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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

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final 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)

330 MOUNT AUBURN STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

CAMBRIDGE, MA 02138

F Name and address of principal officer

JEANETTE CLOUGH

330 MOUNT AUBURN STREET

CAMBRIDGE,MA 02138

H(a) Is this a group return for 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																								
Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O																								
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																								
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>24</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>21</td></tr><tr><td>5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>2,573</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>300</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>3,521,249</td></tr><tr><td>7b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>-38,111</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	24	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	2,573	6 Total number of volunteers (estimate if necessary)	6	300	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,521,249	7b Net unrelated business taxable income from Form 990-T, line 34	7b	-38,111						
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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

WILLIAM SULLIVAN CFO

Date

2016-08-12

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

CHRISTINE KAWECKI

Preparer's signature

CHRISTINE KAWECKI

Date

Check ☐ if self-employed

PTIN

P00743140

Firm's name

DELOITTE TAX LLP

Firm's EIN

86-1065772

Phone no

(516) 918-7000

Firm's address

TWO JERICO PLAZA

JERICO, NY 11753

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes

☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐ Yes ☒ No

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 \$ 97,541,778 including grants of \$ 404,004) (Revenue \$ 112,919,640)

SEE SCHEDULE O

4b

(Code) (Expenses \$ 22,688,218 including grants of \$) (Revenue \$ 31,647,407)

SEE SCHEDULE O

4c

(Code) (Expenses \$ 27,119,857 including grants of \$) (Revenue \$ 28,454,948)

SEE SCHEDULE O

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ 117,560,455 including grants of \$) (Revenue \$ 143,801,105)

4e

Total program service expenses

264,910,308

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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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.	210	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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	2,573
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring 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		
	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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	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?		No
16b	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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	NH , RI , NY , 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, address, and telephone number of the person who possesses the organization's books and records	WILLIAM SULLIVAN

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			

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

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

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	4,490,520	1,317,411	1,785,276

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 417

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
MACIPA INC 1380 SOLDIERS FIELD ROAD BRIGHTON, MA 02135	EMR/CREDENTIALING	3,138,687
TOSS CORPORATION 153 NOTHBORO RD SUITE 21 SOUTHBOROUGH, MA 01772	CONTRACTOR	3,003,571
WALSH BROTHERS INC 210 COMMERCIAL ST BOSTON, MA 02109	CONTRACTOR	2,989,122
CAREGROUP INC 109 BROOKLINE AVENUE BOSTON, MA 02215	MGMT SERVICES	2,321,227
QUEST DIAGNOSTICS NICHOLS INSTITUTE 12436 COLLECTIONS CENTER DRIVE CHICAGO, IL 606932436	LAB TESTING	1,986,561

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 ▶51

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	635,603			
	d	Related organizations 1d				
	e	Government grants (contributions) 1e	774,179			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	3,669,684			
	g	Noncash contributions included in lines 1a-1f \$	77,100			
	h	Total. Add lines 1a-1f	5,079,466			
Program Service Revenue	2a	INPATIENT MEDICAL / SU	Business Code 622110	112,919,640	112,919,640	
	b	OUTPATIENT RADIOLOGY	621498	31,647,407	31,647,407	
	c	INPATIENT OBSTETRICS /	622110	28,454,948	28,454,948	
	d	OUTPATIENT SURGERY	621493	24,708,568	24,708,568	
	e	EMERGENCY DEPARTMENT	622110	17,870,946	17,870,946	
	f	All other program service revenue		101,221,591	101,221,591	
	g	Total. Add lines 2a-2f	316,823,100			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	4,063,183		82,558	3,980,625
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real 2,086,283	(ii) Personal		
	b	Less rental expenses	930,873			
	c	Rental income or (loss)	1,155,410			
	d	Net rental income or (loss)	1,155,410			1,155,410
	7a	Gross amount from sales of assets other than inventory	(i) Securities 7,196,905	(ii) Other 6,100		
	b	Less cost or other basis and sales expenses	438,994	0		
	c	Gain or (loss)	6,757,911	6,100		
	d	Net gain or (loss)	6,764,011		137,275	6,626,736
	8a	Gross income from fundraising events (not including \$ 635,603 of contributions reported on line 1c) See Part IV, line 18	a 134,460			
	b	Less direct expenses b	335,959			
	c	Net income or (loss) from fundraising events	-201,499			-201,499
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue	Business Code			
	11a	NON-PATIENT LAB REVENU	621511	3,207,749	3,207,749	
	b	PARKING REVENUE	812930	2,474,315		2,474,315
	c	CAFE & VENDING	722515	1,813,226		1,813,226
	d	All other revenue		834,229	93,667	740,562
	e	Total. Add lines 11a-11d	8,329,519			
	12	Total revenue. See Instructions	342,013,190	316,823,100	3,521,249	16,589,375

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 domestic organizations and domestic governments See Part IV, line 21	400,004	400,004		
2	Grants and other assistance to domestic individuals See Part IV, line 22	4,000	4,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,520,276	1,201,801	3,318,475	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	111,393	111,393		
7	Other salaries and wages	140,938,301	126,821,031	13,776,989	340,281
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,336,933	5,576,501	697,063	63,369
9	Other employee benefits	16,859,977	14,836,780	1,854,597	168,600
10	Payroll taxes	9,925,928	8,734,817	1,091,852	99,259
11	Fees for services (non-employees)				
a	Management				
b	Legal	327,200		327,200	
c	Accounting	26,000		26,000	
d	Lobbying	70,324		70,324	
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)	16,550,588	13,648,092	2,792,438	110,058
12	Advertising and promotion	300,987	42,978	258,009	
13	Office expenses	48,139,833	46,749,034	1,315,451	75,348
14	Information technology	8,477,632	6,127,748	2,326,871	23,013
15	Royalties				
16	Occupancy	6,842,540	5,211,426	1,580,442	50,672
17	Travel	356,220	335,694	19,976	550
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,124,606	2,008,002	7,731	108,873
20	Interest	5,774,573	4,273,184	1,501,389	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,857,246	11,021,617	4,835,629	
23	Insurance	1,797,397	1,638,598	158,799	
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	14,452,749	8,953,293	5,454,724	44,732
b	PATIENT SERVICES	4,196,059	4,181,808	14,251	0
c	UNCOMPENSATED CARE	2,014,394	2,014,394	0	0
d	DUE, LICENSES & FEES	1,433,581	1,018,113	415,353	115
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	307,838,741	264,910,308	41,843,563	1,084,870
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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		24,078,262	1	83,491,601
	2	Savings and temporary cash investments		18,466,083	2	19,297,423
	3	Pledges and grants receivable, net		322,417	3	890,361
	4	Accounts receivable, net		38,284,379	4	35,561,767
	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		3,600,551	8	3,834,849
	9	Prepaid expenses and deferred charges		3,324,410	9	3,453,348
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	440,131,178		
	b	Less accumulated depreciation	10b	285,632,266	157,811,770	10c 154,498,912
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		164,394,320	12	160,487,786
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		19,575,593	15	16,311,962
	16	Total assets. Add lines 1 through 15 (must equal line 34)		429,857,785	16	477,828,009
Liabilities	17	Accounts payable and accrued expenses		37,102,925	17	43,894,131
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		105,825,555	20	151,690,160
	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		18,843,787	25	13,347,250
	26	Total liabilities. Add lines 17 through 25		161,772,267	26	208,931,541
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		258,043,698	27	257,833,777
	28	Temporarily restricted net assets		5,539,809	28	6,560,417
	29	Permanently restricted net assets		4,502,011	29	4,502,274
	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		268,085,518	33	268,896,468
	34	Total liabilities and net assets/fund balances		429,857,785	34	477,828,009

Part XI Reconciliation 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	342,013,190
2	Total expenses (must equal Part IX, column (A), line 25)	2	307,838,741
3	Revenue less expenses Subtract line 2 from line 1	3	34,174,449
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	268,085,518
5	Net unrealized gains (losses) on investments	5	-10,522,932
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	-22,840,567
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	268,896,468

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? 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		No
2b	Were the organization's financial statements audited by an independent accountant? 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	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

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

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

(Code	) (Expenses \$	117,560,455	including grants of \$	) (Revenue \$	143,801,105)
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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			
(1) ATKINSON LINDA TRUSTEE (EX-OFFICIO)	1 00	X						0	0	0
(1) BARRON KENNETH S TRUSTEE	1 00	X						0	0	0
(2) CALANO DANIEL V TRUSTEE	1 00	X						0	0	0
(3) CANEPA JOHN J TRUSTEE, CO-CHAIR	5 00 4 00	X						0	0	0
(4) CLOUGH JEANETTE G TTEE (EX-OFF), PRES, CEO	55 00 10 00	X		X				872,193	153,916	945,595
(5) GORDON LISA TRUSTEE	1 00	X						0	0	0
(6) HATEM MD CHARLES J CHAIRMAN - MEDICAL EDUCATION	24 00	X						195,684	0	38,815
(7) HOGAN IV WILLIAM TRUSTEE	1 00	X						0	0	0
(8) KANEBC CHRISTOPHER TRUSTEE	1 00	X						0	0	0
(9) KETTYLE MD WILLIAM TRUSTEE	1 00	X						0	0	0
(10) KIM KJA TRUSTEE	1 00	X						0	0	0
(11) LUCCHINO DAVID L TRUSTEE	1 00	X						0	0	0
(12) MAMBRINO MD LAWRENCE TTEE & INT CHR CRED COMM	8 00	X						35,000	0	0
(13) MASSARO GEORGE TRUSTEE	1 00	X						0	0	0
(14) PALANDJIAN LEON TRUSTEE, TREASURER	2 00	X		X				0	0	0
(15) RAFFERTY JAMES J TRUSTEE, CLERK	2 00	X		X				0	0	0
(16) REARDON GERALD TRUSTEE	1 00	X						0	0	0
(17) ROLLER JOSEPH TRUSTEE, CO-CHAIR	5 00 1 00	X						0	0	0
(18) SAAL MD A KIM TTEE, CARDIOLOGY CHIEF	10 00 1 00	X						74,334	0	0
(19) SHACHOY CHRISTOPHER TRUSTEE (EX-OFFICIO)	1 00	X						0	0	0
(20) SHAPIRO MD DEBRA TRUSTEE	1 00	X						0	0	0
(21) SHORTSLEEVE MD MICHAEL TRUSTEE, CHAIR DPT OF RADIOLOGY	5 00	X						23,299	0	0
(22) SIMONS THOMAS TRUSTEE & CHAIRMAN	5 00 4 00	X						0	0	0
(23) STEVENSON HOWARD H TRUSTEE	1 00 2 00	X						0	0	0
(24) SWANN ERIC TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) WAGNER III HERBERT TRUSTEE	1 00	X						0	0	0
(1) WILSON WILLIAM TRUSTEE	1 00	X						0	0	0
(2) DIESO NICHOLAS COO, MAH	60 00			X				453,172	0	305,895
(3) SULLIVAN WILLIAM VP FINANCE & CFO	50 00 10 00			X				304,660	53,763	89,163
(4) BAKER RN DEBORAH VP, PATIENT CARE SERVICES	60 00				X			291,275	0	86,618
(5) BRIDGEMAN JOHN VP, CLINICAL SERVICES	60 00				X			235,927	0	40,030
(6) BURKE KATHRYN VP, CONTRACTING/BUSINESS DEV	60 00				X			324,248	0	37,389
(7) O'CONNELL MICHAEL L VP, PLANNING & MARKETING	60 00				X			266,774	0	45,295
(8) NAUTA MD RUSSELL J CHAIR SURGERY	48 00 12 00					X		515,114	128,779	46,975
(9) ROSENBLATT MD PETER MD, UROGYNECOLOGY	6 00 54 00					X		51,771	465,943	40,895
(10) SANCHEZ MD LUCIENNE DIR, NEWBORN SVCS	60 00					X		445,108	0	28,936
(11) HUANG MD EDWIN CHAIR, DEPT OF OB/GYN	36 00 24 00					X		252,012	168,008	40,872
(12) SCHIFFMAN MD ROBERT INTENSIVIST	6 00 54 00					X		38,556	347,002	38,798
(13) ABOOKIRE MD SUSAN MD, CHAIR QUALITY & SAFETY	0 00						X	111,393	0	0

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

1

☐

A church, convention of churches, or association of churches 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. 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 VI 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 IIISupport 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

Name of the organization MOUNT AUBURN HOSPITAL	Employer identification number 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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		70,324
j	Total. Add lines 1c through 1i.			70,324
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, lines 1 and 2 (see instructions), 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. FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2015 MAH IS REPORTING TOTAL COMBINED INDIRECT LOBBYING EXPENSES THROUGH MEMBERSHIP ORGANIZATIONS AND DIRECT LOBBYING EXPENSES OF \$70,324. TOTAL COMBINED LOBBYING EXPENDITURES OF MAH WERE MINIMAL AND NOT SUBSTANTIAL BASED ON REVENUES.

[illegible]

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.

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

OMB No 1545-0047

2014

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 value of contributions to (during year)	
3	Aggregate value of 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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) Revenue 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

Revenue included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2014

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 |
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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 | 10,041,820 | 10,269,240 | 9,721,077 | 9,455,611 | 9,646,753 |
| b Contributions | 4,217,655 | 5,361,641 | 3,229,776 | 3,255,067 | 3,969,080 |
| c Net investment earnings, gains, and losses | -177,969 | 535,470 | 934,739 | 716,757 | -88,866 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 3,018,815 | 6,124,531 | 3,616,352 | 3,706,358 | 4,071,356 |
| f Administrative expenses | | | | | |
| g End of year balance | 11,062,691 | 10,041,820 | 10,269,240 | 9,721,077 | 9,455,611 |
- 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 ▶ 59 000 %

c Temporarily restricted endowment ▶ 41 000 %

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
- (i) unrelated organizations

(ii) related organizations

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

☐
- 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		217,219,845	97,206,012	120,013,833
c Leasehold improvements		4,750,186	3,357,691	1,392,495
d Equipment		215,948,756	185,068,563	30,880,193
e Other		2,043,391		2,043,391
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				154,498,912

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	391,869,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	53,112,132
a	Net unrealized gains (losses) 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	53,112,132
e	Add lines 2a through 2d	2e	53,112,132
3	Subtract line 2e from line 1	3	338,756,868
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	3,256,322
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	3,256,322
c	Add lines 4a and 4b	4c	3,256,322
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	342,013,190

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	384,753,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	76,914,259
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	76,914,259
e	Add lines 2a through 2d	2e	76,914,259
3	Subtract line 2e from line 1	3	307,838,741
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4c	0
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	307,838,741

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	INTENDED USES OF ENDOWMENT FUND 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 \$235,500.
PART X, LINE 2	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 OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT. CHANGES 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 2015 OR 2014.
PART XI, LINE 2D - OTHER ADJUSTMENTS	CONSOLIDATED AFFILIATES NET ELIMINATIONS 58,031,000. NET ASSETS RELEASED FROM RESTRICTIONS 2,347,132. UNREALIZED CHANGE IN VALUE OF LP'S -7,266,000.
PART XI, LINE 4B - OTHER ADJUSTMENTS	EXPENSES ASSOCIATED WITH REAL ESTATE RENTAL -930,873. EXPENSES ASSOCIATED WITH SPECIAL EVENTS -335,959. RESTRICTED CONTRIBUTIONS 4,217,392. RESTRICTED INVESTMENT INCOME 305,931. ROUNDING -169.
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES ASSOCIATED WITH REAL ESTATE RENTAL 930,873. EXPENSES ASSOCIATED WITH SPECIAL EVENTS 335,959. CONSOLIDATED AFFILIATES NET ELIMINATIONS 75,647,000. ROUNDING 427.

[illegible]

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	608,322
	DUE TO AFFILIATES	436,957
	DEFERRED COMP	2,717,147
	PROFESSIONAL LIABILITY CLAIMS RESERVE	5,863,563
	SERP	2,458,129
	SHATZKY ANNUITY	38,741
	DEFERRED REVENUE-LT	354,799
	ASSET RETIREMENT OBLIGATION	824,419
	GIFT ANNUITIES	45,173

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

OMB No 1545-0047

2014

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			29,391,827
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			29,391,827

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; do not file with Form 990)*

☐ 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; do not file with Form 990)*

☐ 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
PART I, LINE 2	NO GRANT FUNDS GIVEN OUTSIDE THE UNITED STATES

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F PART IV - FOREIGN FORMS	ALTHOUGH MAH WAS AN INDIRECT SHAREHOLDER OF A PASSIVE FOREIGN INVESTMENT COMPANY OR QUALIFIED ELECTING FUND DURING THE PERIOD COVERED BY THIS FILING, MAH WAS NOT REQUIRED TO FILE FORM 8621, INFORMATION RETURNS BY A SHAREHOLDER 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	0	0	INVESTMENTS		25,241,323
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		234,034
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		1,510,533

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	0	0	INVESTMENTS		1,467,050
SOUTH AMERICA	0	0	INVESTMENTS		207,086
CENTRAL AMERICA & THE CARIBBEAN	0	0	PROGRAM SERVICES	JOINTLY OWNED FOREIGN INSURANCE	731,801

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.

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

OMB No 1545-0047

2014

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

e

☐ Solicitation of non-government grants

b

☐ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations
- 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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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	(b) Event #2	(c) Other events	(d) Total events
		<u>GALA</u> (event type)	<u>GOLF CLASSIC</u> (event type)	<u>2</u> (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	598,600	109,499	61,964
	2	Less Contributions	528,700	55,350	51,553
	3	Gross income (line 1 minus line 2)	69,900	54,149	10,411
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	266,097	59,451	10,411
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			

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			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	☐ 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 conducts gaming activities _____

a Is the organization licensed to conduct 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 conduct 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 activities conducted 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

\$ and the \$

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 provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

Schedule G (Form 990 or 990-EZ) 2014

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

OMB No 1545-0047

2014

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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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	3a	Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,199,048		3,199,048	1 040 %
b Medicaid (from Worksheet 3, column a)			24,588,189	19,974,765	4,613,424	1 500 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						0 %
d Total Financial Assistance and Means-Tested Government Programs			27,787,237	19,974,765	7,812,472	2 540 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			929,375		929,375	0 300 %
f Health professions education (from Worksheet 5)			10,880,876	6,576,187	4,304,689	1 400 %
g Subsidized health services (from Worksheet 6)			16,558,283	7,349,156	9,209,127	2 990 %
h Research (from Worksheet 7)						0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,495,557		1,495,557	0 490 %
j Total Other Benefits			29,864,091	13,925,343	15,938,748	5 180 %
k Total . Add lines 7d and 7j			57,651,328	33,900,108	23,751,220	7 720 %

Part IICommunity Building Activities

Complete this table 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
1Physical improvements and housing						0 %
2Economic development						0 %
3Community support						0 %
4Environmental improvements						0 %
5Leadership development and training for community members						0 %
6Coalition building						0 %
7Community health improvement advocacy						0 %
8Workforce development						0 %
9Other						0 %
10Total						

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

3,755,613

3Enter 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

4Provide 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

5Enter total revenue received from Medicare (including DSH and IME).

5

123,897,469

6Enter Medicare allowable costs of care relating to payments on line 5.

6

115,706,407

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

8,191,062

8Describe 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

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

No

bIf "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

No

Part IVManagement 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 1 NONE				
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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		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)

MOUNT AUBURN HOSPITAL

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 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 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
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 significant 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 Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>14</u>		
5 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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a ☒ Hospital facility's website (list url) <u>SEE NARRATIVE SUPPORT TO SCHEDULE H</u>		
b ☐ Other website (list url) _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>14</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) <u>SEE NARRATIVE SUPPORT TO SCHEDULE H</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a 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)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, 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)

Name of hospital facility or letter of facility reporting group

MOUNT AUBURN HOSPITAL

	Yes	No
Financial Assistance Policy (FAP)		
13 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 included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>400 000000000000%</u>		
b ☐ Income level other than FPG (describe in Section C)		
c ☒ Asset level		
d ☒ Medical indigency		
e ☒ Insurance status		
f ☒ Underinsurance discount		
g ☐ Residency		
h ☐ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance?	15 Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☐ Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility?	16 Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a ☒ The FAP was widely available on a website (list url) <u>SEE NARRATIVE SUPPORT TO SCHEDULE H</u>		
b ☐ The FAP application form was widely available on a website (list url) _____		
c ☐ A plain language summary of the FAP was widely available on a website (list url) _____		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g ☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☐ Other (describe in Section C)		
Billing and Collections		
17 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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17 Yes	
18 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(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Actions that require a legal or judicial process		
d ☐ Other similar actions (describe in Section C)		
e ☒ None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

MOUNT AUBURN HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
19 Did the hospital facility or other 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? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)			
f ☐ None of these efforts were made			
Policy Relating to Emergency Medical Care			
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22 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 Section C)			
23 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? If "Yes," explain in Section C	23		No
24 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? If "Yes," explain in Section C	24		No

Part V

Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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
FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS	COMMUNITY HEALTH IMPROVEMENT SERVICES AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROU PSCOMMUNITY BENEFITS MISSION STATEMENT MOUNT AUBURN HOSPITAL (MAH OR HOSPITAL) IS COMMITTE D TO IMPROVING THE HEALTH AND WELLBEING OF COMMUNITY MEMBERS BY COLLABORATING WITH COMMUNI TY PARTNERS TO REDUCE BARRIERS TO HEALTH, INCREASE PREVENTION AND/OR SELF-MANAGEMENT OF CH RONIC DISEASE AND INCREASE THE EARLY DETECTION OF ILLNESS DURING THE FISCAL YEAR COVERED BY THIS FILING, MAH PROVIDED COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BENEFIT OPER ATIONS AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS OF \$2,424,932 AS REPORTED ON THIS SCHEDULE H, PART I, LINES 7E 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 DIRECTOR HAS CONTINUOUS DIALOGUES WITH THOSE WHO WORK CLOSEL Y WITH LOCAL COMMUNITY HEALTH NETWORK AREAS THE DIRECTOR REPORTS TO THE VICE PRESIDENT OF MARKETING AND STRATEGIC PLANNING, WHO ENSURES THAT COMMUNITY BENEFIT PRIORITIES ARE MONIT ORED BY SENIOR MANAGEMENT THE HOSPITAL CEO IS ACTIVELY INVOLVED IN INITIATING ACTIVITIES AND RELATIONSHIPS WITH COMMUNITY PARTNERS ONLY THE COSTS THAT RELATE DIRECTLY TO THE COMM UNITY BENEFIT PORTION OF PROGRAMS ARE COUNTED AS EXPENDITURES COMMUNITY BENEFITS TEAM MEET INGSANNUALLY THE BOARD OF TRUSTEES APPROVES THE COMMUNITY BENEFIT'S MISSION STATEMENT AND PLAN THE VICE PRESIDENT OF MARKETING AND STRATEGIC PLANNING AND THE DIRECTOR OF COMMUNITY HEALTH MEET REGULARLY TO DISCUSS COMMUNITY BENEFIT PROGRAMMING AMENDMENTS TO THE PLAN DU RING THE YEAR ARE APPROVED BY THE VICE PRESIDENT OF MARKETING AND STRATEGIC PLANNING A HO SPITAL-WIDE DIVERSITY COMMITTEE, AIMED AT KEEPING THE ORGANIZATION FOCUSED ON THE NEEDS OF PATIENTS AND EMPLOYEES FROM DIFFERENT CULTURAL AND LINGUISTIC BACKGROUNDS, IS CHAIRED BY THE DIRECTOR OF COMMUNITY HEALTH AND INCLUDES REPRESENTATIVES FROM MANY HOSPITAL DISCIPLIN ES THE COMMUNITY BENEFITS PLAN WAS PRESENTED TO THE PATIENT AND FAMILY ADVISORY COUNCIL C OPIES OF THE COMMUNITY BENEFITS PLAN WERE SENT TO EVERYONE INVOLVED IN THE COMMUNITY HEALT H NEEDS ASSESSMENT PROCESS COMMUNITY HEALTH STAFF MEMBERS MEET MONTHLY TO REVIEW COMMUNIT Y PROGRAMS COMMUNITY MEMBERS ARE INVITED TO AN OPEN COMMUNITY BENEFITS MEETING COMMUNITY HEALTH NEEDS ASSESSMENTCOMMUNITY HEALTH NEEDS ASSESSMENT - INTERNAL REVENUE CODE SECTION 501(R)INTERNAL REVENUE CODE (IRC) SECTION 501(R), ENACTED AS PART OF THE PATIENT PROTECTIO N AND AFFORDABLE CARE ACT, REQUIRES EACH HOSPITAL TO COMPLETE A COMMUNITY HEALTH NEEDS ASS ESSMENT (CHNA) AND TO FORMALLY ADOPT AN IMPLEMENTATION STRATEGY PURSUANT TO FEDERAL GUIDELINES, IN ORDER MAINTAIN ITS TAX EXEMPT STATUS AS A HOSPITAL UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED MAH COMPLETED ITS MOST RECENT NEEDS ASSESSMENT DURING THE FISCAL PERIOD COVERED BY THIS FILING AND THE CHNA WAS VOTED BY THE MAH BOARD O F TRUSTEES BEFORE SEPTEMBER 30, 2015 THE MAH BOARD OF TRUSTEES APPROVED THE MOST RECENT I MPLEMENTATION STRATEGY IN OCTOBER 2015 THE MAH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) A ND THE ASSOCIATED COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP OR IMPLEMENTATION STRATEGY) WERE THE CULMINATION OF SEVERAL MONTHS OF WORK AND WERE BORNE LARGELY OUT OF MAH'S COMMITMENT TO BETTER UNDERSTAND AND ADDRESS THE HEALTH-RELATED NEEDS OF THOSE LIVING IN ITS COMMUNITY BENEFITS SERVICE AREA WITH AN EMPHASIS ON THOSE WHO ARE MOST DISADVANTAGED THE PROJECT A LSO FULFILLED THE COMMONWEALTH ATTORNEY GENERAL'S OFFICE AND FEDERAL INTERNAL REVENUE SERV ICE (IRS) REGULATIONS THAT REQUIRE THAT MAH ASSESS COMMUNITY HEALTH NEEDS, ENGAGE THE COMM UNITY, IDENTIFY PRIORITY HEALTH ISSUES, AND CREATE A COMMUNITY HEALTH STRATEGY THAT DESCRIBES HOW MAH, IN COLLABORATION WITH THE COMMUNITY AND LOCAL HEALTH DEPARTMENT, WILL ADDRESS THE NEEDS AND THE PRIORITIES IDENTIFIED BY THE ASSESSMENT COMMUNITY HEALTH NEEDS ASSESSME NT - TARGETED GEOGRAPHY AND POPULATIONMAH COMMUNITY BENEFITS ARE AIMED AT SERVING COMMUNIT Y MEMBERS WHO LIVE ARLINGTON, BELMONT, CAMBRIDGE, WALTHAM, WATERTOWN AND SOMERVILLE, UNDER SERVED COMMUNITY MEMBERS SERVED BY JOSEPH M SMITH COMMUNITY HEALTH CENTER AND MASSACHUSET TS COMMUNITY HEALTH NETWORK AREAS 7, 15, 17, 18 AND 20 THIS DECISION WAS MADE BY REVIEWING MAH PRIMARY DISCHARGE DATA, THE NEEDS OF THE MASSACHUSETTS COMMUNITY HEALTH NETWORK AREAS NOTED ABOVE, THE UNIQUE EXPERTISE OF THE MOUNT AUBURN HOSPITAL REGIONAL CENTER FOR HEALTH Y COMMUNITIES STAFF (MAHRCHC), AND THE NEEDS OF THE CLOSEST FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER-JOSEPH M SMITH COMMUNITY HEALTH CENTER (JMSCHC) COMMUNITY HEALTH NEEDS ASS ESSMENT - APPROACH AND METHODSMAH COMMUNITY HEALTH DEPARTMENT STAFF MET WITH COMMUNITY MEM BERS INCLUDING THOSE WHO WORK IN PUBLIC HEALTH TO REACH COMMUNITY MEMBERS IN MAH'S TARGET AREA MAH CONCENTRATED ITS EFFORTS WITH MEMBERS FR

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS	OM THE LOCAL COMMUNITY HEALTH NETWORK AREA (NETWORK AREA) 17 A COMMUNITY HEALTH NETWORK I S A LOCAL COALITION OF PUBLIC, NON-PROFIT, AND PRIVATE SECTOR ORGANIZATIONS WORKING TOGETHER TO BUILD HEALTHIER COMMUNITIES IN MASSACHUSETTS THROUGH COMMUNITY-BASED PREVENTION PLANNING AND HEALTH PROMOTION THESE NETWORK 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 AREAS TO DESIGN AND IMPLEMENT INCLUSIVE COMMUNITY HEALTH PLANNING AND ASSESSMENT PROCESSES, AND 2) PROVIDING TOOLS AND TEMPLATES, TRAINING, FACILITATION, AND OPPORTUNITIES FOR SHARING AND COLLABORATION AMONG THE NETWORK AREAS THE MA HRCHC LEAD REGIONAL HEALTH PLANNING THROUGH ITS WORK WITH FIVE NETWORK AREAS (AREAS 7, 15, 17, 18, AND 20) MAH COMMUNITY BENEFITS 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 NETWORK AREA MAH THEN REVIEWED THE CURRENT COMMUNITY BENEFIT PLAN WITH 1) COMMUNITY BASED ORGANIZATION PARTNERS, 2) MAH STAFF AND 3) THE MAH PATIENT AND FAMILY ADVISORY BOARD THE RESULTS OF ALL OF THESE THOUGHTFUL PLANNING PROCESSES WERE REVIEWED WITH SENIOR MANAGEMENT AND THE BOARD OF TRUSTEES THE BOARD OF TRUSTEES APPROVED AN ANNUAL PROGRAM BUDGET OF OVER ONE MILLIONS DOLLARS COMMUNITY HEALTH NEEDS ASSESSMENT - MAJOR HEALTH NEEDS AND HOW PRIORITIES WERE DETERMINED TO DETERMINE PRIORITIES FOR COMMUNITY BENEFIT PROGRAMMING MAH GROUPED ASSESSMENT INFORMATION INTO THREE AREAS 1 SUPPORT FOR LOCAL COMMUNITY HEALTH NETWORK AREAS 2 COMMUNITY HEALTH INITIATIVES IN COMMUNITY HEALTH NETWORK AREA 17 3 DIRECT AND INDIRECT PROGRAMMING MAHRCHC STAFF WORKED WITH THE STEERING COMMITTEES OF THE NETWORK 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 EACH NETWORK AREA THEN WORKED INTERNALLY TO IDENTIFY AND CHOOSE THE SUPPORT THEY WOULD RECEIVE FROM THE MAH REGIONAL CENTER STAFF COMMUNITY HEALTH NEEDS ASSESSMENT - COMMUNITY HEALTH INITIATIVES IN NETWORK AREA 17 WITH THE GUIDANCE OF MAHRCHC, NETWORK AREA 17 CARRIED OUT A BROAD COMMUNITY HEALTH NEEDS ASSESSMENT TO IDENTIFY SHARED HEALTH PRIORITIES THE NETWORK AREA IS FOUNDED ON THE CONCEPT THAT GOOD HEALTH REQUIRES THE BROAD AND ENGAGED PARTICIPATION OF ALL MEMBERS OF A COMMUNITY THROUGHOUT THE ASSESSMENT PROCESS, THE NETWORK AREA MADE AN EFFORT TO THINK ABOUT HEALTH NOT ONLY AS THE PHYSICAL HEALTH OF THE PEOPLE WHO LIVE IN ITS MEMBER COMMUNITIES, BUT ALSO AS THE SPIRITUAL, SOCIAL, PHYSICAL AND EMOTIONAL WELL-BEING OF COMMUNITY MEMBERS AND OF THE COMMUNITY AS A WHOLE IMPLICIT IN THIS APPROACH IS AN UNDERSTANDING THAT HEALTH IS NOT DETERMINED BY HEALTHCARE, BUT BY THE SOCIAL SUPPORTS, ENVIRONMENTAL OPPORTUNITIES, POLICIES AND NORMS OF THE COMMUNITY AND BY THE UNDERLYING ECONOMIC FACTORS AND WELL-BEING OF WHERE PEOPLE LIVE

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 AS POSSIBLE THIS, IN TURN, MADE THE RESULTS MORE COMPREHENSIBLE AND ALLOWED ALL MEMBERS OF THE PROCESS TO BE HEARD AND TO OWN THE DECISIONS THAT FOLLOWED FROM THE ASSESSMENT IN TERMS OF DATA COLLECTION, THE INSTITUTE FOR COMMUNITY HEALTH RELIED HEAVILY ON MASSCHIP AND YOUTH BEHAVIOR RISK SURVEY DATA THE PROCESS DESIGN EVOLVED AS THE PROJECT PROGRESSED, TAKING INTO CONSIDERATION NEW FINDINGS, THE INTERESTS OF NEW MEMBERS AND IDEAS ABOUT HOW TO BETTER ENGAGE THE COMMUNITY IN THE ASSESSMENT PROCESS (SCHEDULE H, PART V, SECTION B, QUESTION 5) 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 COMMUNITIES 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 SHOULD BE SPENT COMMUNITY HEALTH NEEDS ASSESSMENT - KEY FINDINGS MAH'S CHNA RESULTED IN THE FOLLOWING KEY FINDINGS RELATED TO COMMUNITY HEALTH NEEDS 1 YOUTH SUBSTANCE ABUSE 2 YOUTH ACCESS TO SERVICES 3 YOUTH MENTAL HEALTH 4 ADULT MENTAL HEALTH 5 OBESITY AND ACTIVE LIVING 6 CRIME AND SAFETY COMMUNITY HEALTH NEEDS ASSESSMENT - ADDRESSING COMMUNITY HEALTH NEEDS MAH STRIVES 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 THIS FILING AND WHICH ADDRESS THE UNMET NEEDS IDENTIFIED IN THE MOST RECENT CHNA AND PRIORITIZED IN THE MOST RECENT CHIP ARE PROVIDED HERE ALONG WITH THE ENTITIES WITH WHICH THE HOSPITAL PARTNERS RELATED TO THESE EFFORTS YOUTH SUBSTANCE ABUSE - CANCER PREVENTION PEER LEADER DEVELOPMENT-A SOCIAL NORMS APPROACH MOUNT AUBURN HOSPITAL WORKS CLOSELY WITH THE ARLINGTON ENRICHMENT COLLABORATIVE (AEC) AND THE ARLINGTON YOUTH HEALTH AND SAFETY COALITION (AYHSC) TO BRING CANCER PREVENTION AWARENESS AS WELL AS EDUCATIONAL TOOLS AND MATERIALS TO DEVELOP MIDDLE SCHOOL PEER LEADER EDUCATORS, BUILDING ESSENTIAL STEPS IN DEVELOPING AN ONGOING TOBACCO-FREE AND SUN SAFETY SOCIAL NORMS FOR MIDDLE AND HIGH SCHOOL STUDENTS YOUTH SUBSTANCE ABUSE, ACCESS TO SERVICES AND MENTAL HEALTH ADDRESSING YOUTH ISSUES, IN PARTICULAR MENTAL 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 DURING THE PERIOD COVERED BY THIS FILING, NINE GRANTEES WERE FUNDED TO ADDRESS YOUTH ISSUES AND DEVELOP YOUTH LEADERSHIP IN ADDITION TO PROVIDING TECHNICAL SUPPORT FOR INDIVIDUAL GRANTEES, MOUNT AUBURN HOSPITAL STAFF ORGANIZES AND FACILITATES COMMUNITIES OF LEARNING FOR THE GRANTEES THESE MEETINGS PROVIDE OPPORTUNITIES FOR REPRESENTATIVES FROM DIFFERENT ORGANIZATIONS TO SHARE SUCCESSES AND PROBLEM SOLVE CHALLENGES YOUTH MENTAL HEALTH AS NOTED IN MORE DETAIL BELOW RELATED TO ADULT MENTAL HEALTH, MAH HAS WORKED WITH NETWORK AREA 17 MEMBERS TO CREATE A SCHOLARSHIP PROGRAM 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 REACHED OUT TO LOCAL SCHOOL DEPARTMENTS TO OFFER THE INSTRUCTOR TRAINING OPPORTUNITY ADULT MENTAL HEALTH MAH HAS WORKED WITH NETWORK AREA 17 MEMBERS TO CREATE A SCHOLARSHIP PROGRAM TO TRAIN COMMUNITY MEMBERS IN MENTAL HEALTH FIRST AID SCHOLARSHIPS ARE OFFERED AT THREE LEVELS INDIVIDUAL--FOR A COMMUNITY MEMBER TO ATTEND TRAINING, COMMUNITY--FOR AN ORGANIZATION TO HAVE TRAINING FOR THEIR STAFF, AND INSTRUCTOR DURING THE PERIOD COVERED BY THIS FILING, FIVE GRANTEES WERE FUNDED TO ENCOURAGE COMMUNITY LEVEL DIALOGUE TO CHANGE COMMUNITY NORMS AND UNDERSTANDING ABOUT MENTAL HEALTH/MENTAL ILLNESS AS WELL AS TO ADDRESS GAPS IN SERVICE PROVISION AND PROGRAMMING MOUNT AUBURN STAFF PROVIDED TECHNICAL SUPPORT AND FACILITATED COMMUNITIES OF LEARNING FOR THE GRANTEES OBESITY AND ACTIVE LIVING THROUGH THE MOST RECENT COMMUNITY NEEDS ASSESSMENT, OBESITY, ACCESS TO HEALTHY FOODS, AND OPPORTUNITIES FOR ACTIVE LIVING 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 PERIOD COVERED BY THIS FILING, MOUNT AUBURN HOSPITAL PROVIDED TECHNICAL SUPPORT TO HEALTHY WALTHAM AS THE THREE GRANTEES COMPLETED TWO YEARS OF FUNDING AS FOOD AND ACTIVITY POLICY COUNCILS ANOTHER REQUEST FOR PROPOSAL WAS CRAFTED AND FIVE ADDITIONAL GRANTEES WERE FUNDED THREE OF THESE FIVE ARE NEW PROGRAMS EACH GRANTEE IS OFFERED TECHNICAL ASSISTANCE BY MOUNT AUBURN HOS

Form and Line Reference	Explanation
THIS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS INCLUDED FACILITATORS AND	PITAL COMMUNITY HEALTH SPECIALISTS THE GROUP IS CONVENED AT A COMMUNITY OF LEARNING THROU GHOUT THE YEAR MOUNT AUBURN HOSPITAL COMMUNITY HEALTH SPECIALISTS PLAN AND FACILITATE THE SE EVENTS WHERE GRANTEEES FROM DIFFERENT TOWNS SHARE SUCCESSES AND CHALLENGES HEALTHY WALTH AM HEALTHY WALTHAM FILLS A VITAL ROLE FOR THE HEALTH AND WELL-BEING OF WALTHAM COMMUNITY M EMBERS LONG TERMS GOALS INCLUDE IMPROVING NUTRITION AND EXERCISE AMONG COMMUNITY MEMBERS TO PREVENT ILLNESS DURING THE PERIOD COVERED BY THIS FILING, MOUNT AUBURN HOSPITAL PROVID ED TECHNICAL SUPPORT TO HEALTHY WALTHAM AS THE COALITION ENGAGED IN STRATEGIC PLANNING CRIME AND SAFETY DURING THE MOST RECENT COMMUNITY NEEDS ASSESSMENT CRIME AND SAFETY WAS PRIO RITIZED 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 RE SULTS OF THOSE FOCUS GROUPS A REQUEST FOR PROPOSAL WAS DEVELOPED TO FOSTER PROMISING PRACT ICES AND COLLABORATIONS ACROSS NON-TRADITIONAL PARTNERS THREE PROGRAMS WERE FUNDED--TWO A DDRESS DOMESTIC VIOLENCE AND ONE ADDRESSED THE INTERSECTION BETWEEN PETTY THEFT AND SUBSTA NCE ABUSE AS WITH OTHER FUNDING PROGRAMS, MOUNT AUBURN HOSPITAL STAFF PROVIDES TECHNICAL ASSISTANCE TO THE GRANTEEES AS WELL AS DESIGN AND FACILITATE COMMUNITIES OF LEARNING FOR TH E GRANTEEES TO SHARE SUCCESSES AND CHALLENGES COMMUNITY PARTNERSMAH SUPPORTS NETWORK AREA 1 7'S MISSION TO HELP BUILD HEALTHIER PEOPLE AND BETTER CONNECTED COMMUNITIES ACROSS MAH CU RRENTLY PROVIDES 100% OF NETWORK AREA 17'S FUNDING IN ADDITION TO THE DEDICATED COMMUNITY HEALTH INITIATIVES THE NETWORK AREA HOSTS GENERAL MEETINGS, TRAININGS, AND PATHWAYS FOR N ETWORK AREA MEMBERS TO COMMUNICATE WHICH INCLUDE EMAILS, NEWSLETTERS, A WEBSITE AND DEDICA TED TIME AT GENERAL MEETINGS NETWORK AREA 17 CONSISTS OF OVER 60 MEMBERS THE FOLLOWING AG ENCIES ARE REPRESENTED -AIDS ACTION COMMITTEE-ARLINGTON DIVERSION -ARLINGTON YOUTH COALITI ON-BOSTON AREA GLEANERS-CAMBRIDGE AND SOMERVILLE EARLY INTERVENTION-CAMBRIDGE COMMUNITY CE NTER-CAMBRIDGE ECONOMIC OPPORTUNITY COUNCIL -CAMBRIDGE HEALTH ALLIANCE -CAMBRIDGE PREVENTI ON COALITION-CAMBRIDGE PUBLIC HEALTH DEPARTMENT -CASPAR -COMMUNITY DAY CENTER OF WALTHAM-C HILD CARE RESOURCE CENTER-EAST END HOUSE -FOOD FOR FREE-GREATER WALTHAM ARC -HEALTHY WALTH AM -INSTITUTE FOR COMMUNITY HEALTH WIC-MASSACHUSETTS ALLIANCE OF PORTUGUESE SPEAKERS -MARG ARET FULLER HOUSE-MINUTE MAN SENIOR SERVICES SHINE-PAINE SENIOR SERVICES-PARENTS HELPING P ARENTS-REACH-SOMERVILLE CARES ABOUT PREVENTION-SOMERVILLE COMMUNITY HEALTH AGENDA-SOMERVIL LE EARLY INTERVENTION-SOMERVILLE HOMELESS COALITION-SOMERVILLE POLICE DEPARTMENT-SPRINGWEL L-ST ELIZABETH'S MEDICAL CENTER-THOM CHARLES RIVER EARLY INTERVENTION-TITLE IX RUNNING CL UB-TRANSITION HOUSE-WATERTOWN COMMUNITY FOUNDATION-WATERTOWN HEALTH DEPARTMENT-WATERTOWN Y OUTH COALITION-YOUTH ON FIRECOMMUNITY HEALTH NEEDS - OTHER INITIATIVESIMMIGRANT HEALTH - L ISTEN AND LEARNTHE LISTEN AND LEARN PROGRAMS BRING CLINICIANS AND COMMUNITY MEMBERS TOGETH ER TO "LISTEN AND LEARN" FROM EACH OTHER ABOUT BARRIERS TO THE PREVENTION AND EARLY DETECT ION OF ILLNESS HEALTH EDUCATION IS PROVIDED IN LOCATIONS CONVENIENT TO UNDERSERVED COMMUN ITY MEMBERS SUCH AS ENGLISH SPEAKERS OF OTHER LANGUAGES (ESOL) PROGRAMS AND SENIOR CENTERS COMMUNITY MEMBERS ARE ENCOURAGED TO SHARE THEIR BELIEFS ABOUT ILLNESS AND BARRIERS TO PR EVENTION AND EARLY DETECTION GUIDELINES INFORMATION LEARNED IS SHARED WITH APPROPRIATE CL INICAL TEAMS AT MOUNT AUBURN HOSPITAL

Form and Line Reference	Explanation
HEALTH EDUCATION FOR THE HOMELESS	MAH STAFF GOES TO HOMELESS SHELTERS TO TEACH BASIC HEALTH EDUCATION THE FOCUS IS ON PREVENTION AND EARLY DETECTION OF ILLNESS BY GOING WHERE VULNERABLE COMMUNITY MEMBERS ARE THESE ENCOUNTERS FOSTER RELATIONSHIPS WITH HEALTH CARE PROVIDERS AND IMPROVE HEALTH SEEKING BEHAVIORS HUNGER IN AN EFFORT TO ADDRESS HUNGER THIS PROGRAM CONDUCTS FOOD DRIVES, AND PROVIDES OPPORTUNITIES FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) ENROLLMENT TO IMPROVE 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 PROGRAMS CHRONIC DISEASE SELF-MANAGEMENT - HOUSE CALLS PROGRAM MOUNT AUBURN HOSPITAL STRIVES TO IMPROVE THE HEALTH OF ELDERLY THROUGH MANY COMMUNITY BASED INITIATIVES THE FIRST IS A HOUSE CALLS PROGRAM THIS PROGRAM WAS DEVELOPED IN RESPONSE TO A WORKING GROUP CONSISTING OF HOME CARE PROVIDERS, HOME BOUND ELDERLY AND THEIR FAMILIES, AND GERIATRICIANS THE HOUSE CALLS PROGRAM ADDRESSES BARRIERS TO HEALTH CARE BY TAKING GERIATRICIANS OUT OF THE OFFICE TO CARE FOR VULNERABLE ELDERLY IN THEIR OWN HOMES THESE SERVICES ARE PROVIDED IN-KIND SECOND, MOUNT AUBURN HOSPITAL SOCIAL WORKERS ATTEND COMMUNITY MEETINGS TO SHARE BEST PRACTICES, IDENTIFY OPPORTUNITIES TO IMPROVE AND ADDRESS CHALLENGES TO ELDER CARE MOUNT AUBURN ALSO PROVIDES DIRECT FINANCIAL SUPPORT FOR COMMUNITY BASED ORGANIZATIONS THAT SERVE ELDERLY CHRONIC DISEASE SELF-MANAGEMENT - FALL PREVENTION STRATEGIES FOR SENIORS TO IMPROVE THE HEALTH OF SENIORS, MOUNT AUBURN HOSPITAL OFFERS THIS EVIDENCED BASED PROGRAM TO SENIOR COMMUNITY MEMBERS 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 PILOTED A FALLS PREVENTION LUNCH AND LEARN WHERE SENIORS CAME TO HEAR CONTENT EXPERTS SPEAK ABOUT WAYS TO PREVENT FALLS CHRONIC DISEASE SELF-MANAGEMENT - BLOOD PRESSURE MONITORING FOR SENIORS IN THIS PROGRAM MAH NURSES GO TO COMMUNITY SETTINGS 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 THEIR BLOOD PRESSURE READING TO SHARE WITH THEIR PROVIDERS, THE NURSES TAKE THIS OPPORTUNITY TO REVIEW WARNING SIGNS OF HEART ATTACK AND STROKE CHRONIC DISEASE - POWERFUL TOOLS FOR CAREGIVERS RECOGNIZING THAT THE ROLE OF CAREGIVING CAN BE STRESSFUL AND NEGATIVELY IMPACT THE HEALTH OF THE CAREGIVER, MAH CONDUCTED AN ASSESSMENT OF CAREGIVER NEED IN FY 13 BASED ON THE RESULTS OF THAT ASSESSMENT MAH ADDED THE POWERFUL TOOLS FOR CAREGIVERS EVIDENCED BASED PROGRAM TO THE ARRAY OF HEALTHY AGING PROGRAMMING MAH STAFF HAS BEEN TRAINED AS LEADERS OF THE POWERFUL TOOLS FOR CAREGIVERS PROGRAM WHICH PROVIDES THE TOOLS FOR CAREGIVERS TO CARE FOR THEMSELVES VULNERABLE COMMUNITY MEMBERS IN WATERTOWN MAH SUPPORTS WATERTOWN'S SOCIAL SERVICE RESOURCE SPECIALIST PILOT PROGRAM WATERTOWN ORGANIZATIONS HAD IDENTIFIED A GAP IN SUPPORT FOR ADULT COMMUNITY MEMBERS AND HAVE WORKED TOGETHER TO STRUCTURE THIS TWO YEAR PILOT MAH SOCIAL WORKERS ALSO ATTEND COMMUNITY MEETINGS WITH WATERTOWN DEPARTMENT OF PUBLIC HEALTH AND OTHER COMMUNITY BASED ORGANIZATIONS THESE MEETINGS PROVIDE FORUMS FOR COMMUNICATION ABOUT THE NEEDS OF WATERTOWN COMMUNITY MEMBERS LACK OF TRANSPORTATION TRANSPORTATION IS TOO OFTEN A BARRIER TO MEDICAL CARE MOUNT AUBURN STAFF PARTICIPATED IN CAMBRIDGE'S COMMUNITY WIDE TASK FORCE ADDRESSING TRANSPORTATION DURING THE PERIOD COVERED BY THIS FILING, MAH WORKED WITH CITY OFFICIALS TO PLACE A HUBWAY NEAR THE HOSPITAL ACCESS TO SERVICES FOR IMMIGRANTS THIS COMPREHENSIVE PROGRAM IMPROVES BIRTH OUTCOMES BY IMPROVING ACCESS TO PERINATAL CARE FOR ELDERLY, MOUNT AUBURN MIDWIVES AND OBSTETRICIANS WORK ON-SITE AT JOSEPH M SMITH COMMUNITY HEALTH CENTER (JMSCHC) THIRTY PERCENT OF THE WOMEN WERE IDENTIFIED AS HAVING LIMITED SUPPORTS AND WERE PROVIDED DOULAS THESE "BIRTH COUCHES" PROVIDE ONE TO ONE SUPPORT DURING LABOR IN ADDITION A GROUP PREGNANCY SUPPORT GROUP FOR LATINAS HELPS TO BUILD EACH WOMAN'S CAPACITY TO PREPARE FOR DELIVERY AND CARE FOR HER CHILD AND HERSELF MAH HELPS TO PROVIDE UROLOGICAL HEALTH SERVICES TO MEN WHO OTHERWISE 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 HOSPITAL OR PROFESSIONAL CHARGES ASSOCIATED WITH THE CLINIC VISIT ADULT SUBSTANCE ABUSE DESPITE OVERWHELMING PUBLIC AWARENESS ABOUT THE HEALTH RISKS ASSOCIATED WITH SMOKING, MANY COMMUNITY MEMBERS, IN PARTICULAR UNDERSERVED COMMUNITY MEMBERS, CONTINUE TO BE UNSUCCESSFUL IN THEIR ATTEMPTS TO STOP SMOKING DURING THE PERIOD COVERED BY THIS FILING, MAH REORGANIZED THIS 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 THE TOBACCO I

Form and Line Reference	Explanation
HEALTH EDUCATION FOR THE HOMELESS	NDUSTRY MARKETS SMOKING, THE GOAL OF THIS PROGRAM IS TO HELP COMMUNITY MEMBERS SET REALISTIC PLANS TO STOP SMOKING HANDICAPPED ACCESSIBLE MEETING SPACEMAH PROVIDES HANDICAPPED ACCESSIBLE 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 ENVIRONMENT, TO SHARE THEIR FEELING AND STORIES WITH OTHERS THAT ARE GOING, OR HAVE GONE , THROUGH THE LOSS OF A LOVED ONE IT IS OPEN TO ANY ADULT COMMUNITY MEMBER WHO HAS EXPERIENCED THE DEATH OF SOMEONE SIGNIFICANT IN THEIR LIFE COMMUNITY SUPPORT - LIVING WITH CANCER THIS PROGRAM WORKS WITH CANCER PATIENTS TO CREATE A SENSE OF SUPPORT, CONFIDENCE, COURAGE , AND COMMUNITY AMONG CANCER PATIENTS IN ADDITION TO OUR COLLABORATION WITH THE AMERICAN CANCER SOCIETY, DURING THE PERIOD COVERED BY THIS FILING, MOUNT AUBURN HOSPITAL STAFF WAS TRAINED TO LEAD THE EVIDENCED BASED PROGRAM- "CANCER THRIVING AND SURVIVING" THE HOSPITAL ALSO OFFERS AN EIGHT WEEK MIND-BODY PROGRAM FOR CANCER SURVIVORS ALL THESE PROGRAMS ARE AIMED AT INCREASING HOPE AND EMPOWERMENT FOR THOSE AFFECTED BY CANCER COMMUNITY SUPPORT - LIVING 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 RISK WOMEN WHO WOULD LIKELY BENEFIT FROM INCREASED SUPPORT AND SUGGEST THEY PARTICIPATE SENIOR ACCESS TO CARE - LIFELINE THIS PROGRAM PROVIDES PERSONAL EMERGENCY RESPONSE SERVICES (LIFELINE) TO UNDERSERVED ELDERS AND DISABLED ADULTS MAH WORKED CLOSELY WITH LOCAL AGING SERVICE ACTION POINTS AND PROVIDED THE EMERGENCY RESPONSE SYSTEMS BELOW COST TO OVER 1,000 COMMUNITY MEMBERS WHO ARE IN NEED SENIOR ACCESS TO CARE - WHEN A CAREGIVER IS ILLMAH WORKS WITH 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, IN RESPONSE TO THIS SCHEDULE H, PART V, SECTION B, QUESTION 11, 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, 7 72% 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 AS NOTED THROUGHOUT THIS FILING, MOUNT AUBURN PROFESSIONAL SERVICES IS A SUPPORT ORGANIZAT ION OF MOUNT AUBURN HOSPITAL AS SUCH, IT ALSO PROVIDES ADDITIONAL DETAIL ON THE ACTIVITIE S IN WHICH MAPS IS ENGAGED, IN SUPPORT OF THE HOSPITAL'S MISSIONS COMMUNITY BENEFITS - AN NUAL 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 TRUS TEES DURING THE TAX YEARS 2014 AND 2015 RESPECTIVELY, AS NOTED IN THIS FORM 990 SCHEDULE H , PART I, LINES 6A AND 6B, MAH PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT WHICH IS SUBMIT TED 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 REQUES T THERE ARE SOME DIFFERENCES BETWEEN THE MASSACHUSETTS ATTORNEY GENERAL DEFINITION OF CHA RITY CARE AND COMMUNITY BENEFITS AND THE INTERNAL REVENUE SERVICE DEFINITION OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFITS AS SUCH, THERE ARE VARIANCES BETWEEN THIS SCHEDULE H DI SCLOSURE AND THE REPORT MAH FILED WITH THE ATTORNEY GENERAL'S OFFICE IN ADDITION, AS NOTE D IN THIS FORM 990, SCHEDULE H, PART V, SECTION A, MAH IS A GENERAL MEDICAL AND SURGICAL H OSPITAL AND TEACHING HOSPITAL, PROVIDING 24 HOUR EMERGENCY MEDICAL CARE TO ALL PATIENTS WI THOUT REGARD TO ABILITY TO PAY FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS - CHARITY CARE AND MEANS TESTED GOVERNMENT PROGRAMSFINANCIAL ASSISTANCEMAH'S NET COST OF C HARITY CARE, INCLUDING CARE FOR EMERGENT SERVICES PROVIDED TO NON-PAYING PATIENTS AND INCL UDING PAYMENTS TO THE HEALTH SAFETY NET TRUST, WAS \$3,199,048 FOR THE FISCAL YEAR ENDED SE PTEMBER 30, 2015 AND HAS BEEN REPORTED ON THIS SCHEDULE H, PART I, LINE 7A AS REPORTED IN SCHEDULE H PART I LINE 3 AND AGAIN IN SCHEDULE H PART V SECTION B LINE 13, ELIGIBILITY FO R FREE CARE TO LOW INCOME INDIVIDUALS IS DETERMINED USING FEDERAL POVERTY GUIDELINES OF 20 0% FOR FULL FREE CARE AND 201%-400% FOR PARTIAL FREE CARE ELIGIBILITY FOR DISCOUNTED CARE IS DETERMINED BY REVIEWING THE INDIVIDUAL'S EMPLOYMENT STATUS, FAMILY SIZE AND MONTHLY EXP ENSES, INCLUDING MEDICAL HARDSHIP REVIEW SEE ADDITIONAL INFORMATION IN THIS SCHEDULE H NAR RATIVE 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, WHI CH IS JOINTLY FUNDED BY FEDERAL AND STATE GOVERNMENTS THE MASSACHUSETTS HEALTH REFORM LAW PROVIDED AN INITIATIVE FOR EXPANSION OF MEDICAID COVERAGE TO GREATER POPULATIONS AND FOR ENROLLMENT OF UNINSURED PATIENTS IN OTHER INSURANCE PROGRAMS PAYMENTS FROM MEDICAID AND O THER PROGRAMS WHICH INSURE LOW INCOME POPULATIONS DO NOT COVER THE COST OF SERVICES PROVID ED DURING THE FISCAL PERIOD COVERED BY THIS FILING, MAH GENERATED \$19,974,765 RELATED TO TREATING MEDICAID PATIENTS WHICH WAS LESS THAN THE COST OF CARE PROVIDED BY MAH FOR SUCH S ERVICES BY \$4,613,424 AS REPORTED ON THIS SCHEDULE H, PART I LINE 7B MEDICARE IS THE FEDE RALLY SPONSORED HEALTH INSURANCE PROGRAM FOR ELDERLY OR DISABLED PATIENTS, AND MAH PROVIDE S CARE TO PATIENTS WHO PARTICIPATE IN THE MEDICARE PROGRAM DURING THE FISCAL PERIOD COVER ED BY THIS FILING, MAH GENERATED \$128,990,033 RELATED TO TREATING MEDICARE PATIENTS OF TH IS AMOUNT, REVENUE OF \$5,092,564 IS RELATED TO THE PROVISION OF PSYCHIATRIC CARE AND IS IN CLUDED ON THIS SCHEDULE H, PART I, LINE 7G, AS PART OF SUBSIDIZED HEALTH SERVICES IN RESP ONSE TO THE FORM 990, SCHEDULE H, PART III, LINE 8, ALTHOUGH MAH CONSIDERS THE PROVISION O F CLINICAL CARE TO ALL MEDICARE PATIENTS AS PART OF ITS COMMUNITY BENEFIT, THE REMAINING C ARE TO MEDICARE PATIENTS IS NOT QUANTIFIED ON PAGE 1 OF THE SCHEDULE H INSTEAD, PER THE I RS INSTRUCTIONS TO SCHEDULE H, MAH HAS SEPARATELY REPORTED THIS AMOUNT IN SCHEDULE H, PART III, LINE 7, AS REQUIRED BAD DEBTSIN ADDITION TO CHARITY CARE AND SHORTFALLS IN PROVIDIN G SERVICES TO PATIENTS INSURED UNDER STATE AND FEDERAL PROGRAMS, MAH ALSO INCURS LOSSES RE LATED TO SELF-PAY PATIENTS WHO FAIL TO MAKE PAYMENTS FOR SERVICES OR INSURED PATIENTS WHO FAIL TO PAY COINSURANCE OR DEDUCTIBLES FOR WHICH THEY ARE RESPONSIBLE UNDER INSURANCE CONT RACTS BAD DEBT EXPENSE IS INCLUDED IN UNCOMPENSATED CARE EXPENSE IN THE CONSOLIDATED FINA NCIAL STATEMENTS, AND INCLUDES THE PROVISION FOR ACCOUNTS ANTICIPATED TO BE UNCOLLECTIBLE CHARGES FOR THOSE SERVICES DURING THE FISCAL PERI

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART VI SUPPLEMENTAL INFORMATION	OD COVERED BY THIS FILING OF \$3,755,613 AND ARE REPORTED AS BAD DEBT ON FORM 990, SCHEDULE H, PART III, LINE 2 AS REQUIRED BY THE INSTRUCTIONS TO THIS FORM 990 SCHEDULE H, LOSSES RELATED TO BAD DEBTS HAVE NOT BEEN INCLUDED IN THE CALCULATION OF FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS IN SCHEDULE H PART I LINE 7 RATHER IT HAS BEEN SEPARATE LY REPORTED IN SCHEDULE H PART III AS REQUIRED THE PERCENTAGES CALCULATED IN PART I, LINE 7, COLUMN F WERE BASED ON EACH ITEM OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT AS A PE RCENTAGE OF TOTAL EXPENSES REPORTED IN PART IX OF THIS FORM 990 AS REQUIRED BY THIS FORM 990, SCHEDULE H, PART III, LINE 4, BELOW ARE THE BAD DEBT AND ALLOWANCE FOR DOUBTFUL ACCOU NTS FOOTNOTES FROM THE MOUNT AUBURN HOSPITAL AND AFFILIATE AUDITED FINANCIAL STATEMENTS A S PREVIOUSLY NOTED IN THIS FORM 990, THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE HOSPITAL AND ITS AFFILIATE FOR FISCAL YEAR ENDED SEPTEMBER 30, 2015 INCLUDE THE ACCOUNTS O F MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES (MAPS) THE MAH FORM 990 IS PREPARED FOR MAH ONLY AND AS SUCH, THE METRICS INCLUDED IN THESE FOOTNOTES WILL NOT TIE T O THE FACE OF THE MAH FORM 990, SCHEDULE H FINANCIAL STATEMENT FOOTNOTES UNCOMPENSATED CARE AND PROVISION FOR BAD DEBTSTHE HOSPITAL PROVIDES CARE WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES, TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE P OLICY ESSENTIALLY, THE POLICY DEFINES CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAY MENT 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 REIMBUR SED 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 AGREEMENT S 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 SUBS EQUENT RECOVERIES ARE ADDED THE AMOUNT OF THE PROVISION FOR BAD DEBT IS BASED UPON MANAGE MENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDIT IONS, TRENDS IN FEDERAL AND STATE GOVERNMENTAL HEALTHCARE COVERAGE, AND OTHER COLLECTION I NDICATORS PATIENT ACCOUNTS RECEIVABLE AND RELATED ALLOWANCE FOR DOUBTFUL ACCOUNTSPATIENT ACCOUNTS RECEIVABLE ARE REFLECTED NET OF AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS PAST COLLECT ION 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, M ANAGEMENT MONITORS THE WRITE OFFS AGAINST ESTABLISHED ALLOWANCES TO DETERMINE THE APPROPRI ATENESS OF THE UNDERLYING ASSUMPTIONS USED IN ESTIMATING THE ALLOWANCE FOR DOUBTFUL ACCOUN TS THE HOSPITAL'S METHODOLOGY FOR VALUING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE REMAIN ED SUBSTANTIALLY CONSISTENT IN 2015 AND 2014 THE HOSPITAL'S ALLOWANCE FOR DOUBTFUL ACCOUN TS REPRESENTED APPROXIMATELY 12% AND 11% OF PATIENT ACCOUNTS RECEIVABLE NET OF CONTRACTUAL ALLOWANCES IN 2015 AND 2014, RESPECTIVELY

Form and Line Reference	Explanation
EMERGENCY CARE ACCESS	MOUNT AUBURN HOSPITAL EMERGENCY DEPARTMENT (ED) IS A FULL SERVICE ED STAFFED BY PROFESSIONAL NURSES AND PHYSICIANS SPECIALIZING IN EMERGENCY MEDICINE. THE ED'S MISSION IS TO PROVIDE EXPERT EMERGENCY MEDICAL CARE WHILE MAINTAINING COMPASSIONATE CONCERN FOR ALL PATIENTS AND THEIR FAMILIES. THE MOUNT AUBURN HOSPITAL EMERGENCY DEPARTMENT STAFF PHYSICIANS ARE EMERGENCY 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 THEIR ABILITY TO PAY. THE HOSPITAL OFFERS THIS CARE FOR ALL PATIENTS THAT COME TO THIS FACILITY 24 HOURS A DAY, SEVEN DAYS A WEEK, AND 365 DAYS A YEAR. MOUNT AUBURN HOSPITAL - CREDIT AND COLLECTION POLICY GUIDING PRINCIPLES THE HOSPITAL ASSISTS PATIENTS IN OBTAINING FINANCIAL ASSISTANCE FROM PUBLIC PROGRAMS AND OTHER SOURCES WHENEVER APPROPRIATE TO REMAIN VIABLE AS IT FULFILLS ITS MISSION, MOUNT AUBURN HOSPITAL MUST MEET ITS FIDUCIARY RESPONSIBILITY TO APPROPRIATELY BILL AND COLLECT FOR MEDICAL SERVICES PROVIDED TO PATIENTS. THE MOUNT AUBURN HOSPITAL'S CREDIT AND COLLECTION POLICY, WHICH APPLIES TO THE HOSPITAL AND ANY OTHER ENTITY WHICH IS PART OF THE HOSPITAL'S LICENSE OR TAX IDENTIFICATION NUMBER, IS DESIGNED TO COMPLY WITH BOTH THE MASSACHUSETTS HEALTH SAFETY NET REGULATIONS ON CREDIT AND COLLECTION POLICIES, THE CENTERS FOR MEDICARE AND MEDICAID SERVICES MEDICARE BAD DEBT REQUIREMENTS, THE MEDICARE PROVIDER REIMBURSEMENT MANUAL AND THE FEDERAL HEALTHCARE REFORM LAW'S "FINANCIAL ASSISTANCE POLICY" FOR WHICH THE IRS HAD PROVIDED PRELIMINARY GUIDANCE AT THE TIME THE HOSPITAL FINALIZED THIS POLICY. THE HOSPITAL CONTINUES TO MONITOR GUIDANCE FROM THE IRS AS IT IS ISSUED. MOUNT AUBURN HOSPITAL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, CITIZENSHIP, ALIENAGE, RELIGION, CREED, SEX, SEXUAL ORIENTATION, DISABILITY, OR AGE IN ITS POLICIES OR IN ITS APPLICATION OF POLICIES CONCERNING THE ACQUISITION AND VERIFICATION OF FINANCIAL INFORMATION, PRE-ADMISSION OR PRE-TREATMENT DEPOSITS, PAYMENT PLANS, DEFERRED OR REJECTED ADMISSIONS, LOW INCOME PATIENT STATUS AS DETERMINED BY THE MASSACHUSETTS OFFICE OF MEDICAID, DETERMINATION THAT A PATIENT IS LOW-INCOME, OR IN ITS BILLING AND COLLECTION PRACTICES. MOUNT AUBURN HOSPITAL - CREDIT AND COLLECTION POLICY - NOTICE OF AVAILABILITY OF FINANCIAL ASSISTANCE AND OTHER COVERAGE OPTIONS FINANCIAL ASSISTANCE IS INTENDED TO ASSIST LOW-INCOME PATIENTS WHO DO NOT OTHERWISE HAVE THE ABILITY TO PAY FOR THEIR HEALTH CARE SERVICES. SUCH ASSISTANCE TAKES INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO THE COST OF HIS OR HER CARE. FOR PATIENTS THAT ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL WORK WITH THEM TO ASSIST WITH APPLYING FOR AVAILABLE FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER ALL OR SOME OF THEIR UNPAID HOSPITAL BILLS. MOUNT AUBURN HOSPITAL PROVIDES THIS ASSISTANCE FOR BOTH RESIDENTS AND NON-RESIDENTS OF MASSACHUSETTS, HOWEVER, THERE MAY NOT BE COVERAGE FOR A MASSACHUSETTS HOSPITAL'S SERVICES THROUGH AN OUT-OF-STATE PROGRAM. IN ORDER FOR THE HOSPITAL TO ASSIST UNINSURED AND UNDERINSURED PATIENTS FIND THE MOST APPROPRIATE COVERAGE OPTIONS, AS WELL AS TO DETERMINE IF THE PATIENT IS FINANCIALLY ELIGIBLE FOR ANY PAYMENT DISCOUNTS, PATIENTS MUST ACTIVELY WORK WITH THE HOSPITAL TO VERIFY THEIR FINANCIAL AND OTHER INFORMATION THAT COULD BE USED IN DETERMINING ELIGIBILITY. THE HOSPITAL PROVIDES PATIENTS WITH INFORMATION ABOUT FINANCIAL ASSISTANCE PROGRAMS THAT ARE AVAILABLE THROUGH THE COMMONWEALTH OF MASSACHUSETTS OR THROUGH THE HOSPITAL'S OWN FINANCIAL ASSISTANCE PROGRAM, WHICH MAY COVER ALL OR SOME OF THEIR UNPAID HOSPITAL BILL. FOR THOSE PATIENTS THAT REQUEST SUCH ASSISTANCE, THE HOSPITAL ASSISTS PATIENTS BY SCREENING THEM FOR ELIGIBILITY IN AN AVAILABLE PUBLIC PROGRAM AND ASSISTING THEM IN APPLYING FOR THE PROGRAM. THESE PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO MASSHEALTH, COMMONWEALTH CARE, CHILDREN'S MEDICAL SECURITY PLAN, HEALTHY START AND HEALTH SAFETY NET. WHEN APPLICABLE, THE HOSPITAL MAY ALSO ASSIST PATIENTS IN APPLYING FOR COVERAGE OF SERVICES AS A MEDICAL HARDSHIP BASED ON THE PATIENT'S DOCUMENTED FAMILY INCOME, CURRENT AND PRIOR INSURANCE COVERAGE AND AFFORDABLE MEDICAL EXPENSES. IN ADDITION, IN ORDER TO HELP UNINSURED AND UNDERINSURED PATIENTS FIND AVAILABLE AND APPROPRIATE FINANCIAL ASSISTANCE PROGRAMS, THE HOSPITAL WILL PROVIDE ALL PATIENTS WITH A GENERAL NOTICE OF THE AVAILABILITY OF PROGRAMS IN BOTH THE INITIAL BILL THAT IS SENT TO PATIENTS WHO HAVE A FINANCIAL LIABILITY AS WELL AS IN GENERAL NOTICES THAT ARE POSTED THROUGHOUT THE HOSPITAL. THE HOSPITAL WILL TRY TO IDENTIFY AVAILABLE COVERAGE OPTIONS FOR PATIENTS WHO MAY BE UNINSURED OR UNDERINSURED WITH THEIR CURRENT INSURANCE PROGRAM WHEN THE PATIENT IS SCHEDULING SERVICES, WHILE THE PATIENT IS IN THE HOSPITAL, UPON DISCHARGE, AND/OR FOR A REASONABLE TIME FOLLOWING DISCHARGE FROM THE HOSPITAL. THE HOSPITAL WILL DIRECT ALL PATIENTS SEEKING INFORMATION ON A

Form and Line Reference	Explanation
EMERGENCY CARE ACCESS	AVAILABLE COVERAGE OPTIONS OR FINANCIAL ASSISTANCE TO THE HOSPITAL'S PATIENT FINANCIAL COUNSELING OFFICE TO DETERMINE IF THEY ARE ELIGIBLE AND THEN TO SCREEN PATIENTS FOR ELIGIBILITY IN AN APPROPRIATE COVERAGE OPTION THE HOSPITAL WILL THEN ASSIST THE PATIENT IN APPLYING FOR APPROPRIATE COVERAGE OPTIONS THAT ARE AVAILABLE TO THEM OR NOTIFY THEM OF THE AVAILABILITY OF FINANCIAL ASSISTANCE THROUGH THE HOSPITAL'S OWN INTERNAL FINANCIAL ASSISTANCE PROGRAM FOR CASES WHERE THE HOSPITAL IS USING THE VIRTUAL GATEWAY APPLICATION, THE HOSPITAL WILL ASSIST THE PATIENT IN COMPLETING THE APPLICATION FOR MASSHEALTH, COMMONWEALTH CARE, CHILDREN'S MEDICAL SECURITY PLAN, HEALTHY START, HEALTH SAFETY NET, OR OTHER FORMS OF FINANCIAL ASSISTANCE PROGRAMS AS THEY BECOME PART OF THE VIRTUAL GATEWAY PROGRAM, WHICH IS AN INTERNET PORTAL DESIGNED BY THE MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES IN ORDER TO PROVIDE THE GENERAL PUBLIC, MEDICAL PROVIDERS, AND COMMUNITY-BASED ORGANIZATIONS WITH AN ONLINE APPLICATION FOR THE PROGRAMS OFFERED BY THE COMMONWEALTH MOUNT AUBURN HOSPITAL - CREDIT AND COLLECTION POLICY - ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAMS AS NOTED IN THIS, SCHEDULE H, PART III, SECTION C, QUESTION 15, MOUNT AUBURN HOSPITAL PROVIDES PATIENTS WITH INFORMATION ABOUT FINANCIAL ASSISTANCE PROGRAMS THAT ARE AVAILABLE THROUGH THE COMMONWEALTH OF MASSACHUSETTS OR THROUGH THE HOSPITAL'S OWN FINANCIAL ASSISTANCE PROGRAM WHICH MAY COVER ALL OR SOME OF THEIR UNPAID HOSPITAL BILL FOR PATIENTS THAT REQUEST SUCH ASSISTANCE, THE HOSPITAL ASSISTS THEM BY SCREENING FOR ELIGIBILITY IN AN AVAILABLE PUBLIC PROGRAM AND ASSISTING THEM IN APPLYING FOR THE PROGRAM THESE PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO MASSHEALTH, COMMONWEALTH CARE, CHILDREN'S MEDICAL SECURITY PLAN, HEALTHY START AND HEALTH SAFETY NET WHEN APPLICABLE THE HOSPITAL MAY ALSO ASSIST PATIENTS IN APPLYING FOR COVERAGE OF SERVICES AS A MEDICAL HARDSHIP BASED ON THE PATIENT'S DOCUMENTED FAMILY INCOME, CURRENT AND PRIOR INSURANCE COVERAGE AND ALLOWABLE MEDICAL EXPENSES IT IS THE PATIENT'S OBLIGATION TO PROVIDE THE HOSPITAL WITH ACCURATE AND TIMELY INFORMATION REGARDING THEIR FULL NAME, ADDRESS, TELEPHONE NUMBER, DATE OF BIRTH, SOCIAL SECURITY NUMBER (IF AVAILABLE), CURRENT HEALTH INSURANCE COVERAGE OPTIONS, INCLUDING OTHER INSURANCE OR COVERAGE OPTIONS (SUCH AS MOTOR VEHICLE POLICY OR WORKER'S COMPENSATION POLICY) THAT CAN COVER THE COST OF THE CARE RECEIVED AND ANY OTHER APPLICABLE FINANCIAL RESOURCES, AND CITIZENSHIP AND RESIDENCY INFORMATION - ALL TO DETERMINE IF THE PATIENT IS ELIGIBLE TO APPLY FOR CERTAIN HEALTH INSURANCE PROGRAMS IF THERE IS NO SPECIFIC COVERAGE FOR THE SERVICES PROVIDED, THE HOSPITAL WILL USE THE INFORMATION TO DETERMINE IF THE SERVICES MAY BE COVERED BY AN APPLICABLE PROGRAM THAT WILL COVER CERTAIN SERVICES DEEMED BAD DEBT IN ADDITION, THE HOSPITAL WILL USE THIS INFORMATION TO DISCUSS ELIGIBILITY FOR CERTAIN HEALTH INSURANCE PROGRAMS THE SCREENING AND APPLICATION PROCESS FOR A PUBLIC HEALTH INSURANCE PROGRAM IS DONE THROUGH THE VIRTUAL GATEWAY, WHICH IS AN INTERNET PORTAL DESIGNED BY THE MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES IN ORDER TO PROVIDE THE GENERAL PUBLIC, MEDICAL PROVIDERS, AND COMMUNITY-BASED ORGANIZATIONS WITH AN ONLINE APPLICATION FOR THE PROGRAMS OFFERED BY THE STATE OR THROUGH A STANDARD PAPER APPLICATION THAT IS COMPLETED BY THE PATIENT AND ALSO SUBMITTED DIRECTLY TO THE MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES FOR PROCESSING AS THIS OFFICE SOLELY MANAGES THE APPLICATION PROCESS LISTED ABOVE, WHICH IS AVAILABLE FOR CHILDREN, ADULTS, SENIORS, VETERANS, HOMELESS, AND DISABLED INDIVIDUALS

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 22D) 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 23 AND 24) 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 POLICY 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 HOSPITAL GIVES A SELF-PAY DISCOUNT TO PATIENTS WHO ARE UNINSURED BILLING AND COLLECTIONS BEFORE REASONABLE EFFORTSNEITHER THE HOSPITAL NOR ANY AUTHORIZED THIRD PARTY TOOK ANY OF THE ACTIONS LISTED IN FORM 990, SCHEDULE H, PART V, SECTION B, QUESTION 19 CHA RITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS - HEALTH PROFESSIONS EDUCATIONMOUNT AUBURN HOSPITAL'S LONGSTANDING COMMITMENT TO TEACHING STUDENTS AND TRAINEES IN A RESPECTFUL AND C OLLABORATIVE ACADEMIC ENVIRONMENT, COUPLED WITH THE INSTITUTION'S WILLINGNESS TO EMBRACE T ECHNOLOGICAL AND CLINICAL PRACTICE INNOVATION, MAKE MAH A TOP CHOICE AMONG STUDENTS AND TR AINEES IN THE HEALTH CARE PROFESSIONS THE HOSPITAL TRAINS MEDICAL STUDENTS, INTERNS, RESI DENTS AND FELLOWS, ALONG WITH OTHER ALLIED HEALTH PROFESSIONALS FROM ACROSS THE AREA MAH HAS SEVERAL RESIDENCY AND FELLOWSHIP PROGRAMS, WITH APPROXIMATELY 56 INTERNAL MEDICINE INT ERNS AND RESIDENTS, 12 RADIOLOGY RESIDENTS, SIX PODIATRY RESIDENTS, AND THREE UROGYNECOLOGY FELLOWS DURING 2015 THE HOSPITAL ALSO HOSTS ROTATING RESIDENTS AND FELLOWS IN SURGERY, EMERGENCY MEDICINE, GERIATRICS, NEONATOLOGY, AND ANESTHESIA, AND SUPPORTS THE EDUCATION OF MEDICAL STUDENTS FROM HARVARD MEDICAL SCHOOL AND THE BOSTON UNIVERSITY SCHOOL OF MEDICINE FINALLY, THE HOSPITAL SERVES AS A TRAINING SITE FOR PHARMACY STUDENTS FROM THE MASSACHUS ETTS COLLEGE OF PHARMACY, PHYSICIAN'S ASSISTANT STUDENTS FROM NORTHEASTERN UNIVERSITY, CLI NICAL NURSE ANESTHETISTS FROM BOSTON COLLEGE, AND CLINICAL NURSE MIDWIVES FROM MULTIPLE PR OGRAMS ACROSS THE NORTHEAST STAFF PHYSICIANS AT MAH WHO HOLD FACULTY APPOINTMENTS AT HARV ARD MEDICAL SCHOOL INSTRUCT THE DOCTORS OF TOMORROWTHROUGH SUPERVISION OF DAILY PATIENT C ARE AND A RANGE OF INTERACTIVE LEARNING EXPERIENCES AS PART OF THE HOSPITAL'S COMMITMENT TO MEDICAL STUDENT EDUCATION AND LONGSTANDING AFFILIATION WITH HARVARD MEDICAL SCHOOL, MAH IS A CORE SITE FOR THE HARVARD MEDICAL SCHOOL SUB-INTERNSHIP IN MEDICINE, THE HOSPITAL AL SO PARTICIPATES IN THE INTRODUCTORY COURSES IN CLINICAL MEDICINE FOR FIRST AND SECOND-YEAR HARVARD MEDICAL SCHOOL STUDENTS, AS WELL AS IMMERSIVE TRAINING IN CLINICAL MEDICINE FOR B IOMEDICAL DOCTORAL STUDENTS FROM THE MASSACHUSETTS INSTITUTE OF TECHNOLOGY'S HEALTH SCIENC ES AND TECHNOLOGY PROGRAM IN ADDITION, THE HOSPITAL HOSTS THIRD-YEAR MEDICAL STUDENTS FRO M THE BOSTON UNIVERSITY SCHOOL OF MEDICINE ON BOTH THE OBSTETRICS AND NEUROLOGY SERVICES, AS WELL AS MEDICAL STUDENTS FROM HARVARD AND OTHER SCHOOLS WHO CHOOSE TO DO SUB-INTERNSHIP S AND SUBSPECIALTY ELECTIVES DURING THEIR FOURTH YEAR

Form and Line Reference	Explanation
THE MAH INTERNAL MEDICINE TRAINING PROGRAM, THE LARGEST OF ALL MAH	RESIDENCIES, OFFERS A THREE-YEAR CATEGORICAL MEDICINE TRACK AND A ONE-YEAR PRELIMINARY MED ICINE TRACK THE THREE-YEAR CATEGORICAL TRACK PREPARES RESIDENTS FOR CERTIFICATION BY THE AMERICAN BOARD OF INTERNAL MEDICINE AND CAREERS THAT COVER THE FULL SPECTRUM OF OPPORTUNIT IES IN BOTH GENERAL INTERNAL MEDICINE AND THE MEDICAL SUB-SPECIALTIES RESIDENTS ARE ABLE TO TAILOR THEIR 36 MONTHS OF TRAINING TO OBTAIN THE KNOWLEDGE, SKILLS, AND INSIGHT REQUIRE D TO PURSUE SUBSEQUENT CAREERS IN PRIMARY CARE OR HOSPITALIST MEDICINE, IN ADDITION, THEY ARE PREPARED TO CONTINUE THEIR TRAINING IN COMPETITIVE SUB-SPECIALTY FELLOWSHIP TRAINING P ROGRAMS ACROSS THE COUNTRY MAH SUPPORTS TRAINEES IN THEIR INTENDED CAREER GOALS THROUGH T HE USE OF DEFINED PATHWAYS THESE PATHWAYS, IN PRIMARY CARE, HOSPITALIST MEDICINE, OR SUB- SPECIALTY MEDICINE, OUTLINE THE MILESTONES THAT THE TRAINEE SHOULD MEET THROUGHOUT THE COU RSE OF TRAINING THE PRELIMINARY MEDICINE INTERNSHIP TRACK OFFERS ONE YEAR OF TRAINING IN MEDICINE FOR PHYSICIANS WHO WILL CONTINUE THEIR TRAINING IN SPECIALTIES OTHER THAN INTERNA L MEDICINE, SUCH AS RADIOLOGY, OPHTHALMOLOGY, ANESTHESIOLOGY, RADIATION ONCOLOGY, NEUROLOG Y, DERMATOLOGY, PHYSICAL MEDICINE & REHABILITATION, AND OTHERS THIS PROGRAM IS HIGHLY SOU GHT AFTER BY TOP STUDENTS FROM MEDICAL SCHOOLS AROUND THE COUNTRY, AND A MAJOR STRENGTH, A S WELL AS A MAJOR ATTRACTION, IS THE FACT THAT THE YEAR IS VIRTUALLY IDENTICAL IN STRUCTUR E AND CONTENT TO THE FIRST YEAR FOR PHYSICIANS WHO TRAIN AT MOUNT AUBURN HOSPITAL FOR THRE E YEARS IN THE CATEGORICAL INTERNAL MEDICINE TRACK, THE ONLY DIFFERENCE BEING THE QUANTITY OF AMBULATORY MEDICINE EXPERIENCE, AS PRELIMINARY INTERNS ARE NOT ASSIGNED A CONTINUITY C LINIC DURING THEIR YEAR THE MAH RADIOLOGY RESIDENCY PROGRAM HAS A LONG AND PROUD HISTORY A S AN ELITE PROGRAM AND EXCEPTIONAL PLACE TO TRAIN RESIDENTS ARE TYPICALLY ASSIGNED IN ONE -MONTH BLOCKS TO ONE OF THE DIFFERENT MODALITIES EARLY IN TRAINING, RESIDENTS ARE EXPECTE D TO READ EXTENSIVELY, MASTER ANATOMY, PARTICIPATE IN THE PROTOCOLING AND INTERPRETATION OF PATIENT EXAMINATIONS, AND TO PARTICIPATE IN DISCUSSIONS CONCERNING DIAGNOSTIC PROBLEMS RESIDENTS ADVANCE TO INCREASED LEVELS OF RESPONSIBILITY, AND SOUND JUDGMENT AS A RADIOLOG IST IS ESTABLISHED DURING OVERNIGHT CALL THREE RESIDENTS ARE CHOSEN EACH YEAR FOR A FOUR-Y EAR PROGRAM, AND ARE APPOINTED AS CLINICAL FELLOWS AT HARVARD MEDICAL SCHOOL THE HIGH RAT IO OF STAFF RADIOLOGISTS TO RESIDENTS RESULTS IN CLOSE CONTACT BETWEEN THE STAFF AND RESID ENTS THROUGHOUT THE TRAINING PROGRAM AFTER THE RESIDENT HAS OBTAINED THE NECESSARY FIRM F OUNDATIONS IN THE FUNDAMENTALS OF RADIOLOGY, HE OR SHE IS ENCOURAGED TO TAKE INCREASING RE SPONSIBILITY IN BOTH ROUTINE AND SPECIALIZED EXAMINATIONS AND PROCEDURES THE MAJORITY OF OUR RESIDENTS PURSUE SUBSPECIALTY FELLOWSHIP TRAINING, HOWEVER, THE GOAL OF THE RADIOLOGY RESIDENCY PROGRAM IS TO TRAIN RESIDENTS TO BE FULLY QUALIFIED IN DIAGNOSTIC RADIOLOGY AND SPECIAL PROCEDURES BY THE TIME THEY HAVE COMPLETED THE FOUR-YEAR PROGRAM GRADUATES HAVE P URSUED CAREERS IN ACADEMIA AND PRIVATE PRACTICE IN ADDITION TO THE INTERNAL MEDICINE AND R ADIOLGY TRAINING PROGRAMS, MOUNT AUBURN HOSPITAL IS A SITE FOR OTHER POST-GRADUATE MEDICA L EDUCATION DISCIPLINES IT IS A CORE SITE FOR THE BETH ISRAEL DEACONESS MEDICAL CENTER SU RGICAL TRAINING PROGRAM, AND TWO HARVARD-AFFILIATED EMERGENCY MEDICINE PROGRAMS MAH ALSO WELCOMES ROTATING GERIATRIC FELLOWS FROM THE BETH ISRAEL DEACONESS / HARVARD MEDICAL SCHOO L DIVISION ON AGING PROGRAM, AND PEDIATRIC AND NEONATOLOGY RESIDENTS FROM MASSACHUSETTS GE NERAL HOSPITAL / CAMBRIDGE HOSPITAL PROGRAM DURING THE FISCAL YEAR COVERED BY THIS FILING, MAH HAD NET EXPENDITURES OF \$4,304,689 REPORTED ON THIS SCHEDULE H RELATED TO MAH'S TEACH ING FUNCTION MOUNT AUBURN HOSPITAL - ADDITIONAL INFORMATION REGARDING PROMOTING THE HEALTH OF THE COMMUNITYMOUNT AUBURN HOSPITAL IS GOVERNED BY A MAXIMUM OF 28 MEMBERS OF THE BOARD OF TRUSTEES, MANY OF WHOM LIVE AND WORK IN THE COMMUNITY AND SERVE TO SUPPORT THE MISSION AND VALUES OF THE HOSPITAL MAH EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICI ANS IN OUR COMMUNITY AND ENDEAVORS TO PROVIDE THEM WITH THE SAFEST AND MOST TECHNOLOGICALL Y ADVANCED ENVIRONMENT POSSIBLE THROUGH THE EFFECTIVE USE OF SURPLUS FUNDS SOME OF MAH'S SURPLUS FUNDS HAVE BEEN USED TO FUND CONTINUING RENOVATION OF EXISTING FACILITIES, INCLUDI NG INPATIENT UNITS AND OTHER CLINICAL AREAS MAH STRIVES TO FULLY SERVE THE COMMUNITY THRO UGH PARTICIPATION IN GOVERNMENT SPONSORED HEALTHCARE PROGRAMS SUCH AS MEDICARE, MEDICAID, CHAMPUS AND TRICARE AS PREVIOUSLY NOTED MAH ALSO SERVES AS A TEACHING HOSPITAL AFFILIATED WITH THE HARVARD MEDICAL SCHOOL AND MAINTAINS TWO RESIDENCY PROGRAMS SPECIALIZING IN PRIM ARY CARE AND RADIOLOGY MOUNT AUBURN HOSPITAL - AFFILIATED HEALTH CARE SYSTEMAS NOTED IN V ARIOUS NARRATIVE DISCLOSURES WHICH SUPPORT THIS FORM 990 AND RELATED SCHEDULES, CAREGROUP, INC (CAREGROUP) IS A MASSACHUSETTS NON-PROFIT CO

Form and Line Reference	Explanation
THE MAH INTERNAL MEDICINE TRAINING PROGRAM, THE LARGEST OF ALL MAH	RPORATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1 986, AS AMENDED CAREGROUP'S PURPOSE IS TO OVERSEE THE FINANCIAL WELL-BEING OF THE AFFILIA TED ENTITIES WHICH MAKE UP THE CAREGROUP SYSTEM CAREGROUP SERVES AS THE SOLE MEMBER AND A SUPPORT ORGANIZATION OF MOUNT AUBURN HOSPITAL (MAH) AND NEW ENGLAND BAPTIST HOSPITAL (NEBH) WHICH IN TURN EACH SERVE AS THE SOLE MEMBER OF MOUNT AUBURN PROFESSIONAL SERVICES (MAPS) AND NEW ENGLAND BAPTIST MEDICAL ASSOCIATES (NEBMA) AND RESPECTIVELY CAREGROUP SERVES AS THE SOLE MEMBER AND A SUPPORT ORGANIZATION OF BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC OR MEDICAL CENTER) BIDMC IS THE SOLE MEMBER OF BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM, INC (BIDN), MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION, D/B/A AFFILIATED PHYSICIANS GR OUP (APG), BETH ISRAEL DEACONESS HOSPITAL - MILTON, INC (BID-MILTON), BETH ISRAEL DEACONE SS HOSPITAL - PLYMOUTH, INC (BID-PLYMOUTH) AND JORDAN HEALTH SYSTEMS, INC IN ADDITION, H ARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC (HMFP) IS THE DEDICATED PHYSICIAN PRACTICE OF THE MEDICAL CENTER AND AN ENTITY INTEGRALLY RELATED TO HELPING THE MEDICAL CENTER ACCOMPLISH ITS CHARITABLE PURPOSES EACH OF THE ENTITIES LISTE D IN THIS PARAGRAPH MAY, IN TURN, SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE CAREGR OUP NETWORK OF AFFILIATES COMBINED THESE ENTITIES FORM A REGIONAL HEALTHCARE DELIVERY SYS TEM COMPRISED OF TEACHING AND COMMUNITY HOSPITALS, PHYSICIAN GROUPS, AND OTHER CAREGIVERS THESE ENTITIES ARE COMMITTED TO PROVIDING PERSONALIZED, PATIENT CENTERED CARE WITHIN THE COMMUNITIES THEY SERVE, ENSURING ACCESS TO A WIDE RANGE OF SPECIALTY SERVICES AND A BROAD SPECTRUM OF COMPREHENSIVE HEALTH SERVICES RANGING FROM WELLNESS PROGRAMS TO HOME CARE AS WELL AS TO FURTHERING EXCELLENCE IN MEDICAL EDUCATION AND RESEARCH

Form and Line Reference	Explanation
PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT	MA

Additional Data

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 22D FOR DISCLOSURES RELATED TO FORM 990 SCHEDULE H PART V, SECTION B PLEASE SEE SCHEDULE H PART VI SUPPLEMENTAL INFORMATION
PART V, SECTION B, LINE 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY
MOUNT AUBURN HOSPITAL PART V, SECTION B, LINE 16A WEBSITE	SEE NARRATIVE SUPPORT TO SCHEDULE H

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MOUNT AUBURN HOSPITAL

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

2014

Open to Public
Inspection

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 Domestic Organizations and Domestic Governments. 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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MACIPA 1380 SOLDIERS FIELD ROAD BRIGHTON,MA 02135	04-2898888		400,004				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 0

3 Enter total number of other organizations listed in the line 1 table 0

Part III

Grants and Other Assistance to Domestic Individuals. 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

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.

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

OMB No 1545-0047

2014

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 appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 ☒ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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? If "Yes," to line 5a or 5b, describe in Part III	5b	No
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? If "Yes," to line 6a or 6b, describe in Part III	6b	No
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in 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 in column(B) 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 2014 CALENDAR YEAR, MOUNT AUBURN HOSPITAL MAINTAINED AN IRC SECTION 457(B) PLAN PURSUANT TO WHICH ELIGIBLE EMPLOYEES 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 CHIEF EXECUTIVE OFFICER OF MAH/MAPS WAS PAID BY CAREGROUP WHICH WAS 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 CAREGROUP. PARMENTER HOME CARE & HOSPICE MAY BE REFERRED TO IN THESE EXPLANATORY NOTES TO FORM 990 PART VII AND FORM 990 SCHEDULE J AS MAH, MAPS AND CPHCH RESPECTIVELY. ATKINSON, LINDA TRUSTEE (EX-OFFICIO) - MOUNT AUBURN HOSPITAL. MS ATKINSON BEGAN HER TERM ON THE MAH BOARD ON OCTOBER 1, 2014 AND DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION. 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 CO-CHAIR - MOUNT AUBURN HOSPITAL. TRUSTEE - MOUNT AUBURN PROFESSIONAL SERVICES. TRUSTEE - CAREGROUP. PARMENTER HOME CARE & HOSPICE DIRECTOR (EX-OFFICIO) - CAREGROUP, INC. MR. CANEPA BEGAN HIS TERM AS MAH BOARD CO-CHAIR ON FEBRUARY 1, 2015 AND DEVOTES, ON AVERAGE, A COMBINED 9 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. TRUSTEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER - CAREGROUP. PARMENTER HOME CARE & HOSPICE. 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 467,230. INCENTIVE COMPENSATION 325,125. OTHER REPORTABLE COMPENSATION 79,838. DEFERRED COMPENSATION 780,083. NON-TAXABLE BENEFITS 23,826. PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES: BASE COMPENSATION 82,452. INCENTIVE COMPENSATION 57,375. OTHER REPORTABLE COMPENSATION 14,089. DEFERRED COMPENSATION 137,662. NON-TAXABLE BENEFITS 4,204. INCENTIVE COMPENSATION REPORTED FOR THE 2014 CALENDAR YEAR INCLUDES 1) PAYMENTS IN 2014 PURSUANT TO A LONG TERM INCENTIVE PLAN RELATED TO MOUNT AUBURN HOSPITAL'S FISCAL YEAR ENDED SEPTEMBER 30, 2013 IN THE AMOUNT OF \$200,000 AND 2) A PAYMENT PURSUANT TO AN ANNUAL INCENTIVE PLAN RELATED TO THE FISCAL YEAR ENDED SEPTEMBER 30, 2013 IN THE AMOUNT OF \$200,000. 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 2014 CALENDAR YEAR INCLUDES AN ACTUARIAL CHANGE IN THE PROJECTED BENEFIT OBLIGATION OF MS. CLOUGH'S SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) OF \$458,900. THE SERP IS DESIGNED TO VEST WHEN MS. CLOUGH REACHES AGE 62. AS OF SEPTEMBER 30, 2015, MS. CLOUGH'S SERP HAD NOT VESTED. DEFERRED COMPENSATION REPORTED FOR THE 2014 CALENDAR YEAR ALSO INCLUDES TWO INCENTIVE PAYMENTS RELATED TO THE SERVICES MS. CLOUGH PERFORMED DURING MOUNT AUBURN'S FISCAL YEAR ENDED SEPTEMBER 30, 2014 BUT WHICH WERE NOT PAID TO MS. CLOUGH UNTIL AFTER MARCH 15, 2015 -- ONE IN THE AMOUNT OF \$220,000 RELATED TO AN ANNUAL INCENTIVE PLAN, AND ANOTHER FOR \$225,000 RELATED TO A LONG TERM INCENTIVE PLAN. OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MS. CLOUGH INCLUDES COMBINED PAYMENTS FROM A NONQUALIFIED RETIREMENT PLAN IN THE AMOUNT OF \$61,750. ADDITIONALLY, OTHER REPORTABLE COMPENSATION IN THE AMOUNT OF \$17,500 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'S TERM ON THE MAH BOARD ENDED SEPTEMBER 26, 2015 AND HE DEVOTED, 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 186,866. INCENTIVE COMPENSATION 0. OTHER REPORTABLE COMPENSATION 8,818. DEFERRED COMPENSATION 16,120. NON-TAXABLE BENEFITS 22,695. HOGAN, IV, WILLIAM M. TRUSTEE - MOUNT AUBURN HOSPITAL. MR. HOGAN DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION. KANE, CHRISTOPHER TRUSTEE - MOUNT AUBURN HOSPITAL. MR. KANE 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, KIJIA TRUSTEE - MOUNT AUBURN HOSPITAL. MS. KIM DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION. LUCCHINO, DAVID L. TRUSTEE - MOUNT AUBURN HOSPITAL. MR. LUCCHINO DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION. MAMBRINO, M.D. LAWRENCE J. TRUSTEE - MOUNT AUBURN HOSPITAL. INTERIM CHAIR, CREDENTIALS COMMITTEE - MOUNT AUBURN HOSPITAL. CLINICAL INSTRUCTOR, OTOLARYNGOLOGY AND LARYNGOLOGY - HARVARD MEDICAL SCHOOL. DR. MAMBRINO DEVOTES, ON AVERAGE, A COMBINED 8 HOURS PER WEEK TO THE REPORTING ORGANIZATION FOR THE POSITIONS LISTED HERE. PAYMENTS REPORTED BY MAH: BASE COMPENSATION 35,000. 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 CO-CHAIR - MOUNT AUBURN HOSPITAL. TRUSTEE - CAREGROUP. PARMENTER HOME CARE & HOSPICE. MR. ROLLER BEGAN HIS TERM AS MAH BOARD CO-CHAIR ON FEBRUARY 1, 2015 AND HE DEVOTES, ON AVERAGE, 6 HOURS PER WEEK TO THE REPORTING ORGANIZATION. SAAL, M.D., A. KIM TRUSTEE - MOUNT AUBURN HOSPITAL. CHIEF, DIVISION OF RADIOLOGY - MOUNT AUBURN HOSPITAL. DIRECTOR - CAREGROUP, INC. INSTRUCTOR IN MEDICINE - HARVARD MEDICAL SCHOOL. DR. SAAL'S TERM ON THE MAH AND CAREGROUP BOARDS ENDED DECEMBER 31, 2014. 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 74,334. AS REQUIRED BY THIS FORM 990, CO
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 23,299. AS REQUIRED BY THIS FORM 990, COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2014 CALENDAR YEAR INCLUDES \$23,299 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. TRUSTEE - CAREGROUP. PARMENTER HOME CARE & HOSPICE DIRECTOR (EX-OFFICIO) - CAREGROUP, INC. MR. SIMON'S TERMS AS THE MAH BOARD CHAIR AND CAREGROUP DIRECTOR ENDED ON FEBRUARY 1, 2015. MR. SIMONS CONTINUES TO SERVE AS A TRUSTEE OF MAH AND MAPS AND HE DEVOTED, ON AVERAGE, A COMBINED 9 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE. 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 358,354. INCENTIVE COMPENSATION 55,402. OTHER REPORTABLE COMPENSATION 39,416. DEFERRED COMPENSATION 282,400. NON-TAXABLE BENEFITS 23,495. AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2014 CALENDAR YEAR IN THE AMOUNT OF \$55,402 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990. OTHER REPORTABLE AND DEFERRED COMPENSATION INCLUDE 457(B) DEFERRALS AND THE CHANGE IN THE PLAN'S VALUE WHICH, COMBINED FOR MR. DIIESO, TOTALLED \$37,461. IN ADDITION, DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2014 CALENDAR YEAR INCLUDES AN ACTUARIAL CHANGE IN THE PROJECTED BENEFIT OBLIGATION OF MR. DIIESO'S SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) OF \$261,600. 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. VICE PRESIDENT FINANCE AND TREASURER - CAREGROUP. PARMENTER HOME CARE & HOSPICE. 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 264,591. INCENTIVE COMPENSATION 39,001. OTHER REPORTABLE COMPENSATION 1,068. DEFERRED COMPENSATION 56,498. NON-TAXABLE BENEFITS 19,291. PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES: BASE COMPENSATION 46,692. INCENTIVE COMPENSATION 6,882. OTHER REPORTABLE COMPENSATION 189. DEFERRED COMPENSATION 9,970. NON-TAXABLE BENEFITS 3,404. AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2014 CALENDAR YEAR IN THE AMOUNT OF \$45,883 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990. DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2014 CALENDAR YEAR INCLUDES AN ACTUARIAL CHANGE IN THE PROJECTED BENEFIT OBLIGATION OF MR. SULLIVAN'S SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) OF \$53,468. THE SERP VESTS ON OCTOBER 1, 2018. BAKER, R.N., 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 252,327. INCENTIVE COMPENSATION 37,443. OTHER REPORTABLE COMPENSATION 1,505. DEFERRED COMPENSATION 63,923. NON-TAXABLE BENEFITS 22,695. AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2014 CALENDAR YEAR IN THE AMOUNT OF \$37,443 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990. DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2014 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF \$50,923 RELATED TO MS. BAKER'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2014, BUT NOT PAID TO MS. BAKER UNTIL AFTER MARCH 15, 2015. 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 202,380. INCENTIVE COMPENSATION 30,301. OTHER REPORTABLE COMPENSATION 3,246. DEFERRED COMPENSATION 16,835. NON-TAXABLE BENEFITS 23,195. AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2014 CALENDAR YEAR IN THE AMOUNT OF \$30,301 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 280,307. INCENTIVE COMPENSATION 41,524. OTHER REPORTABLE COMPENSATION 2,417. DEFERRED COMPENSATION 13,894. NON-TAXABLE BENEFITS 23,495. AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2014 CALENDAR YEAR IN THE AMOUNT OF \$41,524 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990. 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 197,877. INCENTIVE COMPENSATION 32,342. OTHER REPORTABLE COMPENSATION 36,555. DEFERRED COMPENSATION 20,800. NON-TAXABLE BENEFITS 24,495. AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2014 CALENDAR YEAR IN THE AMOUNT OF \$32,342 WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990. OTHER REPORTABLE AND DEFERRED COMPENSATION INCLUDE 457(B) DEFERRALS AND THE CHANGE IN THE PLAN'S VALUE WHICH, COMBINED FOR MR. O'CONNELL, TOTALLED \$25,972.
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	NAUTA, M.D., RUSSELL J. CHAIR, DEPARTMENT OF SURGERY - MOUNT AUBURN HOSPITAL. CHAIR, DEPARTMENT OF SURGERY - MOUNT AUBURN PROFESSIONAL SERVICES. PROFESSOR OF SURGERY - HARVARD MEDICAL SCHOOL. 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 413,328. INCENTIVE COMPENSATION 85,260. OTHER REPORTABLE COMPENSATION 16,526. DEFERRED COMPENSATION 14,560. NON-TAXABLE BENEFITS 23,020. PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES: BASE COMPENSATION 103,332. INCENTIVE COMPENSATION 21,315. OTHER REPORTABLE COMPENSATION 4,132. DEFERRED COMPENSATION 3,640. NON-TAXABLE BENEFITS 5,755. AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2014 CALENDAR YEAR IN THE AMOUNT OF \$106,575 WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990. OTHER REPORTABLE AND DEFERRED COMPENSATION INCLUDE 457(B) DEFERRALS AND THE CHANGE IN THE PLAN'S VALUE WHICH, COMBINED FOR DR. NAUTA, TOTALLED \$17,500. 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 50,482. INCENTIVE COMPENSATION 1,157. OTHER REPORTABLE COMPENSATION 132. DEFERRED COMPENSATION 1,820. NON-TAXABLE BENEFITS 2,269. PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES: BASE COMPENSATION 454,341. INCENTIVE COMPENSATION 10,416. OTHER REPORTABLE COMPENSATION 1,186. DEFERRED COMPENSATION 16,380. NON-TAXABLE BENEFITS 20,426. SANCHEZ, M.D., LUCIENNE DIRECTOR OF NEWBORN SERVICES - MOUNT AUBURN HOSPITAL. DIRECTOR OF NEWBORN SERVICES - MOUNT AUBURN PROFESSIONAL SERVICES. DR. SANCHEZ DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION. PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL: BASE COMPENSATION 415,186. INCENTIVE COMPENSATION 29,013. OTHER REPORTABLE COMPENSATION 909. DEFERRED COMPENSATION 18,200. NON-TAXABLE BENEFITS 10,736. 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 PROFESSOR OF OBSTETRICS, GYNECOLOGY AND REPRODUCTIVE BIOLOGY - HARVARD MEDICAL SCHOOL. DR. HUANG DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE. DR. HUANG PERFORMS SERVICES FOR BOTH MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES. AS REQUIRED BY THIS FORM 990, ALTHOUGH DR. HUANG IS PAID DIRECTLY BY MOUNT AUBURN HOSPITAL, THE PORTION OF DR. HUANG'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW. PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL: BASE COMPENSATION 247,894. INCENTIVE COMPENSATION 0. OTHER REPORTABLE COMPENSATION 4,118. DEFERRED COMPENSATION 10,500. NON-TAXABLE BENEFITS 14,023. PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES: BASE COMPENSATION 165,262. INCENTIVE COMPENSATION 0. OTHER REPORTABLE COMPENSATION 2,746. DEFERRED COMPENSATION 7,000. NON-TAXABLE BENEFITS 9,349. OTHER REPORTABLE AND DEFERRED COMPENSATION INCLUDE COMBINED 457(B) DEFERRALS AND AN INCREASE IN DR. HUANG'S PLAN VALUE OF \$5,607. SCHIFFMAN, M.D., ROBERT INTENSIVIST - MOUNT AUBURN PROFESSIONAL SERVICES. INTENSIVIST - MOUNT AUBURN HOSPITAL. 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 AS WELL AS 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 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 29,075. INCENTIVE COMPENSATION 8,778. OTHER REPORTABLE COMPENSATION 703. DEFERRED COMPENSATION 2,800. NON-TAXABLE BENEFITS 1,080.
SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES: BASE COMPENSATION 261,679. INCENTIVE COMPENSATION 78,998. OTHER REPORTABLE COMPENSATION 6,325. DEFERRED COMPENSATION 25,200. NON-TAXABLE BENEFITS 9,718. OTHER REPORTABLE AND DEFERRED COMPENSATION INCLUDE COMBINED 457(B) DEFERRALS AND AN INCREASE IN DR. SCHIFFMAN'S PLAN VALUE OF \$19,497. ABOOKIRE, M.D., SUSAN FORMER CHAIR OF QUALITY AND SAFETY - MOUNT AUBURN HOSPITAL. DR. ABOOKIRE SERVED AS THE CHAIR OF QUALITY AND SAFETY UNTIL NOVEMBER 1, 2013. PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL: BASE COMPENSATION 0. INCENTIVE COMPENSATION 43,246. OTHER REPORTABLE COMPENSATION 68,147. DEFERRED COMPENSATION 0. NON-TAXABLE BENEFITS 0. AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2014 CALENDAR YEAR IN THE AMOUNT OF \$43,246 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990. OTHER REPORTABLE AND DEFERRED COMPENSATION INCLUDE A 457(B) PLAN DISTRIBUTION AND OTHER CHANGE IN THE PLAN'S VALUE WHICH, COMBINED FOR DR. ABOOKIRE, TOTALLED \$68,147.

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 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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CLOUGH JEANETTE G, TTEE (EX-OFF), PRES, CEO	(i)	467,230		79,838	780,083	23,826	1,676,102	0
	(ii)	82,452	325,125 57,375	14,089	137,662	4,024	295,602	0
HATEM MD CHARLES J, CHAIRMAN - MEDICAL EDUCATION	(i)	186,866	0	8,818	16,120	22,695	234,499	0
	(ii)	0	0	0	0	0	0	0
DIIESO NICHOLAS, COO, MAH	(i)	358,354	55,402	39,416	282,400	23,495	759,067	0
	(ii)	0	0	0	0	0	0	0
SULLIVAN WILLIAM, VP FINANCE & CFO	(i)	264,591	39,001	1,068	56,498	19,291	380,449	0
	(ii)	46,692	6,882	189	9,970	3,404	67,137	0
BAKER RN DEBORAH, VP, PATIENT CARE SERVICES	(i)	252,327	37,443	1,505	63,923	22,695	377,893	0
	(ii)	0	0	0	0	0	0	0
BRIDGEMAN JOHN, VP, CLINICAL SERVICES	(i)	202,380	30,301	3,246	16,835	23,195	275,957	0
	(ii)	0	0	0	0	0	0	0
BURKE KATHRYN, VP, CONTRACTING/BUSINESS DEV	(i)	280,307	41,524	2,417	13,894	23,495	361,637	0
	(ii)	0	0	0	0	0	0	0
O'CONNELL MICHAEL L, VP, PLANNING & MARKETING	(i)	197,877	32,342	36,555	20,800	24,495	312,069	0
	(ii)	0	0	0	0	0	0	0
NAUTA MD RUSSELL J, CHAIR SURGERY	(i)	413,328	85,260	16,526	14,560	23,020	552,694	0
	(ii)	103,332	21,315	4,132	3,640	5,755	138,174	0
ROSENBLATT MD PETER, MD, UROGYNECOLOGY	(i)	50,482	1,157	132	1,820	2,269	55,860	0
	(ii)	454,341	10,416	1,186	16,380	20,426	502,749	0
SANCHEZ MD LUCIENNE, DIR, NEWBORN SVCS	(i)	415,186	29,013	909	18,200	10,736	474,044	0
	(ii)	0	0	0	0	0	0	0
HUANG MD EDWIN, CHAIR, DEPT OF OB/GYN	(i)	247,894	0	4,118	10,500	14,023	276,535	0
	(ii)	165,262	0	2,746	7,000	9,349	184,357	0
SCHIFFMAN MD ROBERT, INTENSIVIST	(i)	29,075	8,778	703	2,800	1,080	42,436	0
	(ii)	261,679	78,998	6,325	25,200	9,718	381,920	0
ABOOKIRE MD SUSAN, MD, CHAIR QUALITY & SAFETY	(i)	0	43,246	68,147	0	0	111,393	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MOUNT AUBURN HOSPITAL

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

OMB No 1545-0047

2014

Open to Public Inspection

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 MASS DEVELOPMENT FINANCE AGENCY	04-3431814	57584XDH1	09-02-2015	203,702,204	SEE PART VI		X		X		X
B MASS DEVELOPMENT FINANCE AGENCY	04-3431814		07-11-2012	49,910,000	REFUND ISSUES DATED 2/11/1998		X		X		X
C MASS DEVELOPMENT FINANCE AGENCY	04-3431814		09-15-2011	120,280,000	REFUND ISSUES DATED 2/11/1998		X		X		X
D MASS HEALTH & ED FACILITIES AUTHORITY	04-2456011	57586C352	06-09-2008	377,527,010	SEE PART VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired					40,485,000		89,715,000	
2	Amount of bonds legally defeased							100,675,000	
3	Total proceeds of issue	203,702,204		49,910,000		120,280,000		378,911,689	
4	Gross proceeds in reserve funds							27,356,617	
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	201,353,725							
7	Issuance costs from proceeds	2,348,479		368,094		290,672		3,929,290	
8	Credit enhancement from proceeds								
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	
12	Other unspent proceeds								
13	Year of substantial completion	2011							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16	Has the final allocation of proceeds been made?		X	X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		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		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		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		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	0 100 %		0 100 %					
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	0 200 %		0 600 %					
6	Total of lines 4 and 5	0 300 %		0 700 %					
7	Does the bond issue meet the private security or payment test?		X		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		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		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

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), MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A AFFILIATED PHYSICIANS GROUP (APG), BETH ISRAEL DEACONESS HOSPITAL - MILTON AND BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH 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
PART I, COLUMN (F) DESCRIPTION OF PURPOSE	THE ISSUE REFUNDED ISSUES DATED 06/09/2008, 11/30/2005, 6/16/2003, AND 6/4/1998

Return Reference	Explanation
PART I, ROW D, COLUMN F, DESCRIPTION OF PURPOSE	THE ISSUE REFUNDED ISSUES DATED 08/12/2004, 9/23/1992, 1/19/1989

Return Reference	Explanation
SCHEDULE K, PART 1, COLUMN F - DESCRIPTION OF TAX-EXEMPT DEBT PURPOSE	PURPOSES OF CAREGROUP SERIES H BONDS - REFUNDING THE REMAINING PORTION OF THE OUTSTANDING PRINCIPAL BALANCE OF THE MILTON SERIES D BONDS, THE PLYMOUTH SERIES D BONDS, THE PLYMOUTH SERIES E BONDS, AND A PORTION OF THE CAREGROUP SERIES E BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED SEPTEMBER 2,2015 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 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 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

Return Reference	Explanation
SCHEDULE K (1 OF 2) PART II, COLUMN D, LINE 2	THE AMOUNT OF BONDS LEGALLY DEFEASED THE 2015 ISSUE ADVANCE REFUNDED \$100,675,000 OF THE 2008 ISSUE THESE BONDS WILL BE CALLED BY JULY 1, 2018

Return Reference	Explanation
SCHEDULE K (1 OF 2) PART II, COLUMN D, LINE 3	THE TOTAL PROCEEDS OF THE ISSUE EXCEED THE ISSUE PRICE DUE TO THE INVESTMENT EARNINGS ON THE PROJECT FUND

Return Reference	Explanation
SCHEDULE K (1 OF 2) PART II, COLUMNS B, C 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 (2 OF 2) PART II, COLUMN A, 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 (1 OF 2) PART II, COLUMN C, LINE 11	OF THE PROCEEDS LISTED, \$8,993,760 WERE USED FOR TERMINATION OF THE HEDGE AGREEMENT, WITH THE REMAINDER USED FOR REFUNDING PURPOSES OF THE ISSUE

Return Reference	Explanation
SCHEDULE K (1 OF 2) PART III, COLUMNS B AND C	BOTH THE 2012 AND 2011 ISSUES ARE EXEMPT FROM COMPLETING PART III AS BOTH ISSUES WERE REFUNDINGS OF BONDS ISSUED PRIOR TO DECEMBER 31, 2002

Return Reference	Explanation
SCHEDULE K (2 OF 2) PART III, COLUMNS A	THE 2004 ISSUE IS EXEMPT FROM COMPLETING PART III BECAUSE IT REFUNDED BONDS ISSUED PRIOR TO DECEMBER 31, 2002

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, BID-PLYMOUTH, BID-MILTON, 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, 2015 WERE REVIEWED TO ENSURE PROPER ACCOUNTING OF ANY PRIVATE USE GENERATED FROM SUCH ACTIVITIES. IN ADDITION, SUCH AGREEMENTS ARE GENERALLY REVIEWED BY INSIDE COUNSEL PRIOR TO FINALIZING. SCHEDULE K PART IV, COLUMN D, LINE 2C. AN ARBITRAGE REBATE CALCULATION WAS COMPLETED AS OF SEPTEMBER 30, 2015. 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.

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990 .										OMB No 1545-0047	
											2014	
	Department of the Treasury Internal Revenue Service	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 MASS HEALTH & ED FACILITIES AUTHORITY	04-2456011	57586CDK8	08-12-2004	187,125,000	REFUND ISSUES DATED 09/23/92 & 11/9/94		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	157,025,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	187,125,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,796,643							
8	Credit enhancement from proceeds	7,991,727							
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	177,336,630							
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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?								
2	Are there any lease arrangements that may result in private business use of bond-financed property?								

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?								
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?								
c	Are there any research agreements that may result in private business use of bond-financed property?								
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								
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								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?								
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?								
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?								

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?	X							
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider	CITIBANK							
c	Term of hedge	21 0000000000000							
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						
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						
7	Has the organization established written procedures to monitor the requirements of section 148?	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							

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

▶ 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.

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

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting 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

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	ALL DIRECTORS/TRUSTEES SERVE WITHOUT COMPENSATION OR BENEFITS COMPENSATION PAID TO OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES WAS EARNED FOR WORK PERFORMED IN A CAPACITY OTHER THAN THAT OF DIRECTOR/TRUSTEE MOUNT AUBURN HOSPITAL (MAH) MAINTAINS AN ACCOUNTABLE BUSINESS EXPENSE REIMBURSEMENT PLAN FROM TIME TO TIME, MAH MAY REIMBURSE ITS OFFICERS, DIRECTORS/TRUSTEES AND/OR KEY EMPLOYEES FOR EXPENSES THEY INCURRED AND WHICH ARE PROPERLY ORDINARY AND NECESSARY BUSINESS EXPENSES OF THE REPORTING ENTITY THE POLICIES AND PROCEDURES REQUIRED BY THE ACCOUNTABLE BUSINESS PLAN MUST BE FOLLOWED IN ORDER TO RECEIVE REIMBURSEMENT FOR SUCH EXPENSES AND IT IS POSSIBLE THAT ONE OR MORE INDIVIDUALS RECEIVED NON-TAXABLE REIMBURSEMENTS WHICH TOTALED \$10,000 OR MORE DURING THE FISCAL PERIOD COVERED BY THIS FILING ALL OF THE ABOVE TRANSACTIONS WERE NEGOTIATED AT ARMS- LENGTH AND IN ACCORDANCE WITH THE 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	303,646	MICHAEL SHORTSLEEVE, M D , A MEMBER OFTHE MAH BOARD OF TRUSTEES AND CHAIR OF THE DEPARTMENT OF RADIOLOGY, ISTHE PRESIDENT OF SCHATZKI ASSOCIATES SCHATZKI ASSOCIATES PROVIDEDRADIOLOGY AND TEACHING SERVICES TO MAH, INCLUDING THE CHAIR OF THEDEPARTMENT OF RADIOLOGY CHARGES FOR THOSE SERVICES DURING THE FISCALYEAR WERE \$303,646 THE FEES PAID TO SCHATZKI ASSOCIATES REFLECTED FAIRMARKET VALUE RATES SEE FORM 990 PART VII AND SCH J FOR ADDITIONALINFORMATION		No
(2) JAMES RAFFERTY	FAMILY MEMBER	108,177	KATHERINE RAFFERTY, COMMUNITY RELATIONSDIRECTOR AT MOUNT AUBURN HOSPITAL, IS THE SISTER OF JAMES RAFFERTY WHO ISA MAH TRUSTEE HER SALARY AND OTHER INCOME INCLUDE BASE COMPENSATION \$93,351INCENTIVE COMPENSATION \$390OTHER REPORTABLE COMPENSATION \$0DEFERRED COMPENSATION \$6,513NON-TAXABLE BENEFITS \$7,923		No
(3) A KIM SAAL MD	FAMILY MEMBER	474,200	A KIM SAAL, M D SERVED AS THE CHIEF OFTHE DIVISION OF CARDIOLOGY AT MOUNT AUBURN HOSPITAL AND A MEMBER OF THEMAH BOARD OF TRUSTEES THROUGH DECEMBER 31, 2014 DR SAAL IS ALSO THETREASURER OF MOUNT AUBURN CARDIOLOGY ASSOCIATES (MACA) MAH PAID\$474,200 TO MACA FOR THE PROVISION OF SERVICES INCLUDING THE MEDICALDIRECTORS FOR THE DEPARTMENTS WITHIN CARDIOLOGY (CARDIAC CATH LAB, NONINVASICE CARDIOLOGY, EP LAB AND CARDIAC REHAB) AND THE CHIEF OF THEDIVISION OF CARDIOLOGY MACA ALSO PROVIDED CALL COVERAGE FOR THE CATHLAB, EP LAB AND EMERGENCY DEPARTMENTS SEE FORM 990 PART VII ANDSCHEDULE J FOR ADDITIONAL INFORMATION		No
(4) CONTRIBUTOR #4	SUBSTANTIAL CONTRIBUTOR	1,104,354	MD SERVICES		No
(5) CONTRIBUTOR #65	SUBSTANTIAL CONTRIBUTOR	3,138,687	EMR / CASE MANAGEMENT		No
(6) CONTRIBUTOR #70	SUBSTANTIAL CONTRIBUTOR	286,000	MD SERVICES		No
(7) CONTRIBUTOR #83	SUBSTANTIAL CONTRIBUTOR	300,000	MD SERVICES		No
(8) CONTRIBUTOR #92	SUBSTANTIAL CONTRIBUTOR	600,863	CONTRACTOR		No
(9) CONTRIBUTOR #103	SUBSTANTIAL CONTRIBUTOR	2,989,122	CONTRACTOR		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	4	77,100	OTHER
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				Yes No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				Yes No
b If "Yes," describe in Part II				
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part III

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

Return Reference	Explanation
PART I, COLUMN (B)	BOTH NUMBER OF CONTRIBUTIONS AND CONTRIBUTORS

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 990-EZ 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

2014

**Open to Public
Inspection**

Name of the organization MOUNT AUBURN HOSPITAL	Employer identification number 04-2103606
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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 - INPATIENT MEDICAL / SURGICAL SERVICES	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 2015, MOUNT AUBURN HOSPITAL HAD 177 LICENSED MEDICAL/SURGICAL BEDS, AND PROVIDED INPATIENT MEDICAL SERVICES TO 6,145 PATIENTS, AND INPATIENT SURGICAL SERVICES TO 2,076 PATIENTS.

Return Reference	Explanation
FORM 990, PART III LINE 4B - OUTPATIENT RADIOLOGIC SERVICES	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 2015, MOUNT AUBURN HOSPITAL PROVIDED OUTPATIENT RADIOLOGY SERVICES TO 81,233 PATIENTS

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

Return Reference	Explanation	
	FORM 990, PART III LINE 4C - INPATIENT OBSTETRICS / NEWBORN SERVICES	OR OTHER SUPPORT PERSONS, AND ROOMS FEATURING VIEWS OF THE CHARLES RIVER AND BOSTON SKYLINE. IN CASES WHERE A CAESARIAN SECTION NEEDS TO BE PERFORMED, SURGICAL SUITES ARE LOCATED ADJACENT TO THE LABOR AND DELIVERY AREA. A STATE-OF-THE-ART MONITORING SYSTEM ALLOWS WOMEN TO SAFELY WALK AROUND THE UNIT WHILE THEY ARE IN LABOR. AT THE MOUNT AUBURN HOSPITAL BAIN BIRTHING CENTER, A PATIENT'S CHOICE IS PARAMOUNT. PAIN RELIEF DURING LABOR IS AN ISSUE THAT EACH WOMAN SHOULD EXPLORE WITH HER PROVIDER. MANY WOMEN CHOOSE TO HAVE AN EPIDURAL, BUT PROVIDERS AT MOUNT AUBURN, ESPECIALLY NURSE-MIDWIVES, ALSO SUPPORT ALTERNATIVE METHODS SUCH AS PRESSURE-POINT MASSAGE, AND HYPNO-BIRTHING (SELF-HYPNOSIS DURING THE BIRTH PROCESS). WOMEN WHO SEEK AN ALTERNATIVE APPROACH TO CHILDBIRTH ITSELF, SUCH AS A WATER BIRTH, WILL ALSO FIND NURSE-MIDWIVES TO HELP THEM WITH SUCH OPTIONS. IN CASES WHERE A CAESARIAN SECTION NEEDS TO BE PERFORMED, SURGICAL SUITES ARE LOCATED ADJACENT TO THE LABOR AND DELIVERY AREA. MOUNT AUBURN HOSPITAL STRIVES TO PROVIDE SUPPORT AND INFORMATION, PRIVACY AND CHOICE. THE POSTPARTUM NURSING STAFF PROVIDE NEW MOTHERS WITH ONE-ON-ONE CARE AND EDUCATION. THE BAIN BIRTHING CENTER OFFERS A VARIETY OF SERVICES FOR PREGNANT AND NEW MOTHERS, INCLUDING CHILDBIRTH EDUCATION CLASSES, BIRTHPLACE TOURS AND BREAST PUMP RENTALS. SERVICES FOR NON-ENGLISH SPEAKING PATIENTS INCLUDE STAFF INTERPRETERS, SPANISH-SPEAKING NURSE-MIDWIVES AND INTERPRETER SERVICES FOR VARIOUS LANGUAGES AND ACCESS TO 24-HOUR TELEPHONE INTERPRETER SERVICES FOR MORE THAN 100 LANGUAGES. ONCE FAMILIES LEAVE THE BAIN BIRTHING CENTER, THEY HEAD HOME KNOWING THAT THE NURSING STAFF IS AVAILABLE AFTER DISCHARGE TO ANSWER ANY QUESTIONS THAT MAY ARISE ABOUT THE HEALTH OF MOTHER AND BABY 24 HOURS A DAY. LEVEL II NURSERY: IF A NEWBORN NEEDS SPECIAL CARE, REST ASSURED THAT MOUNT AUBURN'S LEVEL II NURSERY IS EQUIPPED TO ADDRESS YOUR INFANT'S CRITICAL HEALTH ISSUES, INCLUDING PREMATURITY, MEDICAL AND FEEDING DIFFICULTIES. THIS SEVEN-BED NURSERY IS STAFFED BY A HIGHLY SKILLED TEAM OF NEONATOLOGISTS AND NEONATAL NURSES WHO ARE CERTIFIED TO RESUSCITATE AND ALSO TO STABILIZE AND PREPARE CRITICALLY ILL INFANTS FOR TRANSFER TO A BOSTON-AREA LEVEL III NURSERY. IN THE EVENT OF AN EMERGENCY, MAH'S NURSERY HAS A SPECIALIST PEDIATRICIAN ON CALL 24 HOURS A DAY, AS WELL AS AROUND THE CLOCK NEONATAL BACKUP COVERAGE. ANESTHESIA IS AVAILABLE 24 HOURS A DAY, AS WELL. IN ADDITION TO THE EXPERT OBSTETRIC TEAM, MOUNT AUBURN'S LEVEL II NURSERY FEATURES STATE-OF-THE-ART MONITORING EQUIPMENT FOR NEONATES. IF A NEWBORN IS SERIOUSLY ILL, HIS/HER PARENTS CAN BE ASSURED THAT HE OR SHE WILL RECEIVE THE BEST CARE POSSIBLE IN MOUNT AUBURN'S LEVEL II NURSERY. DURING FISCAL 2015, MOUNT AUBURN HOSPITAL HAD 28 LICENSED OB/GYN BEDS PROVIDING SERVICES TO 2,802 PATIENTS AND 35 BASSINETS PROVIDING INPATIENT SERVICES TO 2,854 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 2015, MOUNT AUBURN HOSPITAL HAD 16 LICENSED INPATIENT PSYCHIATRY BEDS, AND PROVIDED INPATIENT PSYCHIATRY SERVICES TO 298 PATIENTS. THE HOSPITAL HAS A 24 HOUR EMERGENCY DEPARTMENT THAT SERVICED 35,532 VISITS. IN ADDITION, THE HOSPITAL PROVIDED A VARIETY OF OUTPATIENT SERVICES TO MORE THAN 177,000 PATIENTS IN VARIOUS SPECIALTIES LISTED ABOVE, AND CONDUCTED MORE THAN 78,000 VISITS TO PATIENT'S HOMES THROUGH OUR HOME CARE DEPARTMENT. FOR ADDITIONAL INFORMATION ON MAH'S ACCOMPLISHMENTS AND HOW IT HELPS SUPPORT CAMBRIDGE AND THE SURROUNDING COMMUNITIES, PLEASE SEE THE DETAIL RELATED TO MOUNT AUBURN HOSPITAL COMMUNITY BENEFITS ACTIVITIES INCLUDED IN THE SUPPLEMENTAL NARRATIVE TO SCHEDULE H.

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 AN UNQUALIFIED OPINION ON THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF MAH AND AFFILIATES.

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

Return Reference	Explanation	
	FORM 990, PART VI, SECTION B, LINE 15	NOT PRESENT, THE COMPENSATION COMMITTEE DISCUSSED THE COMPENSATION OF THE CEO AND THE PERFORMANCE OF THE CEO AGAINST PREVIOUSLY APPROVED GOALS AND OBJECTIVES WITH THE INPUT OF THE COMPENSATION STUDY, THE COMMITTEE VOTED TO RECOMMEND FOR APPROVAL BY THE BOARD OF TRUSTEES THE COMPENSATION ARRANGEMENT OF THE CEO AT A SUBSEQUENT MEETING OF THE BOARD OF TRUSTEES OF THE HOSPITAL, FROM WHICH ALL TRUSTEES IN THE EMPLOY OF THE HOSPITAL WERE EXCUSED, THE COMMITTEE CHAIRMAN MADE A FULL REPORT TO THE INDEPENDENT TRUSTEES OF THE COMMITTEES ANALYSIS OF CEO COMPENSATION AND AFTER DISCUSSION RECOMMENDED THAT THE TRUSTEES APPROVE THE CEO COMPENSATION THE TRUSTEES VOTED AND APPROVED THE COMPENSATION ALL DELIBERATIONS WERE CONTEMPORANEOUSLY DOCUMENTED IN MINUTES THE COMPENSATION OF THE MAH CEO WAS THEN ALSO REPORTED TO THE CAREGROUP EXECUTIVE 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 FORM AFFILIATES -22,896,919 FAS 158 56,352

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

OMB No 1545-0047

2014

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	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?		(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	
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	No
(1) ANESTHESIA FINANCIAL SOLUTIONS INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3571311	INACTIVE CORPORATION	MA	N/A	C					No
(2) JORDAN 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

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

(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) Disproportionate 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
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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	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? YesNo
(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 STRATEGIC 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) 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
(12) 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
(13) BI DEACONESS DEPARTMENT OF EMERGENCY MEDICINE FOUNDATION INC 330 BROOKLINE AVE W/CC-2 BOSTON, MA 02215 36-4803234	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC	No
(14) CAREGROUP PARMENTER HOME CARE & HOSPICE INC 330 MT AUURN ST CAMBRIDGE, MA 02138 47-3111453	HOME CARE & HOSPICE	MA	501(C)(3)	LINE 11A, I	MOUNT AUBURN HOSPITAL	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) Disproporionate 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	
ADVANCED VASCULAR CARE LLC 375 LONGWOOD AVE BOSTON, MA 02215 26-1647880	TO PROVIDE MEDICAL SUPPORT SERVICES	MA	N/A	RELATED				No			No	
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	RELATED				No			No	
BIDCO PHYSICIAN LLC ONE UNIVERSITY AVE NORTH ENTRANCE WESTWOOD, MA 02090 46-1589743	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A	RELATED				No			No	
BIDCO HOSPITAL LLC ONE UNIVERSITY AVE NORTH ENTRANCE WESTWOOD, MA 02090 46-1643790	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	BETH ISRAEL DEACONESS MEDICAL CENTER	RELATED				No			No	
CAREGROUP CLINICAL RESEARCH LLC 109 BROOKLINE AVENUE BOSTON, MA 02215 30-0228711	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA	N/A	RELATED				No			No	
CAREGROUP INVESTMENT PARTNERSHIP LLP 109 BROOKLINE AVENUE BOSTON, MA 02215 04-3278109	INVESTMENT PARTNERSHIP	MA	N/A	EXCLUDED				No			No	
CHARLTON MRI SERVICES LLC 330 BROOKLINE AVENUE BOSTON, MA 02215 26-4662778	PROVISION OF PATIENT CARE SERVICES	MA	N/A	RELATED				No			No	
PHYSICIAN PROFESSIONAL SERVICES LLP 10 CABOT ROAD MEDFORD, MA 02215 04-3275078	TO PROVIDE MEDICAL BILLING SERVICES	MA	N/A	RELATED				No			No	