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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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

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) | Room/suite
330 MOUNT AUBURN STREET

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

D Employer identification number
04-2103606

E Telephone number
(617) 499-5021

G Gross receipts $ 387,329,955

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW MOUNTAUBURNHOSPITAL ORG

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

L Year of formation 1871

M State of legal domicile MA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	20
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	2,693
6	Total number of volunteers (estimate if necessary)	**6**	321
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,934,513
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-340,439

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,079,466	3,644,586
9	Program service revenue (Part VIII, line 2g)	316,823,100	330,125,728
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,827,194	7,407,781
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,283,430	9,290,266
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	342,013,190	350,468,361
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	404,004	3,500
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	178,692,808	179,273,013
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,038,104		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	128,741,929	149,217,817
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	307,838,741	328,494,330
19	Revenue less expenses Subtract line 18 from line 12	34,174,449	21,974,031

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	477,828,009	481,671,549
21	Total liabilities (Part X, line 26)	208,931,541	210,273,979
22	Net assets or fund balances Subtract line 21 from line 20	268,896,468	271,397,570

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2017-08-15

WILLIAM SULLIVAN CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CHRISTINE KAWECKI	CHRISTINE KAWECKI	2017-08-15		P00743140

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code See Additional Data)	(Expenses $	98,629,301	including grants of $	3,500)	(Revenue $	115,607,368)
4b	(Code See Additional Data)	(Expenses $	24,709,587	including grants of $	)	(Revenue $	33,046,829)
4c	(Code See Additional Data)	(Expenses $	27,941,935	including grants of $	)	(Revenue $	28,611,059)

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ 133,179,510 including grants of $) (Revenue $ 152,860,472)

4e **Total program service expenses ▶** 284,460,333

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? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	216		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,693		
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			
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	1a	25		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MA , NH , NY , RI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ WILLIAM SULLIVAN 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 (617) 499-5021

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								9,513,062	2,171,414	1,592,814

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 ▶ 401

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
CAREGROUP INC 109 BROOKLINE AVENUE BOSTON, MA 02215	MGMT SERVICES	2,521,754
WASLH BROTHERS INC 210 COMMERCIAL ST BOSTON, MA 02109	CONTRACTOR	2,520,178
QUEST DIAGNOSTICS NICHOLS INSTITUTE 12436 COLLECTIONS CENTER DRIVE CHICAGO, IL 606932436	LAB TESTING	2,242,636
EPIC SYSTEMS CORPORATION 1979 MILKY WAY VERONA, WI 53593	MAINTENANCE	1,880,436
CUMBERLAND CONSULTING GROUP LLC 720 COOL SPRINGS BOULEVARD SUITE 55 FRANKLIN, TN 37067	CONSULTING	1,696,458

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 ▶ 63

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 682,386				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e 766,563				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 2,195,637				
	g	Noncash contributions included in lines 1a-1f $ 53,624				
	h	**Total.** Add lines 1a-1f . . . . . ▶	3,644,586			
Program Service Revenue		Business Code				
	2a	INPATIENT MEDICAL & SU	622110	115,607,368	115,607,368	
	b	OUTPATIENT RADIOLOGY	621498	33,046,829	33,046,829	
	c	INPATIENT OBSTETRICS /	622110	28,611,059	28,611,059	
	d	OUTPATIENT SURGERY	621493	27,245,355	27,245,355	
	e	EMERGENCY DEPARTMENT	622110	21,331,519	21,331,519	
	f	All other program service revenue		104,283,598	104,283,598	
	g	**Total.** Add lines 2a–2f . . . . . ▶		330,125,728		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		-196,239	-43,819	-152,420
	4	Income from investment of tax-exempt bond proceeds . . ▶		18,565		18,565
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents 2,157,908				
	b	Less rental expenses 968,296				
	c	Rental income or (loss) 1,189,612				
	d	Net rental income or (loss) . . . . . ▶	1,189,612			1,189,612
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 43,129,111				
	b	Less cost or other basis and sales expenses 35,543,262 / 394				
	c	Gain or (loss) 7,585,849 / -394				
	d	Net gain or (loss) . . . . . ▶	7,585,455		60,242	7,525,213
	8a	Gross income from fundraising events (not including $ 682,386 of contributions reported on line 1c) See Part IV, line 18 . . a 139,196				
	b	Less direct expenses . . . b 349,642				
	c	Net income or (loss) from fundraising events . . ▶	-210,446			-210,446
	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 621500	2,823,770		2,823,770	
	b	PARKING REVENUE 812930	2,599,744			2,599,744
	c	CAFE & VENDING 722310	1,841,604			1,841,604
	d	All other revenue	1,045,982		94,320	951,662
	e	**Total.** Add lines 11a–11d . . . . . ▶	8,311,100			
	12	**Total revenue.** See Instructions . . . . . ▶	350,468,361	330,125,728	2,934,513	13,763,534

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				
2 Grants and other assistance to domestic individuals See Part IV, line 22	3,500	3,500		
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	10,482,203	1,607,899	8,874,304	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	134,716,978	126,795,253	7,620,743	300,982
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,597,347	5,805,665	725,709	65,973
9 Other employee benefits	17,056,262	15,009,510	1,876,189	170,563
10 Payroll taxes	10,420,223	9,169,796	1,146,225	104,202
11 Fees for services (non-employees)				
a Management				
b Legal	340,830		340,830	
c Accounting	277,608		277,608	
d Lobbying	90,195		90,195	
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)	18,715,734	14,152,770	4,445,422	117,542
12 Advertising and promotion	234,532	26,164	208,302	66
13 Office expenses	53,259,297	51,920,913	1,298,648	39,736
14 Information technology	9,620,907	6,678,179	2,920,133	22,595
15 Royalties				
16 Occupancy	7,424,180	5,592,859	1,775,308	56,013
17 Travel	364,986	311,504	52,911	571
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,139,815	2,005,275		134,540
20 Interest	5,563,275	4,116,824	1,446,451	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,961,551	10,949,972	5,011,579	
23 Insurance	2,209,232	2,073,048	136,184	
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 FEE & SUPPORT SERV	13,241,204	8,910,494	4,309,552	21,158
b APB26 LOSS	11,306,559	11,306,559		
c PATIENT SERVICES	4,639,393	4,629,392	10,001	
d UNCOMPENSATED CARE	2,315,085	2,315,085		
e All other expenses	1,513,434	1,079,672	429,599	4,163
25 **Total functional expenses.** Add lines 1 through 24e	328,494,330	284,460,333	42,995,893	1,038,104
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		83,491,601	1	63,281,520
	2	Savings and temporary cash investments		19,297,423	2	26,192,798
	3	Pledges and grants receivable, net		890,361	3	500,314
	4	Accounts receivable, net		35,561,767	4	40,448,989
	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		3,834,849	8	4,267,778
	9	Prepaid expenses and deferred charges		3,453,348	9	4,464,251
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 496,011,536			
	b	Less accumulated depreciation	10b 299,035,177	154,498,912	10c	196,976,359
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		160,487,786	12	133,714,924
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		16,311,962	15	11,824,616
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		477,828,009	16	481,671,549
Liabilities	17	Accounts payable and accrued expenses		43,894,131	17	38,486,900
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		151,690,160	20	152,007,210
	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		13,347,250	25	19,779,869
	26	**Total liabilities.** Add lines 17 through 25		208,931,541	26	210,273,979
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		257,833,777	27	260,146,922
	28	Temporarily restricted net assets		6,560,417	28	6,699,488
	29	Permanently restricted net assets		4,502,274	29	4,551,160
		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		268,896,468	33	271,397,570
	34	Total liabilities and net assets/fund balances		477,828,009	34	481,671,549

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	350,468,361
2	Total expenses (must equal Part IX, column (A), line 25)	2	328,494,330
3	Revenue less expenses Subtract line 2 from line 1	3	21,974,031
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	268,896,468
5	Net unrealized gains (losses) on investments	5	2,277,281
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	-21,750,210
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	271,397,570

Part XII Financial Statements and Reporting

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

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

Additional Data

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

Form 990, Part III, Line 4a

4a	(Code SEE SCHEDULE O	) (Expenses $	98,629,301	including grants of $	3,500) (Revenue $	115,607,368)	

Form 990, Part III, Line 4b

4b	(Code SEE SCHEDULE O	) (Expenses $	24,709,587	including grants of $	) (Revenue $	33,046,829)	

Form 990, Part III, Line 4c

4c	(Code SEE SCHEDULE O	) (Expenses $	27,941,935	including grants of $		) (Revenue $	28,611,059)

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

(Code	) (Expenses $	133,179,510	including grants of $		) (Revenue $	152,860,472)	

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			
ATKINSON LINDA TRUSTEE (EX-OFF), MAH AUX PRES	1 00	X						0	0	0
BARRON KENNETH S TRUSTEE	1 00	X						0	0	0
CALANO DANIEL V TRUSTEE	1 00	X						0	0	0
CANEPA JOHN J TRUSTEE, CO-CHAIR	5 00 4 00	X						0	0	0
CLOUGH JEANETTE TRUSTEE (EX-OFF)/PRESIDENT/CEO	55 00 10 00	X		X				5,304,607	936,108	233,299
GORDON LISA TRUSTEE	1 00	X						0	0	0
HUANG MD EDWIN TRUSTEE, CHAIR-OB/GYN	36 00 24 00	X						291,960	194,641	42,819
KANEB CHRISTOPHER TRUSTEE	1 00	X						0	0	0
KETTYLE MD WILLIAM TRUSTEE	1 00	X						0	0	0
KIM KIJA TRUSTEE	1 00	X						0	0	0

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			
LUCCHINO DAVID L TRUSTEE	1 00	X						0	0	0
MAMBRINO MD LAWRENCE TTEE/INT CHR, CREDENTIALS COMM	8 00	X						30,000	0	0
MASSARO GEORGE TRUSTEE	1 00	X						0	0	0
PALANDJIAN LEON TRUSTEE & TREASURER	2 00	X		X				0	0	0
RAFFERTY JAMES J TRUSTEE & CLERK	2 00	X		X				0	0	0
REARDON GERALD TRUSTEE	1 00	X						0	0	0
ROLLER JOSEPH TRUSTEE, CO-CHAIR	5 00 1 00	X						0	0	0
SHACHOY CHRISTOPHER TRUSTEE	1 00	X						0	0	0
SHAPIRO MD DEBRA TRUSTEE	1 00	X						0	0	0
SHORTSLEEVE MD MICHAEL TRUSTEE/CHAIR, DEPT RADIOLOGY	5 00	X						23,328	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			
SIMONS TOM TRUSTEE	1 00 2 00	X						0	0	0
STEVENSON HOWARD H TRUSTEE	1 00 2 00	X						0	0	0
SWANN ERIC TRUSTEE	1 00	X						0	0	0
WAGNER III HERBERT S TRUSTEE	1 00	X						0	0	0
WILSON WILLIAM TRUSTEE	1 00	X						0	0	0
DILESO NICHOLAS CHIEF OPERATING OFFICER	60 00			X				483,253	0	417,039
SULLIVAN WILLIAM J VP & CFO	50 00 10 00			X				344,572	70,575	181,903
BAKER RN DEBORAH VP, PATIENT CARE SERVICES	60 00				X			577,992	0	74,351
BRIDGEMAN JOHN VP, CLINICAL SERVICES	60 00				X			250,929	0	90,271
BURKE KATHRYN VP, CONTRACTING & BUSINESS DEV	60 00				X			358,295	0	115,609

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			
CHEUNG MD YVONNE Y CHAIR QUALITY & SAFETY	60 00				X			280,987	0	78,043
O'CONNELL MICHAEL L VP, PLANNING & MARKETING	60 00				X			279,929	0	94,693
LLOYD MD JANET CHAIR, DEPT OF PEDIATRICS	30 00 30 00					X		195,281	195,281	8,528
NAUTA MD RUSSELL J CHAIR, DEPT OF SURGERY	48 00 12 00					X		411,707	102,927	136,343
ROSENBLATT MD PETER PHYSICIAN, UROGYNECOLOGY	6 00 54 00					X		48,931	440,379	40,695
SETNIK MD GARY S CHAIR, DEPT OF EMERG MEDICINE	36 00 24 00					X		244,999	163,333	56,806
STONE MD VALERIE CHAIR, DEPT OF MEDICINE	51 00 9 00					X		386,292	68,170	22,415

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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 331/3% 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 331/3% 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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** 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.*	1		
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.*	2		

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).*	1		

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?	1		
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).*	2		
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.*	3		

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).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
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	Parent of Supported Organizations. **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) ☐

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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	Employer identification number
MOUNT AUBURN HOSPITAL	04-2103606

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

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

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

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns		
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a If zero or less, enter -0-		
i	Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		90,195
j	Total Add lines 1c through 1i			90,195
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 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, 2016 MAH IS REPORTING TOTAL COMBINED INDIRECT LOBBYING EXPENSES THROUGH MEMBERSHIP ORGANIZATIONS AND DIRECT LOBBYING EXPENSES OF $90,195 TOTAL COMBINED LOBBYING EXPENDITURES OF MAH WERE MINIMAL AND NOT SUBSTANTIAL BASED ON REVENUES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

2015

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" on 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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, 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	11,062,691	10,041,820	10,269,240	9,721,077	9,455,611
b	Contributions	3,035,792	4,217,655	5,361,641	3,229,776	3,255,067
c	Net investment earnings, gains, and losses	469,901	-177,969	535,470	934,739	716,757
d	Grants or scholarships					
e	Other expenditures for facilities and programs	3,317,736	3,018,815	6,124,531	3,616,352	3,706,358
f	Administrative expenses					
g	End of year balance	11,250,648	11,062,691	10,041,820	10,269,240	9,721,077

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 ▶ 40 450 %
- c Temporarily restricted endowment ▶ 59 550 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		169,000		169,000
b Buildings		218,798,490	105,050,152	113,748,338
c Leasehold improvements		4,805,093	3,644,348	1,160,745
d Equipment		267,567,075	190,340,677	77,226,398
e Other		4,671,878		4,671,878
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				196,976,359

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVEST HELD THRU CGCIE EIN 04-3278109	133,714,924	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	133,714,924	

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

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	19,779,869

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	424,545,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
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	76,147,000		
e	Add lines **2a** through **2d**			2e	76,147,000
3	Subtract line **2e** from line **1**			3	348,398,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	2,070,361		
c	Add lines **4a** and **4b**			4c	2,070,361
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	350,468,361

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	409,552,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	92,363,938		
e	Add lines **2a** through **2d**			2e	92,363,938
3	Subtract line **2e** from line **1**			3	317,188,062
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	11,306,268		
c	Add lines **4a** and **4b**			4c	11,306,268
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	328,494,330

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

1 (a) Description of Liability	(b) Book Value
DEFERRED COMP	3,095,744
SERP	2,739,896
SHATZKY ANNUITY	36,845
DEFERRED REVENUE-LT	373,522
GIFT ANNUITIES	42,678
ASSET RETIREMENT OBLIGATION	852,957
ACCRUED POST RETIREMENT BENEFITS	538,756
PROFESSIONAL LIABILITY CLAIMS RESERVE	6,815,115
DUE TO AFFILIATES	16,073
DUE TO THIRD PARTY PAYORS	5,268,283

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	INTENDED USES OF ENDOWMENT FUND ENDOWMENT/SPECIAL FUND MONIES ARE HELD TO SUPPORT THE OPER ATING 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 APPROPRIA TES 5% OF THE ACCUMULATED APPRECIATION ON THE PERMANENT ENDOWMENT TO FUND FREE CARE FOR T HE PERIOD ENDED SEPTEMBER 30, 2016, THESE SOURCES INCREASED FREE CARE PROVIDED TO PATIENTS BY $260,000

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE HOSPITAL AND PROFESSIONAL SERVICES HAVE PREVIOUSLY BEEN DETERMINED BY THE INTERNAL REV ENUE 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 PERCEN T LIKELY TO BE REALIZED UPON SETTLEMENT CHANGES IN MEASUREMENT ARE REFLECTED IN THE PERIO D IN WHICH THE CHANGE IN JUDGMENT OCCURS THE CORPORATION DID NOT RECOGNIZE THE EFFECT OF ANY INCOME TAX POSITIONS IN EITHER 2016 OR 2015

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	NET ASSETS RELEASED FROM RESTRICTION 2,848,000 UNREALIZED CHANGE IN VALUE OF LP'S 2,300,000 CONSOLIDATED AFFILIATES NET ELIMINATIONS 70,999,000

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	RESTRICTED CONTRIBUTIONS 3,035,792 EXPENSES ASSOCIATED WITH SPECIAL EVENTS -349,642 EXPE NSES ASSOCIATED WITH REAL ESTATE RENTAL -968,296 RESTRICTED INVESTMENT INCOME 353,128 RO UNDING -621

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES ASSOCIATED WITH REAL ESTATE RENTAL 968,296 EXPENSES ASSOCIATED WITH SPECIAL EVEN TS 349,642 CONSOLIDATED AFFILIATES NET ELIMINIATIONS 91,046,000

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	APB26 LOSS 11,306,559 ROUNDING -291

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

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			26,119,937
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			26,119,937

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
SCHEDULE F PART IV QUESTION 3	ALTHOUGH MAH HAD AN INDIRECT OWNERSHIP INTEREST IN A FOREIGN CORPORATION DURING THE TAX YE AR, IT DID NOT MEET ANY OF THE FIVE CATEGORIES OF REQUIRED FILER AND AS SUCH WAS NOT REQUI RED TO FILE FORM 5471, INFORMATION RETURN OF U S PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F PART IV QUESTION 4	ALTHOUGH MAH WAS AN INDIRECT SHAREHOLDER OF A PASSIVE FOREIGN INVESTMENT COMPANY OR QUALIF IED ELECTING FUND DURING THE PERIOD COVERED BY THIS FILING, MAH WAS NOT REQUIRED TO FILE F ORM 8621, INFORMATION RETURNS BY A SHAREHOLDER OF A PASSIVE FOREIGN INVESTMENT COMPANY OR QUALIFIED ELECTING FUND

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F PART IV QUESTION 5	ALTHOUGH MAH HELD AN INDIRECT OWNERSHIP INTEREST IN A FOREIGN PARTNERSHIP DURING THE TAX Y EAR, THE INTEREST DID NOT RESULT IN AN OBLIGATION TO FILE FORM 8865, RETURN OF U S PERSON S WITH RESPECT TO CERTAIN FOREIGN PARTNERSHIPS

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		22,237,968
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		90,713
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		2,642,725

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		749,055
SOUTH AMERICA	0	0	INVESTMENTS		200,041
CENTRAL AMERICA & THE CARIBBEAN	0	0	PROGRAM SERVICES	JOINTLY OWNED FOREIGN INSURANCE	199,435

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

2015

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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			▶				

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

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

		(a) Event #1 GALA (event type)	(b) Event #2 GOLF CLASSIC (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	547,736	186,750	87,096	821,582
	2 Less Contributions	475,361	131,250	75,775	682,386
	3 Gross income (line 1 minus line 2)	72,375	55,500	11,321	139,196
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		14,347		14,347
	6 Rent/facility costs	163,928	75,000	7,130	246,058
	7 Food and beverages				
	8 Entertainment	60,265			60,265
	9 Other direct expenses	14,895	9,886	4,191	28,972
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				349,642
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-210,446

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

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

9 Enter the state(s) in which the organization 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 activity 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 ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $.....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227032937

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			5,239,091		5,239,091	1 590 %
b Medicaid (from Worksheet 3, column a)			26,541,355	21,906,394	4,634,961	1 410 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			31,780,446	21,906,394	9,874,052	3 000 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			906,364		906,364	0 280 %
f Health professions education (from Worksheet 5)			11,462,226	4,202,625	7,259,601	2 210 %
g Subsidized health services (from Worksheet 6)			18,731,413	6,989,019	11,742,394	3 570 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			21,750		21,750	0 010 %
j **Total.** Other Benefits			31,121,753	11,191,644	19,930,109	6 070 %
k **Total.** Add lines 7d and 7j			62,902,199	33,098,038	29,804,161	9 070 %

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	4,817,858		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	109,971,307		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	114,019,183		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-4,047,876		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

Name, address, primary website address, and state license number (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)

Name of hospital facility or letter of facility reporting group MOUNT AUBURN HOSPITAL

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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The 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 14			
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?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE NARRATIVE SUPPORT TO SCHEDULE H			
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 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE NARRATIVE SUPPORT TO SCHEDULE H			
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

MOUNT AUBURN HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
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)			
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 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
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 19 (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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in 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?	**23**		No
	If "Yes," explain in Section C			
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?	**24**		No
	If "Yes," explain in Section C			

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

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 STATEMENTMOUNT AUBURN HOSPITAL (MAH OR HOSPITAL) IS COMMITTED TO IMPROVING THE HEALTH AND WELLBEING OF COMMUNITY MEMBERS BY COLLABORATING WITH COMMUNIT Y PARTNERS TO REDUCE BARRIERS TO HEALTH, INCREASE PREVENTION AND/OR SELF-MANAGEMENT OF CHR ONIC DISEASE AND INCREASE THE EARLY DETECTION OF ILLNESS DURING THE FISCAL YEAR COVERED B Y THIS FILING, MAH PROVIDED COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BENEFIT OPERA TIONS AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS OF $928,114 AS REPORTED ON TH IS SCHEDULE H, PART I, LINES 7E AND 7I, COLUMN C COMMUNITY BENEFITS LEADERSHIP/TEAMTHE DI RECTOR OF COMMUNITY HEALTH IS RESPONSIBLE FOR THE DEVELOPMENT AND IMPLEMENTATION OF MAH'S COMMUNITY BENEFITS PROGRAM THE DIRECTOR REPORTS TO THE VICE PRESIDENT OF MARKETING AND ST RATEGIC PLANNING, WHO ENSURES THAT COMMUNITY BENEFIT PRIORITIES ARE MONITORED BY SENIOR MA NAGEMENT THE HOSPITAL CEO IS ACTIVELY INVOLVED IN INITIATING ACTIVITIES AND RELATIONSHIPS WITH COMMUNITY PARTNERS ONLY THE COSTS THAT RELATE DIRECTLY TO THE COMMUNITY BENEFIT POR TION OF PROGRAMS ARE COUNTED AS EXPENDITURES COMMUNITY BENEFITS TEAM MEETINGSANNUALLY THE BOARD OF TRUSTEES APPROVES THE COMMUNITY BENEFIT'S MISSION STATEMENT AND PLAN THE VICE PR ESIDENT OF MARKETING AND STRATEGIC PLANNING AND THE DIRECTOR OF COMMUNITY HEALTH MEET REGU LARLY TO DISCUSS COMMUNITY BENEFIT PROGRAMMING AMENDMENTS TO THE PLAN DURING THE YEAR ARE APPROVED BY THE VICE PRESIDENT OF MARKETING AND STRATEGIC PLANNING A HOSPITAL-WIDE DIVER SITY COMMITTEE, AIMED AT KEEPING THE ORGANIZATION FOCUSED ON THE NEEDS OF PATIENTS AND EMP LOYEES FROM DIFFERENT CULTURAL AND LINGUISTIC BACKGROUNDS, IS CHAIRED BY THE DIRECTOR OF C OMMUNITY HEALTH AND INCLUDES REPRESENTATIVES FROM MANY HOSPITAL DISCIPLINES THE 2015 COMMU NITY BENEFITS IMPLEMENTATION PLAN WAS PRESENTED TO THE PATIENT AND FAMILY ADVISORY COUNCIL COPIES OF THE COMMUNITY BENEFITS PLAN WERE SENT TO EVERYONE INVOLVED IN THE COMMUNITY HE ALTH NEEDS ASSESSMENT PROCESS COMMUNITY HEALTH STAFF MEMBERS MEET MONTHLY TO REVIEW COMMU NITY PROGRAMS COMMUNITY UPDATES ARE PRESENTED AT NURSING LEADERSHIP MEETINGS COMMUNITY H EALTH NEEDS ASSESSMENTCOMMUNITY HEALTH NEEDS ASSESSMENT - INTERNAL REVENUE CODE SECTION 50 1(R)INTERNAL REVENUE CODE (IRC) SECTION 501(R), ENACTED AS PART OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, REQUIRES EACH HOSPITAL TO COMPLETE A COMMUNITY HEALTH NEEDS ASSES SMENT (CHNA) AND TO FORMALLY ADOPT AN IMPLEMENTATION STRATEGY PURSUANT TO FEDERAL GUIDELIN ES, IN ORDER MAINTAIN ITS TAX EXEMPT STATUS AS A HOSPITAL UNDER SECTION 501(C)(3) OF THE I NTERNAL REVENUE CODE OF 1986, AS AMENDED MAH COMPLETED ITS MOST RECENT NEEDS ASSESSMENT D URING THE FISCAL PERIOD ENDED SEPTEMBER 30, 2015 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 DESCRI BES 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 ALL COMM UNITY MEMBERS WHO LIVE ARLINGTON, BELMONT, CAMBRIDGE, SOMERVILLE, WALTHAM, AND WATERTOWN SPECIAL POPULATIONS INCLUDE COMMUNITY MEMBERS SERVED BY CHARLES RIVER (FORMERLY JOSEPH M SMITH) COMMUNITY HEALTH CENTER (CRCHC) THE CLOSEST FEDERALLY QUALIFIED COMMUNITY HEALTH CE NTER AND THE STUDENTS AT CRISTO REY (FORMERLY NORTH CAMBRIDGE CATHOLIC) HIGH SCHOOL FOR T HE PURPOSE OF THIS REPORT THESE COMMUNITIES WILL BE REFERED TO AS MAH COMMUNITIES THE DECI SION OF WHICH CITIES AND TOWNS TO INCLUDE WAS MADE BY REVIEWING MAH PRIMARY DISCHARGE DATA TOWNS THAT REPRESENTED MORE THAN 5% OF MAH DISCHARGES WERE INCLUDED COMMUNITY HEALTH NEE DS ASSESSMENT -- APPROACH AND METHODSTHE ASSESSMENT WAS CARRIED OUT BY MAH STAFF THIS DEC ISION NOT TO HIRE AN OUTSIDE ORGANIZATION WAS MADE AFTER THOUGHTFUL INTERNAL REVIEW AND BA SED ON TWO MAIN CRITERIA FIRST, MAH'S COMMUNITY HEALTH STAFF, IN PARTICULAR THE REGIONAL CENTER FOR HEALTHY COMMUNITIES DEPARTMENT, HAD THE SKILLS REQUIRED TO CONDUCT AN ASSESSMEN T OF THIS MAGNITUDE SECOND, MAH RECOGNIZED THE AD

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS	DED VALUE OF HAVING MAH STAFF CONDUCT INTERVIEWS AND LEAD GROUP DISCUSSIONS THE PERSONAL CONNECTIONS THAT WERE MADE THROUGHOUT THE PROCESS INCREASED UNDERSTANDING BETWEEN COMMUNIT Y ORGANIZATIONS AND HOSPITAL STAFF ONCE THIS DECISION WAS MADE APPROVAL FROM MOUNT AUBURN HOSPITAL'S INSTITUTIONAL REVIEW BOARD WAS SOUGHT AND THIS ASSESSMENT WAS APPROVED AS A QU ALITY IMPROVEMENT PROJECT THROUGHOUT THE ASSESSMENT PROCESS MAH MADE AN EFFORT TO CONSIDE R THE WORLD HEALTH ORGANIZATION'S DEFINITION OF HEALTH AS NOT ONLY THE PHYSICAL HEALTH OF THE PEOPLE WHO LIVE IN ITS COMMUNITIES BUT ALSO AS THE SPIRITUAL, SOCIAL, PHYSICAL AND EMO TIONAL WELL-BEING OF COMMUNITY MEMBERS AND THE COMMUNITY AS A WHOLE IMPLICIT IN THIS APPR OACH IS AN UNDERSTANDING THAT HEALTH IS NOT DETERMINED SOLELY BY HEALTHCARE BUT ALSO BY TH E SOCIAL DETERMINANTS OF HEALTH WHICH INCLUDE SOCIAL SUPPORTS, ENVIRONMENTAL OPPORTUNITIES , POLICIES AND NORMS OF THE COMMUNITY AND BY THE UNDERLYING ECONOMIC FACTORS AND WELL-BEIN G OF WHERE PEOPLE LIVE THE PROCESS BEGAN BY BUILDING AN ADVISORY GROUP TO PROVIDE INPUT I NTO THE ASSESSMENT PROCESS OVER 500 COMMUNITY MEMBERS WHO WORK OR LIVE IN MAH COMMUNITIES WERE INVITED TO BE PART OF THIS GROUP ALTHOUGH IT WAS STRESSED THAT ALL LEVELS OF KNOWLE DGE BOTH LIVED AND LEARNED WERE VALUED SPECIAL EFFORTS WERE MADE TO ENGAGE REPRESENTATIVES FROM LOCAL DEPARTMENTS OF PUBLIC HEALTH AND COMMUNITY HEALTH NETWORK AREA (CHNA) 17 CHNA 17 IS A COALITION OF PUBLIC, NON-PROFIT AND PRIVATE SECTORS WHO MEET TO THINK TOGETHER AB OUT HOW TO MAKE COMMUNITIES HEALTHIER AND TO SHARE RESOURCES MOUNT AUBURN HOSPITAL SHARES THE SAME PRIORITY TOWNS OF ARLINGTON, BELMONT, CAMBRIDGE, SOMERVILLE, WALTHAM AND WATERTO WN AS CHNA 17 ADVISORY GROUP MEMBERS WERE GIVEN INFORMATION ABOUT THEIR ROLE, A TIMELINE FOR MEETINGS AND A DESCRIPTION OF THE WORK THAT MEMBERS WOULD HAVE TO DO DURING AND BETWEE N MEETINGS THE FINAL ADVISORY GROUP CONSISTED OF 22 MEMBERS REPRESENTING ALL SIX CITIES A ND TOWNS THE ROLES AND RESPONSIBILITIES OF THE ADVISORY GROUP WERE TO - LEARN ABOUT COMMU NITY ASSESSMENT AND HELP DESIGN THE MAH'S ASSESSMENT PROCESS - PARTICIPATE IN THE ASSESSME NT AS APPROPRIATE- ANSWER SURVEYS, BE PART OF INTERVIEWS AND ATTEND MEETINGS- HELP INVOLVE A BROAD AND DIVERSE GROUP OF RESIDENTS AND OTHER STAKEHOLDERS IN THIS PROCESSTHE ASSESSMEN T WAS CONDUCTED IN THREE PHASES PHASE 1 INCLUDED A REVIEW OF OTHER ASSESSMENTS, A BROAD CO MMUNITY SURVEY AND A PILOT OF ASSESSMENT INTERVIEW AND GROUP DISCUSSION INSTRUMENTS PRELI MINARY DATA GARNERED DURING THIS PHASE WERE PRESENTED TO THE ADVISORY COMMITTEE WHO FINALI ZED THE ASSESSMENT INSTRUMENTS AND PROVIDED INPUT FOR PHASE 2 DURING PHASE 2 A COMMUNITY W IDE SURVEY, MORE INTERVIEWS AND A REVIEW OF SECONDARY DATA WERE CONDUCTED THE ADVISORY GR OUP REVIEWED DATA AND PROVIDED INPUT TO THE THIRD PHASE THE THIRD PHASE BEGAN BY AGAIN INV ITING A BROAD BASE OF THE COMMUNITY TO PARTICIPATE IN A COLLABORATIVE GROUP SHARING PROCES S UTILIZING THE WORLD CAF METHODOLOGY DURING THIS MEETING COMMUNITY MEMBERS ARTICULATED A DEEPER UNDERSTAND ABOUT THE TOP HEALTH ISSUES OVER 700 INVITATIONS WERE SENT OUT TO ATTE ND THIS HALF DAY MEETING INFORMATION FROM THIS MEETING INFORMED THIS ASSESSMENT AND WILL HELP GUIDE THE CORRESPONDING IMPLEMENTATION PLAN THE DIRECTOR OF COMMUNITY HEALTH ORGANIZ ED MEETINGS OF THE ASSESSMENT TEAM, FACILITATED THE DISCUSSIONS, CAPTURED DECISIONS, SHARE D THE PROCESS WITH THE LARGER MEMBERSHIP, AND CONNECTED THE HOSPITAL ADMINISTRATION TO THE PROCESS THE GOAL WAS TO COLLECT QUANTITATIVE AND QUALITATIVE INFORMATION FROM EACH OF TH E SIX COMMUNITIES IN ORDER TO CREATE A PROFILE OF HEALTH CONCERNS IN THE MAH COMMUNITIES T HE FOLLOWING PRINCIPLES GUIDED THE DATA COLLECTION

Form and Line Reference	Explanation
PEOPLE IN OUR COMMUNITIES SEE THE IDENTIFIED HEALTH CONCERN AS A PROBLEM	WE ASKED COMMUNITY MEMBERS WHAT THEY SAW AS IMPORTANT ISSUES, WHAT WAS MOST RELEVANT TO TH EIR COMMUNITY MEMBERS AND THEIR LIVES A WIDE SAMPLE OF COMMUNITY MEMBERS IN ALL SIX COMMU NITIES WAS ASKED TWO QUESTIONS WHAT CONCERNS YOU MOST ABOUT YOUR COMMUNITY TODAY?WHAT WOU LD MAKE YOUR COMMUNITY A BETTER PLACE TO LIVE?THE WAY THESE QUESTIONS WERE PRESENTED AND A SKED WAS CRAFTED SPECIFICALLY TO ALLOW THE ANSWERS TO BE BROAD AND INCLUSIVE OF THE SOCIAL DETERMINANTS OF HEALTH THE GOAL WAS NOT TO BIAS PEOPLE'S THINKING TOWARD MEDICAL CARE OR ILLNESS A THIRD QUESTION, "WHAT IS THE ONE THING YOU WOULD LIKE TO IMPROVE ABOUT YOUR HE ALTH?" ELICITED COMMUNITY MEMBERS PERSONAL HEALTH CONCERNS THE IDENTIFIED HEALTH CONCERN AFFECTS ALL SIX MAH COMMUNITIES QUANTITATIVE DATA ABOUT MAGNITUDE AND INCIDENCE OF PROBLE MS WERE REVIEWED THE FOCUS OF THIS REVIEW WAS TO IDENTIFY COMMON THEMES ACROSS THE MAH CO MMUNITIES THE ADVISORY GROUP CHOSE TO CONDUCT KEY INFORMANT INTERVIEWS OF LEADERS FROM OR GANIZATIONS THAT WOULD BE ALIKE IN EACH TOWN DEPARTMENTS OF PUBLIC HEALTH, WHICH REPRESEN T ALL POPULATIONS, AND COUNCILS ON AGING, WHICH REPRESENT ELDERS, WERE CHOSEN THE GROUP R ECOGNIZED THAT YOUTH SERVING ORGANIZATIONS WERE NOT UNIFORM THROUGHOUT EACH CITY AND TOWN AND RELIED ON A REVIEW OF YOUTH BEHAVIOR RISK SURVEY INFORMATION TO REPRESENT THAT COHORT THROUGHOUT THIS PROCESS ENGAGED COMMUNITY MEMBERS WERE ASKED TO THINK LOCALLY ABOUT HEALT H CONCERNS AND FOCUS ON DATA PERTAINING TO THE SIX COMMUNITIES MEASURABLE AND SUSTAINABLE CHANGE CAN BE MADE ON THE IDENTIFIED HEALTH CONCERN IN THREE YEARS THE MEMBERS OF THE ADV ISORY GROUP AND OTHER COMMUNITY MEMBERS WHO PARTICIPATED WERE ASKED TO USE THEIR COLLECTIV E KNOWLEDGE TO DECIDE THIS A REVIEW OF EVIDENCED BASED PROGRAMS SUCH AS HEALTHY PEOPLE 20 20 (HTTP //WWW HEALTHYPEOPLE GOV/) AND THE CENTER FOR DISEASE CONTROL'S WINNABLE BATTLES (HTTP //WWW CDC GOV/WINNABLEBATTLES/) WAS SHARED WITH THE ADVISORY GROUP AND WILL BE UTILIZ ED DURING IMPLEMENTATION PLANNING THERE ARE RESOURCES RELATED TO THE IDENTIFIED HEALTH CO NCERN UPON WHICH NEW ACTIVITIES CAN BUILT THE MEMBERS OF THE ADVISORY GROUP AND OTHER COM MUNITY MEMBERS WHO PARTICIPATED WERE ASKED TO BRAINSTORM TOGETHER AND CREATE A LIST OF COM MUNITY RESOURCES THE IDENTIFIED HEALTH CONCERN AFFECTS VULNERABLE POPULATIONS IT WAS DEC IDED THAT INVITATIONS TO PARTICIPATE IN THE ASSESSMENT WOULD BE AS BROAD AS POSSIBLE EVER YONE WAS WELCOME ORGANIZATIONS WHO SERVE IMMIGRANT POPULATIONS SUCH AS ENGLISH SPEAKERS O F OTHER LANGUAGES (ESOL) AND OTHERS WHO SERVE UNDERSERVED POPULATIONS WERE INCLUDED THROU GHOUT THE PROCESS PARTICIPANTS WERE ASKED TO CONSIDER AND PRIORITIZE THE NEEDS OF VULNERAB LE POPULATIONS THE GOAL WAS TO COLLECT DATA FROM A VARIETY OF SOURCES IN ORDER TO DEFINE T HE MAIN HEALTH CONCERN AND ALSO ARTICULATE WHAT THAT DEFINITION MEANS TO COMMUNITY MEMBERS DATA CAME FROM FOUR MAIN SOURCES 1 REVIEW OF CURRENT MAH COMMUNITY BENEFIT PROGRAMMING BY REVIEWING THE EVALUATION OF THE 2012 IMPLEMENTATION PLAN AND ASKING THE OPINIONS OF KEY STAKEHOLDERS, AN EVALUATION OF CURRENT MAH COMMUNITY BENEFIT PROGRAMMING, INCLUDING A REC OMMENDATION OF WHETHER OR NOT TO CONSIDER CONTINUING THE PROGRAM, WAS COMPLETED 2 QUANTIT ATIVE DATA REVIEWING EXISTING SECONDARY DATA TO DEVELOP A QUANTITATIVE HEALTH SUMMARY OF MAH COMMUNITIES EXISTING DATA WAS DRAWN FROM THE FOLLOWING SOURCES - CENSUS, AMERICAN COMM UNITY SURVEY 2012- CITY OF CAMBRIDGE ASSESSMENT-2014- MASS CHIP - MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH STATUS OF CHILDHOOD WEIGHT IN MASSACHUSETTS 2009-2011- MOUNT AUBURN HOSP ITAL EMERGENCY ROOM DATA - TUFTS HEALTH PLAN FOUNDATION HEALTHY AGING DATA REPORT 2015 - Y OUTH BEHAVIOR RISK SURVEYS ARLINGTON (2013-2014), BELMONT (2011-2012), CAMBRIDGE (2013-201 4), SOMERVILLE (2013-2014), WALTHAM (2011-2012), AND WATERTOWN (2011-2012) (WHEN POSSIBLE DATA WAS REVIEWED FOR EACH INDIVIDUAL CITY AND TOWN IN THE MAH COMMUNITIES, OTHERWISE, IT WAS REVIEWED AT THE COUNTY OR CHNA LEVEL 3 QUALITATIVE DATA INTERVIEWS, GROUPS CONVERSA TIONS, SURVEYS AND WORLD CAF THIS ASSESSMENT ATTEMPTED TO SOLICIT BROAD INPUT FROM ALL COM MUNITY MEMBERS WHENEVER POSSIBLE MAH INCLUDED NEEDS OF THE VUNERABLE POPULATIONS AND/OR I NDIVIDUALS OR ORGANIZATIONS SERVING OR REPRESENTING SUCH POPULATIONS A REVIEW OF THE POPU LATION CHARACTERISTICS FOR ALL SIX TOWNS HELPED THE ADVISORY GROUP DECIDE THAT SPECIAL EMP HASIS WOULD BE PLACED ON ELDERLY COMMUNITY MEMBERS THEY CAME TO THIS CONCLUSION FOR THREE REASONS 1) ELDERS REPRESENT THE LARGEST GROWING POPULATION OF MAH PATIENTS, 2) THREE OF M AH COMMUNITIES (ARLINGTON, BELMONT AND WATERTOWN) HAVE ELDER POPULATIONS HIGHER THAN STATE AVERAGE AND 3) COUNCILS ON AGING WERE LOCATED IN EACH TOWN PROVIDING A SIMILAR BASE QUALI TATIVE DATA WERE COLLECTED FROM OVER 800 COMMUNITY MEMBERS THROUGH THE FOLLOWING METHODS A KEY INFORMANT INTERVIEWS (25)B GROUPS CONVERSATIONS (7)C SURVEYS SIX DIFFERENT SURVEYS WERE UTILIZED TO GATHER INFORMATION I COMMUNITY

Form and Line Reference	Explanation
PEOPLE IN OUR COMMUNITIES SEE THE IDENTIFIED HEALTH CONCERN AS A PROBLEM	PAPER SURVEY II ENGLISH AS A SECOND LANGUAGE PROVIDER SURVEY III COLLABORATIONS WITH OT HERS CONDUCTING SURVEYS - CHNA 17 YOUTH SUMMIT PARTICIPANTS, N=180 - HEALTHY WALTHAM HIGH SCHOOL SURVEY, N=89 - COMMUNITY DAY CENTER OF WALTHAM HOMELESS SURVEY, N=100 IV COMMUNITY ELECTRONIC SURVEY (291)D WORLD CAFEAFTER INITIAL ANALYSIS OF THE ABOVE DATA SOURCES WAS COMPLETED THE RESULTS WERE PRESENTED TO THE ADVISORY GROUP WITH THE ADVISORY GROUP CONSEN SUS MAH ENGAGED COMMUNITY MEMBERS TO FURTHER DEFINE THE TOP HEALTH CONCERNS FORTY THREE C OMMUNITY MEMBERS MET FOR HALF A DAY AND FOR EACH HEALTH TOPIC THEY FINALIZED A DEFINITION, EXPLORED THE UNDERLYING CAUSES, SHARED WHAT IS CURRENTLY BEING DONE AND SUGGESTED WHAT CO ULD BE DONE IN THE NEXT THREE YEARS 4 WRITTEN COMMENTS SOLICITED ON THE 2012 ASSESMENT AN D IMPLEMENTATION PLANAS REQUIRED, THE 2012 COMMUNITY HEALTH NEEDS ASSESSMENT AND CORRESPON DING IMPLEMENTATION PLAN WERE POSTED ON THE MAH WEBSITE AND MADE AVAILABLE IN HARD COPY B OTH REPORTS WERE ALSO SHARED WITH COMMUNITY HEALTH NETWORK AREA 17 COMMUNITY MEMBERS WERE ENCOURAGED TO SHARE THEIR THOUGHTS, CONCERNS OR QUESTIONS

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT	MAJOR HEALTH NEEDS AND HOW PRIORITIES WERE DETERMINEDDURING THE DEVELOPMENT OF THE IMPLEMENTATION PLAN MAH FIRST REVIEWED THE MASSACHUSETTS ATTORNEY GENERAL'S AND THE INTERNAL REVENUE SERVICE'S GUIDELINES IN MASSACHUSETTS HOSPITALS ARE ENCOURAGED TO ADDRESS THE FOLLOWING STATEWIDE HEALTH PRIORITIES SUPPORTING HEALTH CARE REFORM, REDUCING HEALTH DISPARITIES, IMPROVING CHRONIC DISEASE MANAGEMENT AND PROMOTING WELLNESS IN VULNERABLE POPULATIONS THE INTERNAL REVENUE SERVICE GUIDELINES OUTLINE THE FOLLOWING FEDERAL PRIORITIES IMPROVING ACCESS TO CARE, ADVANCING MEDICAL KNOWLEDGE, ENHANCING COMMUNITY HEALTH AND RELIEVING OR REDUCING GOVERNMENT BURDEN NEXT, MAH CONSIDERED THE SAME PRINCIPLES THAT HAD GUIDED THE ASSESSMENT PROCESS - PEOPLE IN MAH COMMUNITIES SEE THE IDENTIFIED HEALTH CONCERN AS A PROBLEM- THE IDENTIFIED HEALTH CONCERN AFFECTS ALL SIX MAH COMMUNITIES - MEASURABLE AND SUSTAINABLE CHANGE CAN BE MADE ON THE IDENTIFIED HEALTH CONCERN IN THREE YEARS- THERE ARE RESOURCES RELATED TO THE IDENTIFIED HEALTH CONCERN UPON WHICH NEW ACTIVITIES CAN BUILT - THE IDENTIFIED HEALTH CONCERN AFFECTS VULNERABLE POPULATIONSFINALLY, MAH REVIEWED AN EVALUATION OF CURRENT MAH COMMUNITY BENEFIT PROGRAMING, INCLUDING A RECOMMENDATION OF WHETHER OR NOT TO CONTINUE EACH PROGRAM PHASES 1 AND 2 INVOLVED COLLECTING COMMUNITY WIDE QUANTITATIVE AND QUALITATIVE DATA AND SHARING RESULTS WITH THE ADVISORY GROUP THE MAIN HEALTH CONCERNS IDENTIFIED DURING THE ASSESSMENT WERE 1 OBESITY AND INACTIVE LIVING, 2 POOR SELF-MANAGEMENT (AND PREVENTION) OF CHRONIC DISEASE,3 MENTAL HEALTH ISSUES,4 SUBSTANCE ABUSE, 5 ACCESS TO HEALTH CARE SERVICES AND6 SUPPORT OF BROAD PUBLIC HEALTH CONCERNS IN PHASE 3 ENGAGED COMMUNITY MEMBERS PARTICIPATED IN A COLLABORATIVE GROUP SHARING PROCESS UTILIZING THE WORLD CAF METHODOLOGY (HTTP //WWW THEWORLDCAFE COM/KEY-CONCEPTS-RESOURCES/WORLD-CAFE-METHOD) DURING THIS MEETING 42 COMMUNITY MEMBERS ARTICULATED A DEEPER UNDERSTANDING OF THE FIRST FOUR IDENTIFIED HEALTH CONCERNS PARTICIPANTS WERE ASKED TO CONSIDER AND PRIORITIZE THE NEEDS OF VULNERABLE POPULATIONS THE FOLLOWING QUESTIONS HELPED INFORM THE IMPLEMENTATION PLAN - WHAT ARE THE UNDERLYING CAUSES SURROUNDING THE IDENTIFIED HEALTH CONCERN?- WHAT IS CURRENTLY BEING DONE TO ADDRESS THE IDENTIFIED HEALTH CONCERN THAT IS EFFECTIVE? IN OTHER WORDS, WHAT WORKS WELL?- WHAT COULD BE DONE IN THE NEXT THREE YEARS TO IMPROVE OR SOLVE THE IDENTIFIED HEALTH CONCERN? WHAT IS ACTUALLY DOABLE? WHAT BARRIERS CURRENT EXIST? IN ADDITION TO ANSWERING THESE QUESTIONS COMMUNITY MEMBERS ARTICULATED THAT THERE WAS- SYNERGY BETWEEN THE IDENTIFIED HEALTH CONCERNS - A NEED TO ALIGN CURRENT ACTIVITIES ADDRESSING EACH IDENTIFIED HEALTH CONCERN- A NEED FOR COMMUNICATION BETWEEN ORGANIZATIONS DOING SIMILAR WORK INCLUDING RESOURCE SHARING- LIKELY DISPARITIES AMONG COMMUNITY MEMBERS WHO HAVE LANGUAGE AND CULTURAL BARRIERS AND ARE OF LOWER SOCIO-ECONOMIC STATUS COMMUNITY HEALTH NEEDS ASSESSMENT - KEY FINDINGSMAH'S CHNA RESULTED IN THE FOLLOWING KEY FINDINGS RELATED TO COMMUNITY HEALTH NEEDS 1 OBESITY AND INACTIVE LIVING, 2 POOR SELF-MANAGEMENT (AND PREVENTION) OF CHRONIC DISEASE,3 MENTAL HEALTH ISSUES,4 SUBSTANCE ABUSE, 5 ACCESS TO HEALTH CARE SERVICES AND6 SUPPORT OF BROAD PUBLIC HEALTH CONCERNS COMMUNITY HEALTH NEEDS ASSESSMENT - ADDRESSING COMMUNITY HEALTH NEEDSMAH STRIVES TO ADDRESS THE PRIORITY AREAS AND IN ITS CHNA AND IMPLEMENTATION STRATEGY WHICH ARE AVAILABLE ON THE MAH WEBSITE AT HTTP //WWW MOUNTAUBURNHOSPITAL ORG/ABOUT-US/COMMUNITY-HEALTH/IN ADDITION, THE CHNA AND IMPLEMENTATION PLAN WHICH WERE COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2012 IS AVAILABLE ON THE MAH WEBSITE AT THE SAME ADDRESS AS NOTED ABOVE BOTH SETS OF DOCUMENTS ARE ALSO AVAILABLE ON REQUEST (SCHEDULE H, PART V, SECTION B, LINE 7A)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 TO ADDRESS THE IDENTIFIED HEALTH CONCERNS, MAH HAS IDENTIFIED FOUR OVERARCHING GOALS 1 INCREASE THE CAPACITY OF COMMUNITY HEALTH NETWORK AREA (CHNA) 17 TO FULFILL ITS MISSION TO PROMOTE HEALTHIER PEOPLE AND HEALTHIER COMMUNITY BY PROVIDING FUNDING, TECHNICAL ASSISTANCE AND STEERING COMMITTEE MEMBERSHIP 2 INCREASE THE CAPACITY OF LOCAL DEPARTMENT OF PUBLIC HEALTH THE ADDRESS IDENTIFIED HEALTH CONCERNS BY PROVIDING FUNDING 3 INCREASE THE CAPACITY OF THE CHARLES RIVER COMMUNITY HEALTH CENTER TO SERVE VULNERABLE COMMUNITY MEMBERS BY PROVIDING FUNDING AND PROGRAM SUPPORT 4 IMPLEMENT PROGRAMS AIMED AT ADDRESSING SPECIFIC IDENTIFIED HEALTH CONCERNS

Form and Line Reference	Explanation
SUPPORT CHNA 17	MAH IS PROUD OF ITS LONG STANDING PARTNERSHIP WITH CHNA 17 DURING THE PERIOD COVERED BY THIS FILING, NINE GRANTEES COMPLETED INITIATIVES 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 WITH AN EYE ON SUSTAINABILITY CAPACITY BUILDING GRANTS WERE AWARDED TO LOCAL DEPARTMENTS OF PUBLIC HEALTH AND COMMUNITY BASED ORGANIZATIONS SIX DEPARTMENTS OF PUBLIC HEALTH (ARLINGTON, BELMONT, CAMBRIDGE, SOMERVILLE, WALTHAM AND WATERTOWN) AND NINE COMMUNITY BASED ORGANIZATIONS WERE FUNDED ACTIVITIES ACCOMPLISHED INCLUDED A TOOLKIT FOR BEST PRACTICES ON DEVELOPING AND IMPLEMENTING PRESENTATION INITIATIVES, PURCHASING A DATA BASE TO MORE EFFICIENTLY AND EFFECTIVELY WORK WITH CLIENTS AND AN EVIDENCED BASED ASSESSMENT EXPLORING DRIVERS/BARRIER TO PARTICIPATION IN ADDITION TO VERY ACTIVE STEERING COMMITTEE PARTICIPATION, MAH STAFF ALSO PROVIDED OVER 600 HOURS OF TECHNICAL ASSISTANCE TO CHNA 17 AS PART OF AN ASSESSMENT THE CHNA CONDUCTED A SWOT (STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS) ANALYSIS AND REVIEWED THE MAH ASSESSMENT THIS RESULTED IN THE CHNA PRIORITIZING MENTAL HEALTH AND RACIAL EQUITY AS THE FOCUS FOR THE NEXT 3 YEARS THE CHNA BEGAN PLANNING SPECIFIC ACTIVITIES WHICH INCLUDE BUILDING COMMUNITY ENGAGEMENT TEAMS TO ASSESS AND DISSEMINATE LEARNING ON MENTAL HEALTH AND RACISM, FUNDING ORGANIZATIONS TO BOTH CONDUCT ORGANIZATIONAL SELF-ASSESSMENTS OF RACIAL EQUITY AND CONDUCT STAKEHOLDER INTERVIEW ON MENTAL HEALTH WITH A RACIAL EQUITY LENS SIX COMMUNITIES SUPPORT LOCAL DEPARTMENTS OF PUBLIC HEALTH MAH AWARDED $10,000 NON-COMPETITIVE GRANT OPPORTUNITY FOR CITIES AND TOWNS IN THE MAH COMMUNITY BENEFIT AREA ARLINGTON, BELMONT, CAMBRIDGE, SOMERVILLE, WALTHAM AND WATERTOWN THESE FUNDS WERE DESIGNATED TO SUPPORT OUR PUBLIC HEALTH COLLEAGUES IN ADDRESSING ONE OR MORE OF THE TOP HEALTH CONCERNS IDENTIFIED IN THE 2015 COMMUNITY HEALTH NEEDS ASSESSMENT WHICH INCLUDE OBESITY AND INACTIVE LIVING, SELF-MANAGEMENT OF CHRONIC DISEASE, MENTAL ILLNESS, SUBSTANCE ABUSE AND ACCESS TO CARE WITH THESE FUNDS - ARLINGTON IS CONDUCTING A COMMUNITY NEEDS ASSESSMENT WITH A FOCUS ON SENIORS - BELMONT IS CONDUCTING A COMMUNITY NEEDS ASSESSMENT FOCUSED ON THE OPIOID EPIDEMIC - WATERTOWN SUPPORTS THE TASK FORCE ON SUBSTANCE USE DISORDERS AND THE TOWN'S LIVE WELL WATERTOWN COALITION THAT ADDRESSES OBESITY AND INACTIVE LIVING - CAMBRIDGE IS FOCUSING ON PARENTAL DISAPPROVAL AND PERCEPTION OF HARM RELATED TO UNDERAGE DRINKING AND MARIJUANA USE - SOMERVILLE IS CONDUCTING AN ASSESSMENT OF COMMUNITY NEED OF FAMILIES OF OPIOID USERS ARE BEING CONDUCTED - HEALTHY WALTHAM'S GRANT SUPPORTED BOARD AND STAFF DEVELOPMENT SUPPORT CHARLES RIVER COMMUNITY HEALTH CENTER MAH IS PROUD OF ITS LONG STANDING RELATIONSHIP WITH THE CHARLES RIVER COMMUNITY HEALTH CENTER AND IS COMMITTED TO COLLABORATING TO SUPPORT THE CENTER'S MISSION OUR COMPREHENSIVE PERI-NATAL PROGRAM IMPROVES BIRTH OUTCOMES BY IMPROVING ACCESS TO PERINATAL CARE STAFF FROM BOTH ORGANIZATIONS CONTINUE TO WORK TOGETHER TO IMPROVE THE FOLLOWING FOR IMMIGRANT WOMEN 1) TIME TO THEIR FIRST APPOINTMENT, 2) ACCESS TO DIABETIC EDUCATION FOR WOMEN WITH GESTATIONAL DIABETES, 3) ACCESS TO MENTAL HEALTH SERVICES FOR WOMEN WITH PERI-PARTUM DEPRESSION AND 4) A POST-PARTUM PLAN FOR CONTRACEPTION (WHICH MAY OR MAY NOT INCLUDE BIRTH CONTROL METHODS) FOR EASE OF ACCESS, MOUNT AUBURN MIDWIVES AND OBSTETRICIANS WORK ON-SITE AT CHARLES RIVER COMMUNITY HEALTH CENTER IN ADDITION TO THE CLINICAL CARE MAH PROVIDES, WHICH IS NOT A COMMUNITY BENEFIT, MAH ALSO PROVIDES GROUP PRE-NATAL CARE AND LABOR SUPPORT FOR LATINAS MAH COMMUNITY HEALTH DEPARTMENT FUNDS A PREGNANCY SUPPORT PROGRAM THAT PROVIDES EDUCATION TO RECENT IMMIGRANTS THE PROGRAM IS DESIGNED TO INCREASE THE USE OF PREVENTIVE HEALTH CARE (WELL-CHILD VISITS, IMMUNIZATIONS, GYNECOLOGICAL CARE), INCREASE USE OF COMMUNITY SUPPORT SERVICES (WIC, HEALTH INSURANCE, POST-PARTUM SUPPORT GROUPS), AND INCREASE RATES OF BREAST FEEDING (WITH ITS CONCOMITANT BENEFITS TO MOTHER AND CHILD) EDUCATIONAL TOPICS INCLUDE BREAST FEEDING, INFANT CARE, FAMILY PLANNING, STD PREVENTION AND POST-PARTUM DEPRESSION MAH STAFF WORKS CLOSELY WITH CRCHC OUTREACH STAFF BY PROVIDING EDUCATIONAL SESSIONS ON TOPICS SUCH AS WARNING SIGN OF STROKE AND HIGH BLOOD PRESSURE

Form and Line Reference	Explanation
PROGRAMS TO SUPPORT HEALTH CONCERNS - OBESITY AND INACTIVE LIVING	MATTER OF BALANCEMOUNT AUBURN HOSPITAL OFFERS THIS EVIDENCED BASED PROGRAM TO SENIOR COMMU NITY MEMBERS AT RISK FOR FALLS THIS PROGRAM CONTINUES TO BE IN HIGH DEMAND AND WE CONTINU E TO MEET THAT DEMAND BY ADDING NEW CLASSES IN THIS FILING PERIOD OVER 90 COMMUNITY MEMBE RS ATTENDED 8 DIFFERENT SESSIONS IN ADDITION TO PROVIDING THE CLASSES, MOUNT AUBURN HOSPI TAL INCREASED THE CAPACITY OF OTHERS TO PROVIDE CLASSES BY OFFERING TWO LEADER TRAININGS SEVEN NEW LEADERS WERE TRAINED MAH HAS WORKED CLOSELY WITH THE BELMONT COUNCIL ON AGING S TAFF TO BUILD THE CAPACITY TO OFFER MATTER OF BALANCE CLASSES AT THEIR SITE MAH PROVIDES TECHNICAL SUPPORT FOR COACHES AND MATERIALS FOOD DRIVE FOR CHARLES RIVER COMMUNITY HEALTH CENTER PATIENTSMOUNT AUBURN HOSPITAL COLLECTED AND PACKED OVER 100 BAGS OF FOOD FOR CHARL ES RIVER COMMUNITY HEALTH CENTER PATIENTS AND FAMILIES IN ADDITION TO THE DONATED FOOD, 2 50 LOAVES OF BREAD WERE PROVIDED LISTEN AND LEARN-OBESITY AND INACTIVE LIVINGMOUNT AUBURN HOSPITAL PROVIDES HEALTH EDUCATION TO VULNERABLE COMMUNITY MEMBERS WHERE THEY ARE WHEN TH EY ARE PRESENTATIONS ARE PROVIDED AT HOMELESS SHELTERS AND AT ENGLISH AS A SECOND LANGUAG E PROGRAMS REGARDLESS OF WHETHER OR NOT THE TOPIC OF THE HEALTH EDUCATION IS CANCER OR CA RDIOVASCULAR RELATED HEALTHY EATING AND ACTIVE LIVING ARE REVIEWED THE PLATE METHOD IS RE VIEWED AS ARE WAYS TO INCREASE ACTIVITY - IN FY 16 10 COMMUNITY PRESENTATIONS INCLUDED ED UCATION ON NUTRITION AND ACTIVE LIVING - STUDENTS HAD IMMIGRATED FROM 39 DIFFERENT COUNTRI ES AND SPOKE 24 DIFFERENT LANGUAGESSUPPORT FOR PREGNANT PATIENTS AT CHARLES RIVER THE STAF F AT CHARLES RIVER COMMUNITY HEALTH CENTER RECOGNIZED THAT MANY OF THE WOMEN WHO WERE PREG NANT ALSO HAD PHYSICALLY DEMANDING JOBS AND OFTEN WORKED THROUGHOUT THEIR ENTIRE PREGNANCY DESPITE THE FACT THAT CLINICIANS ENCOURAGED WOMEN TO WEAR MATERNITY SUPPORT BELTS (BELLY BINDERS) IT WAS RARELY DONE FURTHER INVESTIGATION FOUND THAT THE COST OF THE BELTS WAS A BARRIER FOR MANY WOMEN MAH COMMUNITY HEALTH HAS PURCHASED 50 BELTS THAT WERE DISTRIBUTED DURING THIS FILING PERIOD TO CRCHC MATERNITY PATIENTS IN NEED ENROLL COMMUNITY MEMBERS I N SNAPIN AN EFFORT TO ADDRESS HEALTHY EATING THIS PROGRAM PROVIDES OPPORTUNITIES FOR SUPPL EMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) ENROLLMENT TO IMPROVE NUTRITIONAL STATUS IN VU LNERABLE POPULATIONS FINANCIAL COUNSELORS HAVE BEEN TRAINED TO BE ABLE TO ENROLL COMMUNIT Y MEMBERS IN SNAP AS THEY ENROLL IN PUBLIC ASSISTANCE PROGRAMS PROGRAMS TO SUPPORT HEALTH CONCERNS - CHRONIC DISEASE PREVENTION AND SELF-MANAGEMENTMY LIFE, MY HEALTH TO IMPROVE THE HEALTH OF COMMUNITY MEMBERS WITH CHRONIC DISEASE, MOUNT AUBURN HOSPITAL OFFERS THIS EVIDE NCED BASED PROGRAM TO ALL COMMUNITY MEMBERS DEVELOPED AT STANFORD UNIVERSITY, THIS PROGRA M BUILDS THE CAPACITY FOR INDIVIDUALS TO BETTER MANAGE THEIR OWN HEALTH PARTICIPANTS RECE IVE THE BOOK "LIVING A HEALTHY LIFE WITH CHRONIC CONDITIONS AND A RELAXATION CD IN FY 16 ONE NEW PERSON WAS TRAINED AS CHRONIC DISEASE SELF-MANAGEMENT LEADER PARTICIPANTS REPORTE D ON AVERAGE DAYS IN THE LAST MONTH OF POOR PHYSICAL HEALTH THAT KEPT THEM FROM DOING THEI R USUAL ACTIVITIES, SUCH AS SELF-CARE, WORK OR RECREATION DECREASED FROM 13 DAYS PRIOR TO THE CLASS TO 11 DAYS AFTER THE CLASS COMPLETED PARTICIPANTS WHO FELT CONFIDENT "FAIRLY OF TEN" THAT THEY COULD DO THINGS OTHER THAN JUST TAKING MEDICATION TO REDUCE HOW MUCH THEIR ILLNESS AFFECTS THEIR EVERYDAY LIFE ROSE FROM 43% BEFORE CLASS TO 75% AT THE END OF THE CL ASS BLOOD PRESSURE MONITORING FOR SENIORSIN THIS PROGRAM MAH NURSES GO TO COMMUNITY SETTI NGS AND PROVIDE FREE BLOOD PRESSURE SCREENINGS SENIORS ARE SEEN IN COUNCILS ON AGING OR E LDER 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 THERE WERE 90 BLOOD PRESSURE CLINICS IN T HIS REPORTING PERIOD LISTEN AND LEARN-CHRONIC DISEASETHE LISTEN AND LEARN PROGRAMS BRING CLINICIANS AND COMMUNITY MEMBERS TOGETHER TO "LISTEN AND LEARN" FROM EACH OTHER ABOUT BARR IERS TO THE PREVENTION AND EARLY DETECTION OF ILLNESS HEALTH EDUCATION IS PROVIDED IN LOC ATIONS CONVENIENT TO UNDERSERVED COMMUNITY MEMBERS SUCH AS ENGLISH SPEAKERS OF OTHER LANGU AGES (ESOL) PROGRAMS AND SENIOR CENTERS COMMUNITY MEMBERS ARE ENCOURAGED TO SHARE THEIR B ELIEFS ABOUT ILLNESS AND BARRIERS TO PREVENTION AND EARLY DETECTION GUIDELINES INFORMATIO N LEARNED IS SHARED WITH APPROPRIATE CLINICAL TEAMS AT MOUNT AUBURN HOSPITAL IN FY 16 WE DEVELOPED A PROGRAM THAT TAUGHT COMMUNITY MEMBERS ABOUT LUNG CANCER SCREENING OPTIONS BAS ED ON THE INFORMATION FROM THE RECENTLY RELEASE NATIONAL LUNG SCREENING TRIAL THIS PROGRAM DISCUSSES RISK FOR LUNG CANCER AND SCREENING RECOMMENDATIONS IN THIS REPORTING PERIOD - 320 IMMIGRANT COMMUNITY MEMBERS RECEIVED PREVENTION AND EARLY DETECTION INFORMATION AT LOC AL ESOL PROGRAMS AND 44 HOMELESS COMMUNITY MEMBERS

Form and Line Reference	Explanation
PROGRAMS TO SUPPORT HEALTH CONCERNS - OBESITY AND INACTIVE LIVING	RECEIVED PREVENTION AND EARLY DETECTION INFORMATION AT LOCAL SHELTERS - BOTH POPULATIONS REPORTED AN INCREASE (IMMIGRANTS 22%, HOMELESS 34%) IN KNOWLEDGE ABOUT PREVENTION AND EARL Y DETECTION OF ILLNESS B E F A S T STROKE COMMUNITY EDUCATIONSTROKE IS THE LEADING CAUSE OF DISABILITY IN THE UNITED STATES RECEIVING EMERGENT CARE AS SOON AS POSSIBLE CAN MINIM IZE OR PREVENT DISABILITY DPH DATA REVEALS THAT SIXTY PERCENT OF MAH STROKE PATIENTS ARRI VE IN THE ED BY AMBULANCE TO INCREASE AWARENESS ABOUT THE NEED TO ACCESS EMERGENCY CARE A ND HAVE PATIENTS UTILIZE AMBULANCES TO COME TO THE HOSPITAL, MAH PARTNERED WITH LOCAL ORGA NIZATIONS THAT SERVE ELDERS A NON-COMPETITIVE GRANT PROGRAM WAS OFFERED TO LOCAL COUNCILS ON AGING AND AGING AREA ACCESS POINT TO IDENTIFY AND PILOT WAYS TO INCORPORATE STROKE EDU CATION INTO THEIR RESPECTIVE ORGANIZATIONS MAH STROKE COORDINATOR AND COMMUNITY HEALTH ST AFF WORKED WITH EACH AGENCY TO PROVIDE EDUCATION, MATERIALS AND STRATEGIZE ABOUT SUCCESSES AND CHALLENGES NINE ORGANIZATIONS WERE FUNDED AS PARTNERS ARLINGTON, BELMONT, CAMBRIDGE , SOMERVILLE, WALTHAM AND WALTHAM COUNCILS ON AGING, SPRINGWELL, SOMERVILLE CAMBRIDGE ELDE R SERVICES AND MINUTEMAN SENIOR SERVICES OVER 400 PEOPLE WERE REACHED BY PRESENTATIONS AT PARTNER ORGANIZATION WITH MAH STAFF SUPPORT T V SEGMENTS WERE CREATED IN ARLINGTON, BEL MONT AND WALTHAM WALTHAM CONNECTIONSMOUNT AUBURN HOSPITAL HAS BEEN A LONGTIME SUPPORTER O F HEALTHY WALTHAM WHICH FILLS A VITAL ROLE FOR THE HEALTH AND WELL-BEING OF WALTHAM COMMUN ITY MEMBERS TO ADDRESS THE PREVENTION AND SELF-MANAGEMENT OF CHRONIC ILLNESS AND MENTAL H EALTH MOUNT AUBURN HOSPITAL HAS JOINED THE NEWLY FORMED GROUP OF DIVERSE SENIORS AND STAKE HOLDERS TO PURSUE ADVOCACY, PLANNING AND POLICY CHANGES THAT WILL MAKE WALTHAM MORE AGE-FR IENDLY THE GENESIS FOR THIS PROGRAM CALLED WALTHAM CONNECTIONS, WAS A 2015 STUDY LED BY B RANDEIS PROFESSOR WALTER LEUTZ, WHICH USED COMMUNITY-BASED PARTICIPATORY ACTION RESEARCH (CBPAR) TO ANSWER 3 QUESTIONS (1) HOW DOES WALTHAM SUPPORT HEALTHY AGING? (2) HOW COULD IT DO BETTER? AND (3) HOW DO SENIORS STAY HEALTHY? THE THEME OF "CONNECTIONS" EXPRESSES THE AIM TO CONNECT SENIORS TO ONE ANOTHER AND TO A MORE AGE-FRIENDLY CITY

Form and Line Reference	Explanation
PROGRAMS TO SUPPORT HEALTH CONCERNS - MENTAL HEALTH	MENTAL HEALTH FIRST AIDMAH HAS WORKED WITH CHNA 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 ORGANIZAT ION TO HAVE TRAINING FOR THEIR STAFF, AND INSTRUCTOR DURING THE PERIOD COVERED BY THIS FI LING, FIVE GRANTEES COMPLETED THEIR GRANTS AIMED AT ENCOURAGING COMMUNITY LEVEL DIALOGUE T O CHANGE COMMUNITY NORMS AND UNDERSTANDING ABOUT MENTAL HEALTH/MENTAL ILLNESS AS WELL AS T O ADDRESS GAPS IN SERVICE PROVISION AND PROGRAMMING MOUNT AUBURN STAFF PROVIDED TECHNICAL SUPPORT AND FACILITATED COMMUNITIES OF LEARNING FOR THE GRANTEES IN ADDITION TO THE WORK MAH HAS DONE WITH CHNA 17 MAH HAS WORKED TO TRAIN ITS OWN STAFF AS MH1ST AID LEADERS TWO MAH STAFF WERE TRAINED AS YOUTH MHFA LEADERS IN FY 16 THESE LEADERS THEN RAN TWO TRAINING S THAT REACHED 25 COMMUNITY MEMBERS ALL ATTENDEES REPORTED THAT THEY WERE MORE CONFIDENT THEY COULD RECOGNIZE THE SIGN THAT A YOUNG PERSON MAY BE DEALING WITH MENTAL HEALTH CHALLE NGE OR CRISIS AND ASSIST A YOUNG PERSON WHO MAY BE DEALING WITH A MENTAL HEALTH PROBLEM OR CRISIS TO CONNECT WITH APPROPRIATE COMMUNITY, PEER AND PERSONAL SUPPORTS SUPPORT GROUPS MOUNT AUBURN HOSPITAL OFFERS MANY SUPPORT GROUPS TO COMMUNITY MEMBERS THE BEREAVEMENT SUPP ORT 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 SOMEO NE SIGNIFICANT IN THEIR LIFE LOOK GOOD FEEL BETTER IS OFFERED IN COLLABORATION WITH THE AM ERICAN CANCER SOCIETY BRINGS HOPE AND EMPOWERMENT TO WOMEN DURING TREATMENT BEAUTICIANS C OME AND SUPPORT WOMEN WITH WAYS TO APPLY MAKE-UP AND MANAGE HAIR LOSS WHILE EXPERIENCE THE SIDE EFFECTS OF CANCER TREATMENT LIVING WITH POST-PARTUM DEPRESSION IS OPEN TO COMMUNITY MEMBERS AND PROVIDES THE NECESSARY SUPPORT AND EDUCATION TO NEW MOTHERS MAH CLINICIANS M AY ALSO IDENTIFY AT RISK WOMEN WHO WOULD LIKELY BENEFIT FROM INCREASED SUPPORT AND SUGGEST THEY PARTICIPATE MAH HAS ENHANCED ITS CANCER SURVIVORSHIP AND CANCER WELLNESS PROGRAMMING OVER 75 COMMUNITY MEMBERS ATTENDED OUR SECOND SURVIVOR'S DAY ON JUNE 5TH SURVIVORS ALSO ATTENDED AN EIGHT WEEK MIND BODY PROGRAM THAT FOCUSES ON MANY DIMENSIONS OF WELLNESS SAFE BEDSIN PARTNERSHIP WITH THE LOCAL POLICE DEPARTMENTS MOUNT AUBURN HOSPITAL PROVIDES TEMPO RARY "SAFE BEDS" FOR VICTIMS OF DOMESTIC VIOLENCE THIS PROGRAM IS IN-KIND BY MOUNT AUBURN HOSPITAL DOULAS-LABOR SUPPORTRECOGNIZING THAT BIRTH IS A KEY EXPERIENCE THAT WOMEN REMEMB ER ALL THEIR LIFE, MAH PROVIDES BIRTH COACHES FOR ISOLATED WOMEN MANY OF THESE WOMEN HAVE RECENTLY IMMIGRATED AND DO NOT HAVE ANY SUPPORT SYSTEMS OUR LATINA DOULA PROGRAM PROVIDE S LABOR SUPPORT TO SPANISH SPEAKING WOMEN WHO WOULD OTHERWISE NOT HAVE ANY IN FY 16 DOULA S ASSISTED 47 OR TWENTY PERCENT OF ALL CHARLES RIVER COMMUNITY HEALTH CENTER OF THE WOMEN DURING CHILDBIRTH PROGRAMS TO SUPPORT HEALTH CONCERNS - SUBSTANCE ABUSE ADULT SUBSTANCE AB USEDESPITE OVERWHELMING PUBLIC AWARENESS ABOUT THE HEALTH RISKS ASSOCIATED WITH SMOKING, M ANY COMMUNITY MEMBERS, IN PARTICULAR UNDERSERVED COMMUNITY MEMBERS, CONTINUE TO BE UNSUCCE SSFUL IN THEIR ATTEMPTS TO STOP SMOKING DURING THE PERIOD COVERED BY THIS FILING, MAH REO RGANIZED 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 INDUSTRY MARKETS SMOKING, THE GOAL OF THIS PROGRAM IS TO HELP COMMUNI TY MEMBERS SET REALISTIC PLANS TO STOP SMOKING AFTER READING THE AMERICAN CANCER SOCIETY' S REPORT THAT HIGHLIGHTED AN INCREASE IN SMOKING FOR LGBTQ YOUTH, MAH DEVELOPED AN OUTREAC H PLAN TO ORGANIZATIONS THAT SERVE THIS POPULATION HANDICAPPED ACCESSIBLE MEETING SPACEMA H PROVIDES HANDICAPPED ACCESSIBLE SPACE FOR MULTIPLE SCLEROSIS, AA AND SMART RECOVERY GROU PS TO MEET CHRONIC PAIN SELF-MANAGEMENT ONE OF THE WAYS TO ADDRESS THE OPIOID EPIDEMIC IS TO ADDRESS CHRONIC PAIN MANAGEMENT TO IMPROVE THE HEALTH OF COMMUNITY MEMBERS WITH CHRONI C PAIN, MOUNT AUBURN HOSPITAL OFFERED THE CHRONIC PAIN SELF-MANAGEMENT EVIDENCED BASED PRO GRAMS TO COMMUNITY MEMBERS THIS PROGRAM WAS ALSO DEVELOPED AT STANFORD UNIVERSITY AND SEE KS TO BUILD THE CAPACITY FOR INDIVIDUALS TO BETTER MANAGE THEIR OWN PAIN IN FY 16 MAH STA FF WAS TRAINED AS A CHRONIC PAIN SELF-MANAGEMENT LEADER AND LED TWO GROUPS SUBSTANCE ABUSE RESOURCESMOUNT AUBURN HOSPITAL AND COMMUNITY PARTNERS QUICKLY ASSESSED THAT ONE OF THE MA NY THINGS NEEDED TO ADDRESS THE OPIOID CRISIS WAS A COMPILATION OF COMMUNITY RESOURCES WO RKING WITH COMMUNITY ORGANIZATIONS A HANDOUT WAS CREATED AND WIDELY DISSEMINATED MAH STAF F MEETS REGULARLY WITH LOCAL POLICE DEPARTMENTS AND OTHERS TO EXCHANGE THE MOST CURRENT IN FORMATION ABOUT RESOURCES PROGRAMS TO SUPPORT HEAL

Form and Line Reference	Explanation
PROGRAMS TO SUPPORT HEALTH CONCERNS - MENTAL HEALTH	TH CONCERNS - ACCESS TO HEALTH CAREPROSTATE CANCER COLLABORATION WITH CAMBRIDGE HEALTH ALL IANCE BASED ON FINDINGS FROM A CAMBRIDGE HEALTH ALLIANCE (CHA) ASSESSMENT WHICH IDENTIFIED A PROSTATE CANCER DISPARITY-MEN OF COLOR BEING DIAGNOSED AT A LATER STAGE-MOUNT AUBURN HO SPITAL PARTNERED WITH CHA STAFF TO SUPPORT COMMUNITY EDUCATION ABOUT PROSTATE CANCER TOGE THER THE TWO COMMUNITY HEALTH STAFFS FINALIZED EDUCATIONAL MATERIALS WHICH INCLUDE VIDEOS ABOUT PROSTATE HEALTH AND SHARED DECISION MAKING THE GOAL IS TO INCREASE AWARENESS ABOUT PROSTATE CANCER SCREENING OPTIONS SO THAT MEN WILL ACCESS PRIMARY CARE AND HAVE A DISCUSSI ON ABOUT THEIR RISK FOR PROSTATE CANCER BREAST CANCER SCREENINGS FOR CHARLES RIVER COMMUN ITY HEALTH CENTER DURING THIS FILING PERIOD 84 UNDERSERVED WOMEN FROM CHARLES RIVER COMMUN ITY HEALTH CENTER RECEIVED BREAST CANCER SCREENING AND FOLLOW UP AT THE HOFFMAN BREAST CEN TER AT MOUNT AUBURN HOSPITAL MAH STAFF WORK CLOSELY WITH CHARLES RIVER COMMUNITY HEALTH S TAFF TO BOTH ARRANGE FOR SCREENINGS AND ENSURE FOLLOW UP SENIOR ACCESS TO CARE -- LIFELIN ETHIS PROGRAM PROVIDES PERSONAL EMERGENCY RESPONSE SERVICES (LIFELINE) TO UNDERSERVED ELDE RS AND DISABLED ADULTS MAH WORKED CLOSELY WITH LOCAL AGING SERVICE ACTION POINTS AND PROV IDED 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 AG ENCIES 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 ASSOCIATED COSTS ARE IN-KIND LACK OF TRANS PORTATIONTRANSPORTATION IS TOO OFTEN A BARRIER TO MEDICAL CARE MOUNT AUBURN CLINICIANS WO RK WITH PATIENTS WHO REQUIRE TRANSPORTATION TO IDENTIFY SOLUTIONS AND WHEN NECESSARY, PROV IDE ASSISTANCE MOUNT AUBURN STAFF PARTICIPATED IN CAMBRIDGE'S COMMUNITY WIDE TASK FORCE A DDRESSING TRANSPORTATION HEALTH INSURANCE SUPPORTNAVIGATING THE APPLICATIONS FOR HEALTH I NSURANCE CAN BE OVERWHELMING AND CUMBERSOME MOUNT AUBURN HOSPITAL PROVIDES FINANCIAL COUN SELORS TO ASSIST COMMUNITY MEMBERS IN APPLYING FOR PUBLIC ASSISTANCE PROGRAMS MAH STAFF H AS BEEN TRAINED AS CERTIFIED APPLICATION COUNSELORS SOME STAFF AUGMENTS CHARLES RIVER COMM UNITY HEALTH CENTER'S ENROLLMENT STAFF AND WORK DIRECTLY AT THE HEALTH CENTER IN THIS FIL ING PERIOD THESE CACS PROVIDED OVER 1,000 ENCOUNTERS AT CRCHC MAH ALSO HOSTED A MEDICARE INFORMATION NIGHT OVER 75 COMMUNITY MEMBERS ATTENDED MEDICARE 101 WHICH WAS PRODUCT NEUTR AL AND INCLUDED TIME FOR INDIVIDUAL QUESTIONS ONLY AMOUNTS RELATED TO CHARLES RIVER SUPPO RT HAVE BEEN INCLUDED IN THIS FORM 990 SCHEDULE H LINE 7E WORKING TOGETHERMOUNT AUBURN HO SPITAL SOCIAL WORKERS ATTEND COMMUNITY MEETINGS TO SHARE BEST PRACTICES, IDENTIFY OPPORTUN ITIES TO IMPROVE COLLABORATIONS AND ADDRESS CHALLENGES TO OPTIMIZING HEALTH FOR OUR MOST V ULNERABLE COMMUNITY MEMBERS INCLUDING THE HOMELESS AND ELDERS WHEN WATERTOWN ORGANIZATION S IDENTIFIED A GAP IN SUPPORT FOR ADULT COMMUNITY MEMBERS MAH JOINED WITH OTHERS TO SUPPOR T THE WATERTOWN'S SOCIAL SERVICE RESOURCE SPECIALIST PILOT PROGRAM MOUNT AUBURN ALSO PROV IDES DIRECT FINANCIAL SUPPORT FOR COMMUNITY BASED ORGANIZATIONS IN OTHER TOWNS THAT SERVE ELDERS

Form and Line Reference	Explanation
PROGRAMS TO SUPPORT HEALTH CONCERNS-ADDRESSING BROADER PUBLIC HEALTH ISSUES	RESIDENT TRAINING-SOCIAL DETERMINANTS OF HEALTHDURING THIS ROTATION MAH RESIDENTS HAVE THE OPPORTUNITY TO SUPPORT LOCAL COMMUNITY ORGANIZATIONS THAT PROVIDE ESSENTIAL SERVICES FOR UNDERSERVED AND VULNERABLE POPULATIONS THE OBJECTIVES OF THESE EXPERIENCES ARE TO GAIN A DEEPER UNDERSTANDING OF THE UNIQUE SOCIAL DETERMINANTS OF HEALTH FOR TWO DIFFERENT POPULATIONS OF PATIENTS - HOMELESS INDIVIDUALS, AND THE ELDERLY - AND BETTER UNDERSTAND THE RESOURCES THAT EXIST FOR THESE POPULATIONS IN THE COMMUNITY PARTNERS INCLUDE SOMERVILLE CAMBRIDGE ELDER SERVICES AND Y2Y ASSOCIATED EXPENSES ARE IN-KIND WORKFORCE DEVELOPMENT MOUNT AUBURN HOSPITAL WORKS TO INCREASE THE INTEREST AND CAPACITY OF COMMUNITY MEMBERS TO HAVE CAREERS IN THE HEALTHCARE THIS MULTIPRONGED PROGRAM AIMS AT REACHING AS MANY COMMUNITY MEMBERS AS POSSIBLE STUDENTS FROM CHRISTO REY'S WORK STUDY PROGRAM EARN MONEY TOWARD THEIR TUITION STUDENTS FROM WATERTOWN HIGH SCHOOL'S STEM PROGRAM ATTENDED PROGRAMMING AT MOUNT AUBURN HOSPITAL AND PROFESSIONAL AMBULANCE COMPANY IN THIS FILING PERIOD MAH SPOKE TO 77 STUDENTS AT THE CAMBRIDGE LEARNING CENTER ABOUT HEALTH CARE CAREERS EMERGENCY PREPAREDNESS MAH EMERGENCY ROOM PHYSICIANS WORK CLOSELY WITH ARLINGTON, WATERTOWN AND BELMONT FIRE AND THE MAIN SERVICES OF CAMBRIDGE FIRE AND PROFESSIONAL EMS TO INCREASE THEIR CAPACITY TO SERVE COMMUNITY MEMBERS IN NEED OF EMERGENT CARE THEY SERVE AS EMS MEDICAL DIRECTORS FOR THESE ORGANIZATIONS MIT EMS, ARLINGTON, CAMBRIDGE AND BELMONT MEDICAL DISPATCH (THE OPERATORS WHO PROVIDE TELEPHONE GUIDANCE PRIOR TO EMS ARRIVAL) EACH MONTH THE MAH PHYSICIANS PROVIDE EDUCATIONAL PRESENTATION AT ALL LOCATIONS COMMUNITY PARTNERS- AMERICAN CANCER SOCIETY- ARLINGTON COUNCIL ON AGING- ARLINGTON DEPARTMENT OF PUBLIC HEALTH - ARLINGTON FIRE DEPARTMENT- BELMONT COUNCIL ON AGING- BELMONT DEPARTMENT OF PUBLIC HEALTH - BELMONT FIRE DEPARTMENT - CAMBRIDGE COUNCIL ON AGING- CAMBRIDGE DEPARTMENT OF PUBLIC HEALTH- CAMBRIDGE FIRE DEPARTMENT - CAMBRIDGE HEALTH ALLIANCE- CAMBRIDGE LEARNING CENTER- CASPAR- CHARLES RIVER COMMUNITY HEALTH CENTER - COMMUNITY HEALTH NETWORK AREA 17- HEADING HOME- HEALTHY WALTHAM- MINUTEMAN ELDER SERVICES- ON THE RISE- PROFESSIONAL AMBULANCE- SOMERVILLE CAMBRIDGE ELDER SERVICES- SOMERVILLE CENTER FOR ADULT LEARNING EXPERIENCE- SOMERVILLE COUNCIL ON AGING- SOMERVILLE DEPARTMENT OF PUBLIC HEALTH- SPRINGWELL ELDER SERVICES - WALTHAM COMMUNITY DAY CENTER- WALTHAM COUNCIL ON AGING- WALTHAM DEPARTMENT OF PUBLIC HEALTH- WALTHAM FAMILY SCHOOL- WALTHAM PARTNERSHIP FOR YOUTH- WATERTOWN COUNCIL ON AGING- WATERTOWN DEPARTMENT OF PUBLIC HEALTHCOMMUNITY HEALTH NEEDS - OTHER INITIATIVESAS 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 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 HOWEVER, IN RESPONSE TO THIS SCHEDULE H, PART V, SECTION B, QUESTION 11, EVEN THOUGH THE TOP HEALTH CONCERNS HAVE ALL BE ADDRESSED IN THE IMPLEMENTATION PLAN THERE WERE SOME SPECIFIC NEEDS IDENTIFIED IN THE CHNA THAT ARE NOT INCLUDED IN THE PLAN THE FOLLOWING IDENTIFIED NEEDS WERE NOT ADDRESSED IN THE PLAN HIGHER RATES OF OBESITY AMONG MINORITY AND LOWER INCOME YOUTH IN CAMBRIDGE, HOARDING AND PERPETUAL CAREGIVING, IMMIGRANT ACCESS TO SERVICES, HOMELESSNESS AFFORDABLE HOUSING, DOMESTIC VIOLENCE, POVERTY/ HUNGER ACCESS TO FOOD, TRANSPORTATION, HIGH INSURANCE CO-PAYMENTS AND DEDUCTIBLES, 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 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, 9 07% 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, AS PREVIOUSLY NOTED IN THIS FILIN G, WERE APPROVED BY THE BOARD OF TRUSTEES 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 COM MUNITY BENEFIT REPORT WHICH IS SUBMITTED TO THE MASSACHUSETTS ATTORNEY GENERAL THAT FILIN G IS AVAILABLE FOR PUBLIC INSPECTION AT THE ATTORNEY GENERAL'S OFFICE, ON THE ATTORNEY GEN ERAL'S WEBSITE AND AT MAH UPON REQUEST THERE ARE SOME DIFFERENCES BETWEEN THE MASSACHUSET TS ATTORNEY GENERAL DEFINITION OF CHARITY CARE AND COMMUNITY BENEFITS AND THE INTERNAL REV ENUE SERVICE DEFINITION OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFITS AS SUCH, THERE ARE VARIANCES BETWEEN THIS SCHEDULE H DISCLOSURE AND THE REPORT MAH FILED WITH THE ATTORNEY G ENERAL'S OFFICE EMERGENCY CARE ACCESSIN ADDITION, AS NOTED IN THIS FORM 990, SCHEDULE H, PART V, SECTION A, MAH IS A GENERAL MEDICAL AND SURGICAL HOSPITAL AND TEACHING HOSPITAL, P ROVIDING 24 HOUR EMERGENCY MEDICAL CARE TO ALL PATIENTS WITHOUT REGARD TO ABILITY TO PAY FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS - CHARITY CARE AND MEANS TESTED GOVERNMENT PROGRAMSFINANCIAL ASSISTANCEMAH'S NET COST OF CHARITY CARE, INCLUDING CARE FOR EMERGENT SERVICES PROVIDED TO NON-PAYING PATIENTS AND INCLUDING PAYMENTS TO THE HEALTH SAF ETY NET TRUST, WAS $5,239,091 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2016 AND HAS BEEN RE PORTED ON THIS SCHEDULE H, PART I, LINE 7A AS REPORTED IN SCHEDULE H PART I LINE 3 AND AG AIN IN SCHEDULE H PART V SECTION B LINE 13, ELIGIBILITY FOR FREE CARE TO LOW INCOME INDIVI DUALS IS DETERMINED USING FEDERAL POVERTY GUIDELINES OF 200% FOR FULL FREE CARE AND 201%-4 00% FOR PARTIAL FREE CARE ELIGIBILITY FOR DISCOUNTED CARE IS DETERMINED BY REVIEWING THE I NDIVIDUAL'S EMPLOYMENT STATUS, FAMILY SIZE AND MONTHLY EXPENSES, INCLUDING MEDICAL HARDSHI P REVIEW SEE ADDITIONAL INFORMATION IN THIS SCHEDULE H NARRATIVE OTHER UNCOMPENSATED CHAR ITY CARE - MEDICAID AND MEDICAREIN ADDITION TO THE CHARITY CARE REPORTED ABOVE, MAH ALSO P ROVIDES CARE TO PATIENTS WHO PARTICIPATE IN OTHER PROGRAMS DESIGNED TO SUPPORT LOW INCOME FAMILIES, INCLUDING PARTICULARLY THE MEDICAID PROGRAM, WHICH IS JOINTLY FUNDED BY FEDERAL AND STATE GOVERNMENTS THE MASSACHUSETTS HEALTH REFORM LAW PROVIDED AN INITIATIVE FOR EXPA NSION OF MEDICAID COVERAGE TO GREATER POPULATIONS AND FOR ENROLLMENT OF UNINSURED PATIENTS IN OTHER INSURANCE PROGRAMS PAYMENTS FROM MEDICAID AND OTHER PROGRAMS WHICH INSURE LOW I NCOME POPULATIONS DO NOT COVER THE COST OF SERVICES PROVIDED DURING THE FISCAL PERIOD COV ERED BY THIS FILING, MAH GENERATED $21,906,394 RELATED TO TREATING MEDICAID PATIENTS WHICH WAS LESS THAN THE COST OF CARE PROVIDED BY MAH FOR SUCH SERVICES BY $4,634,961 AS REPORTE D ON THIS SCHEDULE H, PART I LINE 7B MEDICARE IS THE FEDERALLY SPONSORED HEALTH INSURANCE PROGRAM FOR ELDERLY OR DISABLED PATIENTS, AND MAH PROVIDES CARE TO PATIENTS WHO PARTICIPA TE IN THE MEDICARE PROGRAM DURING THE FISCAL PERIOD COVERED BY THIS FILING, MAH GENERATED $109,971,307 RELATED TO TREATING MEDICARE PATIENTS OF THIS AMOUNT, REVENUE OF $4,547,524 IS RELATED TO THE PROVISION OF PSYCHIATRIC CARE AND IS INCLUDED ON THIS SCHEDULE H, PART I, LINE 7G, AS PART OF SUBSIDIZED HEALTH SERVICES IN RESPONSE TO THE FORM 990, SCHEDULE H , PART III, LINE 8, ALTHOUGH MAH CONSIDERS THE PROVISION OF CLINICAL CARE TO ALL MEDICARE PATIENTS AS PART OF ITS COMMUNITY BENEFIT, THE REMAINING CARE TO MEDICARE PATIENTS IS NOT QUANTIFIED ON PAGE 1 OF THE SCHEDULE H INSTEAD, PER THE IRS INSTRUCTIONS TO SCHEDULE H, M AH HAS SEPARATELY REPORTED THIS AMOUNT IN SCHEDULE H, PART III, LINE 7, AS REQUIRED HOWEV ER, IF THE MEDICARE SHORTFALL WERE INCLUDED IN THE SCHEDULE H PART I LINE 7 CALCULATION, I T WOULD INCREASE TO 10 31% 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 UNCOMPENSAT

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART VI SUPPLEMENTAL INFORMATION	ED CARE EXPENSE IN THE CONSOLIDATED FINANCIAL STATEMENTS, AND INCLUDES THE PROVISION FOR A CCOUNTS ANTICIPATED TO BE UNCOLLECTIBLE CHARGES FOR THOSE SERVICES DURING THE FISCAL PERI OD COVERED BY THIS FILING OF $4,817,858 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 SEPARATEL Y 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 PER CENTAGE OF TOTAL EXPENSES REPORTED IN PART IX OF THIS FORM 990 AS REQUIRED BY THIS FORM 9 90, SCHEDULE H, PART III, LINE 4, BELOW ARE THE BAD DEBT AND ALLOWANCE FOR DOUBTFUL ACCOUN TS FOOTNOTES FROM THE MOUNT AUBURN HOSPITAL AND AFFILIATE AUDITED FINANCIAL STATEMENTS AS PREVIOUSLY NOTED IN THIS FORM 990, THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE H OSPITAL AND ITS AFFILIATES FOR FISCAL YEAR ENDED SEPTEMBER 30, 2016 INCLUDE THE ACCOUNTS O F MOUNT AUBURN HOSPITAL, MOUNT AUBURN PROFESSIONAL SERVICES (MAPS) AND CAREGROUP PARMENTER HOME CARE & HOSPICE THE MAH FORM 990 IS PREPARED FOR MAH ONLY AND AS SUCH, THE METRICS I NCLUDED IN THESE FOOTNOTES WILL NOT TIE TO THE FACE OF THE MAH FORM 990, SCHEDULE H FINANC IAL STATEMENT FOOTNOTES UNCOMPENSATED CARE AND PROVISION FOR BAD DEBTSTHE HOSPITAL PROVIDE S CARE WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES, TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY ESSENTIALLY, THE POLICY DEFINES CHARITY SE RVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED BECAUSE THE HOSPITAL DOES NO T PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTE D AS REVENUE EXCEPT TO THE EXTENT REIMBURSED BY THE STATEWIDE HEALTH SAFETY NET (HSN) THE HOSPITAL GRANTS CREDIT WITHOUT COLLATERAL TO PATIENTS, MOST OF WHOM ARE LOCAL RESIDENTS AN D ARE INSURED UNDER THIRD-PARTY AGREEMENTS ADDITIONS TO THE ALLOWANCE FOR DOUBTFUL ACCOUN TS ARE MADE BY MEANS OF THE PROVISION FOR BAD DEBTS ACCOUNTS WRITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE AND SUBSEQUENT RECOVERIES ARE ADDED THE AMOUNT OF THE PR OVISION FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN FEDERAL AND STATE GOVERNMENTAL HE ALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS PATIENT ACCOUNTS RECEIVABLE AND RELATE D ALLOWANCE FOR DOUBTFUL ACCOUNTSPATIENT ACCOUNTS RECEIVABLE ARE REFLECTED NET OF AN ALLOW ANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABL E, THE HOSPITAL ANALYZES ITS PAST COLLECTION HISTORY, BUSINESS AND ECONOMIC CONDITIONS, TR ENDS 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 FO R DOUBTFUL ACCOUNTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR CATEGORIES OF REV ENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THROUGHOUT THE YEAR, THE HOSPITAL, AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED, WILL WRIT E OFF THE DIFFERENCE BETWEEN THE STANDARD RATES (OR DISCOUNTED RATES IF APPLICABLE) AND TH E AMOUNTS ACTUALLY COLLECTED AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN ADDITION TO T HE REVIEW OF THE CATEGORIES OF REVENUE, MANAGEMENT MONITORS THE WRITE OFFS AGAINST ESTABLI SHED ALLOWANCES TO DETERMINE THE APPROPRIATENESS OF THE UNDERLYING ASSUMPTIONS USED IN EST IMATING THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THE HOSPITAL'S METHODOLOGY FOR VALUING THE COL LECTABILITY OF ACCOUNTS RECEIVABLE REMAINED SUBSTANTIALLY CONSISTENT IN 2016 AND 2015 THE HOSPITAL'S ALLOWANCE FOR DOUBTFUL ACCOUNTS REPRESENTED APPROXIMATELY 11% AND 12% OF PATIE NT ACCOUNTS RECEIVABLE NET OF CONTRACTUA

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

Form and Line Reference	Explanation
MOUNT AUBURN HOSPITAL - CREDIT AND COLLECTION POLICY GUIDING PRINCIPLES	THE HOSPITAL ASSISTS PATIENTS IN OBTAINING FINANCIAL ASSISTANCE FROM PUBLIC PROGRAMS AND O THER SOURCES WHENEVER APPROPRIATE TO REMAIN VIABLE AS IT FULFILLS ITS MISSION, MOUNT AUBU RN HOSPITAL MUST MEET ITS FIDUCIARY RESPONSIBILITY TO APPROPRIATELY BILL AND COLLECT FOR M EDICAL SERVICES PROVIDED TO PATIENTS THE MOUNT AUBURN HOSPITAL'S CREDIT AND COLLECTION PO LICY, WHICH APPLIES TO THE HOSPITAL AND ANY OTHER ENTITY WHICH IS PART OF THE HOSPITAL'S L ICENSE OR TAX IDENTIFICATION NUMBER, IS DESIGNED TO COMPLY WITH BOTH THE MASSACHUSETTS HEA LTH SAFETY NET REGULATIONS ON CREDIT AND COLLECTION POLICIES, THE CENTERS FOR MEDICARE AND MEDICAID SERVICES MEDICARE BAD DEBT REQUIREMENTS, THE MEDICARE PROVIDER REIMBURSEMENT MAN UAL AND THE FEDERAL HEALTHCARE REFORM LAW'S "FINANCIAL ASSISTANCE POLICY" REQUIREMENTS AS PREVIOUSLY NOTED THE FISCAL YEAR COVERED BY THIS FILING IS OCTOBER 1, 2015 TO SEPTEMBER 3 0, 2016 THE TREASURY ISSUED FINAL REGULATIONS UNDER INTERNAL REVENUE CODE SECTION 501(R) ON DECEMBER 29, 2014 WITH AN EFFECTIVE DATE FOR MAH OF OCTOBER 1, 2016 AS SUCH, THE DETAI L INCLUDED IN THIS FORM 990 SCHEDULE H RELATES TO THE CREDIT AND COLLECTION POLICY AND THE FINANCIAL ASSISTANCE POLICY IN EFFECT FOR THE PERIOD COVERED BY THIS FILING, UNLESS OTHER WISE NOTED MOUNT AUBURN HOSPITAL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIO NAL ORIGIN, CITIZENSHIP, ALIENAGE, RELIGION, CREED, SEX, SEXUAL ORIENTATION, DISABILITY, O R AGE IN ITS POLICIES OR IN ITS APPLICATION OF POLICIES CONCERNING THE ACQUISITION AND VER IFICATION OF FINANCIAL INFORMATION, PRE-ADMISSION OR PRE-TREATMENT DEPOSITS, PAYMENT PLANS , DEFERRED OR REJECTED ADMISSIONS, LOW INCOME PATIENT STATUS AS DETERMINED BY THE MASSACHU SETTS OFFICE OF MEDICAID, DETERMINATION THAT A PATIENT IS LOW-INCOME, OR IN ITS BILLING AN D COLLECTION PRACTICES MOUNT AUBURN HOSPITAL - CREDIT AND COLLECTION POLICY - NOTICE OF A VAILABILITY OF FINANCIAL ASSISTANCE AND OTHER COVERAGE OPTIONSFINANCIAL ASSISTANCE IS INTE NDED 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 CONT RIBUTE TO THE COST OF HIS OR HER CARE FOR PATIENTS THAT ARE UNINSURED OR UNDERINSURED, TH E 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 P ROVIDES THIS ASSISTANCE FOR BOTH RESIDENTS AND NON-RESIDENTS OF MASSACHUSETTS, HOWEVER, TH ERE MAY NOT BE COVERAGE FOR A MASSACHUSETTS HOSPITAL'S SERVICES THROUGH AN OUT-OF STATE PR OGRAM IN ORDER FOR THE HOSPITAL TO ASSIST UNINSURED AND UNDERINSURED PATIENTS FIND THE MO ST APPROPRIATE COVERAGE OPTIONS, AS WELL AS TO DETERMINE IF THE PATIENT IS FINANCIALLY ELI GIBLE FOR ANY PAYMENT DISCOUNTS, PATIENTS MUST ACTIVELY WORK WITH THE HOSPITAL TO VERIFY T HEIR FINANCIAL AND OTHER INFORMATION THAT COULD BE USED IN DETERMINING ELIGIBILITY THE HO SPITAL PROVIDES PATIENTS WITH INFORMATION ABOUT FINANCIAL ASSISTANCE PROGRAMS THAT ARE AVA ILABLE THROUGH THE COMMONWEALTH OF MASSACHUSETTS OR THROUGH THE HOSPITAL'S OWN FINANCIAL A SSISTANCE PROGRAM, WHICH MAY COVER ALL OR SOME OF THEIR UNPAID HOSPITAL BILL FOR THOSE PA TIENTS THAT REQUEST SUCH ASSISTANCE, THE HOSPITAL ASSISTS PATIENTS BY SCREENING THEM FOR E LIGIBILITY 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 PLAIN LANGUAGE SUMMARIES OF TH E FINANCIAL ASSISTANCE POLICY AND HOW TO APPLY FOR ASSISTANCE ARE INCLUDED IN BILLING STAT EMENTS, POSTED IN THE EMERGENCY DEPARTMENT AND ADMISSIONS FULL COPIES OF THE POLICY ARE A VAILABLE IN MULTIPLE LOCATIONS THROUGHOUT THE HOSPITAL AND ON THE HOSPITAL'S PUBLIC WEBSIT E AT HTTP //WWW MOUNTAUBURNHOSPITAL ORG/PATIENTS-VISITORS/BILLING INSURANCE/FINANCIAL-ASS ISTANCE/FINANCIAL ASSISTANCE POLICIES AND ASSISTANCE APPLICATIONS ARE ALSO AVAILABLE IN SP ANISH AT NO COST TO THE PATIENT ADDITIONAL HELP AND SUPPORT ARE PROVIDED BY ON-SITE FINAN CIAL COUNSELORS (SCHEDULE H PART VI QUESTION 3) WHEN APPLICABLE, THE HOSPITAL MAY ALSO AS SIST PATIENTS IN APPLYING FOR COVERAGE OF SERVICES AS A MEDICAL HARDSHIP BASED ON THE PATI ENT'S DOCUMENTED FAMILY INCOME, CURRENT AND PRIOR INSURANCE COVERAGE AND ALLOWABLE MEDICAL EXPENSES IN ADDITION, IN ORDER TO HELP UNINSURED AND UNDERINSURED PATIENTS FIND AVAILABLE AND APPROPRIATE FINANCIAL ASSISTANCE PROGRAMS, THE HOSPITAL WILL PROVIDE ALL PATIENTS WIT H A GENERAL NOTICE OF THE AVAILABILITY OF PROGRAMS IN BOTH THE INITIAL BILL THAT IS SENT T O PATIENTS WHO HAVE A FINANCIAL LIABILITY AS WELL AS IN GENERAL NOTICES THAT ARE POSTED TH ROUGHOUT THE HOSPITAL THE HOSPITAL WILL TRY TO IDENTIFY AVAILABLE COVERAGE OPTIONS FOR PAT IENTS WHO MAY BE UNINSURED OR UNDERINSURED WITH THEIR CURRENT INSURANCE PROGRAM WHEN THE P ATIENT IS SCHEDULING SERVICES, WHILE THE PATIENT I

Form and Line Reference	Explanation
MOUNT AUBURN HOSPITAL - CREDIT AND COLLECTION POLICY GUIDING PRINCIPLES	S IN THE HOSPITAL, UPON DISCHARGE, AND/OR FOR A REASONABLE TIME FOLLOWING DISCHARGE FROM T HE HOSPITAL THE HOSPITAL WILL DIRECT ALL PATIENTS SEEKING INFORMATION ON AVAILABLE COVERA GE OPTIONS OR FINANCIAL ASSISTANCE TO THE HOSPITAL'S PATIENT FINANCIAL COUNSELING OFFICE T O DETERMINE IF THEY ARE ELIGIBLE AND THEN TO SCREEN PATIENTS FOR ELIGIBILITY IN AN APPROPR IATE COVERAGE OPTION THE HOSPITAL WILL THEN ASSIST THE PATIENT IN APPLYING FOR APPROPRIAT E COVERAGE OPTIONS THAT ARE AVAILABLE TO THEM OR NOTIFY THEM OF THE AVAILABILITY OF FINANC IAL 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 MEDICA L 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 D ESIGNED BY THE MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES IN ORDER TO PRO VIDE THE GENERAL PUBLIC, MEDICAL PROVIDERS, AND COMMUNITY-BASED ORGANIZATIONS WITH AN ONLI NE APPLICATION FOR THE PROGRAMS OFFERED BY THE COMMONWEALTH

Form and Line Reference	Explanation
ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAMS	AS NOTED IN THIS, SCHEDULE H, PART III, SECTION C, QUESTION 15, MOUNT AUBURN HOSPITAL PROV IDES PATIENTS WITH INFORMATION ABOUT FINANCIAL ASSISTANCE PROGRAMS THAT ARE AVAILABLE THRO UGH THE COMMONWEALTH OF MASSACHUSETTS OR THROUGH THE HOSPITAL'S OWN FINANCIAL ASSISTANCE P ROGRAM WHICH MAY COVER ALL OR SOME OF THEIR UNPAID HOSPITAL BILL FOR PATIENTS THAT REQUES T 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, HEAL THY 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 REGA RDING THEIR FULL NAME, ADDRESS, TELEPHONE NUMBER, DATE OF BIRTH, SOCIAL SECURITY NUMBER (I F AVAILABLE), CURRENT HEALTH INSURANCE COVERAGE OPTIONS, INCLUDING OTHER INSURANCE OR COVE RAGE 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 CITIZENSH IP AND RESIDENCY INFORMATION - ALL TO DETERMINE IF THE PATIENT IS ELIGIBLE TO APPLY FOR CE RTAIN HEALTH INSURANCE PROGRAMS IF THERE IS NO SPECIFIC COVERAGE FOR THE SERVICES PROVIDE D, 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 HOS PITAL WILL USE THIS INFORMATION TO DISCUSS ELIGIBILITY FOR CERTAIN HEALTH INSURANCE PROGRA MS THE SCREENING AND APPLICATION PROCESS FOR A PUBLIC HEALTH INSURANCE PROGRAM IS DONE TH ROUGH THE VIRTUAL GATEWAY, WHICH IS AN INTERNET PORTAL DESIGNED BY THE MASSACHUSETTS EXECU TIVE OFFICE OF HEALTH AND HUMAN SERVICES IN ORDER TO PROVIDE THE GENERAL PUBLIC, MEDICAL P ROVIDERS, AND COMMUNITY-BASED ORGANIZATIONS WITH AN ONLINE APPLICATION FOR THE PROGRAMS OF FERED BY THE STATE OR THROUGH A STANDARD PAPER APPLICATION THAT IS COMPLETED BY THE PATIEN T AND ALSO SUBMITTED DIRECTLY TO THE MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SE RVICES FOR PROCESSING AS THIS OFFICE SOLELY MANAGES THE APPLICATION PROCESS LISTED ABOVE, WHICH IS AVAILABLE FOR CHILDREN, ADULTS, SENIORS, VETERANS, HOMELESS, AND DISABLED INDIVID UALS THE HOSPITAL SPECIFICALLY ASSISTS THE PATIENT IN COMPLETING THE APPLICATION AND SECU RING THE NECESSARY DOCUMENTATION REQUIRED BY THE APPLICABLE FINANCIAL ASSISTANCE PROGRAM NECESSARY DOCUMENTATION INCLUDES PROOF OF (1) ANNUAL HOUSEHOLD INCOME (PAYROLL STUBS, REC ORD OF SOCIAL SECURITY PAYMENTS, AND A LETTER FROM THE EMPLOYER, TAX RETURNS, OR BANK STAT EMENTS), (2) CITIZENSHIP AND IDENTITY, AND (3) IMMIGRATION STATUS FOR NON-CITIZENS (IF APP LICABLE), AND (4) ASSETS OF THOSE INDIVIDUALS WHO ARE ALSO ENROLLED IN THE MEDICARE PROGRA M 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 DOCUMENTATI ON IF SUCH IS REQUESTED BY THE COMMONWEALTH AFTER COMPLETING THE APPLICATION THE COMMONWE ALTH PLACES A THREE DAY TIME LIMITATION ON SUBMITTING ALL NECESSARY DOCUMENTATION FOLLOWIN G THE SUBMISSION OF THE APPLICATION FOR A PROGRAM FOLLOWING THIS THREE DAY PERIOD, THE PA TIENT MUST WORK WITH THE MASSHEALTH ENROLLMENT CENTERS TO SECURE THE ADDITIONAL DOCUMENTAT ION NEEDED FOR ENROLLMENT IN THE APPLICABLE FINANCIAL ASSISTANCE PROGRAM IN SPECIAL CIRCUM STANCES, THE HOSPITAL MAY APPLY FOR THE PATIENT USING A SPECIFIC FORM DESIGNED BY THE MASS ACHUSETTS DIVISION OF HEALTH CARE FINANCE AND POLICY SPECIAL CIRCUMSTANCES INCLUDE INDIVI DUALS 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 U SES THE FEDERAL POVERTY GUIDELINES, ASSET INFORMATION AS WELL AS NECESSARY DOCUMENTATION L ISTED ABOVE AS THE BASIS FOR DETERMINING ELIGIBILITY FOR STATE SPONSORED PUBLIC ASSISTANCE PROGRAMS MOUNT AUBURN HOSPITAL HAS NO ROLE IN THE DETERMINATION OF PROGRAM ELIGIBILITY M ADE BY THE COMMONWEALTH, BUT AT THE PATIENT'S REQUEST MAY TAKE A DIRECT ROLE IN APPEALING OR SEEKING INFORMATION RELATED TO THE COVERAGE DECISIONS IT IS STILL THE PATIENT'S RESPON SIBILITY TO INFORM THE HOSPITAL OF ALL COVERAGE DECISIONS MADE BY THE COMMONWEALTH TO ENSU RE ACCURATE AND TIMELY ADJUDICATION OF ALL HOSPITAL BILLS IN ADDITION, THE HOSPITAL'S POL ICY PROVIDES FOR INDIVIDUALS WHO ARE UNABLE TO AFFORD THEIR CARE BECAUSE OF MEDICAL HARDSH IP AND PROVIDES FOR FEES BASED ON A SLIDING SCALE RELATIVE TO PERCENTAGES OF THE FEDERAL P OVERTY GUIDELINES (SCHEDULE H, PART V, SECTION B,

Form and Line Reference	Explanation
ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAMS	QUESTION 22D) IN ADDITION, ALL HOSPITAL PATIENTS WHO PRESENT WITHOUT PRIVATE INSURANCE AR E SCREENED FOR PRIOR HSN ELIGIBILITY AND/OR FINANCIAL ASSISTANCE BEFORE ANY BILLS ARE SENT TO THE PATIENT AND ONCE THE HOSPITAL BECOMES AWARE OF A PATIENT'S HSN OR FINANCIAL ELIGIB ILITY STATUS, ALL INVOICES ARE ADJUSTED ACCORDINGLY (SCHEDULE H, PART V, SECTION B, QUESTI ONS 23 AND 24)

Form and Line Reference	Explanation
MOUNT AUBURN HOSPITAL - CREDIT AND COLLECTION POLICY	STANDARD COLLECTION PRACTICESAS PREVIOUSLY NOTED IN THE NARRATIVE TO THIS FORM 990 SCHEDULE H, MOUNT AUBURN HOSPITAL ASSISTS PATIENTS IN OBTAINING FINANCIAL ASSISTANCE FROM PUBLIC PROGRAMS AND OTHER SOURCES WHENEVER APPROPRIATE ADDITIONALLY, TO REMAIN VIABLE AS IT FULFILLS ITS MISSION, THE HOSPITAL MUST MEET ITS FIDUCIARY RESPONSIBILITY TO APPROPRIATELY BILL AND COLLECT FOR MEDICAL SERVICES PROVIDED TO PATIENTS AS SUCH, THE HOSPITAL HAS A FIDUCIARY DUTY TO SEEK REIMBURSEMENT FOR SERVICES IT HAS PROVIDED FROM INDIVIDUALS WHO ARE ABLE TO PAY, FROM THIRD PARTY INSURERS WHO COVER THE COST OF CARE, AND FROM OTHER PROGRAMS OF ASSISTANCE FOR WHICH THE PATIENT IS ELIGIBLE TO DETERMINE WHETHER A PATIENT IS ABLE TO PAY FOR THE SERVICES PROVIDED AS WELL AS TO ASSIST THE PATIENT IN FINDING ALTERNATIVE COVERAGE OPTIONS IF THEY ARE UNINSURED OR UNDERINSURED, THE HOSPITAL HAS ESTABLISHED CRITERIA RELATED TO BILLING AND COLLECTING FROM PATIENTS THE HOSPITAL MAKES THE SAME REASONABLE EFFORT AND FOLLOWS THE SAME REASONABLE PROCESS FOR COLLECTING ON BILLS OWED BY AN UNINSURED PATIENT AS IT DOES FOR ALL OTHER PATIENTS THE HOSPITAL WILL FIRST SHOW THAT IT HAS A CURRENT UNPAID BALANCE THAT IS RELATED TO SERVICES PROVIDED TO THE PATIENT AND NOT COVERED BY A PRIVATE INSURER OR A FINANCIAL ASSISTANCE PROGRAM THE HOSPITAL ALSO HAS ESTABLISHED CRITERIA RELATED TO BILLING AND COLLECTING FROM PATIENTS THE HOSPITAL AND/OR ITS AGENTS DO NOT CHARGE INTEREST ON AN OVERDUE BALANCE FOR A LOW INCOME PATIENT OR ANY OTHER PATIENT THE HOSPITAL FOLLOWS THE MASSACHUSETTS MEDICAL HARDSHIP INCOME LEVELS AND PERCENTAGES IN DETERMINING FINANCIAL ASSISTANCE ELIGIBILITY THERE ARE NO INCOME LIMITS FOR MEDICAL HARDSHIP MASSACHUSETTS RESIDENTS AT ALL INCOME LEVELS ARE ELIGIBLE IF A PATIENT'S FAMILY ALLOWED MEDICAL BILLS ARE HIGHER THAN A SPECIFIED SLIDING SCALE PERCENTAGE OF FAMILY INCOME IN ADDITION TO PUBLICIZING THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY AS NOTED IN THIS FORM 990, SCHEDULE H, PART V, SECTION B, QUESTION 16A-F, THERE IS MULTI-LANGUAGE SIGNAGE IN THE FINANCIAL COUNSELING OFFICE STATING THAT A COPY OF THE POLICY IS AVAILABLE UPON REQUEST MOUNT AUBURN HOSPITAL - CREDIT AND COLLECTION POLICY OUTSIDE COLLECTION AGENCIESTHE HOSPITAL CONTRACTS WITH AN OUTSIDE COLLECTION AGENCY TO ASSIST IN THE COLLECTION OF CERTAIN ACCOUNTS, INCLUDING PATIENT RESPONSIBLE AMOUNTS NOT RESOLVED AFTER ISSUANCE OF HOSPITAL BILLS OR FINAL NOTICES HOWEVER, AS DETERMINED THROUGH THE HOSPITAL'S CREDIT AND COLLECTION POLICY, THE HOSPITAL MAY ASSIGN SUCH DEBT AS BAD DEBT OR CHARITY CARE (OTHERWISE DEEMED AS UNCOLLECTIBLE) PRIOR TO 120 DAYS IF IT IS ABLE TO DETERMINE THAT THE PATIENT WAS UNABLE TO PAY FOLLOWING THE HOSPITALS' OWN INTERNAL FINANCIAL ASSISTANCE PROGRAM MOUNT AUBURN HOSPITAL HAS A SPECIFIC AUTHORIZATION OR CONTRACT WITH ITS OUTSIDE COLLECTION AGENCY AND REQUIRES SUCH AGENCY TO ABIDE BY THE HOSPITAL'S CREDIT AND COLLECTION POLICIES FOR DEBTS THAT THE AGENCY IS PURSUING IN ADDITION, THE HOSPITAL REQUIRES THAT ANY OUTSIDE COLLECTION AGENCY THAT IT USES MUST BE LICENSED BY THE COMMONWEALTH OF MASSACHUSETTS AND BE IN COMPLIANCE WITH THE MASSACHUSETTS ATTORNEY GENERAL'S DEBT COLLECTION REGULATIONS FINALLY, ANY OUTSIDE COLLECTION AGENCY HIRED BY THE HOSPITAL WILL PROVIDE THE PATIENT WITH AN OPPORTUNITY TO FILE A GRIEVANCE AND WILL FORWARD TO THE HOSPITAL THE RESULTS OF ANY SUCH PATIENT GRIEVANCE MOUNT AUBURN HOSPITAL - CREDIT AND COLLECTION POLICY EXEMPTION FROM HOSPITAL COLLECTION PRACTICESMOUNT AUBURN HOSPITAL EXEMPTS PATIENTS ENROLLED IN A PUBLIC HEALTH INSURANCE PROGRAM, INCLUDING BUT NOT LIMITED TO, MASSHEALTH, EMERGENCY AID TO THE ELDERLY, DISABLED AND CHILDREN, HEALTHY START, CHILDREN'S MEDICAL SECURITY PLAN AND "LOW INCOME PATIENTS" AS DETERMINED BY THE MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES, SUBJECT TO SOME EXCEPTIONS, FROM ANY COLLECTION OR BILLING PROCEDURES BEYOND THE INITIAL BILL PURSUANT TO STATE REGULATIONS

Form and Line Reference	Explanation
CREDIT AND COLLECTION POLICY - HOSPITAL FINANCIAL ASSISTANCE PROGRAMS	MOUNT AUBURN HOSPITAL, WHEN REQUESTED BY THE PATIENT AND BASED ON INTERNAL REVIEW OF EACH PATIENT'S FINANCIAL STATUS, MAY OFFER AN ADDITIONAL DISCOUNT ON AN UNPAID BILL ANY SUCH REVIEW SHALL BE PART OF A SEPARATE HOSPITAL FINANCIAL ASSISTANCE PROGRAM THAT IS APPLIED ON A UNIFORM BASIS TO PATIENTS ANY DISCOUNT THAT IS PROVIDED BY THE HOSPITAL IS CONSISTENT WITH FEDERAL AND STATE REQUIREMENTS, AND DOES NOT INFLUENCE A PATIENT'S ABILITY TO RECEIVE SERVICES FROM THE HOSPITAL SUCH PROGRAMS INCLUDE PROMPT PAY DISCOUNTS FOR UNINSURED PATIENTS, ONE TIME OR SPECIAL CIRCUMSTANCE SITUATIONS AND PAYMENT PLANS AS PREVIOUSLY NOTED IN THIS FILING, THE HOSPITAL IS DEDICATED TO PROVIDING FINANCIAL ASSISTANCE TO PATIENTS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED INELIGIBLE FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO PAY FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION THE HOSPITAL'S CURRENT FINANCIAL ASSISTANCE POLICY IS INTENDED TO BE IN COMPLIANCE WITH APPLICABLE FEDERAL AND STATE LAWS FOR THE HOSPITAL'S SERVICE AREA, INCLUDING THE FEDERAL TREASURY REGULATIONS IN EFFECT AS OF OCTOBER 1, 2016 PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE WILL RECEIVE DISCOUNTED CARE FROM QUALIFYING HOSPITAL PROVIDERS THE HOSPITAL WILL NOT DISCRIMINATE BASED ON THE PATIENT'S AGE, GENDER, RACE, CREED, RELIGION, DISABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, NATIONAL ORIGIN OR IMMIGRATION STATUS WHEN DETERMINING ELIGIBILITY APPLICATION PERIOD THE PERIOD IN WHICH APPLICATIONS WILL BE ACCEPTED AND PROCESSED FOR FINANCIAL ASSISTANCE THE APPLICATION PERIOD BEGINS ON THE DATE THAT THE FIRST POST-DISCHARGE BILLING STATEMENT IS PROVIDED AND ENDS ON THE 240TH DAY AFTER THAT DATE QUALIFICATION PERIOD APPLICANTS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE WILL BE GRANTED ASSISTANCE FOR A PERIOD OF SIX MONTHS PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE MAY ATTEST THAT THERE HAVE BEEN NO CHANGES TO THEIR FINANCIAL SITUATION AT THE END OF THE SIX (6) MONTH QUALIFICATION PERIOD TO EXTEND ELIGIBILITY FOR ANOTHER SIX (6) MONTHS FINANCIAL ASSISTANCE FINANCIAL ASSISTANCE IS PROVIDED TO ELIGIBLE PATIENTS, WHO WOULD OTHERWISE EXPERIENCE FINANCIAL HARDSHIP, TO RELIEVE THEM OF ALL OR PART OF THEIR FINANCIAL OBLIGATION FOR EMERGENCY OR MEDICALLY NECESSARY CARE PROVIDED BY THE HOSPITAL FULL ASSISTANCE PATIENTS, OR THEIR GUARANTORS, WITH ANNUALIZED FAMILY INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL (FPL) WILL RECEIVE A 100% WAIVER OF PATIENT FINANCIAL OBLIGATION FOR ELIGIBLE MEDICAL SERVICES PROVIDED BY THE HOSPITAL PARTIAL ASSISTANCE PATIENTS, OR THEIR GUARANTORS, WITH ANNUALIZED FAMILY INCOMES BETWEEN 201% AND 400% OF THE FPL MAY RECEIVE FINANCIAL ASSISTANCE THAT PROVIDES A DISCOUNT, FOR ELIGIBLE MEDICAL SERVICES PROVIDED BY THE HOSPITAL MEDICAL HARDSHIP FINANCIAL ASSISTANCE IS AVAILABLE ON A SLIDING SCALE TO PATIENTS WHO MEET THE MEDICAL HARDSHIP PROVISION OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY (SCHEDULE H, PART I, LINE 3C)AMOUNT GENERALLY BILLED (AGB) THE FINANCIAL ASSISTANCE POLICY ESTABLISHES A LIMIT ON THE AMOUNT CHARGED (AMOUNT GENERALLY BILLED OR AGB) FOR EMERGENCY AND OTHER MEDICALLY NECESSARY CARE PROVIDED TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE THE AGB IS A BLENDED RATE OF MEDICARE AND COMMERCIAL PAYER REIMBURSEMENT THAT AMOUNTS TO APPROXIMATELY 50% OF CHARGES MOUNT AUBURN HOSPITAL -- CREDIT AND COLLECTION POLICY - DISCOUNT FOR UNINSURED PATIENTSIN ADDITION TO THE FINANCIAL ASSISTANCE INFORMATION PROVIDED 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, QUESTIONS 18, 19 OR 20

Form and Line Reference	Explanation
CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS	HEALTH PROFESSIONS EDUCATIONMOUNT AUBURN HOSPITAL'S LONGSTANDING COMMITMENT TO TEACHING ST UDENTS AND TRAINEES IN A RESPECTFUL AND COLLABORATIVE ACADEMIC ENVIRONMENT, COUPLED WITH T HE INSTITUTION'S WILLINGNESS TO EMBRACE TECHNOLOGICAL AND CLINICAL PRACTICE INNOVATION, MA KE MAH A TOP CHOICE AMONG STUDENTS AND TRAINEES IN THE HEALTH CARE PROFESSIONS THE HOSPIT AL TRAINS MEDICAL STUDENTS, INTERNS, RESIDENTS AND FELLOWS, ALONG WITH OTHER ALLIED HEALTH PROFESSIONALS FROM ACROSS THE AREA MAH HAS SEVERAL RESIDENCY AND FELLOWSHIP PROGRAMS, WI TH APPROXIMATELY 56 INTERNAL MEDICINE INTERNS AND RESIDENTS, 12 RADIOLOGY RESIDENTS, SIX P ODIATRY RESIDENTS, AND THREE UROGYNECOLOGY FELLOWS DURING 2016 THE HOSPITAL ALSO HOSTS RO TATING RESIDENTS AND FELLOWS IN SURGERY, EMERGENCY MEDICINE, GERIATRICS, GENETICS, OBSTETR ICS AND GYNECOLOGY, NEONATOLOGY, AND ANESTHESIA, AND SUPPORTS THE EDUCATION OF MEDICAL STU DENTS FROM HARVARD MEDICAL SCHOOL, TUFTS MEDICAL SCHOOL, AND THE BOSTON UNIVERSITY SCHOOL OF MEDICINE FINALLY, THE HOSPITAL SERVES AS A TRAINING SITE FOR PHARMACY STUDENTS FROM TH E MASSACHUSETTS COLLEGE OF PHARMACY, PHYSICIAN'S ASSISTANT STUDENTS FROM NORTHEASTERN UNIV ERSITY, CLINICAL NURSE ANESTHETISTS FROM BOSTON COLLEGE, AND CLINICAL NURSE MIDWIVES FROM MULTIPLE PROGRAMS ACROSS THE NORTHEAST STAFF PHYSICIANS AT MAH WHO HOLD FACULTY APPOINTME NTS AT HARVARD MEDICAL SCHOOL INSTRUCT THE DOCTORS OF TOMORROW THROUGH SUPERVISION OF DAIL Y PATIENT CARE 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 ALSO PARTICIPATES IN THE INTRODUCTORY COURSES IN CLINICAL MEDICINE FOR FIRST AND SECOND-YEAR HARVARD MEDICAL SCHOOL STUDENTS, AS WELL AS IMMERSIVE TRAINING IN CLINICAL MED ICINE FOR BIOMEDICAL DOCTORAL STUDENTS FROM THE JOINT HARVARD MEDICAL SCHOOL / MASSACHUSET TS INSTITUTE OF TECHNOLOGY'S HEALTH SCIENCES AND TECHNOLOGY PROGRAM IN ADDITION, THE HOSP ITAL HOSTS THIRD-YEAR MEDICAL STUDENTS FROM THE BOSTON UNIVERSITY SCHOOL OF MEDICINE ON TH E OBSTETRICS, PEDIATRICS AND NEUROLOGY SERVICES, AS WELL AS MEDICAL STUDENTS FROM HARVARD AND OTHER SCHOOLS WHO CHOOSE TO DO SUB-INTERNSHIPS AND SUBSPECIALTY ELECTIVES DURING THEIR THIRD AND FOURTH YEAR 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 PROTOCOLLING AND INTERPRETATION OF PATIENT EXAMINATIONS, AND TO PARTICIPATE IN DISCUSSIONS CONCERNING DIAGNOSTIC PROBLEMS RESIDENTS ADVANCE TO INCREASED LEVELS OF RESPONSIBILITY, AND SOUND JUDGMENT AS A RADIOLOG IST IS ESTABLISHED DURING OVERNIGHT CALL THREE RESIDENTS ARE CHOSEN EACH YEAR FOR A FOUR- YEAR PROGRAM, AND ARE APPOINTED AS CLINICAL FELLOWS AT HARVARD MEDICAL SCHOOL THE HIGH RA TIO OF STAFF RADIOLOGISTS TO RESIDENTS RESULTS IN CLOSE CONTACT BETWEEN THE STAFF AND RESI DENTS THROUGHOUT THE TRAINING PROGRAM AFTER THE R

Form and Line Reference	Explanation
CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS	ESIDENT HAS OBTAINED THE NECESSARY FIRM FOUNDATIONS IN THE FUNDAMENTALS OF RADIOLOGY, HE O R SHE IS ENCOURAGED TO TAKE INCREASING RESPONSIBILITY IN BOTH ROUTINE AND SPECIALIZED EXAM INATIONS AND PROCEDURES THE MAJORITY OF OUR RESIDENTS PURSUE SUBSPECIALTY FELLOWSHIP TRAI NING, HOWEVER, THE GOAL OF THE RADIOLOGY RESIDENCY PROGRAM IS TO TRAIN RESIDENTS TO BE FUL LY QUALIFIED IN DIAGNOSTIC RADIOLOGY AND SPECIAL PROCEDURES BY THE TIME THEY HAVE COMPLETE D THE FOUR-YEAR PROGRAM GRADUATES HAVE PURSUED CAREERS IN ACADEMIA AND PRIVATE PRACTICE I N ADDITION TO THE INTERNAL MEDICINE AND RADIOLOGY TRAINING PROGRAMS, MOUNT AUBURN HOSPITAL HAS A NATIONALLY RECOGNIZED TRAINING PROGRAM IN PODIATRY, AND IS A SITE FOR OTHER POST-GR ADUATE MEDICAL EDUCATION DISCIPLINES IT IS A CORE SITE FOR THE BETH ISRAEL DEACONESS MEDI CAL CENTER SURGICAL TRAINING PROGRAM, AND TWO HARVARD-AFFILIATED EMERGENCY MEDICINE PROGRA MS MAH ALSO WELCOMES ROTATING GERIATRIC FELLOWS FROM THE BETH ISRAEL DEACONESS / HARVARD MEDICAL SCHOOL DIVISION ON AGING PROGRAM, AND PEDIATRIC AND NEONATOLOGY RESIDENTS FROM MAS SACHUSETTS GENERAL HOSPITAL / CAMBRIDGE HOSPITAL PROGRAM DURING THE FISCAL YEAR COVERED BY THIS FILING, MAH HAD NET EXPENDITURES OF $7,259,601 REPORTED ON THIS SCHEDULE H RELATED T O MAH'S TEACHING FUNCTION

Form and Line Reference	Explanation
MOUNT AUBURN HOSPITAL - ADDITIONAL INFORMATION REGARDING PROMOTING THE	HEALTH OF THE COMMUNITYMOUNT AUBURN HOSPITAL IS GOVERNED BY A MAXIMUM OF 28 MEMBERS OF THE BOARD OF TRUSTEES, MANY OF WHOM LIVE AND WORK IN THE COMMUNITY AND SERVE TO SUPPORT THE MISSION AND VALUES OF THE HOSPITAL MAH EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN OUR COMMUNITY AND ENDEAVORS TO PROVIDE THEM WITH THE SAFEST AND MOST TECHNOLOGICALLY ADVANCED ENVIRONMENT POSSIBLE THROUGH THE EFFECTIVE USE OF SURPLUS FUNDS SOME OF MAH'S SURPLUS FUNDS HAVE BEEN USED TO FUND CONTINUING RENOVATION OF EXISTING FACILITIES, INCLUDING INPATIENT UNITS AND OTHER CLINICAL AREAS MAH STRIVES TO FULLY SERVE THE COMMUNITY THROUGH PARTICIPATION IN GOVERNMENT SPONSORED HEALTHCARE PROGRAMS SUCH AS MEDICARE, MEDICAID, CHAMPUS AND TRICARE AS PREVIOUSLY NOTED MAH ALSO SERVES AS A TEACHING HOSPITAL AFFILIATED WITH THE HARVARD MEDICAL SCHOOL AND MAINTAINS TWO RESIDENCY PROGRAMS SPECIALIZING IN PRIMARY CARE AND RADIOLOGY MOUNT AUBURN HOSPITAL- AFFILIATED HEALTH CARE SYSTEMAS NOTED IN VARIOUS NARRATIVE DISCLOSURES WHICH SUPPORT THIS FORM 990 AND RELATED SCHEDULES, CAREGROUP, INC (CAREGROUP) IS A MASSACHUSETTS NON-PROFIT CORPORATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED CAREGROUP'S PURPOSE IS TO OVERSEE THE FINANCIAL WELL-BEING OF THE AFFILIATED ENTITIES WHICH MAKE UP THE CAREGROUP SYSTEM CAREGROUP SERVES AS THE SOLE MEMBER AND A SUPPORT ORGANIZATION OF MOUNT AUBURN HOSPITAL (MAH) AND NEW ENGLAND BAPTIST HOSPITAL (NEBH) MAH SERVES AS THE SOLE MEMBER OF MOUNT AUBURN PROFESSIONAL SERVICES AND CAREGROUP PARMENTER HOME CARE & HOSPICE NEBH IS THE SOLE MEMBER OF NEW ENGLAND BAPTIST MEDICAL ASSOCIATES CAREGROUP ALSO 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 BETH ISRAEL DEACONESS HEALTHCARE A/K/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 EACH OF THE ENTITIES LISTED IN THIS PARAGRAPH MAY, IN TURN, SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE CAREGROUP NETWORK OF AFFILIATES COMBINED THESE ENTITIES FORM A REGIONAL HEALTHCARE DELIVERY SYSTEM COMPRISED OF TEACHING AND COMMUNITY HOSPITALS, PHYSICIAN GROUPS, AND OTHER CAREGIVERS THESE ENTITIES ARE COMMITTED TO PROVIDING PERSONALIZED, PATIENT CENTERED CARE WITHIN THE COMMUNITIES THEY SERVE, ENSURING ACCESS TO A WIDE RANGE OF SPECIALTY SERVICES AND A BROAD SPECTRUM OF COMPREHENSIVE HEALTH SERVICES RANGING FROM WELLNESS PROGRAMS TO HOME CARE AS WELL AS TO FURTHERING EXCELLENCE IN MEDICAL EDUCATION AND RESEARCH

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 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	MOUNT AUBURN HOSPITAL 330 MOUNT AUBURN STREET CAMBRIDGE,MA 02138 LICENSE # 2071	X	X		X			X			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on 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

2015

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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on 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 on 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 on 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
See Additional Data	

Additional Data

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

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DURING THE 2015 CALENDAR YEAR, MOUNT AUBURN HOSPITAL MAINTAINED AN IRC SECTION 457(B) PLAN PURSUANT TO WHICH ELIGIBLE EMPLOYEES COULD DEFER PART OF THEIR COMPENSATION UNDER THE DEFINITIONS TO THIS FORM 990, THIS PLAN IS CONSIDERED A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN AMOUNTS DEFERRED AND INCREASES/DECREASES 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 EXECUTIVE RETIREMENT PROGRAM AND THE BETH ISRAEL DEACONESS MEDICAL CENTER 457(B) PLAN PURSUANT TO THESE PLANS, ELIGIBLE EMPLOYEES RECEIVE CERTAIN RETIREMENT BENEFITS AND/OR CAN DEFER PART OF THEIR COMPENSATION UNDER THE DEFINITIONS TO THIS FORM 990, THESE PLANS ARE CONSIDERED A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLANS AMOUNTS DEFERRED BY PARTICIPANTS OR RECEIVED BY PARTICIPANTS AND RELATED TO THESE PLANS 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 COMPENSATION IN ACCORDANCE WITH THE INSTRUCTIONS TO THIS FORM 990 ADDITIONAL INFORMATION IS INCLUDED WITH THE EXPLANATORY NOTES TO SCHEDULE J BELOW

Part III, Supplemental Information

Return Reference	Explanation
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

Part III, Supplemental Information

Return Reference	Explanation
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, VESTED AMOUNTS UNDER 457(F) 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, UNFUNDED AND UNVESTED AMOUNTS DEFERRED UNDER 457(F) 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 PRESIDENT, MOUNT AUBURN HOSPITAL AUXILIARY MS ATKINSON 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 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 MS CLOUGH SERVED AS PRESIDENT AND CHIEF EXECUTIVE OFFICER - CAREGROUP PARMENTER HOME CARE & HOSPICE THROUGH JANUARY 27, 2016 AND SERVED AS A TRUSTEE FOR THE ENTITY FOR THE FULL PERIOD COVERED BY THIS FILING 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 570,546 INCENTIVE COMPENSATION 426,700 OTHER REPORTABLE COMPENSATION 4,307,361 DEFERRED COMPENSATION 184,900 NON-TAXABLE BENEFITS 13,405 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 100,685 INCENTIVE COMPENSATION 75,300 OTHER REPORTABLE COMPENSATION 760,123 DEFERRED COMPENSATION 32,629 NON-TAXABLE BENEFITS 2,365 INCENTIVE COMPENSATION REPORTED FOR THE 2015 CALENDAR YEAR INCLUDES 1) PAYMENTS IN 2015 PURSUANT TO A LONG TERM INCENTIVE PLAN RELATED TO MOUNT AUBURN HOSPITAL'S FISCAL YEAR ENDED SEPTEMBER 30, 2014 IN THE AMOUNT OF $207,000 AND 2) A PAYMENT PURSUANT TO AN ANNUAL INCENTIVE PLAN RELATED TO THE FISCAL YEAR ENDED SEPTEMBER 30, 2014 IN THE AMOUNT OF $220,000 AS REQUIRED BY THIS FORM 990, THESE INCENTIVE COMPENSATION PAYMENTS WERE REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 OTHER REPORTABLE COMPENSATION REPORTED BY MAH AND MAPS FOR THE 2015 CALENDAR YEAR INCLUDES PAYMENT OF MS CLOUGH'S SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) OF $4,940,831 THIS AMOUNT REPRESENTS A PAYMENT TO MS CLOUGH FOR DEFERRED COMPENSATION (AS A RETIREMENT BENEFIT) THAT WAS EARNED OVER A 17 YEAR CAREER WITH THE ORGANIZATION AND WHICH CONTAINS A CLIFF VESTING PROVISION WHICH WAS ACHIEVED IN 2015 AND WHICH HAS BEEN ACCRUED OVER ELEVEN YEARS AS REQUIRED BY FORM 990, THIS AMOUNT HAS BEEN PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN EACH YEAR AS ACCRUED, EVEN THOUGH WHEN REPORTED AS DEFERRED COMPENSATION THE AMOUNTS WERE NOT VESTED UNTIL PAYMENT IN 2015 DEFERRED COMPENSATION REPORTED FOR THE 2015 CALENDAR YEAR ALSO INCLUDES AN INCENTIVE PAYMENT RELATED TO THE SERVICES MS CLOUGH PERFORMED DURING MOUNT AUBURN'S FISCAL YEAR ENDED SEPTEMBER 30, 2015 BUT WHICH WAS NOT PAID TO MS CLOUGH UNTIL AFTER MARCH 15, 2016 IN THE AMOUNT OF $187,500 RELATED TO AN ANNUAL INCENTIVE PLAN OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MS CLOUGH INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS, INCLUDING THE INCREASE/DECREASE IN ACCOUNT VALUE, IN THE AMOUNT OF $121,932 ADDITIONALLY, OTHER REPORTABLE COMPENSATION IN THE AMOUNT OF $18,000 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 HUANG, M D , EDWIN TRUSTEE AND CHAIR, DEPARTMENT OF OBSTETRICS AND GYNECOLOGY - MOUNT AUBURN HOSPITAL TRUSTEE AND CHAIR, DEPARTMENT OF OBSTETRICS AND GYNECOLOGY - MOUNT AUBURN PROFESSIONAL SERVICES ASSISTANT PROFESSOR OF OBSTETRICS, GYNECOLOGY AND REPRODUCTIVE BIOLOGY - HARVARD MEDICAL SCHOOL DR HUANG'S TERM ON THE BOARD BEGAN JANUARY 26, 2016 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 241,553 INCENTIVE COMPENSATION 48,000 OTHER REPORTABLE COMPENSATION 2,407 DEFERRED COMPENSATION 10,800 NON-TAXABLE BENEFITS 14,891 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 161,036 INCENTIVE COMPENSATION 32,000 OTHER REPORTABLE COMPENSATION 1,605 DEFERRED COMPENSATION 7,200 NON-TAXABLE BENEFITS 9,928 OTHER REPORTABLE AND DEFERRED COMPENSATION INCLUDES EMPLOYER AND EMPLOYEE CONTRIBUTIONS TO A 457(B) PLAN AND THE CHANGE IN THE PLAN'S VALUE WHICH, COMBINED FOR DR HUANG, TOTALED $12,829

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SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	KANEB, CHRISTOPHER TRUSTEE - MOUNT AUBURN HOSPITAL MR KANEB'S TERM ON THE BOARD ENDED ON DECEMBER 31, 2015 MR KANEB DEVOTED, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION KETTYLE, M D , WILLIAM TRUSTEE - MOUNT AUBURN HOSPITAL MEMBER, AFFILIATED FACULTY - HARVARD-MIT DIVISION OF HEALTH SCIENCES AND TECHNOLOGY DR KETTYLE DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION KIM, KIJA TRUSTEE - MOUNT AUBURN HOSPITAL MS KIM DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION LUCCHINO, DAVID L TRUSTEE - MOUNT AUBURN HOSPITAL 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, OTOLOGY 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 30,000 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 DEVOTES, ON AVERAGE, 6 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE SHACHOY, CHRISTOPHER TRUSTEE (EX-OFFICIO) - MOUNT AUBURN HOSPITAL MR SHACHOY DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION SHAPIRO, M D , DEBRA S TRUSTEE - MOUNT AUBURN HOSPITAL CLINICAL INSTRUCTOR IN MEDICINE - HARVARD MEDICAL SCHOOL DR SHAPIRO DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION SHORTSLEEVE, M D , MICHAEL TRUSTEE - MOUNT AUBURN HOSPITAL CHAIR, DEPARTMENT OF RADIOLOGY - MOUNT AUBURN HOSPITAL ASSISTANT CLINICAL PROFESSOR OF RADIOLOGY - HARVARD MEDICAL SCHOOL DR SHORTSLEEVE DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 23,328 AS REQUIRED BY THIS FORM 990, COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2015 CALENDAR YEAR REPRESENTS PAYMENTS MADE TO DR SHORTSLEEVE BY SCHATZKI ASSOCIATES AND RELATES TO DR SHORTSLEEVE'S POSITION AS CHAIR OF THE DEPARTMENT OF RADIOLOGY AT MOUNT AUBURN HOSPITAL SIMONS, THOMAS TRUSTEE - MOUNT AUBURN HOSPITAL TRUSTEE - MOUNT AUBURN PROFESSIONAL SERVICES TRUSTEE - CAREGROUP PARMENTER HOME CARE & HOSPICE MR SIMONS DEVOTES, ON AVERAGE, A COMBINED 3 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE STEVENSON, HOWARD H TRUSTEE - MOUNT AUBURN HOSPITAL 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 369,522 INCENTIVE COMPENSATION 94,182 OTHER REPORTABLE COMPENSATION 19,549 DEFERRED COMPENSATION 394,094 NON-TAXABLE BENEFITS 22,945 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2015 CALENDAR YEAR IN THE AMOUNT OF $94,182 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 OTHER REPORTABLE COMPENSATION INCLUDES 457(B) DEFERRALS AND THE CHANGE IN THE PLAN'S VALUE WHICH, COMBINED FOR MR DIIESO, TOTALED $17,065 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2015 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $98,894 RELATED TO MR DIIESO'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2015, BUT NOT PAID TO MR DIIESO UNTIL AFTER MARCH 15, 2016 IN ADDITION, DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2015 CALENDAR YEAR INCLUDES AN ACTUARIAL CHANGE IN THE PROJECTED BENEFIT OBLIGATION OF MR DIIESO'S SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) OF $274,000 THE SERP DOES NOT VEST UNTIL MR DIIESO REACHES AGE 60

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SCHEDULE J EXPLANATORY FOOTNOTES (CONTINUED)	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 MOUNT AUBURN HOSPITAL, MOUNT AUBURN PROFESSIONAL SERVICES AND CAREGROUP PARMENTER HOME CARE & HOSPICE 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 278,541 INCENTIVE COMPENSATION 64,740 OTHER REPORTABLE COMPENSATION 1,291 DEFERRED COMPENSATION 132,599 NON-TAXABLE BENEFITS 18,380 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 50,338 INCENTIVE COMPENSATION 11,700 OTHER REPORTABLE COMPENSATION 233 DEFERRED COMPENSATION 23,964 NON-TAXABLE BENEFITS 3,322 PAYMENTS REPORTED BY CAREGROUP PARMENTER HOME CARE & HOSPICE BASE COMPENSATION 6,712 INCENTIVE COMPENSATION 1,560 OTHER REPORTABLE COMPENSATION 32 DEFERRED COMPENSATION 3,195 NON-TAXABLE BENEFITS 443 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2015 CALENDAR YEAR IN THE AMOUNT OF $78,000 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED FOR THE 2015 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $85,800 RELATED TO MR SULLIVAN'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2015, BUT NOT PAID TO MR SULLIVAN UNTIL AFTER MARCH 15, 2016 IN ADDITION, DEFERRED COMPENSATION REPORTED FOR THE 2015 CALENDAR YEAR INCLUDES AN ACTUARIAL CHANGE IN THE PROJECTED BENEFIT OBLIGATION OF MR SULLIVAN'S SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) OF $60,708 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 252,584 INCENTIVE COMPENSATION 50,923 OTHER REPORTABLE COMPENSATION 1,485 DEFERRED COMPENSATION 52,206 NON-TAXABLE BENEFITS 22,145 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2014 CALENDAR YEAR IN THE AMOUNT OF $50,923 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2015 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $38,956 RELATED TO MS BAKER'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2015, BUT NOT PAID TO MS BAKER UNTIL AFTER MARCH 15, 2016 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 206,516 INCENTIVE COMPENSATION 41,209 OTHER REPORTABLE COMPENSATION 3,204 DEFERRED COMPENSATION 65,626 NON-TAXABLE BENEFITS 24,645 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2015 CALENDAR YEAR IN THE AMOUNT OF $41,209 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2015 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $47,595 RELATED TO MR BRIDGEMAN'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2015, BUT NOT PAID TO MR BRIDGEMAN UNTIL AFTER MARCH 15, 2016 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 285,311 INCENTIVE COMPENSATION 70,590 OTHER REPORTABLE COMPENSATION 2,394 DEFERRED COMPENSATION 91,964 NON-TAXABLE BENEFITS 23,645 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2015 CALENDAR YEAR IN THE AMOUNT OF $70,590 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2015 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $73,414 RELATED TO MS BURKE'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2015, BUT NOT PAID TO MS BURKE UNTIL AFTER MARCH 15, 2016 CHEUNG, M D , YVONNE Y CHAIR, QUALITY AND SAFETY - MOUNT AUBURN HOSPITAL INSTRUCTOR IN ANAESTHESIA - HARVARD MEDICAL SCHOOL DR CHEUNG DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 280,010 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 977 DEFERRED COMPENSATION 77,952 NON-TAXABLE BENEFITS 91 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2015 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $70,002 RELATED TO DR CHEUNG'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2015, BUT NOT PAID TO DR CHEUNG UNTIL AFTER MARCH 15, 2016 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 198,378 INCENTIVE COMPENSATION 54,980 OTHER REPORTABLE COMPENSATION 26,571 DEFERRED COMPENSATION 70,548 NON-TAXABLE BENEFITS 24,145 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2015 CALENDAR YEAR IN THE AMOUNT OF $54,980 WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 OTHER REPORTABLE COMPENSATION INCLUDES 457(B) DEFERRALS AND THE CHANGE IN THE PLAN'S VALUE WHICH, COMBINED FOR MR O'CONNELL, TOTALED $15,857 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2015 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $49,348 RELATED TO MR O'CONNELL'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2015, BUT NOT PAID TO MR O'CONNELL UNTIL AFTER MARCH 15, 2016

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Return Reference	Explanation
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 323,206 INCENTIVE COMPENSATION 71,775 OTHER REPORTABLE COMPENSATION 16,726 DEFERRED COMPENSATION 86,616 NON-TAXABLE BENEFITS 22,458 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 80,802 INCENTIVE COMPENSATION 17,944 OTHER REPORTABLE COMPENSATION 4,181 DEFERRED COMPENSATION 21,654 NON-TAXABLE BENEFITS 5,615 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2015 CALENDAR YEAR IN THE AMOUNT OF $89,719 WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 OTHER REPORTABLE COMPENSATION INCLUDES 457(B) DEFERRALS AND THE CHANGE IN THE PLAN'S VALUE WHICH, COMBINED FOR DR NAUTA, TOTALED $17,809 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2015 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $89,720 RELATED TO DR NAUTA'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2015, BUT NOT PAID TO DR NAUTA UNTIL AFTER MARCH 15, 2016 STONE, M D , VALERIE CHAIR, DEPARTMENT OF MEDICINE - MOUNT AUBURN HOSPITAL CHAIR, DEPARTMENT OF MEDICINE - MOUNT AUBURN PROFESSIONAL SERVICES DR STONE DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE DR STONE PERFORMS SERVICES FOR BOTH MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES AS REQUIRED BY THIS FORM 990, ALTHOUGH DR STONE IS PAID DIRECTLY BY MOUNT AUBURN HOSPITAL, THE PORTION OF DR STONE'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY MAH BASE COMPENSATION 369,374 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 16,918 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 19,053 PAYMENTS REPORTED BY MAPS BASE COMPENSATION 65,184 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 2,986 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 3,362 OTHER REPORTABLE COMPENSATION INCLUDES 457(B) DEFERRALS AND THE CHANGE IN THE PLAN'S VALUE WHICH, COMBINED FOR DR STONE, TOTALED $17,255 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 47,832 INCENTIVE COMPENSATION 970 OTHER REPORTABLE COMPENSATION 129 DEFERRED COMPENSATION 1,855 NON-TAXABLE BENEFITS 2,215 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 430,484 INCENTIVE COMPENSATION 8,731 OTHER REPORTABLE COMPENSATION 1,164 DEFERRED COMPENSATION 16,695 NON-TAXABLE BENEFITS 19,930 SETNIK, M D , GARY S CHAIR, DEPARTMENT OF EMERGENCY MEDICINE - MOUNT AUBURN HOSPITAL TRUSTEE & CHAIR, EMERGENCY MEDICINE - MOUNT AUBURN PROFESSIONAL SERVICES ASSISTANT PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL DR SETNIK DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE DR SETNIK PERFORMS SERVICES FOR BOTH MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES AS REQUIRED BY THIS FORM 990, ALTHOUGH DR SETNIK IS PAID BY MOUNT AUBURN PROFESSIONAL SERVICES, THE PORTION OF DR SETNIK'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY MAH BASE COMPENSATION 192,078 INCENTIVE COMPENSATION 48,750 OTHER REPORTABLE COMPENSATION 4,171 DEFERRED COMPENSATION 21,720 NON-TAXABLE BENEFITS 12,364 PAYMENTS REPORTED BY MAPS BASE COMPENSATION 128,052 INCENTIVE COMPENSATION 32,500 OTHER REPORTABLE COMPENSATION 2,781 DEFERRED COMPENSATION 14,480 NON-TAXABLE BENEFITS 8,242 OTHER REPORTABLE AND DEFERRED COMPENSATION INCLUDES EMPLOYER AND EMPLOYEE CONTRIBUTIONS TO A 457(B) PLAN AND THE CHANGE IN THE PLAN'S VALUE WHICH, COMBINED FOR DR SETNIK, TOTALED $16,015 LLOYD, M D , JANET CHAIR, DEPARTMENT OF PEDIATRICS - MOUNT AUBURN HOSPITAL CHAIR, DEPARTMENT OF PEDIATRICS - MOUNT AUBURN PROFESSIONAL SERVICES DR LLOYD DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE DR LLOYD PERFORMS SERVICES FOR BOTH MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES AS REQUIRED BY THIS FORM 990, ALTHOUGH DR LLOYD IS PAID DIRECTLY BY MOUNT AUBURN PROFESSIONAL SERVICES, THE PORTION OF DR LLOYD'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY MAH BASE COMPENSATION 194,265 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 1,016 DEFERRED COMPENSATION 4,264 NON-TAXABLE BENEFITS 0 PAYMENTS REPORTED BY MAPS BASE COMPENSATION 194,265 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 1,016 DEFERRED COMPENSATION 4,264 NON-TAXABLE BENEFITS 0

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CLOUGH JEANETTE TRUSTEE (EX-OFF)/PRESIDENT/CEO	(I)	570,546	426,700	4,307,361	184,900	13,405	5,502,912	0
	(II)	100,685	75,300	760,123	32,629	- 2,365	- 971,102	0
1 HUANG MD EDWIN TRUSTEE, CHAIR-OB/GYN	(I)	241,553	48,000	2,407	10,800	14,891	317,651	0
	(II)	161,036	32,000	1,605	7,200	- 9,928	- 211,769	0
2 DILESO NICHOLAS CHIEF OPERATING OFFICER	(I)	369,522	94,182	19,549	394,094	22,945	900,292	0
	(II)	0	0	0	0	- 0	- 0	0
3 SULLIVAN WILLIAM J VP & CFO	(I)	278,541	64,740	1,291	132,599	18,380	495,551	0
	(II)	57,050	13,260	265	27,159	- 3,765	- 101,499	0
4 BAKER RN DEBORAH VP, PATIENT CARE SERVICES	(I)	525,584	50,923	1,485	52,206	22,145	652,343	0
	(II)	0	0	0	0	- 0	- 0	0
5 BRIDGEMAN JOHN VP, CLINICAL SERVICES	(I)	206,516	41,209	3,204	65,626	24,645	341,200	0
	(II)	0	0	0	0	- 0	- 0	0
6 BURKE KATHRYN VP, CONTRACTING & BUSINESS DEV	(I)	285,311	70,590	2,394	91,964	23,645	473,904	0
	(II)	0	0	0	0	- 0	- 0	0
7 CHEUNG MD YVONNE Y CHAIR QUALITY & SAFETY	(I)	280,010	0	977	77,952	91	359,030	0
	(II)	0	0	0	0	- 0	- 0	0
8 O'CONNELL MICHAEL L VP, PLANNING & MARKETING	(I)	198,378	54,980	26,571	70,548	24,145	374,622	0
	(II)	0	0	0	0	- 0	- 0	0
9 LLOYD MD JANET CHAIR, DEPT OF PEDIATRICS	(I)	194,265	0	1,016	4,264	0	199,545	0
	(II)	194,265	0	1,016	4,264	- 0	- 199,545	0
10 NAUTA MD RUSSELL J CHAIR, DEPT OF SURGERY	(I)	323,206	71,775	16,726	86,616	22,458	520,781	0
	(II)	80,802	17,944	4,181	21,654	- 5,615	- 130,196	0
11 ROSENBLATT MD PETER PHYSICIAN, UROGYNECOLOGY	(I)	47,832	970	129	1,855	2,215	53,001	0
	(II)	430,484	8,731	1,164	16,695	- 19,930	- 477,004	0
12 SETNIK MD GARY S CHAIR, DEPT OF EMERG MEDICINE	(I)	192,078	48,750	4,171	21,720	12,364	279,083	0
	(II)	128,052	32,500	2,781	14,480	- 8,242	- 186,055	0
13 STONE MD VALERIE CHAIR, DEPT OF MEDICINE	(I)	369,374	0	16,918	0	19,053	405,345	0
	(II)	65,184	0	2,986	0	- 3,362	- 71,532	0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MASS DEVELOPMENT FINANCE AGENCY	04-3431814	57584XMT5	05-12-2016	257,611,877	SEE PART VI		X		X		X
B	MASS DEVELOPMENT FINANCE AGENCY	04-3431814	57584XDH1	09-02-2015	203,702,204	SEE PART VI		X		X		X
C	MASS DEVELOPMENT FINANCE AGENCY	04-3431814	NONEAVAIL	07-11-2012	49,910,000	REFUND ISSUE DATED 2/11/1998		X		X		X
D	MASS DEVELOPMENT FINANCE AGENCY	04-3431814	NONEAVAIL	09-15-2011	120,280,000	REFUND ISSUE DATED 2/11/1998		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		5,860,000		51,670,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	257,618,370	203,702,204	49,910,000	120,280,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	226,126,327	100,979,395		
7	Issuance costs from proceeds	2,515,889	2,348,479	368,094	290,672
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	19,006,493			
11	Other spent proceeds	9,969,661	100,374,330	49,541,906	119,989,328
12	Other unspent proceeds				
13	Year of substantial completion				

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

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		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 %		0 500 %				
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 %		0 400 %				
6	Total of lines 4 and 5		0 %		0 900 %				
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 BETH ISRAEL DEACONESS HEALTHCARE A/K/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
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, 2016 WERE REVIEWED TO ENSURE PROPER ACCOUNTING OF ANY PRIVATE USE GENERATED FROM SUCH ACTIVITIES IN ADDITION, SUCH AGREEMENTS ARE GENERALLY REVIEWED BY INSIDE COUNSEL PRIOR TO FINALIZING

Return Reference	Explanation
SCHEDULE K, PART 1, COLUMN F - DESCRIPTION OF TAX-EXEMPT DEBT PURPOSE	PURPOSES OF CAREGROUP SERIES I BONDS - REFUNDING THE REMAINING PORTION OF THE OUTSTANDING PRINCIPAL BALANCE OF THE CAREGROUP SERIES B BONDS, A PORTION OF THE CAREGROUP SERIES D BO NDS AND ALL OF THE CAREGROUP SERIES E-1 BONDS CREATING AN IRREVOCABLE REFUNDING TRUST DATE D MAY 12, 2016 - TO FINANCE AND REFINANCE THE ACQUISITION AND IMPLEMENTATION OF AN INTEGR ATED INFORMATION TECHNOLOGY PLATFORM FOR MOUNT AUBURN HOSPITAL - TO FINANCE AND REFINANCE THE ACQUISITION AND INSTALLATION OF CAPITAL EQUIPMENT AND THE CONSTRUCTION OF IMPROVEMENTS AND RENOVATIONS TO MISCELLANEOUS OBLIGATED GROUP FACILITIES PURPOSES OF CAREGROUP SERIES H BONDS - REFUNDING THE REMAINING PORTION OF THE OUTSTANDING PRINCIPAL BALANCE OF THE MIL TON SERIES D BONDS, THE PLYMOUTH SERIES D BONDS, THE PLYMOUTH SERIES E BONDS, AND A PORTIO N OF THE CAREGROUP SERIES E BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED SEPTEMB ER 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 R EFUNDING TRUST DATED JULY 1, 2012 PURPOSES OF CAREGROUP SERIES F BONDS - REFUNDING OF A P ORTION 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 EQUIPM ENT 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-ST ORY ACUTE CARE FACILITY TO SUPPORT ADDITIONAL CRITICAL CARE AND MEDICAL/SURGICAL BEDS, EXP ANDED OPERATING ROOMS AND INTERVENTIONAL RADIOLOGY ROOMS AND A NEW PARKING GARAGE - TO FIN ANCE OR REFINANCE CONSTRUCTION, RENOVATION, FURNISHING AND VARIOUS OTHER CAPITAL ACQUISITI ONS 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, CONSTR UCTION OF A CENTRAL STERILE SUPPLY AREA OF APPROXIMATELY 8,290 SQUARE FEET AND CONSTRUCTIO N OF NEW OPERATING ROOMS OF APPROXIMATELY 18,615 SQUARE FEET, - TO FINANCE OR REFINANCE CO NSTRUCTION, 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, RADI OLOGY DEPARTMENT AND ASSOCIATED SUPPORT SERVICES, - TO REFINANCE $201,975,000 OF DEBT PREV IOUSLY ISSUED BY MEMBERS OF THE OBLIGATED GROUP, INCLUDING $138,075,000 OF THE CAREGROUP S ERIES C BONDS DESCRIBED BELOW PURPOSES OF CAREGROUP SERIES D BONDS - REFUNDING OF THE OU TSTANDING PRINCIPAL BALANCE OF THE MAH SERIES B BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED JULY 13, 2004 PUR

Return Reference	Explanation
SCHEDULE K, PART 1, COLUMN F - DESCRIPTION OF TAX-EXEMPT DEBT PURPOSE	POSES 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 TRUS T DATED JULY 13, 2004

Return Reference	Explanation
SCHEDULE K (1 OF 2) PART II, COLUMN A, LINE 3	THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE $6,493 OF INVESTMENT EARNINGS

Return Reference	Explanation
SCHEDULE K (1 OF 2) PART II, COLUMNS A, B & C, LINE 11	THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW

Return Reference	Explanation
SCHEDULE K (1 OF 2) PART II, COLUMNS D, LINE 11	$8,993,760 OF THE PROCEEDS LISTED WERE USED FOR TERMINATION OF THE HEDGE AGREEMENT, WITH THE REMAINDER BEING REFUNDING PROCEEDS THAT ARE NO LONGER IN ESCROW

Return Reference	Explanation
SCHEDULE K (2 OF 2) PART II, COLUMN A, LINE 2	THE AMOUNT OF BONDS LEGALLY DEFEASED THE 2015 ISSUE ADVANCE REFUNDED $100,675,000 OF THE 1998 AND 2008 ISSUES THESE BONDS WILL BE CALLED BY JULY 1, 2018, THE 2016 ISSUE ADVANCED REFUNDED $143,845,000 OF THE E-1 ISSUE THOSE BONDS WILL BE CALLED BY JULY 1, 2018

Return Reference	Explanation
SCHEDULE K (2 OF 2) PART II, COLUMN A, 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 (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 III, COLUMNS C AND D	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 IV, COLUMN A, LINE 2C	AN ARBITRAGE REBATE CALCULATION WAS COMPLETED AS OF SEPTEMBER 30, 2012

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

MOUNT AUBURN HOSPITAL

Employer identification number

04-2103606

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MASS HEALTH AND ED FACILITIES AUTH	04-2456011	57586C3S2	06-09-2008	377,527,010	SEE PART VI	X			X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	104,580,000			
2	Amount of bonds legally defeased	244,520,000			
3	Total proceeds of issue	378,911,689			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	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	213,068,927			
12	Other unspent proceeds				
13	Year of substantial completion	2011			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
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?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X							

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 300 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						
6	Total of lines 4 and 5		0 300 %						
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, 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								
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						
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).

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

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

Part III Grants or Assistance 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	MOUNT AUBURN HOSPITAL, MOUNT AUBURN PROFESSIONAL SERVICES AND CAREGROUP PARMENTER HOME CARE & HOSPICE MAY BE REFERRED TO IN THESE EXPLANATORY NOTES TO FORM 990 SCHEDULE L PART IV AS MAH, MAPS AND CPHCH RESPECTIVELY ALL DIRECTORS/TRUSTEES SERVE WITHOUT COMPENSATION OR BENEFITS COMPENSATION PAID TO OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES WAS EARNED FOR WORK PERFORMED IN A CAPACITY OTHER THAN THAT OF DIRECTOR/TRUSTEE MOUNT AUBURN HOSPITAL (MAH) MAINTAINS AN ACCOUNTABLE BUSINESS EXPENSE REIMBURSEMENT PLAN FROM TIME TO TIME, MAH MAY REIMBURSE ITS OFFICERS, DIRECTORS/TRUSTEES AND/OR KEY EMPLOYEES FOR EXPENSES THEY INCURRED AND WHICH ARE PROPERLY ORDINARY AND NECESSARY BUSINESS EXPENSES OF THE REPORTING ENTITY THE POLICIES AND PROCEDURES REQUIRED BY THE ACCOUNTABLE BUSINESS PLAN MUST BE FOLLOWED IN ORDER TO RECEIVE REIMBURSEMENT FOR SUCH EXPENSES AND IT IS POSSIBLE THAT ONE OR MORE INDIVIDUALS RECEIVED NON-TAXABLE REIMBURSEMENTS WHICH TOTALED $10,000 OR MORE DURING THE FISCAL PERIOD COVERED BY THIS FILING ALL OF THE ABOVE TRANSACTIONS WERE NEGOTIATED AT ARMS-LENGTH AND IN ACCORDANCE WITH THE 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	306,882	MICHAEL SHORTSLEEVE, M D , A MEMBER OF THE MAH BOARD OF TRUSTEES AND CHAIR OF THE DEPARTMENT OF RADIOLOGY, IS THE PRESIDENT OF SCHATZKI ASSOCIATES SCHATZKI ASSOCIATES PROVIDED RADIOLOGY AND TEACHING SERVICES TO MAH, INCLUDING THE CHAIR OF THE DEPARTMENT OF RADIOLOGY CHARGES FOR THOSE SERVICES DURING THE FISCAL YEAR WERE $306,882 THE FEES PAID TO SCHATZKI ASSOCIATES REFLECTED FAIR MARKET VALUE RATES SEE FORM 990 PART VII AND SCH J FOR ADDITIONAL INFORMATION		No
(1) JAMES RAFFERTY	FAMILY MEMBER	108,092	KATHERINE RAFFERTY, COMMUNITY RELATIONS DIRECTOR AT MOUNT AUBURN HOSPITAL, IS THE SISTER OF JAMES RAFFERTY WHO IS A MAH TRUSTEE HER SALARY AND OTHER INCOME FOR THE CALENDAR YEAR 2015 INCLUDE BASE COMPENSATION 92,951INCENTIVE COMPENSATION 390OTHER REPORTABLE COMPENSATION 124DEFERRED COMPENSATION 6,698NON-TAXABLE BENEFITS 7,929		No
(2) CONTRIBUTOR #3	SUBSTANTIAL CONTRIBUTOR	1,104,354	ANAESTHESIA SERVICES		No

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
(4) CONTRIBUTOR #8	SUBSTANTIAL CONTRIBUTOR	108,156	BANK FEES		No
(1) CONTRIBUTOR #28	SUBSTANTIAL CONTRIBUTOR	5,759,842	EPIC COMPUTER SYSTEM		No
(2) CONTRIBUTOR #72	SUBSTANTIAL CONTRIBUTOR	2,023,959	CASE MGMT/DATA WAREHOUSING/ACO EXPENSE/REINSURANCE RECOVERY PASS-THRU PAYMENTS		No

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
(7) CONTRIBUTOR #84	SUBSTANTIAL CONTRIBUTOR	15,176,313	EPIC COMPUTER SYSTEM		No
(1) CONTRIBUTOR #88	SUBSTANTIAL CONTRIBUTOR	785,914	MALPRACTICE INSURANCE		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2015

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	2	53,624	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 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?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

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

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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

2015

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I, LINE 1 & PART III, LINE 1	ORGANIZATION'S MISSION 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

990 Schedule O, Supplemental Information

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, 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 MAH IS ALSO 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 2016, MOUNT AUBURN HOSPITAL HAD 183 LICENSED MEDICAL/SURGICAL BEDS, AND PROVIDED INPATIENT MEDICAL SERVICES TO 6,122 PATIENTS, AND INPATIENT SURGICAL SERVICES TO 2,184 PATIENTS

990 Schedule O, Supplemental Information

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 2016, MOUNT AUBURN HOSPITAL PROVIDED OUTPATIENT RADIOLOGY SERVICES TO 85,258 PATIENTS

990 Schedule O, Supplemental Information

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 AN D SUPPORT IS AVAILABLE FOR EXPECTANT AND NEW MOTHERS AND NEWBORNS THROUGHOUT PREGNANCY AND DELIVERY WOMEN CAN CHOOSE FROM A VARIETY OF HIGHLY TALENTED PROVIDERS, INCLUDING OBSTETR ICIANS, NURSE-MIDWIVES AND NURSE PRACTITIONERS, ALL OF WHOM COLLABORATE WITH EACH OTHER AS NEEDED THESE PROVIDERS OFFER PERSONAL AND INDIVIDUALIZED CARE, PROVIDING SUPPORT THROUGH LABOR AND ENCOURAGING FAMILY PARTICIPATION THE HOSPITAL'S GOAL IS A SAFE AND HEALTHY PRE GNANCY AND DELIVERY FOR EACH MOTHER AND BABY MOUNT AUBURN HOSPITAL OFFERS GUIDANCE, OPTIO NS AND A SEASONED TEAM OF PROVIDERS WHO ARE COMMITTED TO DELIVERING INDIVIDUALIZED CARE W OMEN WHO SEEK A MORE NATURAL APPROACH TO CHILDBIRTH ARE ENCOURAGED AND SUPPORTED WOMEN WH OSE PREGNANCIES ARE CONSIDERED TO BE HIGH RISK, SUCH AS THOSE HAVING TWINS OR MEDICAL PROB LEMS COMPLICATING THE PREGNANCY, WILL FIND THE SPECIALIZED EXPERTISE AND TECHNOLOGY THAT T HEY NEED THAT INCLUDES THE HOSPITAL'S LEVEL II NURSERY FOR NEWBORNS WHO REQUIRE EXTRA MED ICAL ATTENTION AND MONITORING DURING THE FIRST DAYS OF LIFE LABOR, DELIVERY AND POSTPARTU M CARE ARE ALL CENTERED AT THE BIRTHPLACE, MOUNT AUBURN'S OBSTETRICAL UNIT AFTER DELIVERY , MOST NEW MOTHERS NEED SUPPORT FROM NURSING STAFF AND LACTATION CONSULTANTS ON INFANT CAR E AND BREASTFEEDING MOUNT AUBURN'S BIRTHPLACE IS WHERE NEW MOTHERS AND BABIES RECEIVE ALL THE ATTENTION THEY NEED AT MOUNT AUBURN, WOMEN CAN CHOOSE FROM A VARIETY OF HIGHLY-QUALI FIED PROVIDERS, INCLUDING OBSTETRICIANS, NURSE-MIDWIVES AND NURSE PRACTITIONERS, ALL OF WH OM COLLABORATE WITH EACH OTHER AS NEEDED IN CARING FOR THEIR PATIENTS FOR EXAMPLE, IF A W OMAN DEVELOPS COMPLICATIONS DURING PREGNANCY, SHE CAN CONTINUE TO RECEIVE PRENATAL CARE FR OM HER NURSE-MIDWIFE, IN ADDITION TO SEEING MATERNAL-FETAL MEDICINE SPECIALISTS ON A REGUL AR BASIS OUR MAIN PROVIDERS INCLUDE - OBSTETRICIANS - DOCTORS WHO SPECIALIZE IN PREGNANC Y AND CHILDBIRTH, THEY HAVE THE TRAINING TO PROVIDE THE FULL SCOPE OF OBSTETRICAL PRACTICE , INCLUDING PERFORMING CESAREAN SECTIONS - NURSE-MIDWIVES - NURSES WHO SPECIALIZE IN NORMA L PREGNANCY AND CHILDBIRTH AND COLLABORATE WITH OBSTETRICIANS IN CASES WHERE COMPLICATIONS ARISE, NURSE-MIDWIVES SUPPORT WOMEN THROUGHOUT LABOR AND ENCOURAGE FAMILY INVOLVEMENT - N URSE PRACTITIONERS - NURSES WITH SPECIALIZED EXPERIENCE IN OBSTETRICS WHO PRACTICE IN COLL ABORATION WITH OBSTETRICIANS AND NURSE-MIDWIVES IN PROVIDING PRENATAL CARE - MATERNAL-FETA L MEDICINE SPECIALISTS - OBSTETRICIANS WHO HAVE SPECIAL TRAINING IN THE COMPLICATIONS OF P REGNANCY AND CHILDBIRTH MOUNT AUBURN HOSPITAL HAS A TALENTED NURSING STAFF IN PRENATAL/ANT ENATAL TESTING, LABOR AND DELIVERY, ON THE POSTPARTUM UNIT AND IN THE NURSERY ANESTHESIOL OGISTS ARE AVAILABLE 24 HOURS A DAY TO PROVIDE PAIN RELIEF DURING LABOR IN ADDITION, NEON ATOLOGISTS, WHO SPECIALIZE IN CARING FOR NEWBORNS, AND PEDIATRICIANS ARE ON SITE AROUND TH E CLOCK TO CARE FOR NEWBORNS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III LINE 4C - INPATIENT OBSTETRICS / NEWBORN SERVICES	MOUNT AUBURN ALSO OFFERS ADDITIONAL SERVICES TO WOMEN WHO ARE PLANNING TO HAVE THEIR BABIE S AT OUR HOSPITAL - FERTILITY SERVICES, INCLUDING OPTIONS, TESTING AND TREATMENT MANY CO UPLES NEED THE EXPERTISE OF A FERTILITY SPECIALIST MOUNT AUBURN HOSPITAL HAS FERTILITY SP ECIALISTS ON STAFF THAT COUNSEL COUPLES ON THE MOST CURRENT AVAILABLE OPTIONS AND DIRECT T HE NECESSARY TESTING AND TREATMENT AIMED AT A HEALTHY PREGNANCY AND BIRTH THIS INCLUDES A CCESS 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 PHY SICIAN WHO SPECIALIZES IN THE COMPLICATIONS OF PREGNANCY AND CHILDBIRTH, BECOMES PART OF THE TEAM AND SEES THE WOMAN ON A REGULAR BASIS - NURSERIES, CARING FOR YOUR BABY MOST NEWBORNS SPEND MOST OF THE DA Y WITH THEIR MOTHERS WHEN NEWBORNS NEED SPECIAL CARE, THEY STAY IN THE HOSPITAL'S LEVEL I I NURSERY, WHICH IS STAFFED BY NEONATOLOGISTS AND NEONATAL NURSES BY STAYING AT MOUNT AUB URN, WHERE A PEDIATRICIAN IS ON SITE 24 HOURS A DAY, BABIES REMAIN CLOSE TO THEIR FAMILY M EMBERS 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 PREN ATAL CARE AND CHILDBIRTH A SMOOTH, WELL-COORDINATED EXPERIENCE THE BAIN BIRTHING CENTER T HE 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 I S 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, PER SONAL AND NURTURING ATMOSPHERE, PAYING SPECIAL ATTENTION TO THE COMFORT OF THE MOTHER BY O FFERING SPECIAL FEATURES LIKE JACUZZI TUBS, RESTAURANT-STYLE MEALS, PARTNER CHAIRS THAT RE CLINE INTO BEDS FOR FATHERS OR OTHER SUPPORT PERSONS, AND ROOMS FEATURING VIEWS OF THE CHA RLES RIVER AND BOSTON SKYLINE IN CASES WHERE A CAESARIAN SECTION NEEDS TO BE PERFORMED, S URGICAL SUITES ARE LOCATED ADJACENT TO THE LABOR AND DELIVERY AREA A STATE-OF-THE-ART MON ITORING 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 CHOO SE TO HAVE AN EPIDURAL, BUT PROVIDERS AT MOUNT AUBURN, ESPECIALLY NURSE-MIDWIVES, ALSO SUP PORT 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, S UCH AS A WATER BIRTH, WILL ALSO FIND NURSE-MIDWIVES TO HELP THEM WITH SUCH OPTIONS IN CAS ES WHERE A CAESARIAN SECTION NEEDS TO BE PERFORMED, SURGICAL SUITES ARE LOCATED ADJACENT T O THE LABOR AND DELIVERY AREA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III LINE 4C - INPATIENT OBSTETRICS / NEWBORN SERVICES	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 CHIL DBIRTH EDUCATION CLASSES, BIRTHPLACE TOURS AND BREAST PUMP RENTALS SERVICES FOR NON-ENGLI SH SPEAKING PATIENTS INCLUDE STAFF INTERPRETERS, SPANISH-SPEAKING NURSE-MIDWIVES AND INTER PRETER 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 NEWBOR N NEEDS SPECIAL CARE, REST ASSURED THAT MOUNT AUBURN'S LEVEL II NURSERY IS EQUIPPED TO ADD RESS YOUR INFANT'S CRITICAL HEALTH ISSUES, INCLUDING PREMATURITY, MEDICAL AND FEEDING DIFF ICULTIES 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 CRITIC ALLY ILL INFANTS FOR TRANSFER TO A BOSTON-AREA LEVEL III NURSERY IN THE EVENT OF AN EMERGE NCY 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 A DDITION TO THE EXPERT OBSTETRIC TEAM, MOUNT AUBURN'S LEVEL II NURSERY FEATURES STATE-OF-TH E-ART MONITORING EQUIPMENT FOR NEONATES IF A NEWBORN IS SERIOUSLY ILL, HIS/HER PARENTS CA N BE ASSURED THAT HE OR SHE WILL RECEIVE THE BEST CARE POSSIBLE IN MOUNT AUBURN'S LEVEL II NURSERY DURING FISCAL 2016, MOUNT AUBURN HOSPITAL HAD 28 LICENSED OB/GYN BEDS PROVIDING SERVICES TO 2,651 PATIENTS AND 35 BASSINETS PROVIDING INPATIENT SERVICES TO 2,700 NEWBORNS

990 Schedule O, Supplemental Information

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, 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 2016, MOUNT AUBURN HOSPITAL HAD 15 LICENSED INPATIENT PSYCHIATRY BEDS, AND PROVIDED INPATIENT PSYCHIATRY SERVICES TO 298 PATIENTS THE HOSPITAL HAS A 24 HOUR EMERGENCY DEPARTMENT THAT SERVICED 36,224 VISITS IN ADDITION, THE HOSPITAL PROVIDED A VARIETY OF OUTPATIENT SERVICES TO MORE THAN 186,000 PATIENTS IN VARIOUS SPECIALTIES LISTED ABOVE, AND CONDUCTED MORE THAN 88,000 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV QUESTION 12A	AUDITED FINANCIAL STATEMENTS AS DESCRIBED IN THIS FILING, MOUNT AUBURN HOSPITAL (MAH) IS A PUBLIC CHARITY AND A REGIONAL TEACHING HOSPITAL, EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED THE FINANCIAL RECORDS OF MAH ARE AUDITED EACH YEAR AS PART OF THE MAH CONSOLIDATED AUDITED FINANCIAL STATEMENT PROCESS AND FOR THE FISCAL PERIOD COVERED BY THIS FILING, THE BOSTON, MA OFFICE OF KPMG ISSUED AND UNQUALIFIED OPINION ON THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF MAH AND AFFILIATES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV QUESTION 24A	TAX-EXEMPT DEBT 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV QUESTION 24B	INVESTMENT OF TAX-EXEMPT BOND PROCEEDS BEYOND THE TEMPORARY PERIOD EXCEPTION PROCEEDS IN THE PROJECT FUND WERE UNEXPECTEDLY HELD BEYOND THE THREE-YEAR TEMPORARY PERIOD, BUT WERE YIELD RESTRICTED IN COMPLIANCE WITH FEDERAL TAX REQUIREMENTS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 AND LEON PALANDJIAN - BUSINESS RELATIONSHIP IN ADDITION TO THE RELATIONSHIPS NOTED ABOVE AND AS NOTED IN VARIOUS NARRATIVE DISCLOSURES WHICH SUPPORT THIS FORM 990 AND RELATED SCHEDULES, 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 OF THE MEDICAL CENTER THE MEDICAL CENTER IS THE SOLE MEMBER OF BID-NEEDHAM, APG, BID-MILTON, BID-PLYMOUTH AND JORDAN HEALTH SYSTEMS, INC (JHSI) IN ADDITION, 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 OF NEW ENGLAND BAPTIST HOSPITAL (NEBH) AND MOUNT AUBURN HOSPITAL (MAH) IN TURN, NEBH SERVES AS THE SOLE MEMBER OF NEW ENGLAND BAPTIST MEDICAL ASSOCIATES (NEBMA) AND MAH SERVES AS THE SOLE MEMBER OF MOUNT AUBURN PROFESSIONAL SERVICES (MAPS) AND CAREGROUP PARMENTER HOME CARE & HOSPICE, INC 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 WITHIN THE CAREGROUP NETWORK OF AFFILIATED ORGANIZATIONS ADDITIONAL DETAIL IS PROVIDED IN THE EXPLANATORY NOTES TO THIS FORM 990 SCHEDULE J

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	DESCRIPTION OF PROCESS TO DETERMINE COMPENSATION OF THE ORGANIZATION'S CEO AND OTHER OFFIC ERS AND KEY EMPLOYEES MOUNT AUBURN HOSPITAL (MAH) HAS A COMPENSATION COMMITTEE (THE "COMMI TTEE") 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, W ITHOUT VOTING RIGHTS ALL OTHER MEMBERS OF THE COMMITTEE ARE INDEPENDENT THE COMMITTEE OP ERATES TO FULFILL THE FOLLOWING RESPONSIBILITIES - TO REVIEW AND APPROVE THE TOTAL COMPEN SATION OF EACH MEMBER OF THE HOSPITAL'S SENIOR MANAGEMENT TEAM SO AS TO ENSURE THAT SUCH C OMPENSATION REMAINS COMPETITIVE IN THE MARKETPLACE, REPRESENTS GOOD VALUE TO THE HOSPITAL FOR THE QUALITY AND QUANTITY OF SERVICES PROVIDED AND CONSTITUTES REASONABLE TOTAL COMPENS ATION TO THE EMPLOYEE IN LIGHT OF THE EMPLOYEE'S POSITION, RESPONSIBILITIES, QUALIFICATION S AND PERFORMANCE IN ACCORDANCE WITH INTERNAL AND EXTERNAL REASONABLE COMPENSATION STANDAR DS APPLICABLE TO THIS TAX EXEMPT HOSPITAL, - TO RECOMMEND TO THE BOARD OF TRUSTEES THE TER MS AND CONDITIONS OF ANY EMPLOYMENT AGREEMENTS BETWEEN THE HOSPITAL AND ITS PRESIDENT/CHIE F EXECUTIVE OFFICER INCLUDING BASE SALARIES, INCENTIVE COMPENSATION, SUPPLEMENTAL EMPLOYEE RETIREMENT PLANS, BENEFITS AND OTHER LAWFUL METHODS OF REASONABLE COMPENSATION, - TO RECO MMEND TO THE BOARD OF TRUSTEES FOR THE BOARD'S APPROVAL THE TERMS AND CONDITIONS OF ANY SU PPLEMENTAL EMPLOYEE RETIREMENT PLANS FOR HOSPITAL EXECUTIVES, - TO REVIEW AND APPROVE THOS E PORTIONS OF THE FEDERAL FORM 990 AND THE MASSACHUSETTS FORM PC, OR THEIR EQUIVALENTS, PE RTAINING 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 FR OM TIME TO TIME, TO ENGAGE OUTSIDE COMPENSATION CONSULTANTS AND LEGAL AND OTHER ADVISORS T O PROVIDE TO THE COMMITTEE APPROPRIATE AND RELIABLE COMPARABLE COMPENSATION DATA FOR SIMIL ARLY 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 HOS PITAL'S MANAGEMENT AND AUDITORS TO RESOLVE, OR TO RECOMMEND TO THE BOARD OF TRUSTEES RESOL UTION 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 MA TERIAL AMENDMENTS THERETO, - TO ADOPT SUCH POLICIES AND PROCEDURES AS THE COMMITTEE MAY DE TERMINE FROM TIME TO TIME TO BE NECESSARY OR USEFUL TO ENSURE THAT THE HOSPITAL PAYS REASO NABLE 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 PROP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	OSED CHANGES TO THE HOSPITAL'S BOARD OF TRUSTEES FOR ITS CONSIDERATION AND APPROVAL THE C OMMITTEE MEETS PERIODICALLY DURING THE YEAR TO REVIEW AND APPROVE INDIVIDUAL PERFORMANCE G OALS FOR MANAGEMENT AND THE CEO, TO REVIEW PERFORMANCE AGAINST SUCH GOALS, TO APPROVE INCE NTIVE COMPENSATION PAYMENTS TO MANAGEMENT, TO RECOMMEND COMPENSATION PAYMENTS TO THE CEO F OR APPROVAL BY THE TRUSTEES AND TO APPROVE SALARY ADJUSTMENTS FOR THE NEXT YEAR FURTHER, THE COMMITTEE WILL ADDRESS AS REQUIRED ANY CHANGES IN INDIVIDUAL OR GROUP COMPENSATION ARR ANGEMENTS AT SUCH MEETINGS THE COMMITTEE UNDERSTANDS THAT ONE OF ITS CORE RESPONSIBILITIE S IS TO ENSURE THAT THE TOTAL COMPENSATION PROVIDED TO THESE INDIVIDUALS IS FAIR AND REASO NABLE USING CURRENT AND CREDIBLE MARKET PRACTICE INFORMATION AND THAT ALL ARRANGEMENTS COM PLY WITH APPLICABLE LEGAL AND REGULATORY GUIDELINES THE COMPENSATION COMMITTEE HAS HISTOR ICALLY RELIED UPON GUIDANCE OUTLINED IN WRITTEN COMPENSATION SURVEYS/STUDIES PRODUCED UNDE R AN ARRANGEMENT WITH AN INDEPENDENT COMPENSATION CONSULTING FIRM THAT REGULARLY ASSESSES EXECUTIVE COMPENSATION AND BENEFITS OF ORGANIZATIONS SIMILAR TO MAH THE COMMITTEE HAS HIS TORICALLY HAD A FULL STUDY CONDUCTED BY SUCH FIRM EVERY OTHER YEAR WITH AN UPDATED STUDY I N THE OTHER YEARS THIS SURVEY HAS FORMED THE BASIS FOR THE COMMITTEE FULFILLING ITS RESPO NSIBILITY IN THIS REGARD FOR THE PERIODS COVERED IN THIS FORM 990, THE COMMITTEE MET TO R EVIEW THE COMPENSATION OF EACH OF THE INDIVIDUALS DESCRIBED ABOVE TOOLS UTILIZED FOR THIS REVIEW INCLUDED THE COMPENSATION STUDY PREPARED BY THE INDEPENDENT COMPENSATION CONSULTIN G FIRM CONTRACTED BY THE COMMITTEE. FURTHER, PERFORMANCE OF EACH INDIVIDUAL WAS MEASURED A GAINST PREVIOUSLY APPROVED GOALS AND OBJECTIVES IN DETERMINING INCENTIVE COMPENSATION PAYM ENTS AFTER DISCUSSION AND ANALYSIS, THE COMPENSATION COMMITTEE VOTED TO APPROVE THE COMPE NSATION ARRANGEMENTS OF ALL INDIVIDUALS DESCRIBED ABOVE EXCEPT FOR THE CEO IN A SEPARATE MEETING AT WHICH THE CEO WAS NOT PRESENT, THE COMPENSATION COMMITTEE DISCUSSED THE COMPENS ATION OF THE CEO AND THE PERFORMANCE OF THE CEO AGAINST PREVIOUSLY APPROVED GOALS AND OBJE CTIVES WITH THE INPUT OF THE COMPENSATION STUDY, THE COMMITTEE VOTED TO RECOMMEND FOR APP ROVAL BY THE BOARD OF TRUSTEES THE COMPENSATION ARRANGEMENT OF THE CEO AT A SUBSEQUENT ME ETING OF THE BOARD OF TRUSTEES OF THE HOSPITAL, FROM WHICH ALL TRUSTEES IN THE EMPLOY OF T HE HOSPITAL WERE EXCUSED, THE COMMITTEE CHAIRMAN MADE A FULL REPORT TO THE INDEPENDENT TRU STEES OF THE COMMITTEES ANALYSIS OF CEO COMPENSATION AND AFTER DISCUSSION RECOMMENDED THAT THE TRUSTEES APPROVE THE CEO COMPENSATION THE TRUSTEES VOTED AND APPROVED THE COMPENSATI ON ALL DELIBERATIONS WERE CONTEMPORANEOUSLY DOCUMENTED IN MINUTES THE COMPENSATION OF TH E MAH CEO WAS THEN ALSO REPORTED TO THE CAREGROUP EXECUTIVE COMMITTEE

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER FROM AFFILIATES -22,564,808 FAS 158 814,598

990 Schedule O, Supplemental Information

Return Reference	Explanation
STATEMENT REGARDING AMENDED FILING OF THE 2015 FORM 990	MOUNT AUBURN HOSPITAL IS SUBMITTING THIS AMENDED FILING TO CORRECT A FACT REPRESENTED IN THE SUPPLEMENTAL NARRATIVE SUPPORT IN FORM 990 SCHEDULE J PART III

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227032937

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

2015

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) ADVANCED VASCULAR CARE LLC 375 LONGWOOD AVE BOSTON, MA 02215 26-1647880	TO PROVIDE MEDICAL SUPPORT SERVICES	MA	N/A									
(2) 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									
(3) 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									
(4) BIDCO HOSPITAL LLC ONE UNIVERSITY AVE NORTH ENTRANCE WESTWOOD, MA 02090 46-1643790	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A									
(5) CAREGROUP CLINICAL RESEARCH LLC 109 BROOKLINE AVENUE BOSTON, MA 02215 30-0228711	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA	N/A									
(6) CAREGROUP INVESTMENT PARTNERSHIP LLP 109 BROOKLINE AVENUE BOSTON, MA 02215 04-3278109	INVESTMENT PARTNERSHIP	MA	BIDMC	EXCLUDED	6,955,613	112,838,319		No	4,477		No	11 000 %
(7) PHYSICIAN PROFESSIONAL SERVICES LLP 10 CABOT ROAD MEDFORD, MA 02215 04-3275078	TO PROVIDE MEDICAL BILLING SERVICES	MA	N/A									

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

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

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
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
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
BI COMMUNITY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2776678	INACTIVE CORPORATION	MA	501(C)(3)	LINE 7	N/A		No
BI DEACONESS DEPARTMENT OF MEDICINE FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3079630	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
BI DEACONESS DEPARTMENT OF NEONATOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 20-8253452	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
BI DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3030397	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
BI DEACONESS DEPARTMENT OF ORTHOPAEDIC SURGERY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 20-4974585	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
BI DEACONESS DEPARTMENT OF SURGERY FOUNDATION INC 110 FRANCIS STREET BOSTON, MA 02215 02-0671240	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
BI DEACONESS HOSPITAL - NEEDHAM INC 148 CHESTNUT ST NEEDHAM, MA 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
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE BOSTON, MA 02215 04-2103881	THE OPERAION OF A WORLD CLASS ACADEMIC MEDICAL CENTER IN BOSTON, MA	MA	501(C)(3)	LINE 3	CAREGROUP INC		No
BIDMC AND CHILDREN'S HOSPITAL MEDICAL CARE CORP 300 LONGWOOD AVE BOSTON, MA 02215 04-3200113	OUTPATIENT AMBULATORY CARE CENTER IN LEXINGTON, MA	MA	501(C)(3)	LINE 11A, I	N/A		No
BIDMC OBSTETRICS AND GYNECOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2794855	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
BI DERMATOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3117601	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
BIH PATHOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 22-2548374	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
BIH RADIOLOGIC FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2571853	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
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
CAREGROUP INC 109 BROOKLINE AVE BOSTON, MA 02215 22-2629185	OVERSEE FINANCIAL HEALTH OF AFFILIATES	MA	501(C)(3)	LINE 11C, III-FI	N/A		No
CARL J SHAPIRO INSTITUTE FOR EDUCATION AND RESEARCH 330 BROOKLINE AVE BOSTON, MA 02215 04-3326928	DEVELOP INNOVATIVE PROG AND MODELS FOR TEACHING AND RESEARCH	MA	501(C)(3)	LINE 11A, I	N/A		No
CONTINUING EDU PROGRAM DBA BID DEPT OF PSYCH FDN C/O HARVARD MED SCH 401 PARK DR BOSTON, MA 02215 04-3242952	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 11A, I	HMFP AT BIDMC		No
MED CARE OF BOSTON MGMT CORP DBA BID HEALTHCARE 400 HUNNEWELL ST NEEDHAM, MA 02494 04-2810972	OUTPATIENT, PRIMARY CARE AND SPECIALTY SERVICES	MA	501(C)(3)	LINE 9	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MOUNT AUBURN PROFESSIONAL SERVICES INC 330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-3026897	OFFERING MEDICAL CARE IN GENERAL AND SPECIALIZED PRACTICES	MA	501(C)(3)	LINE 11A, I	MOUNT AUBURN HOSPITAL		No
NEW ENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVE BOSTON, MA 02120 04-2103612	ORTHOPEDIC SPECIALTY HOSPITAL	MA	501(C)(3)	LINE 3	CAREGROUP INC		No
NEW ENGLAND BAPTIST MEDICAL ASSOCIATES INC 125 PARKER HILL AVE BOSTON, MA 02120 04-3235796	OUTPATIENT MEDICAL SERVICES TO THE VARIOUS COMMUNITIES SERVICED BY NEBH	MA	501(C)(3)	LINE 3	NEW ENGLAND BAPTIST HOSPITAL INC		No
LONGWOOD MEDICAL ENERGY COLLABORATIVE 25 SHATTUCK ST BOSTON, MA 02115 04-3476764	COORDINATE AND PROVIDE STATEGIC PLANNING OPP FOR HMS	MA	501(C)(3)	LINE 11A, I	N/A		No
HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC 375 LONGWOOD AVE BOSTON, MA 02215 22-2768204	GENERAL AND SPECIALIZED MEDICAL SERVICES TO THE PATIENTS OF BIDMC AND OTHERS	MA	501(C)(3)	LINE 9	N/A		No
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
COMMUNITY PHYSICIAN ASSOCIATES INC 199 REEDSDALE RD MILTON, MA 02186 04-3243146	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	LINE 3	MILTON HOSPITAL FOUNDATION INC		No
MILTON HOSPITAL FOUNDATION INC 199 REEDSDALE RD MILTON, MA 02186 22-2566792	PROMOTE HEALTHCARE	MA	501(C)(3)	LINE 11A, I	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
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
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
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
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
CAREGROUP PARMENTER HOME CARE & HOSPICE INC 330 MT AUBURN ST CAMBRIDGE, MA 02138 47-3111453	HOME CARE & HOSPICE	MA	501(C)(3)	LINE 11A, I	MOUNT AUBURN HOSPITAL		No
BAIM INSTITUTE OF CLINICAL RESERCH INC FKA HCRI 930 W COMMONWEALTH AVE BOSTON, MA 02215 04-3521077	SCIENTIFIC & MEDICAL RESEARCH	MA	501(C)(3)	LINE 7	N/A		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of 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									
BETH ISRAEL DEACONESS PHYS ORG LLC DBA BIDCO ONE UNIVERSITY AVE NORTH ENTRANCE WESTWOOD, MA 02090 04-3426253	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A									
BIDCO PHYSICIAN LLC ONE UNIVERSITY AVE NORTH ENTRANCE WESTWOOD, MA 02090 46-1589743	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A									
BIDCO HOSPITAL LLC ONE UNIVERSITY AVE NORTH ENTRANCE WESTWOOD, MA 02090 46-1643790	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A									
CAREGROUP CLINICAL RESEARCH LLC 109 BROOKLINE AVENUE BOSTON, MA 02215 30-0228711	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA	N/A									

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CAREGROUP INVESTMENT PARTNERSHIP LLP 109 BROOKLINE AVENUE BOSTON, MA 02215 04-3278109	INVESTMENT PARTNERSHIP	MA	BIDMC	EXCLUDED	6,955,613	112,838,319		No	4,477		No	11 000 %
PHYSICIAN PROFESSIONAL SERVICES LLP 10 CABOT ROAD MEDFORD, MA 02215 04-3275078	TO PROVIDE MEDICAL BILLING SERVICES	MA	N/A									