and 2013

(With Independent Auditors' Report Thereon)

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidated Financial Statements
and Other Financial Information

September 30, 2014 and 2013

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, 2014 and 2013, 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, 2014 and 2013, 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, 2014

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidated Balance Sheets

September 30, 2014 and 2013

(Dollars in thousands)

Assets		2014	2013
Current assets			
Cash and cash equivalents	$	40,481	34,330
Investments		113,615	110,578
Patient accounts receivable, net of allowance for doubtful accounts of $5,152 in 2014 and $5,198 in 2013		42,199	39,139
Estimated settlements with third-party payors		3,707	5,861
Other current assets		9,167	8,855
Total current assets		209,169	198,763
Assets limited or restricted as to use			
Held by trustees under debt agreements		4,929	4,904
Held for specific purposes and endowments		9,884	10,093
Long-term investments		43,064	35,675
Property and equipment, net		169,297	171,867
Malpractice insurance receivable		15,741	18,377
Other assets		11,794	10,343
Total assets	$	463,878	450,022
Liabilities and Net Assets			
Current liabilities			
Accounts payable and accrued expenses	$	22,189	23,878
Accrued compensation and withholdings		19,592	18,225
Current portion of long-term debt		2,750	2,625
Total current liabilities		44,531	44,728
Long-term debt, net of current portion		103,076	105,850
Professional liability claims reserve		19,956	24,013
Other liabilities		11,219	9,848
		134,251	139,711
Total liabilities		178,782	184,439
Net assets:			
Unrestricted		274,967	255,211
Temporarily restricted		5,628	5,871
Permanently restricted		4,501	4,501
Total net assets		285,096	265,583
Total liabilities and net assets	$	463,878	450,022

See accompanying notes to consolidated financial statements

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidated Statements of Operations

Years ended September 30, 2014 and 2013

(Dollars in thousands)

		2014	2013
Operating revenue			
Net patient service revenue (net of bad debt of $5,250 in 2014 and $5,885 in 2013)	$	361,516	345,406
Contributions and investment income		1,672	1,173
Other revenue		13,617	12,291
Net assets released from restrictions for operating purposes		2,887	2,763
		379,692	361,633
Operating expenses			
Salaries and benefits		234,191	227,930
Supplies and other expenses		113,760	107,425
Uncompensated care		2,329	2,263
Depreciation		17,053	16,877
Interest		5,776	5,872
		373,109	360,367
Income from operations		6,583	1,266
Nonoperating gains			
Net realized gains on sales of investment securities		9,772	6,683
Unrealized change in equity interests in limited partnerships		747	10,742
		10,519	17,425
Excess of revenue over expenses		17,102	18,691
Change in net unrealized gains on investments		(109)	711
Net assets released from restrictions used for the purchase of property and equipment		3,253	858
Change in funded status of employee postretirement benefit plan other than net periodic other postretirement benefit costs		(490)	44
Increase in unrestricted net assets	$	19,756	20,304

See accompanying notes to consolidated financial statements

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidated Statements of Changes in Net Assets

Years ended September 30, 2014 and 2013

(Dollars in thousands)

	Unrestricted	Temporarily restricted	Permanently restricted	Total
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
Excess of revenue over expenses	17,102	—	—	17,102
Contributions and other receipts	—	5,362	—	5,362
Investment income and realized gains	—	499	—	499
Change in net unrealized gains on investments	(109)	36	—	(73)
Net assets released from restrictions used for operations	—	(2,887)	—	(2,887)
Net assets released from restrictions used for the purchase of property and equipment	3,253	(3,253)	—	—
Change in funded status of employee benefit plan other than net periodic other postretirement benefit costs	(490)	—	—	(490)
	19,756	(243)	—	19,513
Net assets at September 30, 2014	$ 274,967	5,628	4,501	285,096

See accompanying notes to consolidated financial statements

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidated Statements of Cash Flows

Years ended September 30, 2014 and 2013

(Dollars in thousands)

	2014	2013
Operating activities		
Change in net assets	$ 19,513	20,848
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	490	(44)
Depreciation and amortization	17,294	17,108
Change in net unrealized gains on investments	(674)	(12,051)
Net realized gains on sale of investments	(10,250)	(7,020)
Restricted contributions and investment income	(5,383)	(3,230)
Changes in operating assets and liabilities		
Patient accounts receivable	(3,060)	(3,735)
Other current assets	(312)	55
Accounts payable and accrued expenses	148	3,164
Accrued compensation and withholdings	1,367	1,190
Estimated settlements with third-party payors	2,154	3,435
Other assets and liabilities	(2,018)	(1,862)
Net cash provided by operating activities	19,269	17,858
Investing activities.		
Purchases of property and equipment	(16,320)	(17,522)
Sales of investments and assets whose use is limited or restricted	492	136
Net cash used in investing activities	(15,828)	(17,386)
Financing activities.		
Payments on long-term debt	(2,625)	(2,525)
Restricted contributions and investment income	5,335	3,379
Net cash provided by financing activities	2,710	854
Net increase in cash and cash equivalents	6,151	1,326
Cash and cash equivalents at beginning of year	34,330	33,004
Cash and cash equivalents at end of year	$ 40,481	34,330

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, 2014 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

(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 2014 or 2013

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

(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 5% in 2014 and 2 0% in 2013 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 17% and 19% of the Corporation's net revenue in 2014 and 2013, 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 35% and 31% of the Corporation's net patient revenue in 2014 and 2013, respectively Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a significant amount Net patient service revenue increased by approximately $2,311 in 2014 and $3,963 in 2013 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 2014 or 2013

(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, 2014 is approximately $117,347 The fair value of long-term debt is based on significant observable inputs and is categorized as Level 2 for purposes of valuation disclosure

(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

(In thousands of dollars)

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

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, 2014 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	$ 5,434	8,078	—	13,512	Daily-Quarterly	1–60
Global equities	—	26,292	9,761	36,053	Weekly-Illiquid	7–30 and N/A
Private equity and venture capital	—	—	4,746	4,746	Illiquid	N A
Absolute return and hedged equity	6,550	16,156	34,243	56,949	Quarterly-Illiquid	60 and N A
Credit related	—	1,684	10,979	12,663	Annually-Illiquid	360 and N A
Real assets	3,036	—	5,475	8,511	Daily-Illiquid	1–360 and N/A
Fixed income	4,103	—	4,511	8,614	Daily-Illiquid	1–360 and N/A
Cash and cash equivalents	30,444	—	—	30,444	Daily	1
Total	$ 49,567	52,210	69,715	171,492		

Global equities of $36,053 noted in the table above are comprised of the following strategies 33% Developed Markets, 38% Global Value and 29% Emerging Markets

Absolute return and hedged equity of $56,949 noted in the table above are comprised of the following strategies 40% Event driven, 37% Equity Long/Short, 8% Relative Value and 15% 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, 2014

	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	$ 10,390	3,497	(1,725)	—	847	(3,248)	9,761
Private equity and venture capital	4,212	631	(1,157)	586	474	—	4,746
Absolute return and hedged equity	32,319	6,958	(3,241)	1,530	(409)	(2,914)	34,243
Credit related	16,270	1,842	(7,150)	2,840	(1,139)	(1,684)	10,979
Real assets	4,657	1,679	(1,492)	275	356	—	5,475
Fixed income	4,681	—	—	—	(170)	—	4,511
Total	$ 72,529	14,607	(14,765)	5,231	(41)	(7,846)	69,715

The following table describes the redemption frequency or liquidity of investments as of September 30, 2014.

	Daily	Weekly/ monthly	Quarterly	Annually	Illiquid	Total
Domestic equities	$ 134	5,875	7,503	—	—	13,512
Global equities	—	19,865	6,427	3,427	6,334	36,053
Private equity and venture capital	—	—	—	—	4,746	4,746
Absolute return and hedged equity	6,550	—	6,018	21,953	22,428	56,949
Credit related	—	—	—	3,170	9,493	12,663
Real assets	3,036	—	—	—	5,475	8,511
Fixed income	4,103	—	2,207	—	2,304	8,614
Cash and cash equivalents	30,444	—	—	—	—	30,444
Total	$ 44,267	25,740	22,155	28,550	50,780	171,492

(Continued)

(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 and 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

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, 2014 the Corporation projects that the commitments to these partnerships will be exercised by the managers as follows

Fiscal year	Private equity and venture capital	Absolute return and hedged equity	Credit related	Real assets	Total
2015–2022	$ 3,545	3,049	3,279	1,592	11,465

(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 methodology for valuing the collectability of accounts receivable remained substantially consistent in 2014 and 2013 The Hospital's allowance for doubtful accounts represented approximately 11% and 12% of patient accounts receivable net of contractual allowances in 2014 and 2013, respectively

(In thousands of dollars)

(5) Property and Equipment

Property and equipment consisted of the following at September 30.

		2014	2013
Land	$	3,889	3,889
Building and improvements		231,741	223,673
Equipment		218,777	206,680
Construction in progress		1,197	6,895
		455,604	441,137
Less accumulated depreciation		(286,307)	(269,270)
	$	169,297	171,867

(6) Long-Term Debt

Long-term debt consisted of the following at September 30

		2014	2013
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%)		32,850	35,475
CareGroup Series E-1 (5 125%)		59,640	59,640
		106,708	109,333
Unamortized original issue discounts, net		(882)	(858)
		105,826	108,475
Less current portion		(2,750)	(2,625)
	$	103,076	105,850

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 $546,385 at September 30, 2014 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

(Continued)

(In thousands of dollars)

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 2014 and 2013 amounted to $5,565 and $5,690, respectively

The combined aggregate amount of maturities for the five fiscal years and thereafter succeeding September 30, 2014 is as follows

2015	$	2,750
2016		2,825
2017		2,950
2018		3,075
2019		3,200
Thereafter		91,908
	$	106,708

(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	
		2014	2013
Debt agreements			
Debt service reserve fund	$	4,161	4,136
Debt service funds		768	768
	$	4,929	4,904

(Continued)

(In thousands of dollars)

(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, 2014 were as follows

	Operating leases
Year ending September 30	
2015	$ 5,885
2016	5,873
2017	5,807
2018	5,248
2019	3,738
Thereafter	6,530
	$ 33,081

Rent expense amounted to approximately $6,074 and $6,013 for the years ended September 30, 2014 and 2013, 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 2014 and 2013 The total market value of all the Hospital's investments held by the Partnership was $164,394 and $153,685 at September 30, 2014 and 2013, respectively

(b) Operations

The Corporation pays management fees to CareGroup based upon its allocated share of CareGroup's costs These fees were $924 in 2014 and $712 in 2013

During the years ended September 30, 2014 and 2013, the Hospital was reimbursed $310 and $537, 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 $2,690 and $2,359 for the years ended September 30, 2014 and 2013, respectively These payments have been reflected in the accompanying consolidated financial statements as supplies and other expenses

(Continued)

(In thousands of dollars)

(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

		2014	2013
Unreimbursed charity care	$	2,475	3,270
Uncompensated care		7,579	8,148
	$	10,054	11,418

(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

		2014	2013
Charity care – at established charges	$	9,353	8,437
Estimated cost of charity care	$	4,522	4,248
Less reimbursement from the HSN		(2,047)	(978)
Unreimbursed charity care – at cost	$	2,475	3,270

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 $2,329 and $2,263 for the years ended September 30, 2014 and 2013, 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 $8,911 and $8,501 for 2014 and 2013, respectively

(Continued)

(In thousands of dollars)

(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

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 2014 are as follows.

Unrecognized gain at adoption	$	165
Unrecognized prior service cost at adoption		69
	$	234

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

		2014	2013
Service cost for benefits earned during the year	$	359	342
Interest cost on projected benefit obligation		191	224
Net amortization		76	135
Net periodic postretirement benefit expense	$	626	701

(Continued)

(In thousands of dollars)

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

		2014	2013
Change in benefit obligation			
Benefit obligation at beginning of year	$	6,211	5,653
Service cost		359	342
Interest cost		191	224
Benefits paid		(83)	(100)
Actuarial loss		566	92
Benefit obligation at end of year	$	7,244	6,211

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

		2014	2013
Unrecognized prior service cost	$	(331)	(400)
Unrecognized actuarial loss		(858)	(299)
	$	(1,189)	(699)

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 2014 and 2013, the cost of these benefits exceed the limit

The discount rate used in determining the accumulated postretirement benefit obligations was 3 0% and 4 0% in 2014 and 2013 for the Postretirement Plan and 2 0% and 3 0% in 2014 and 2013 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

(In thousands of dollars)

(14) Temporarily and Permanently Restricted Net Assets

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

		2014	2013
Donor restricted for operations	$	2,058	2,620
Donor restricted for capital		274	200
Accumulated net realized and unrealized gains on permanently restricted donations subject to spending policy		3,296	3,051
	$	5,628	5,871

Permanently restricted net assets consisted of the following at September 30

		2014	2013
Principal to be held in perpetuity, income from which is			
Restricted for specific purposes	$	3,610	3,610
Unrestricted		891	891
	$	4,501	4,501

(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.

	2014	2013
Medicare	27%	28%
Medicaid	9	8
Blue Cross	23	20
Commercial insurance and managed care	37	38
Patient	4	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, 2014, the Corporation had cash balances of approximately $27,057 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 $26,921 at September 30, 2014

(Continued)

(In thousands of dollars)

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

(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

	2014	2013
Healthcare services	$ 307,112	295,061
General and administrative	65,997	65,306
	$ 373,109	360,367

(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

(In thousands of dollars)

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

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

Endowment net asset composition, by type of fund consists of the following at September 30, 2014

	Temporarily restricted	Permanently restricted	Total
Donor-restricted endowment funds			
Clinical	$ 2,439	1,788	4,227
Teaching	203	891	1,094
Other	593	1,822	2,415
Total endowed net assets	$ 3,235	4,501	7,736

(Continued)

(In thousands of dollars)

Changes in endowment net assets for the year ended September 30, 2014 are as follows:

		Temporarily restricted	Permanently restricted	Total
Endowment net assets, September 30, 2013	$	2,988	4,501	7,489
Investment return				
Investment income, net		14	—	14
Net gains		502	—	502
Total investment return		516	—	516
Contributions		10	—	10
Appropriation of endowment assets for expenditure		(279)	—	(279)
Endowment net assets, September 30, 2014	$	3,235	4,501	7,736

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

(Continued)

(In thousands of dollars)

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

	Temporarily restricted	Permanently restricted	Total
Endowment net assets, September 30, 2013	$ 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, 2014	$ 2,988	4,501	7,489

(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, 2014 and 2013.

(c) Return Objectives and Risk Parameters

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

(Continued)

(d) Strategies Employed for Achieving Objectives

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

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

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

Under the Corporation's current long-term investment spending policy, which is within the guidelines specified under state law, 5% of the average of the fair value of qualifying long-term investments applied to a three-year moving average with a one-year lag is appropriated This amounted to $257 and $259 for the years ending September 30, 2014 and 2013, 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, 2014 and 2013, and have issued our report thereon dated December 18, 2014 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, 2014

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidating Balance Sheet

September 30, 2014

(Dollars in thousands)

Assets	Mount Auburn Hospital	Mount Auburn Professional Services, Inc.	Eliminations	Consolidated
Current assets:				
Cash and cash equivalents	$ 40,464	17	—	40,481
Investments	113,615	—	—	113,615
Patient accounts receivable, net	38,005	4,194	—	42,199
Estimated settlements with third-party payers	(1,891)	5,598	—	3,707
Other current assets	7,204	1,963	—	9,167
Total current assets	197,397	11,772	—	209,169
Assets limited or restricted as to use:				
Held by trustees under debt agreements	4,929	—	—	4,929
Held for specific purposes and endowments	9,796	88	—	9,884
Long-term investments	43,064	—	—	43,064
Property and equipment, net	157,812	11,485	—	169,297
Malpractice insurance receivable	6,165	9,576	—	15,741
Other assets	10,694	1,100	—	11,794
Total assets	$ 429,857	34,021	—	463,878

MOUNT AUBURN HOSPITAL AND SUBSIDIARY

Consolidating Balance Sheet

September 30, 2014

(Dollars in thousands)

Liabilities and Net Assets	Mount Auburn Hospital	Mount Auburn Professional Services, Inc.	Eliminations	Consolidated
Current liabilities:				
Accounts payable and accrued expenses	$ 20,699	1,490	—	22,189
Accrued compensation and withholdings	16,562	3,030	—	19,592
Current portion of long-term debt	2,750	—	—	2,750
Total current liabilities	40,011	4,520	—	44,531
Long-term debt, net of current portion	103,076	—	—	103,076
Professional liability claims reserve	7,816	12,140	—	19,956
Other liabilities	10,869	350	—	11,219
	121,761	12,490	—	134,251
Total liabilities	161,772	17,010	—	178,782
Net assets:				
Unrestricted	258,044	16,923	—	274,967
Temporarily restricted	5,540	88	—	5,628
Permanently restricted	4,501	—	—	4,501
Total net assets	268,085	17,011	—	285,096
Total liabilities and net assets	$ 429,857	34,021	—	463,878

See accompanying independent auditors' report on other financial information.

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 Statement of Operations

Year ended September 30, 2014

(Dollars in thousands)

	Mount Auburn Hospital	Mount Auburn Professional Services, Inc.	Eliminations	Consolidated
Operating revenue:				
Net patient service revenue (net of bad debt of $5,250)	$ 306,663	54,875	(22)	361,516
Contributions and investment income	1,672	—	—	1,672
Other revenue	10,361	11,841	(8,585)	13,617
Net assets released from restrictions for operating purposes	2,872	15	—	2,887
	321,568	66,731	(8,607)	379,692
Operating expenses:				
Salaries and benefits	174,250	59,941	—	234,191
Supplies and other expenses	103,314	19,053	(8,607)	113,760
Uncompensated care	2,329	—	—	2,329
Depreciation	15,739	1,314	—	17,053
Interest	5,776	—	—	5,776
	301,408	80,308	(8,607)	373,109
Income (loss) from operations	20,160	(13,577)	—	6,583
No operating gains:				
Net realized gains on sales of investment securities	9,772	—	—	9,772
Unrealized change in equity interests in limited partnerships	747	—	—	747
	10,519	—	—	10,519
Excess (deficiency) of revenue over expenses	30,679	(13,577)	—	17,102
Change in net unrealized gains on investments	(109)	—	—	(109)
Net assets released from restrictions used for the purchase of property and equipment	3,253	—	—	3,253
Change in funded status of employee postretirement benefit plan other than net periodic benefit costs	(490)	—	—	(490)
Transfers of unrestricted cash and other net assets to Mount Auburn Professional Services, Inc.	(11,500)	11,500	—	—
Increase (decrease) in unrestricted net assets	$ 21,833	(2,077)	—	19,756

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.