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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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017

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 $ 341,330,004

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**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	2,739
6	Total number of volunteers (estimate if necessary)	**6**	321
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,587,813
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-476,319

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,644,586	3,658,503
9	Program service revenue (Part VIII, line 2g)	330,125,728	310,667,971
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,407,781	2,309,005
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,290,266	8,719,375
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	350,468,361	325,354,854
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,500	561,733
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)	179,273,013	180,765,028
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,018,496		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	149,217,817	147,380,488
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	328,494,330	328,707,249
19	Revenue less expenses Subtract line 18 from line 12	21,974,031	-3,352,395

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	481,671,549	454,327,339
21	Total liabilities (Part X, line 26)	210,273,979	202,457,060
22	Net assets or fund balances Subtract line 21 from line 20	271,397,570	251,870,279

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: 2018-08-07

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			P00743140

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

Firm's address ▶ TWO JERICHO PLAZA
JERICHO, NY 11753

Phone no (516) 918-7000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 109,679,761 including grants of $ 561,733) (Revenue $ 114,929,128)
See Additional Data

4b (Code) (Expenses $ 25,745,481 including grants of $) (Revenue $ 31,299,333)
See Additional Data

4c (Code) (Expenses $ 30,867,179 including grants of $) (Revenue $ 29,412,491)
See Additional Data

(Code) (Expenses $ 112,166,501 including grants of $) (Revenue $ 135,023,497)
SEE SCHEDULE O

4d Other program services (Describe in Schedule O)
(Expenses $ 112,166,501 including grants of $) (Revenue $ 135,023,497)

4e **Total program service expenses** ▶ 278,458,922

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	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	
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**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *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**	199		
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**	2,739		
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	22		
	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	13		
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) ▶								5,185,392	1,249,145	1,714,677

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 ▶ 360

			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**	Yes	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EPIC SYSTEMS CORPORATION 1979 MILKY WAY VERONA, WI 53593	MAINTENANCE	8,050,048
CUMBERLAND CONSULTING GROUP LLC 720 COOL SPRINGS BOULEVARD SUITE 55 FRANKLIN, TN 37067	CONSULTING	7,359,047
WALSH BROTHERS INC 210 COMMERCIAL ST BOSTON, MA 02109	CONTRACTOR	3,780,232
QUEST DIAGNOSTICS NICHOLS INSTITUTE 12436 COLLECTIONS CENTER DRIVE CHICAGO, IL 606932436	LAB TESTING	2,616,345
CAREGROUP INC 109 BROOKLINE AVENUE BOSTON, MA 02215	MGMT SERVICES	2,079,264

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 ▶ 65

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 721,297			
	d Related organizations	1d			
	e Government grants (contributions)	1e 11,136			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,926,070			
	g Noncash contributions included in lines 1a-1f $ 630,666				
	h **Total.** Add lines 1a-1f . . . . . ▶	3,658,503			

Program Service Revenue	Business Code				
2a INPATIENT MEDICAL SURG	900099	114,929,128	114,929,128		
b OUTPATIENT RADIOLOGY	900099	31,299,333	31,299,333		
c INPATIENT OBSTETRICS /	900099	29,412,491	29,412,491		
d OUTPATIENT SURGERY	621990	27,155,923	27,155,923		
e PROGRAM SERVICE REVENU	621990	22,169,355	22,169,355		
f All other program service revenue		85,701,741	85,701,741		
g **Total.** Add lines 2a–2f . . . . ▶	310,667,971				

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		723,947		-54,747	778,694
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					
	(i) Real	(ii) Personal			
6a Gross rents	2,185,789				
b Less rental expenses	944,550				
c Rental income or (loss)	1,241,239				
d Net rental income or (loss) . . . . . ▶		1,241,239			1,241,239
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	16,246,339	400			
b Less cost or other basis and sales expenses	14,657,759	3,922			
c Gain or (loss)	1,588,580	-3,522			
d Net gain or (loss) . . . . . ▶		1,585,058	-3,522	32,614	1,555,966
8a Gross income from fundraising events (not including $ 721,297 of contributions reported on line 1c) See Part IV, line 18 . . . . a	128,778				
b Less direct expenses . . . b	368,919				
c Net income or (loss) from fundraising events . . ▶		-240,141			-240,141
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 PARKING & GARAGES	812930	2,570,710			2,570,710
b LAB TESTING	541380	2,516,112		2,516,112	
c CAFETERIA	722310	1,853,635			1,853,635
d All other revenue		777,820		93,834	683,986
e **Total.** Add lines 11a–11d . . . . . ▶		7,718,277			
12 **Total revenue.** See Instructions . . . . . ▶		325,354,854	310,664,449	2,587,813	8,444,089

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	557,733	557,733		
2 Grants and other assistance to domestic individuals See Part IV, line 22	4,000	4,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,498,133	2,010,719	3,487,414	
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	141,464,431	126,753,623	14,363,632	347,176
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,290,284	5,535,450	691,931	62,903
9 Other employee benefits	17,233,918	15,165,848	1,895,731	172,339
10 Payroll taxes	10,278,262	9,044,871	1,130,609	102,782
11 Fees for services (non-employees)				
a Management				
b Legal	470,083		470,083	
c Accounting	246,574		246,574	
d Lobbying	68,685		68,685	
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)	20,175,304	15,571,597	4,546,426	57,281
12 Advertising and promotion	204,947	31,289	173,658	
13 Office expenses	53,735,593	52,399,774	1,309,020	26,799
14 Information technology	12,234,848	9,163,489	3,052,945	18,414
15 Royalties				
16 Occupancy	7,146,620	5,395,587	1,693,538	57,495
17 Travel	193,106	153,820	38,485	801
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,312,276	2,169,259		143,017
20 Interest	3,503,478	2,592,574	910,904	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,940,260	11,154,251	8,786,009	
23 Insurance	1,788,912	1,654,851	134,061	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MGMT FEES & SUPPORT	13,238,483	7,367,842	5,841,877	28,764
b UNCOMPENSATED CARE	5,868,912	5,868,912		
c PATIENT SERVICES	4,821,509	4,813,617	7,892	
d DUES	1,430,898	1,049,816	380,357	725
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	328,707,249	278,458,922	49,229,831	1,018,496
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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	63,281,520	1	2,015,916
	2	Savings and temporary cash investments	26,192,798	2	31,137,961
	3	Pledges and grants receivable, net	500,314	3	130,615
	4	Accounts receivable, net	40,448,989	4	40,969,649
	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	4,267,778	8	4,491,296
	9	Prepaid expenses and deferred charges	4,464,251	9	6,563,782
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 544,900,974			
	b	Less accumulated depreciation — 10b: 319,042,601	196,976,359	10c	225,858,373
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	133,714,924	12	131,518,646
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	11,824,616	15	11,641,101
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	481,671,549	16	454,327,339
Liabilities	17	Accounts payable and accrued expenses	38,486,900	17	42,583,069
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	152,007,210	20	143,984,133
	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	19,779,869	25	15,889,858
	26	**Total liabilities.** Add lines 17 through 25	210,273,979	26	202,457,060
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	260,146,922	27	239,472,841
	28	Temporarily restricted net assets	6,699,488	28	7,821,468
	29	Permanently restricted net assets	4,551,160	29	4,575,970
		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	271,397,570	33	251,870,279
	34	Total liabilities and net assets/fund balances	481,671,549	34	454,327,339

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	325,354,854
2	Total expenses (must equal Part IX, column (A), line 25)	2	328,707,249
3	Revenue less expenses Subtract line 2 from line 1	3	-3,352,395
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	271,397,570
5	Net unrealized gains (losses) on investments	5	10,122,500
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	-26,297,396
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	251,870,279

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 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

SEE SCHEDULE O

Form 990, Part III, Line 4c:

SEE SCHEDULE O

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-OFFICIO)	1 00 0 00	X						0	0	0
BARRON KENNETH S TRUSTEE	1 00 0 00	X						0	0	0
CALANO DANIEL V TRUSTEE	1 00 0 00	X						0	0	0
CANEPA JOHN J TRUSTEE, CO-CHAIR	8 00 3 00	X						0	0	0
GORDON LISA TRUSTEE	1 00 0 00	X						0	0	0
HUANG MD EDWIN TRUSTEE, CHAIR-OB/GYN	36 00 24 00	X						297,095	198,064	50,844
KETTYLE MD WILLIAM TRUSTEE	1 00 1 00	X						0	0	0
KIM KIJA TRUSTEE	1 00 0 00	X						0	0	0
LUCCHINO DAVID L TRUSTEE	1 00 0 00	X						0	0	0
MAMBRINO MD LAWRENCE TTEE/INT CHR, CREDENTIALS COMM	8 00 0 00	X						30,000	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			
MASSARO GEORGE TRUSTEE	1 00 0 00	X						0	0	0
REARDON GERALD TRUSTEE	1 00 0 00	X						0	0	0
ROLLER JOSEPH TRUSTEE & CO-CHAIR	9 00 1 00	X						0	0	0
SHACHOY CHRISTOPHER TRUSTEE (EX-OFFICIO)	1 00 0 00	X						0	0	0
SHAPIRO MD DEBRA TRUSTEE	1 00 0 00	X						0	0	0
SHORTSLEEVE MD MICHAEL TRUSTEE/CHAIR, DEPT RADIOLOGY	5 00 0 00	X						23,625	0	0
STEVENSON HOWARD H TRUSTEE & VICE CHAIR	5 00 0 00	X						0	0	0
SWANN ERIC TRUSTEE	1 00 0 00	X						0	0	0
WAGNER III HERBERT S TRUSTEE	1 00 0 00	X						0	0	0
WILSON WILLIAM TRUSTEE	1 00 0 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			
CLOUGH JEANETTE G TRUSTEE (EX-OFF)/PRESIDENT/CEO	55 00 10 00	X		X				853,383	174,790	313,465
PALANDJIAN LEON TRUSTEE & TREASURER	2 00 0 00	X		X				0	0	0
RAFFERTY JAMES J TRUSTEE & CLERK	2 00 0 00	X		X				0	0	0
DIIESO NICHOLAS CHIEF OPERATING OFFICER	60 00 0 00			X				525,897	0	258,640
SULLIVAN WILLIAM J VP FINANCE, CFO	50 00 10 00			X				346,305	97,676	197,979
BAKER RN DEBORAH VP, PATIENT CARE SERVICES	60 00 0 00				X			297,989	0	90,660
BRIDGEMAN JOHN VP, CLINICAL SERVICES	60 00 0 00				X			263,137	0	91,267
BURKE KATHRYN VP, CONTRACTING & BUSINESS DEV	60 00 0 00				X			366,705	0	119,100
CHEUNG MD YVONNE Y CHAIR QUALITY & SAFETY	60 00 0 00				X			340,533	0	111,686
O'CONNELL MICHAEL L VP, PLANNING & MARKETING	60 00 0 00				X			323,521	0	97,106

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			
NAUTA MD RUSSELL CHAIR OF SURGERY	48 00 12 00					X		414,312	103,578	156,694
STONE VALERIE MD, CHAIR DPT OF MEDICINE	50 00 10 00					X		428,115	87,686	23,659
ROSENBLATT PETER PHYSICIAN, UROGYNECOLOGY	6 00 54 00					X		47,125	424,118	44,370
SETNIK MD GARY S CHAIR, EMER MED	36 00 24 00					X		244,851	163,233	57,832
WU PHILIP MD, CHIEF MED INFORMATION OFF	60 00 0 00					X		382,799	0	101,375

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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

2016

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

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

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

2016

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)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(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		68,685
j	Total Add lines 1c through 1i			68,685
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, 2017 MAH IS REPORTING TOTAL COMBINED INDIRECT LOBBYING EXPENSES THROUGH MEMBERSHIP ORGANIZATIONS AND DIRECT LOBBYING EXPENSES OF $68,685 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

2016

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

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	11,250,648	11,062,691	10,041,820	10,269,240	9,721,077
b Contributions	2,415,389	3,035,792	4,217,655	5,361,641	3,229,776
c Net investment earnings, gains, and losses	749,417	469,901	-177,969	535,470	934,739
d Grants or scholarships					
e Other expenditures for facilities and programs	2,018,016	3,317,736	3,018,815	6,124,531	3,616,352
f Administrative expenses					
g End of year balance	12,397,438	11,250,648	11,062,691	10,041,820	10,269,240

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 ▶ 37 000 %
- c Temporarily restricted endowment ▶ 63 000 %

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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		169,000		169,000
b Buildings		223,229,876	113,017,567	110,212,309
c Leasehold improvements		4,809,834	3,924,353	885,481
d Equipment		313,479,557	202,100,681	111,378,876
e Other		3,212,707		3,212,707
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				225,858,373

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 CIP EIN 04-3278109	131,518,646	F
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	131,518,646	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	
DEFERRED COMP	4,056,935
SERP	2,959,183
SHATZKY ANNUITY	36,475
DEFERRED REVENUE-LT	366,878
GIFT ANNUITIES	47,819
ASSET RETIREMENT OBLIGATION	854,685
ACCRUED POST RETIREMENT BENEFITS	471,438
PROFESSIONAL LIABILITY CLAIMS RESERVE	6,785,677
DUE TO AFFILIATES	310,768
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	15,889,858

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	421,797,000
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	97,684,424		
e	Add lines **2a** through **2d**			2e	97,684,424
3	Subtract line **2e** from line **1**			3	324,112,576
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	1,242,278		
c	Add lines **4a** and **4b**			4c	1,242,278
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	325,354,854

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	446,765,000
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	118,057,751		
e	Add lines **2a** through **2d**			2e	118,057,751
3	Subtract line **2e** from line **1**			3	328,707,249
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	328,707,249

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	4,056,935
SERP	2,959,183
SHATZKY ANNUITY	36,475
DEFERRED REVENUE-LT	366,878
GIFT ANNUITIES	47,819
ASSET RETIREMENT OBLIGATION	854,685
ACCRUED POST RETIREMENT BENEFITS	471,438
PROFESSIONAL LIABILITY CLAIMS RESERVE	6,785,677
DUE TO AFFILIATES	310,768

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, 2017, THESE SOURCES INCREASED FREE CARE PROVIDED TO PATIENTS BY $241,170

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE HOSPITAL, PROFESSIONAL SERVICES AND HOME CARE & HOSPICE HAVE PREVIOUSLY BEEN DETERMINE D BY THE INTERNAL REVENUE SERVICE TO BE ORGANIZATIONS DESCRIBED IN INTERNAL REVENUE CODE (THE CODE) SECTION 501(C)(3) AND, THEREFORE, ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATE D INCOME PURSUANT TO SECTION 501(A) OF THE CODE THE CORPORATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN FI FTY PERCENT LIKELY OF BEING REALIZED UPON SETTLEMENT CHANGES IN RECOGNITION IN MEASUREMEN T ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS THE CORPORATION DID NOT RECOGNIZE THE EFFECT OF ANY INCOME TAX POSITIONS IN EITHER 2017 OR 2016

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	NET ASSETS RELEASED FROM RESTRICTION USED FOR OPERATION 1,256,424 CHANGES IN EQUITY INTER ESTS IN LIMITED PARTNERSHIP 8,549,000 CONSOLIDATED AFFILIATES NET ELIMINATIONS 87,879,000

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	RESTRICTED CONTRIBUTIONS 2,415,600 RESTRICTED REVENUE 140,529 EXPENSES ASSOCIATED WITH S PECIAL EVENTS -368,919 EXPENSES ASSOCIATED WITH REAL ESTATE RENTAL -944,550 ROUNDING -38 2

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES ASSOCIATED WITH SPECIAL EVENTS 368,919 EXPENSES ASSOCIATED WITH REAL ESTATE RENT AL 944,550 CONSOLIDATED AFFILIATES NET ELIMINATIONS 116,744,000 ROUNDING 282

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

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
See Add'l Data					
3a Sub-total	0	0			24,021,669
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			24,021,669

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)

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

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

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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

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

Return Reference	Explanation
SCHEDULE F PART IV QUESTION 5	ALTHOUGH MAH HELD AN INDIRECT OWNERSHIP INTEREST IN A FOREIGN PARTNERSHIP DURING THE TAX YEAR, THE INTEREST DID NOT RESULT IN AN OBLIGATION TO FILE FORM 8865, RETURN OF U S PERSONS 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		20,555,704
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		2
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		2,579,451

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		886,512

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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

2016

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
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.

Revenue / Direct Expenses		(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	602,370	173,500	74,205	850,075
	2 Less Contributions	535,845	123,500	61,952	721,297
	3 Gross income (line 1 minus line 2)	66,525	50,000	12,253	128,778
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		8,129		8,129
	6 Rent/facility costs	161,885	75,000	8,195	245,080
	7 Food and beverages				
	8 Entertainment	30,305			30,305
	9 Other direct expenses	80,847	500	4,058	85,405
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				368,919
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-240,141

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.

Revenue / Direct Expenses		(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: 93493226025118

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

2016

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)			2,997,705		2,997,705	0 910 %
b Medicaid (from Worksheet 3, column a)			28,924,349	17,730,139	11,194,210	3 410 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			31,922,054	17,730,139	14,191,915	4 320 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			697,801		697,801	0 210 %
f Health professions education (from Worksheet 5)			12,385,754	4,235,885	8,149,869	2 480 %
g Subsidized health services (from Worksheet 6)			18,827,490	6,063,668	12,763,822	3 880 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			593,683		593,683	0 180 %
j **Total.** Other Benefits			32,504,728	10,299,553	22,205,175	6 750 %
k **Total.** Add lines 7d and 7j			64,426,782	28,029,692	36,397,090	11 070 %

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 Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	10,774,464		
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	121,735,236	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	122,583,265	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-848,029	
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 ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 15			
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	
6 a 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	Yes	
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 PART VI			
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	
If "Yes" (list url) SEE PART VI			
a			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
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
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 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 Was widely publicized 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) SEE PART VI			
b ☑ The FAP application form was widely available on a website (list url) SEE PART VI			
c ☑ A plain language summary of the FAP was widely available on a website (list url) SEE PART VI			
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 ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

MOUNT AUBURN HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
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)			

Part V Facility Information *(continued)*

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

MOUNT AUBURN HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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? **6**

	Name and address	Type of Facility (describe)
1	1 - MAH RADIOLOGY AT ARLINGTON 22 MILL STREET SUITE 106 ARLINGTON, MA 02476	OUTPATIENT
2	2 - MOUNT AUBURN HOSPITAL MRI CENTER 725 CONCORD AVENUE GROUND FLOOR CAMBRIDGE, MA 02138	OUTPATIENT
3	3 - MAH REHAB SVS-OUTPATIENT PHYS & OCC 625 MOUNT AUBURN STREET 1ST STREET CAMBRIDGE, MA 02138	OUTPATIENT
4	4 - MOUNT AUBURN HOSPITAL MOBILE PET UNIT 799 CONCORD AVENUE 1ST FLOOR CAMBRIDGE, MA 02138	OUTPATIENT
5	5 - MAH OCCUPATIONAL HEALTH & REHAB SVS 725 CONCORD AVENUE SUITE 511 CAMBRIDGE, MA 02238	OUTPATIENT
6	6 - MAH IMAGING & SPECIMEN COLLECTION 355 WAVERLY OAKS ROAD WALTHAM, MA 02452	OUTPATIENT
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS	COMMUNITY HEALTH IMPROVEMENT SERVICES AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROU PSCOMMUNITY BENEFITS MISSION STATEMENT MOUNT AUBURN HOSPITAL (MAH OR HOSPITAL) IS COMMITTE D TO IMPROVING THE HEALTH AND WELLBEING OF COMMUNITY MEMBERS BY COLLABORATING WITH COMMUNI TY PARTNERS TO REDUCE BARRIERS TO HEALTH, INCREASE PREVENTION AND/OR SELF-MANAGEMENT OF CH RONIC DISEASE AND INCREASE THE EARLY DETECTION OF ILLNESS DURING THE FISCAL YEAR COVERED BY THIS FILING, MAH PROVIDED COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BENEFIT OPER ATIONS AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS OF $1,291,484 AS REPORTED ON THIS SCHEDULE H, PART I, LINES 7E AND 7I, COLUMN C COMMUNITY BENEFITS LEADERSHIP/TEAMTHE DIRECTOR OF COMMUNITY HEALTH IS RESPONSIBLE FOR THE DEVELOPMENT AND IMPLEMENTATION OF MAH 'S COMMUNITY BENEFITS PROGRAM THE DIRECTOR REPORTS TO THE VICE PRESIDENT OF MARKETING AND STRATEGIC PLANNING, WHO ENSURES THAT COMMUNITY BENEFIT PRIORITIES ARE MONITORED BY SENIOR MANAGEMENT THE HOSPITAL CEO IS ACTIVELY INVOLVED IN INITIATING ACTIVITIES AND RELATIONSH IPS WITH COMMUNITY PARTNERS ONLY THE COSTS THAT RELATE DIRECTLY TO THE COMMUNITY BENEFIT PORTION OF PROGRAMS ARE COUNTED AS EXPENDITURES COMMUNITY BENEFITS TEAM MEETINGSANNUALLY T HE BOARD OF TRUSTEES APPROVES THE COMMUNITY BENEFIT'S MISSION STATEMENT AND PLAN THE VICE PRESIDENT OF MARKETING AND STRATEGIC PLANNING AND THE DIRECTOR OF COMMUNITY HEALTH MEET R EGULARLY 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 DI VERSITY COMMITTEE, AIMED AT KEEPING THE ORGANIZATION FOCUSED ON THE NEEDS OF PATIENTS AND EMPLOYEES FROM DIFFERENT CULTURAL AND LINGUISTIC BACKGROUNDS, IS CHAIRED BY THE DIRECTOR O F COMMUNITY HEALTH AND INCLUDES REPRESENTATIVES FROM MANY HOSPITAL DISCIPLINES THE 2015 CO MMUNITY BENEFITS IMPLEMENTATION PLAN WAS PRESENTED TO THE PATIENT AND FAMILY ADVISORY COUN CIL COPIES OF THE COMMUNITY BENEFITS PLAN WERE SENT TO EVERYONE INVOLVED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS COMMUNITY HEALTH STAFF MEMBERS MEET MONTHLY TO REVIEW CO MMUNITY PROGRAMS COMMUNITY UPDATES ARE PRESENTED AT NURSING LEADERSHIP MEETINGS COMMUNIT Y HEALTH NEEDS ASSESSMENTCOMMUNITY HEALTH NEEDS ASSESSMENT - INTERNAL REVENUE CODE SECTION 501(R)INTERNAL REVENUE CODE (IRC) SECTION 501(R), ENACTED AS PART OF THE PATIENT PROTECTI ON AND AFFORDABLE CARE ACT, REQUIRES EACH HOSPITAL TO COMPLETE A COMMUNITY HEALTH NEEDS AS SESSMENT (CHNA) AND TO FORMALLY ADOPT AN IMPLEMENTATION STRATEGY PURSUANT TO FEDERAL GUIDE LINES, IN ORDER MAINTAIN ITS TAX EXEMPT STATUS AS A HOSPITAL UNDER SECTION 501(C)(3) OF TH E INTERNAL REVENUE CODE OF 1986, AS AMENDED MAH COMPLETED ITS MOST RECENT NEEDS ASSESSMEN T DURING THE FISCAL PERIOD ENDED SEPTEMBER 30, 2015 AND THE CHNA WAS VOTED BY THE MAH BOAR D OF TRUSTEES BEFORE SEPTEMBER 30, 2015 THE MAH BOARD OF TRUSTEES APPROVED THE MOST RECEN T IMPLEMENTATION STRATEGY IN OCTOBER 2015 THE MAH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND THE ASSOCIATED COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP OR IMPLEMENTATION STRATEGY) W ERE THE CULMINATION OF SEVERAL MONTHS OF WORK AND WERE BORNE LARGELY OUT OF MAH'S COMMITME NT TO BETTER UNDERSTAND AND ADDRESS THE HEALTH-RELATED NEEDS OF THOSE LIVING IN ITS COMMUN ITY BENEFITS SERVICE AREA WITH AN EMPHASIS ON THOSE WHO ARE MOST DISADVANTAGED THE PROJEC T ALSO FULFILLED THE COMMONWEALTH ATTORNEY GENERAL'S OFFICE AND FEDERAL INTERNAL REVENUE S ERVICE (IRS) REGULATIONS THAT REQUIRE THAT MAH ASSESS COMMUNITY HEALTH NEEDS, ENGAGE THE C OMMUNITY, IDENTIFY PRIORITY HEALTH ISSUES, AND CREATE A COMMUNITY HEALTH STRATEGY THAT DES CRIBES HOW MAH, IN COLLABORATION WITH THE COMMUNITY AND LOCAL HEALTH DEPARTMENT, WILL ADDR ESS THE NEEDS AND THE PRIORITIES IDENTIFIED BY THE ASSESSMENT COMMUNITY HEALTH NEEDS ASSES SMENT - TARGETED GEOGRAPHY AND POPULATIONMAH COMMUNITY BENEFITS ARE AIMED AT SERVING ALL C OMMUNITY MEMBERS WHO LIVE ARLINGTON, BELMONT, CAMBRIDGE, SOMERVILLE, WALTHAM, AND WATERTOW N SPECIAL POPULATIONS INCLUDE COMMUNITY MEMBERS SERVED BY CHARLES RIVER (FORMERLY JOSEPH M SMITH) COMMUNITY HEALTH CENTER (CRCHC) THE CLOSEST FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER AND THE STUDENTS AT CRISTO REY (FORMERLY NORTH CAMBRIDGE CATHOLIC) HIGH SCHOOL FO R THE PURPOSE OF THIS REPORT THESE COMMUNITIES WILL BE REFERED TO AS MAH COMMUNITIES THE D ECISION OF WHICH CITIES AND TOWNS TO INCLUDE WAS MADE BY REVIEWING MAH PRIMARY DISCHARGE D ATA TOWNS THAT REPRESENTED MORE THAN 5% OF MAH DISCHARGES WERE INCLUDED COMMUNITY HEALTH NEEDS ASSESSMENT -- APPROACH AND METHODSTHE ASSESSMENT WAS CARRIED OUT BY MAH STAFF THIS DECISION NOT TO HIRE AN OUTSIDE ORGANIZATION WAS MADE AFTER THOUGHTFUL INTERNAL REVIEW AND BASED ON TWO MAIN CRITERIA FIRST, MAH'S COMMUNITY HEALTH STAFF, IN PARTICULAR THE REGION AL CENTER FOR HEALTHY COMMUNITIES DEPARTMENT, HAD THE SKILLS REQUIRED TO CONDUCT AN ASSESS MENT OF THIS MAGNITUDE SECOND, MAH RECOGNIZED THE

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS	ADDED VALUE OF HAVING MAH STAFF CONDUCT INTERVIEWS AND LEAD GROUP DISCUSSIONS THE PERSON AL CONNECTIONS THAT WERE MADE THROUGHOUT THE PROCESS INCREASED UNDERSTANDING BETWEEN COMMU NITY ORGANIZATIONS AND HOSPITAL STAFF ONCE THIS DECISION WAS MADE APPROVAL FROM MOUNT AUB URN HOSPITAL'S INSTITUTIONAL REVIEW BOARD WAS SOUGHT AND THIS ASSESSMENT WAS APPROVED AS A QUALITY IMPROVEMENT PROJECT THROUGHOUT THE ASSESSMENT PROCESS MAH MADE AN EFFORT TO CONS IDER 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 EMOTIONAL WELL-BEING OF COMMUNITY MEMBERS AND THE COMMUNITY AS A WHOLE IMPLICIT IN THIS A PPROACH IS AN UNDERSTANDING THAT HEALTH IS NOT DETERMINED SOLELY BY HEALTHCARE BUT ALSO BY THE SOCIAL DETERMINANTS OF HEALTH WHICH INCLUDE SOCIAL SUPPORTS, ENVIRONMENTAL OPPORTUNIT IES, POLICIES AND NORMS OF THE COMMUNITY AND BY THE UNDERLYING ECONOMIC FACTORS AND WELL-B EING OF WHERE PEOPLE LIVE THE PROCESS BEGAN BY BUILDING AN ADVISORY GROUP TO PROVIDE INPU T INTO THE ASSESSMENT PROCESS OVER 500 COMMUNITY MEMBERS WHO WORK OR LIVE IN MAH COMMUNIT IES WERE INVITED TO BE PART OF THIS GROUP ALTHOUGH IT WAS STRESSED THAT ALL LEVELS OF KNO WLEDGE BOTH LIVED AND LEARNED WERE VALUED SPECIAL EFFORTS WERE MADE TO ENGAGE REPRESENTATI VES FROM LOCAL DEPARTMENTS OF PUBLIC HEALTH AND COMMUNITY HEALTH NETWORK AREA (CHNA) 17 C HNA 17 IS A COALITION OF PUBLIC, NON-PROFIT AND PRIVATE SECTORS WHO MEET TO THINK TOGETHER ABOUT HOW TO MAKE COMMUNITIES HEALTHIER AND TO SHARE RESOURCES MOUNT AUBURN HOSPITAL SHA RES THE SAME PRIORITY TOWNS OF ARLINGTON, BELMONT, CAMBRIDGE, SOMERVILLE, WALTHAM AND WATE RTOWN AS CHNA 17 ADVISORY GROUP MEMBERS WERE GIVEN INFORMATION ABOUT THEIR ROLE, A TIMELI NE FOR MEETINGS AND A DESCRIPTION OF THE WORK THAT MEMBERS WOULD HAVE TO DO DURING AND BET WEEN MEETINGS THE FINAL ADVISORY GROUP CONSISTED OF 22 MEMBERS REPRESENTING ALL SIX CITIE S AND TOWNS THE ROLES AND RESPONSIBILITIES OF THE ADVISORY GROUP WERE TO - LEARN ABOUT CO MMUNITY ASSESSMENT AND HELP DESIGN THE MAH'S ASSESSMENT PROCESS - PARTICIPATE IN THE ASSES SMENT AS APPROPRIATE-ANSWER SURVEYS, BE PART OF INTERVIEWS AND ATTEND MEETINGS- HELP INVOL VE A BROAD AND DIVERSE GROUP OF RESIDENTS AND OTHER STAKEHOLDERS IN THIS PROCESSTHE ASSESS MENT WAS CONDUCTED IN THREE PHASES PHASE 1 INCLUDED A REVIEW OF OTHER ASSESSMENTS, A BROA D COMMUNITY SURVEY AND A PILOT OF ASSESSMENT INTERVIEW AND GROUP DISCUSSION INSTRUMENTS P RELIMINARY DATA GARNERED DURING THIS PHASE WERE PRESENTED TO THE ADVISORY COMMITTEE WHO FI NALIZED THE ASSESSMENT INSTRUMENTS AND PROVIDED INPUT FOR PHASE 2 DURING PHASE 2 A COMMUN ITY WIDE SURVEY, MORE INTERVIEWS AND A REVIEW OF SECONDARY DATA WERE CONDUCTED THE ADVISO RY GROUP REVIEWED DATA AND PROVIDED INPUT TO THE THIRD PHASE THE THIRD PHASE BEGAN BY AGA IN INVITING A BROAD BASE OF THE COMMUNITY TO PARTICIPATE IN A COLLABORATIVE GROUP SHARING PROCESS UTILIZING THE WORLD CAF METHODOLOGY DURING THIS MEETING COMMUNITY MEMBERS ARTICUL ATED A DEEPER UNDERSTAND ABOUT THE TOP HEALTH ISSUES OVER 700 INVITATIONS WERE SENT OUT T O ATTEND THIS HALF DAY MEETING INFORMATION FROM THIS MEETING INFORMED THIS ASSESSMENT AND WILL HELP GUIDE THE CORRESPONDING IMPLEMENTATION PLAN THE DIRECTOR OF COMMUNITY HEALTH O RGANIZED MEETINGS OF THE ASSESSMENT TEAM, FACILITATED THE DISCUSSIONS, CAPTURED DECISIONS, SHARED 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 THE SIX COMMUNITIES IN ORDER TO CREATE A PROFILE OF HEALTH CONCERNS IN THE MAH COMMUNI TIES THE 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 CAFE THIS ASSESSMENT ATTEMPTED TO SOLICIT BROAD INPUT FROM ALL CO MMUNITY MEMBERS WHENEVER POSSIBLE MAH INCLUDED NEEDS OF THE VUNERABLE POPULATIONS AND/OR INDIVIDUALS OR ORGANIZATIONS SERVING OR REPRESENTING SUCH POPULATIONS A REVIEW OF THE POP ULATION CHARACTERISTICS FOR ALL SIX TOWNS HELPED THE ADVISORY GROUP DECIDE THAT SPECIAL EM PHASIS WOULD BE PLACED ON ELDERLY COMMUNITY MEMBERS THEY CAME TO THIS CONCLUSION FOR THRE E REASONS 1) ELDERS REPRESENT THE LARGEST GROWING POPULATION OF MAH PATIENTS, 2) THREE OF MAH COMMUNITIES (ARLINGTON, BELMONT AND WATERTOWN) HAVE ELDER POPULATIONS HIGHER THAN STAT E AVERAGE AND 3) COUNCILS ON AGING WERE LOCATED IN EACH TOWN PROVIDING A SIMILAR BASE QUA LITATIVE 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 SURVE YS WERE UTILIZED TO GATHER INFORMATION I COMMUNI

Form and Line Reference	Explanation
PEOPLE IN OUR COMMUNITIES SEE THE IDENTIFIED HEALTH CONCERN AS A PROBLEM	TY PAPER SURVEY II ENGLISH AS A SECOND LANGUAGE PROVIDER SURVEY III COLLABORATIONS WITH OTHERS CONDUCTING SURVEYS - CHNA 17 YOUTH SUMMIT PARTICIPANTS, N=180 - HEALTHY WALTHAM HIG H SCHOOL SURVEY, N=89 - COMMUNITY DAY CENTER OF WALTHAM HOMELESS SURVEY, N=100 IV COMMUNI TY ELECTRONIC SURVEY (291)D WORLD CAFE AFTER INITIAL ANALYSIS OF THE ABOVE DATA SOURCES W AS COMPLETED THE RESULTS WERE PRESENTED TO THE ADVISORY GROUP WITH THE ADVISORY GROUP CON SENSUS MAH ENGAGED COMMUNITY MEMBERS TO FURTHER DEFINE THE TOP HEALTH CONCERNS FORTY THRE E COMMUNITY MEMBERS MET FOR HALF A DAY AND FOR EACH HEALTH TOPIC THEY FINALIZED A DEFINITI ON, EXPLORED THE UNDERLYING CAUSES, SHARED WHAT IS CURRENTLY BEING DONE AND SUGGESTED WHAT COULD BE DONE IN THE NEXT THREE YEARS 4 WRITTEN COMMENTS SOLICITED ON THE 2012 ASSESMENT AND IMPLEMENTATION PLANAS REQUIRED, THE 2012 COMMUNITY HEALTH NEEDS ASSESSMENT AND CORRES PONDING IMPLEMENTATION PLAN WERE POSTED ON THE MAH WEBSITE AND MADE AVAILABLE IN HARD COPY BOTH REPORTS WERE ALSO SHARED WITH COMMUNITY HEALTH NETWORK AREA 17 COMMUNITY MEMBERS W ERE ENCOURAGED TO SHARE THEIR THOUGHTS, CONCERNS OR QUESTIONS

990 Schedule H, Supplemental Information

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 CAFE 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	IN THIS REPORTING PERIOD MAH AND CHNA 17 COMPLETED MANY INITIATIVES TO INCREASE THE CAPAC ITY OF COMMUNITY HEALTH NETWORK AREA (CHNA) 17 TO FULFILL ITS MISSION TO PROMOTE HEALTHIER PEOPLE AND COMMUNITIES MAH COLLABORATES EXTENSIVELY WITH CHNA 17 TO HELP CARRY OUT ITS MI SSION WHICH IS TO PROVIDE A FORUM TO IDENTIFY, PRIORITIZE, COLLABORATE, DESIGN AND TRACK L OCAL AND REGIONAL HEALTH PROMOTION STRATEGIES AND TO TELL THE STORIES OF LESSONS LEARNED MAH PROVIDED FUNDING, TECHNICAL ASSISTANCE AND ACTIVE STEERING COMMITTEE MEMBERSHIP DURING THE PERIOD COVERED BY THIS FILING, 3 COMMUNITY FORUMS TO ADDRESS RACIAL JUSTICE WERE PROV IDED THESE FORUMS BROUGHT TOGETHER INDIVIDUAL COMMUNITY MEMBERS AND ORGANIZATIONS TO DISC USS SUCCESSES AND TACKLE CHALLENGES AROUND RACIAL EQUITY WITH A FOCUS ON MENTAL HEALTH IN ADDITION TO THESE FORUMS TWO RACIAL JUSTICE LEARNING COMMUNITIES AND ONE MENTAL HEALTH LE ARNING COMMUNITY WERE HELD DATA WAS COLLECTED THROUGH STAKEHOLDER INTERVIEWS AND COMMUNIT Y ENGAGEMENT AROUND RACISM AND MENTAL HEALTH AND THE FINDINGS WERE REPORTED OUT IN THE FAL L OF 2017 THESE LEARNING COMMUNITIES PROVIDED EDUCATION AND AWARENESS FOR COMMUNITY MEMBE RS ON MENTAL HEALTH AND RACIAL EQUITY BUILDING CAPACITY OF COMMUNITY MEMBERS TO ADDRESS RA CIAL JUSTICE WAS ANOTHER GOAL OF THESE PROGRAMS WHICH LED TO TWO TRAININGS, 1) RACISM AND HEALTH AND 2) FRAMING FOR RACIAL EQUITY IN ADDITION TO VERY ACTIVE STEERING COMMITTEE PART ICIPATION, MAH STAFF ALSO PROVIDED OVER 400 HOURS OF TECHNICAL ASSISTANCE TO CHNA 17 AS P ART OF AN ASSESSMENT IN 2016 THE CHNA PRIORITIZING MENTAL HEALTH AND RACIAL EQUITY AS THE FOCUS FOR THE NEXT 3 YEARS THE PLANNING BEGAN IN 2016 AND FOR 2017 SPECIFIC ACTIVITIES WH ICH INCLUDE BUILDING COMMUNITY ENGAGEMENT TEAMS TO ASSESS AND DISSEMINATE LEARNING ON MENT AL HEALTH AND RACISM, FUNDING ORGANIZATIONS TO BOTH CONDUCT ORGANIZATIONAL SELF-ASSESSMENT S OF RACIAL EQUITY AND CONDUCT STAKEHOLDER INTERVIEW ON MENTAL HEALTH WITH A RACIAL EQUITY LENS IN THE SIX COMMUNITIES WERE IDENTIFIED AS ACTIVITIES TO FOCUS ON FOR 2017 MAH MEMBE RSHIP ON THE STEERING COMMITTEE AND THE TECHNICAL ASSISTANCE CONTRIBUTED GREATLY TO CHNA 1 7 SUCCESSFUL INITIATIVES FOR 2017 SUPPORT LOCAL DEPARTMENTS OF PUBLIC HEALTH MAH AWARDED $2,000 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 HE ALTH CONCERNS IDENTIFIED IN THE 2015 COMMUNITY HEALTH NEEDS ASSESSMENT WHICH INCLUDE OBES ITY AND INACTIVE LIVING, SELF-MANAGEMENT OF CHRONIC DISEASE, MENTAL ILLNESS, SUBSTANCE ABU SE AND ACCESS TO CARE WITH THESE FUNDS - ARLINGTON WORKED ON FOOD INSECURITY ARLINGTON H EALTH AND HUMAN SERVICES WORKED WITH RESIDENTS IN ARLINGTON TO INCREASE AWARENESS TO THOSE WHO QUALIFY AND TO ENROLL THEM IN SNAP - BELMONT COMPLETED A COMMUNITY NEEDS ASSESSMENT F OCUSED ON THE OPIOID EPIDEMIC THE RESULTING INFORMATION PROVIDED RECOMMENDATIONS THAT THE HEALTH DEPARTMENT CAN UTILIZE TO PROVIDE PROGRAM DIRECTION ULTIMATELY THIS GRANT SUPPORT ED GATHERING INFORMATION AND BUILDING AWARENESS BECAUSE OF THIS WORK THE TOWN HAS PUT ADD ITIONAL FUNDING INTO RESOURCES TO CONTINUE THIS WORK IN ADDRESSING THE OPIOID CRISIS - WAT ERTOWN CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT PROJECT BASED ON THE ASSESSMENT, W A T E R (WATERTOWN ACCESS TO TREATMENT EDUCATION AND RESOURCES) TOWN TASK FORCE FOR SUBSTA NCE USE DISORDERS FORMED AND COMPLETED TWO EDUCATION EVENTS THIS TASK FORCE CONTINUES TO WORK ON ISSUES RELATED TO REDUCING SUBSTANCE USE AND SUPPORT FOR FAMILIES AND THOSE WHO ST RUGGLE WITH SUBSTANCE USE DISORDER - CAMBRIDGE PLANNED AND CARRIED OUT A SUBSTANCE USE AW ARENESS EVENING WITH AN IMPACTFUL SPEAKER FOR STUDENTS AND FAMILIES IN ORDER TO EDUCATE AN D IMPROVE AWARENESS FOR FAMILIES AND COMMUNITY MEMBERS - SOMERVILLE WORKED WITH FAMILIES, ORGANIZATIONS, AND COMMUNITY MEMBERS TO IDENTIFY EXISTING SERVICES, COLLABORATION, AND GA PS IN SERVICES FOR FAMILIES (AND COMMUNITY MEMBERS) DEALING WITH OPIOIDS - WALTHAM DESIGN ATED IT'S GRANT FUNDING TO HEALTHY WALTHAM'S AND THE FUNDING SUPPORTED A BOARD ASSESSMENT AND AN ORGANIZATIONAL ASSESSMENT THE ASSESSMENT INFORMED THE CREATION OF A COLLABORATIVE DOCUMENT ON HEALTH WALTHAM AND IT'S STRATEGIC PLAN SUPPORT CHARLES RIVER COMMUNITY HEALTH CENTER MAH IS PROUD OF ITS LONG STANDING RELATIONSHIP WITH THE CHARLES RIVER COMMUNITY HE ALTH CENTER AND IS COMMITTED TO COLLABORATING TO SUPPORT THE CENTER'S MISSION OUR COMPREH ENSIVE PERI-NATAL PROGRAM IMPROVES BIRTH OUTCOMES BY IMPROVING ACCESS TO PERINATAL CARE S TAFF FROM BOTH ORGANIZATIONS CONTINUE TO WORK TOGETHER TO IMPROVE THE FOLLOWING FOR IMMIGR ANT WOMEN 1) TIME TO THEIR FIRST APPOINTMENT, 2) ACCESS TO DIABETIC EDUCATION FOR WOMEN WI TH GESTATIONAL DIABETES, 3) ACCESS TO MENTAL HEALTH SERVICES FOR WOMEN WITH PERI-PARTUM DE PRESSION AND 4) A POST-PARTUM PLAN FOR CONTRACEPTI

Form and Line Reference	Explanation
SUPPORT CHNA 17	ON (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 ADDIT ION TO THE CLINICAL CARE MAH PROVIDES, WHICH IS NOT A COMMUNITY BENEFIT, MAH ALSO PROVIDES GROUP PRE-NATAL CARE AND LABOR SUPPORT FOR LATINAS NINE SPANISH SPEAKING WOMEN PARTICIPA TED IN A PREGNANCY SUPPORT SESSION MAH COMMUNITY HEALTH DEPARTMENT HELPS THIS PROGRAM PRO VIDE EDUCATION TO RECENT IMMIGRANTS THE PROGRAM IS DESIGNED TO INCREASE THE USE OF PREVEN TIVE HEALTH CARE (WELL-CHILD VISITS, IMMUNIZATIONS, GYNECOLOGICAL CARE), INCREASE USE OF C OMMUNITY SUPPORT SERVICES (WIC, HEALTH INSURANCE, POST-PARTUM SUPPORT GROUPS), AND INCREAS E 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-PART UM DEPRESSION MAH STAFF WORKS CLOSELY WITH CRCHC OUTREACH STAFF BY PROVIDING EDUCATIONAL SESSIONS 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 FY17 OVER 130 COMMUNITY MEMBERS ATTENDED 1 1 DIFFERENT SESSIONS CLASSES WERE HELD ON-SITE AT MOUNT AUBURN HOSPITAL LOCATIONS IN BOTH CAMBRIDGE AND WALTHAM, AND AT COMMUNITY LOCATIONS IN CAMBRIDGE, BELMONT AND WALTHAM MAH COLLABORATED WITH SPRINGWELL ELDER SERVICES TO INCREASE THE CAPACITY OF THE BELMONT COUNCI L ON AGING BY PROVIDING TECHNICAL SUPPORT AND MATERIALS TO HELP THEM RUN CLASSES AT THEIR SITE HEALTHY EATING FOR SUCCESSFUL LIVING IN OLDER ADULTS THIS PROGRAM OFFERED TO SENIORS WHO WANT TO LEARN MORE ABOUT NUTRITION AND HOW LIFESTYLE CHANGES CAN PROMOTE BETTER HEALT H THE FOCUS OF THIS PROGRAM IS TO STRESS HEART AND BONE HEALTHY NUTRITION STRATEGIES TO H ELP MAINTAIN OR IMPROVE PARTICIPANTS' WELLNESS AND INDEPENDENCE, AND PREVENT CHRONIC DISEA SE DEVELOPMENT OR PROGRESSION OTHER ACTIVITIES TO ADDRESS HEALTHY EATING- FOOD DRIVE CONDU CTED TO SUPPORT THE COMMUNITY SERVED BY CHARLES RIVER COMMUNITY HEALTH CENTER OVER 100 BA GS OF FOOD PROVIDED - COLLABORATED WITH FOOD FOR THOUGHT WATERTOWN TO SUPPORT FOOD-INSECUR E CHILDREN AND PROVIDED 25 CHILDREN WITH 1,000 "BACKPACK MEALS FROM JANUARY - JUNE 2017 - ENROLL COMMUNITY MEMBERS IN SNAP IN AN EFFORT TO ADDRESS HEALTHY EATING THIS PROGRAM PROVI DES OPPORTUNITIES FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) ENROLLMENT TO IMPRO VE NUTRITIONAL STATUS IN VULNERABLE POPULATIONS FINANCIAL COUNSELORS HAVE BEEN TRAINED TO BE ABLE TO ENROLL COMMUNITY MEMBERS IN SNAP AS THEY ENROLL IN PUBLIC ASSISTANCE PROGRAMS LISTEN AND LEARN-OBESITY AND INACTIVE LIVINGMOUNT AUBURN HOSPITAL PROVIDES HEALTH EDUCATIO N TO VULNERABLE COMMUNITY MEMBERS WHERE THEY ARE WHEN THEY ARE PRESENTATIONS ARE PROVIDED AT HOMELESS SHELTERS AND AT ENGLISH AS A SECOND LANGUAGE PROGRAMS REGARDLESS OF WHETHER OR NOT THE TOPIC OF THE HEALTH EDUCATION IS CANCER OR CARDIOVASCULAR RELATED HEALTHY EATIN G AND ACTIVE LIVING ARE REVIEWED THE PLATE METHOD IS REVIEWED AS ARE WAYS TO INCREASE ACT IVITY MAH PROVIDED THESE PROGRAMS IN FY17 - 14 COMMUNITY PRESENTATIONS INCLUDED EDUCATION ON NUTRITION AND ACTIVE LIVING - OVER 190 IMMIGRANT COMMUNITY MEMBERS RECEIVED PREVENTION AND EARLY DETECTION INFORMATION AT LOCAL ESOL PROGRAMS - 93 COMMUNITY MEMBERS RECEIVED ED UCATION AT HOMELESS SHELTERS OR SOBER LIVING HOUSES- 38 COMMUNITY MEMBERS RECEIVED DIABETE S EDUCATION AT ENGLISH SPEAKERS OF OTHER LANGUAGE PROGRAMS PROGRAMS TO SUPPORT HEALTH CONC ERNS - CHRONIC DISEASE PREVENTION AND SELF-MANAGEMENTBLOOD PRESSURE MONITORING FOR SENIORS IN THIS PROGRAM MAH NURSES GO TO COMMUNITY SETTINGS AND PROVIDE FREE BLOOD PRESSURE SCREEN INGS SENIORS ARE SEEN IN COUNCILS ON AGING OR ELDER HOUSING COMPLEXES IN ADDITION TO PRO VIDING 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 S TROKE THERE WERE 90 BLOOD PRESSURE CLINICS IN THIS REPORTING PERIOD EDUCATION AND OUTREA CH TO SENIORS TO ADDRESS PREVENTION AND HEALTHY AGING MAH PROVIDED HEALTH EDUCATION TO SEN IORS IN THE COMMUNITY THESE EDUCATIONAL SESSIONS ARE COORDINATED AT LOCAL ORGANIZATIONS S UCH AS COUNCIL ON AGING SPACES EDUCATION IS ALSO PROVIDED AT FREE BLOOD PRESSURE CLINICS IN THE COMMUNITY IN THIS REPORTING PERIOD - 225 SENIORS WERE IN ATTENDANCE AT A TOTAL OF 4 HEALTH EDUCATION SESSIONS WHICH INCLUDED HEART HEALTH AND STROKE, BLOOD PRESSURE, SKIN CA NCER AND SUN SAFETY AND LUNG CANCER AND SCREENING - 100 BLOOD PRESSURE CLINICS PROVIDED WH ERE ONGOING INFORMATION AND EDUCATION IS PROVIDED WALTHAM CONNECTIONSTHIS PROGRAM ADDRESSE S ACCESS TO CARE, MENTAL HEALTH OF OLDER ADULTS AND SOCIAL ISOLATION MOUNT AUBURN HOSPITA L HAS BEEN A LONGTIME SUPPORTER OF HEALTHY WALTHAM WHICH FILLS A VITAL ROLE FOR THE HEALTH AND WELL-BEING OF WALTHAM COMMUNITY MEMBERS TO ADDRESS THE PREVENTION AND SELF-MANAGEMEN T OF CHRONIC ILLNESS AND MENTAL HEALTH MOUNT AUBURN HOSPITAL HAS JOINED THE NEWLY FORMED G ROUP OF DIVERSE SENIORS AND STAKEHOLDERS TO PURSUE ADVOCACY, PLANNING AND POLICY CHANGES T HAT WILL MAKE WALTHAM MORE AGE-FRIENDLY THE GENESIS FOR THIS PROGRAM CALLED WALTHAM CONNE CTIONS, WAS A 2015 STUDY LED BY BRANDEIS PROFESSOR WALTER LEUTZ, WHICH USED COMMUNITY-BASE D PARTICIPATORY ACTION RESEARCH (CBPAR) TO ANSWER 3 QUESTIONS (1) HOW DOES WALTHAM SUPPOR T HEALTHY AGING? (2) HOW COULD IT DO BETTER? AND (3) HOW DO SENIORS STAY HEALTHY? THE THEM E OF "CONNECTIONS" EXPRESSES THE AIM TO CONNECT SENIORS TO ONE ANOTHER AND TO A MORE AGE-F RIENDLY CITY B E F A S T STROKE COMMUNITY EDUCATIONSTROKE IS THE LEADING CAUSE OF DISABIL ITY IN THE UNITED STATES RECEIVING EMERGENT CARE AS SOON AS POSSIBLE CAN MINIMIZE OR PREV ENT DISABILITY DPH DATA REVEALS THAT SIXTY PERCENT OF MAH STROKE PATIENTS ARRIVE IN THE E D BY AMBULANCE TO ADDRESS PREVENTION OF CHRONIC D

Form and Line Reference	Explanation
PROGRAMS TO SUPPORT HEALTH CONCERNS - OBESITY AND INACTIVE LIVING	ISEASE BY INCREASING AWARENESS ABOUT THE NEED TO ACCESS EMERGENCY CARE AND HAVE PATIENTS U TILIZE AMBULANCES TO COME TO THE HOSPITAL, MAH PARTNERED WITH LOCAL ORGANIZATIONS THAT SER VE ELDERS A NON-COMPETITIVE GRANT PROGRAM WAS OFFERED TO LOCAL COUNCILS ON AGING AND AGIN G AREA ACCESS POINT TO IDENTIFY AND PILOT WAYS TO INCORPORATE STROKE EDUCATION INTO THEIR RESPECTIVE ORGANIZATIONS MAH STROKE COORDINATOR AND COMMUNITY HEALTH STAFF WORKED WITH EA CH AGENCY TO PROVIDE EDUCATION, MATERIALS AND STRATEGIZE ABOUT SUCCESSES AND CHALLENGES T HE FIRST GRANTS COMPLETED IN FY 16 WERE FOLLOWED BY A MORE TARGETED APPROACH-TO TEACH THE VOLUNTEERS IN ELDER SERVING AGENCIES THE WARNING SIGNS OF A STROKE OVER 6500 PEOPLE WERE REACHED WITH THE ACT F A S T MESSAGE

Form and Line Reference	Explanation
PROGRAMS TO SUPPORT HEALTH CONCERNS - MENTAL HEALTH	MENTAL HEALTH FIRST AIDJUST AS CPR GIVES SOMEONE WITHOUT CLINICAL TRAINING THE SKILL TO AS SIST SOMEONE HAVING A HEART ATTACK, MENTAL HEALTH FIRST AID (MHFA)HELPS LAY PEOPLE ASSIST SOMEONE EXPERIENCING A MENTAL HEALTH CHALLENGE OR CRISIS IN PREVIOUS YEARS MAH WORKED WIT H CHNA 17 TO BUILD CAPACITY FOR ORGANIZATIONS TO PROVIDE MHFA THIS REPORTING YEAR TO ADDR ESS MENTAL HEALTH, MAH WAS ABLE TO HOST ITS OWN MHFA TRAININGS TO INCREASE AWARENESS OF ME NTAL ILLNESS, REDUCE STIGMA AND ALSO GIVE COMMUNITY MEMBERS THE SKILLS TO IDENTIFY AND HEL P SOMEONE GOING THROUGH A MENTAL HEALTH CHALLENGE MAH PROVIDES THIS PROGRAM TO COMMUNITY MEMBERS TO BUILD THEIR CAPACITY TO BETTER UNDERSTAND AND RESPOND TO MENTAL HEALTH ISSUES - 3 YOUTH MHFA TRAININGS WERE PROVIDED IN THE COMMUNITY - 53 COMMUNITY MEMBERS WERE TRAINE D IN MHFA, 92% OF MHFA PARTICIPANTS REPORTED AFTER THE TRAINING THAT THEY WERE CONFIDENT T HEY CAN RECOGNIZE THE SIGNS THAT A YOUNG PERSON IS HAVING A MENTAL HEALTH CHALLENGE 90% O F MHFA PARTICIPANTS AGREED OR STRONGLY AGREED AFTER THE TRAINING THAT THEY WERE CONFIDENT THEY COULD OFFER BASIC FIRST AID INFORMATION AND REASSURANCE TO A YOUNG PERSON EXPERIENCIN G A MENTAL HEALTH CHALLENGE OR CRISIS - TO BUILD CAPACITY FOR ADDITIONAL MHFA TRAININGS 2 STAFF MEMBERS WERE TRAINED IN ADULT MHFA SUPPORT GROUPS MOUNT AUBURN HOSPITAL OFFERS MANY SUPPORT GROUPS TO COMMUNITY MEMBERS THE BEREAVEMENT SUPPORT GROUP PROVIDES PEOPLE THE OPP ORTUNITY, IN A SAFE AND SUPPORTIVE ENVIRONMENT, TO SHARE THEIR FEELING AND STORIES WITH OT HERS THAT ARE GOING, OR HAVE GONE, THROUGH THE LOSS OF A LOVED ONE IT IS OPEN TO ANY ADUL T COMMUNITY MEMBER WHO HAS EXPERIENCED THE DEATH OF SOMEONE SIGNIFICANT IN THEIR LIFE LOOK GOOD FEEL BETTER IS OFFERED IN COLLABORATION WITH THE AMERICAN CANCER SOCIETY BRINGS HOPE AND EMPOWERMENT TO WOMEN DURING TREATMENT BEAUTICIANS COME AND SUPPORT WOMEN WITH WAYS T O 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 NECESSA RY SUPPORT AND EDUCATION TO NEW MOTHERS MAH CLINICIANS MAY ALSO IDENTIFY AT RISK WOMEN WH O WOULD LIKELY BENEFIT FROM INCREASED SUPPORT AND SUGGEST THEY PARTICIPATE OVER 75 COMMUNI TY MEMBERS ATTENDED OUR SECOND SURVIVOR'S DAY IN JUNE 2017 SURVIVORS ALSO ATTENDED AN EIG HT WEEK MIND BODY PROGRAM THAT FOCUSES ON MANY DIMENSIONS OF WELLNESS SAFE BEDSIN PARTNERS HIP WITH THE LOCAL POLICE DEPARTMENTS MOUNT AUBURN HOSPITAL PROVIDES TEMPORARY "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 REMEMBER ALL THEIR LIF E, MAH PROVIDES BIRTH COACHES FOR ISOLATED WOMEN MANY OF THESE WOMEN HAVE RECENTLY IMMIGR ATED AND DO NOT HAVE ANY SUPPORT SYSTEMS OUR LATINA DOULA PROGRAM PROVIDES LABOR SUPPORT TO SPANISH SPEAKING WOMEN WHO WOULD OTHERWISE NOT HAVE ANY IN FY 17 DOULAS ASSISTED 30 BI RTHS OR FOURTEEN PERCENT OF ALL CHARLES RIVER COMMUNITY HEALTH CENTER OF THE WOMEN DURING CHILDBIRTH PROGRAMS TO SUPPORT HEALTH CONCERNS - SUBSTANCE ABUSE SMOKING CESSATIONTO ADDRE SS SUBSTANCE USE, MOUNT AUBURN HOSPITAL PROVIDES SMOKING CESSATION PROGRAMS WE RECENTLY E VALUATED ATTENDANCE AT OUR 6-WEEK CLASS, INTERVIEWED ATTENDEES AND WORKED WITH THE AMERICA N CANCER SOCIETY (ACS) TO BEST DESIGN OUR PROGRAMMING WE REVIEWED THE ACS REPORT THAT HIG HLIGHTED AN INCREASE IN SMOKING FOR LGBTQ YOUTH AND DEVELOPED AN OUTREACH PLAN TO ORGANIZA TIONS THAT SERVE THE YOUTH LGBTQ POPULATION FROM THE ACS REPORT LESBIANS, BISEXUAL WOMEN , AND GAY MEN ARE 1 5 TO 2 5 TIMES MORE LIKELY TO SMOKE THAN THE GENERAL POPULATION, INCRE ASING THEIR RISK OF LUNG CANCER CURRENT EVIDENCE SUGGESTS THAT GAY AND BISEXUAL MEN ARE M ORE LIKELY TO SMOKE, AT 33 2% THAN MEN IN THE GENERAL POPULATION LESBIANS ARE MORE LIKELY TO SMOKE, AT 25%, THAN HETEROSEXUAL WOMEN AT 15% LGBT YOUTH SMOKING RANGING FROM 38 TO 5 9% IS ESTIMATED TO BE HIGHER THAN HETEROSEXUAL YOUTH SMOKING AT 28 TO 35% RECOGNIZING THA T CIGARETTE SMOKING ACCOUNTS FOR AT LEAST 30% OF ALL CANCER DEATHS, TOBACCO IS LINKED WITH AN INCREASED RISK OF THESE CANCERS LUNG, ANUS, STOMACH, PANCREAS, CERVIX, KIDNEY, BLADDE R AND ACUTE MYELOID LEUKEMIA BASED ON OUR REVIEW, FY 17'S PROGRAMMING INCLUDED OUTREACH E DUCATION TO YOUTH LGBT COMMUNITY MEMBERS AND WOMEN IN RECOVERY WE ALSO PILOTED FREEDOM FR OM SMOKING - AN EVIDENCE BASED PROGRAM DEVELOPED BY THE AMERICAN LUNG ASSOCIATION - PROVI DED 3 OUTREACH AND EDUCATIONAL PROGRAMS TO YOUTH AND YOUTH LGBTQ COMMUNITY GROUPS- PROVIDE D 2 EDUCATION AND OUTREACH PROGRAMS TO CASPAR FOR WOMEN- PILOTED FREEDOM FROM SMOKING CLAS S FOR COMMUNITY MEMBERS - AN EVIDENCE BASED PROGRAM DEVELOPED BY THE AMERICAN LUNG ASSOCIA TION HANDICAPPED ACCESSIBLE MEETING SPACEMAH PROVIDES HANDICAPPED ACCESSIBLE SPACE FOR MUL TIPLE SCLEROSIS, AA AND SMART RECOVERY GROUPS TO MEET ADDRESSING THE OPIOID EPIDEMICTO ADD RESS THE OPIOID EPIDEMIC MAH INITIATED A NUMBER OF

Form and Line Reference	Explanation
PROGRAMS TO SUPPORT HEALTH CONCERNS - MENTAL HEALTH	PROGRAMS AND ACTIVITIES THIS REPORTING YEAR THEY INCLUDE - MAH CONVENED A SUBSTANCE USE STAKEHOLDER TASK FORCE MAH RECOGNIZES THE IMPORTANCE OF CONVENING COMMUNITY ORGANIZATIONS AND INDIVIDUALS WITH HOSPITAL STAFF TO HELP IMPROVE SERVICES, REDUCE STIGMA AND REDUCE TH E RATE OF OPIOID ABUSE THIS TASK FORCE MET 2 TIMES IN FY17 AND HAS BEEN CONTINUING TO MEE T TO IMPROVE TRANSITIONS AND CARE FOR OUR COMMUNITY MEMBERS THE MAH SUBSTANCE USE STAKEHO LDERS TASK FORCE PROVIDES A FORUM TO SHARE BEST PRACTICES AND CURRENT INFORMATION TO HELP IMPROVE THE HEALTH OF OUR COMMUNITY - A DEDICATED MAH SOCIAL WORKER ATTENDS MONTHLY MEETIN G OF THE W A T E R (WATERTOWN ACCESS TO TREATMENT EDUCATION AND RESOURCES) SUBSTANCE USE TASK FORCE, THE CAMBRIDGE POLICE DEPARTMENT COMMUNITY STAKEHOLDERS MEETING AND THE MULTI-C OMMUNITY OVERDOSE RESPONSE NETWORK OF WALTHAM - THE MAH PREVENTION AND RECOVERY CENTER PI LOTED TWO SUPPORT GROUPS THIS YEAR, ONE FOR FAMILY MEMBERS AND ONE FOR THOSE IN RECOVERY - TO ADDRESS THE GROWING NUMBER OF OVERDOSE PATIENTS IN THE EMERGENCY DEPARTMENT A DEDICAT ED LICSW POSITION WAS CREATED IN THE EMERGENCY DEPARTMENT TO SUPPORT THESE PATIENTS AND IM PROVE CARE DURING THEIR STAY AND WITH TRANSITION AFTER THEIR STAY IN THE EMERGENCY DEPARTM ENT PROGRAMS TO SUPPORT HEALTH CONCERNS - ACCESS TO HEALTH CAREPROSTATE CANCER COLLABORATI ON WITH CAMBRIDGE HEALTH ALLIANCE 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 HOSPITAL PARTNERED WITH CHA STAFF TO SUPPORT COMMUNITY EDUCATIO N ABOUT PROSTATE CANCER TOGETHER THE TWO COMMUNITY HEALTH STAFFS FINALIZED EDUCATIONAL MA TERIALS 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 PRI MARY CARE AND HAVE A DISCUSSION ABOUT THEIR RISK FOR PROSTATE CANCER IN FY 17 MAH STAFF C OLLABORATED WITH CHA STAFF TO EDUCATE BLACK MALE COMMUNITY MEMBERS ABOUT PROSTATE CANCER MAH SUPPORTED THE FUNDING AND STAFF TO TRANSLATE THE MATERIALS AND THE SHARED DECISION MAK ING VIDEO WHICH WAS COMPLETED IN FY16 INTO THE TOP 3 MOST COMMON LANGUAGES (SPANISH, PORTU GUESE AND HAITIAN CREOLE) THE VIDEO WAS WIDELY DISTRIBUTED TO THE COMMUNITY SENIOR ACCES S TO CARE -- LIFELINETHIS PROGRAM PROVIDES PERSONAL EMERGENCY RESPONSE SERVICES (LIFELINE) TO UNDERSERVED ELDERS AND DISABLED ADULTS MAH WORKED CLOSELY WITH LOCAL AGING SERVICE AC TION POINTS AND PROVIDED THE EMERGENCY RESPONSE SYSTEMS BELOW COST TO OVER 1,000 COMMUNITY MEMBERS WHO ARE IN NEED WORKING TOGETHERTO ADDRESS MENTAL HEALTH AND SUBSTANCE USE, MOUNT AUBURN HOSPITAL SOCIAL WORKERS ATTEND COMMUNITY MEETINGS, SHARE BEST PRACTICES, IDENTIFY OPPORTUNITIES TO IMPROVE COLLABORATIONS AND ADDRESS CHALLENGES TO OPTIMIZING HEALTH FOR OU R MOST VULNERABLE COMMUNITY MEMBERS A DESIGNATED SOCIAL WORKER ATTENDS THE WATERTOWN TASK FORCE FOR HOARDING, THE SENIOR POLICY GROUP ON HOMELESSNESS TASK FORCE (CAMBRIDGE), CAMBR IDGE POLICE DEPARTMENT COMMUNITY STAKEHOLDERS MEETING, ELDER ABUSE PREVENTION TASK FORCE (CAMBRIDGE) AND THE GERIATRIC OUTREACH GROUP IN WALTHAM ALL ARE MONTHLY MEETINGS LACK OF T RANSPORTATIONTRANSPORTATION IS TOO OFTEN A BARRIER TO MEDICAL CARE MOUNT AUBURN CLINICIAN S WORK WITH PATIENTS WHO REQUIRE TRANSPORTATION TO IDENTIFY SOLUTIONS AND WHEN NECESSARY, PROVIDE ASSISTANCE MOUNT AUBURN STAFF PARTICIPATED IN CAMBRIDGE'S COMMUNITY WIDE TASK FOR CE ADDRESSING TRANSPORTATION

Form and Line Reference	Explanation
HEALTH INSURANCE SUPPORT	NAVIGATING THE APPLICATIONS FOR HEALTH INSURANCE CAN BE OVERWHELMING AND CUMBERSOME MOUNT AUBURN HOSPITAL PROVIDES FINANCIAL COUNSELORS TO ASSIST COMMUNITY MEMBERS IN APPLYING FOR PUBLIC ASSISTANCE PROGRAMS MAH STAFF HAS BEEN TRAINED AS CERTIFIED APPLICATION COUNSELOR S SOME STAFF AUGMENTS CHARLES RIVER COMMUNITY HEALTH CENTER'S ENROLLMENT STAFF AND WORK DI RECTLY AT THE HEALTH CENTER IN THIS FILING PERIOD THESE CACS PROVIDED OVER 1,300 ENCOUNTE RS AT CRCHC MAH ALSO HOSTED A MEDICARE INFORMATION NIGHT OVER 100 COMMUNITY MEMBERS ATTE NDED MEDICARE 101 WHICH WAS PRODUCT NEUTRAL AND INCLUDED TIME FOR INDIVIDUAL QUESTIONS ONL Y AMOUNTS RELATED TO CHARLES RIVER SUPPORT HAVE BEEN INCLUDED IN THIS FORM 990 SCHEDULE H LINE 7E PROGRAMS TO SUPPORT HEALTH CONCERNS - ADDRESSING BROADER PUBLIC HEALTH ISSUESCOMM UNITY EDUCATION FOR EMERGENCY PREPAREDNESSTO ADDRESS EMERGENCY PREPAREDNESS, OUR EMERGENCY ROOM PHYSICIANS WORKED WITH ARLINGTON, WATERTOWN AND BELMONT FIRE DEPARTMENTS AND THE MAI N SERVICES OF CAMBRIDGE FIRE DEPARTMENT AND PROFESSIONAL EMS TO INCREASE THEIR CAPACITY TO SERVE COMMUNITY MEMBERS IN NEED OF EMERGENT CARE MAH EMERGENCY ROOM PHYSICIANS SERVE AS EMS MEDICAL DIRECTORS FOR THESE ORGANIZATIONS MASSACHUSETTS INSTITUTE OF TECHNOLOGY EMS, ARLINGTON, CAMBRIDGE AND BELMONT MEDICAL DISPATCH (THE OPERATORS WHO PROVIDE TELEPHONE GUI DANCE PRIOR TO EMS ARRIVAL) MAH STAFF WORK WITH COMMUNITY ORGANIZATIONS IN CAMBRIDGE TO E NSURE THE BEST SYSTEMS ARE IN PLACE FOR POTENTIAL NATURAL AND MAN-MADE DISASTERS RESIDENT TRAINING-SOCIAL DETERMINANTS OF HEALTH DURING THIS ROTATION MAH RESIDENTS HAVE THE OPPORTU NITY TO SUPPORT LOCAL COMMUNITY ORGANIZATIONS THAT PROVIDE ESSENTIAL SERVICES FOR UNDERSER VED AND VULNERABLE POPULATIONS THE OBJECTIVES OF THESE EXPERIENCES ARE TO GAIN A DEEPER U NDERSTANDING OF THE UNIQUE SOCIAL DETERMINANTS OF HEALTH FOR TWO DIFFERENT POPULATIONS OF PATIENTS - HOMELESS INDIVIDUALS, AND THE ELDERLY - AND BETTER UNDERSTAND THE RESOURCES THA T EXIST FOR THESE POPULATIONS IN THE COMMUNITY MAH RESIDENTS WORK IN THE COMMUNITY WITH O UR MOST VULNERABLE POPULATIONS PARTNERS INCLUDE SOMERVILLE CAMBRIDGE ELDER SERVICES AND Y 2Y 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 TWENTY STUDENTS FROM WATERTOWN HIGH SCHOOL ATTEND PROGRAMMING AT MOUNT AUBURN HOSPITAL AND AT PRO FESSIONAL AMBULANCE COMPANY MAH ALSO REDESIGNED A WORKFORCE DEVELOPMENT PRESENTATION FOR ESOL ADULT LEARNERS MAH PROVIDED THESE WORKFORCE DEVELOPMENT EDUCATION SESSIONS TO OVER 1 00 ESOL ADULT LEARNERS IN THE COMMUNITY ALTHOUGH MAH CONSIDERS THESE EFFORTS PART OF ITS COMMUNITY BENEFITS MISSION, PURSUANT TO THE INSTRUCTIONS TO THE FORM 990 SCHEDULE H, NO CO STS RELATED TO THESE ACTIVITIES HAVE BEEN REPORTED IN THE FORM 990 SCHEDULE H PART 1 QUEST ION 7 COMMUNITY PARTNERS- AIDS ACTION COMMITTEE- ALCOHOL ANONYMOUS- AMERICAN CANCER SOCIE TY- AMERICAN LUNG ASSOCIATION- ARLINGTON COUNCIL ON AGING- ARLINGTON DEPARTMENT OF PUBLIC HEALTH- ARLINGTON SCHOOL DEPT - ARLINGTON YOUTH COUNSELING CENTER- ARLINGTON YOUTH HEALTH AND SAFETY COALITION- BELMONT COUNCIL ON AGING- BELMONT DEPARTMENT OF PUBLIC HEALTH- BELMO NT FIRE DEPARTMENT- BOSTON HEALTHCARE FOR THE HOMELESS- CAMBRIDGE COUNCIL ON AGING- CAMBRI DGE DEPARTMENT OF PUBLIC HEALTH- CAMBRIDGE FIRE DEPARTMENT- CAMBRIDGE HEALTH ALLIANCE- CAM BRIDGE LEARNING CENTER- CAMBRIDGE POLICE DEPARTMENT- CASPAR FOR MEN- CASPAR NEW DAY- CHARL ES RIVER COMMUNITY HEALTH CENTER- CITY OF CAMBRIDGE- COMMUNITY HEALTH NETWORK AREA 17 (CHN A 17)- ELDER SERVICES OF MERRIMACK VALLEY- SOMERVILLE COMMUNITY ADULT LEARNING EXPERIENCES (SCALE)- HARVARD DIVINITY SCHOOL- HEALTH LIVING CENTER OF EXCELLENCE- HEALTHY WALTHAM- JE WISH FAMILY AND CHILDREN'S SERVICES- MASS DEPARTMENT OF PUBLIC HEALTH -- MASS INSTITUTE OF TECHNOLOGY EMS- MINUTEMAN SENIOR SERVICES- NATIONAL COUNCIL FOR BEHAVIORAL HEALTH- NEIG HBORS WHO CARE- NEWTON WELLESLEY HOSPITAL- ON THE RISE- PAINE SENIOR SERVICES- PERKINS SCH OOL FOR THE BLIND- PROFESSIONAL AMBULANCE EMS- PROJECT BREAD- QUIT WORKS- RETIRED MEN'S CL UB OF ARLINGTON- SANCTA MARIA NURSING FACILITY- SCM COMMUNITY TRANSPORTATION- SOMERVILLE C AMBRIDGE ELDER SERVICES- SOMERVILLE COUNCIL ON AGING- SOMERVILLE DEPARTMENT OF PUBLIC HEAL TH- SPRINGWELL ELDER SERVICES- THE CAMBRIDGE HOMES- THE WELCOME PROJECT- TRANSITION HOUSE- WALTHAM CONNECTIONS- WALTHAM COUNCIL ON AGING- WALTHAM DEPARTMENT OF PUBLIC HEALTH- WALTH AM FAMILY SCHOOL- WALTHAM PARTNERSHIP FOR YOUTH- WATERTOWN COUNCIL ON AGING- WATERTOWN DEP ARTMENT OF PUBLIC HEALTH- WATERTOWN FIRE DEPT - WATERTOWN ROTARY CLUB- WATERTOWN SCHOOL DE PT - WAYSIDE YOUTH AND FAMILY SERVICES- YMCA WALTHAMCOMMUNITY HEALTH NEEDS - OTHER INITIAT IVESAS DESCRIBED IN DETAIL IN THIS SUPPORTING NARRATIVE TO THE FORM 990 SCHEDULE H, MAH IS DEEPLY DEDICATED TO ITS COMMUNITY BENEFITS OPERAT

Form and Line Reference	Explanation
HEALTH INSURANCE SUPPORT	IONS AND TO IMPROVING THE HEALTH OF THE COMMUNITIES IT SERVES IN ADDITION, WHERE THE HOSP ITAL IS UNABLE TO ADDRESS NEEDS BECAUSE OF LIMITED FINANCIAL RESOURCES, THE HOSPITAL EXPLO RES 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 CO NCERNS HAVE ALL BE ADDRESSED IN THE IMPLEMENTATION PLAN THERE WERE SOME SPECIFIC NEEDS IDE NTIFIED 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, HOMELESSNES S AFFORDABLE HOUSING, DOMESTIC VIOLENCE, POVERTY/ HUNGER ACCESS TO FOOD, TRANSPORTATION, H IGH 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 S UPPORT SOME OF THESE ADDITIONAL COMMUNITY HEALTH NEEDS WITHIN THE BROADER MAH PLAN AS NOTE D IN DETAIL ABOVE, THE MAH'S PRIMARY TOOL FOR ASSESSING THE HEALTH CARE NEEDS OF THE COMMU NITIES 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, 11 07% OF MAH'S TOTAL EXPENSES AS REPORTED ON FORM 990 PART IX, LINE 24, AR E INCURRED IN PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST COMMUNITY BENEFITS - ANNUAL COMMUNITY BENEFITS REPORTIN ADDITION TO MAH'S COMMUNITY HEALT H NEEDS ASSESSMENT (CHNA) AND COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP) WHICH, AS PREVIO USLY NOTED IN THIS FILING, WERE APPROVED BY THE BOARD OF TRUSTEES DURING THE TAX YEARS 201 4 AND 2015 RESPECTIVELY, AS NOTED IN THIS FORM 990 SCHEDULE H, PART I, LINES 6A AND 6B, MA H PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT WHICH IS SUBMITTED TO THE MASSACHUSETTS ATTO RNEY GENERAL THAT FILING IS AVAILABLE FOR PUBLIC INSPECTION AT THE ATTORNEY GENERAL'S OFF ICE, ON THE ATTORNEY GENERAL'S WEBSITE AND AT MAH UPON REQUEST THERE ARE SOME DIFFERENCES BETWEEN THE MASSACHUSETTS ATTORNEY GENERAL DEFINITION OF CHARITY CARE AND COMMUNITY BENEF ITS AND THE INTERNAL REVENUE SERVICE DEFINITION OF FINANCIAL ASSISTANCE AND COMMUNITY BENE FITS AS SUCH, THERE ARE VARIANCES BETWEEN THIS SCHEDULE H DISCLOSURE AND THE REPORT MAH F ILED WITH THE ATTORNEY GENERAL'S OFFICE EMERGENCY CARE ACCESSIN ADDITION, AS NOTED IN THI S FORM 990, SCHEDULE H, PART V, SECTION A, MAH IS A GENERAL MEDICAL AND SURGICAL HOSPITAL AND TEACHING HOSPITAL, PROVIDING 24 HOUR EMERGENCY MEDICAL CARE TO ALL PATIENTS WITHOUT RE GARD TO ABILITY TO PAY FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS - CHARIT Y CARE AND MEANS TESTED GOVERNMENT PROGRAMSFINANCIAL ASSISTANCEMAH'S NET COST OF CHARITY C ARE, INCLUDING CARE FOR EMERGENT SERVICES PROVIDED TO NON-PAYING PATIENTS AND INCLUDING PA YMENTS TO THE HEALTH SAFETY NET TRUST, WAS $2,997,705 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2016 AND HAS BEEN REPORTED ON THIS SCHEDULE H, PART I, LINE 7A AS REPORTED IN SCHEDUL E H PART I LINE 3 AND AGAIN IN SCHEDULE H PART V SECTION B LINE 13, ELIGIBILITY FOR FREE C ARE TO LOW INCOME INDIVIDUALS IS DETERMINED USING FEDERAL POVERTY GUIDELINES OF 200% FOR F ULL FREE CARE AND 201%-400% FOR PARTIAL FREE CARE ELIGIBILITY FOR DISCOUNTED CARE IS DETER MINED BY REVIEWING THE INDIVIDUAL'S EMPLOYMENT STATUS, FAMILY SIZE AND MONTHLY EXPENSES, I NCLUDING MEDICAL HARDSHIP REVIEW SEE ADDITIONAL INFORMATION IN THIS SCHEDULE H NARRATIVE OTHER UNCOMPENSATED CHARITY CARE - MEDICAID AND MEDICAREIN ADDITION TO THE CHARITY CARE RE PORTED ABOVE, MAH ALSO PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN OTHER PROGRAMS DESIGNE D TO SUPPORT LOW INCOME FAMILIES, INCLUDING PARTICULARLY THE MEDICAID PROGRAM, WHICH IS JO INTLY FUNDED BY FEDERAL AND STATE GOVERNMENTS THE MASSACHUSETTS HEALTH REFORM LAW PROVIDE D AN INITIATIVE FOR EXPANSION OF MEDICAID COVERAGE TO GREATER POPULATIONS AND FOR ENROLLME NT OF UNINSURED PATIENTS IN OTHER INSURANCE PROGRAMS PAYMENTS FROM MEDICAID AND OTHER PRO GRAMS WHICH INSURE LOW INCOME POPULATIONS DO NOT COVER THE COST OF SERVICES PROVIDED DURI NG THE FISCAL PERIOD COVERED BY THIS FILING, MAH GENERATED $17,730,139 RELATED TO TREATING MEDICAID PATIENTS WHICH WAS LESS THAN THE COST OF CARE PROVIDED BY MAH FOR SUCH SERVICES BY $11,194,210 AS REPORTED ON THIS SCHEDULE H, PART I LINE 7B MEDICARE IS THE FEDERALLY S PONSORED HEALTH INSURANCE PROGRAM FOR ELDERLY OR DISABLED PATIENTS, AND MAH PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN THE MEDICARE PROGRAM DURING THE FISCAL PERIOD COVERED BY T HIS FILING, MAH GENERATED $125,449,923 RELATED TO TREATING MEDICARE PATIENTS THE COSTS OF PROVIDING CARE TO MEDICARE PATIENTS EXCEEDED REVENUE BY $4,808,674 OF THESE AMOUNTS, REV ENUE OF $3,714,687 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 BECAUSE THE COST OF TH OSE SERVICES EXCEEDED REVENUES BY $3,960,645 IN RESPONSE TO THE FORM 990, SCHEDULE H, PAR T III, LINE 8, ALTHOUGH MAH CONSIDERS THE PROVISION OF CLINICAL CARE TO ALL MEDICARE PATIE NTS AS PART OF ITS COMMUNITY BENEFIT, THE REMAINING CARE TO MEDICARE PATIENTS IS NOT QUANT IFIED ON PAGE 1 OF THE SCHEDULE H INSTEAD, PER THE IRS INSTRUCTIONS TO SCHEDULE H, MAH HA S SEPARATELY REPORTED THIS AMOUNT IN SCHEDULE H, PART III, LINE 7, AS REQUIRED HOWEVER, I F THE MEDICARE SHORTFALL WERE INCLUDED IN THE SCHEDULE H PART I LINE 7 CALCULATION, IT WOU LD INCREASE TO 11 33%BAD DEBTSIN ADDITION TO CHARITY CARE AND SHORTFALLS IN PROVIDING SERV ICES TO PATIENTS INSURED UNDER STATE AND FEDERAL PROGRAMS, MAH ALSO INCURS LOSSES RELATED TO SELF-PAY PATIENTS WHO FAIL TO MAKE PAYMENTS FOR SERVICES OR INSURED PATIENTS WHO FAIL T O PAY COINSURANCE OR DEDUCTIBLES FOR WHICH THEY ARE RESPONSIBLE UNDER INSURANCE CONTRACTS BAD DEBT EXPENSE IS INCLUDED IN UNCOMPENSATED CARE EXPENSE IN THE CONSOLIDATED FINANCIAL STATEMENTS, AND INCLUDES THE PROVISION FOR ACCOUNT

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART VI SUPPLEMENTAL INFORMATION	S ANTICIPATED TO BE UNCOLLECTIBLE CHARGES FOR THOSE SERVICES DURING THE FISCAL PERIOD COV ERED BY THIS FILING OF $10,774,464 AND ARE REPORTED AS BAD DEBT ON FORM 990, SCHEDULE H, P ART III, LINE 2 AS REQUIRED BY THE INSTRUCTIONS TO THIS FORM 990 SCHEDULE H, LOSSES RELAT ED TO BAD DEBTS HAVE NOT BEEN INCLUDED IN THE CALCULATION OF FINANCIAL ASSISTANCE AND CERT AIN OTHER COMMUNITY BENEFITS IN SCHEDULE H PART I LINE 7 RATHER IT HAS BEEN SEPARATELY RE PORTED IN SCHEDULE H PART III AS REQUIRED THE PERCENTAGES CALCULATED IN PART I, LINE 7, C OLUMN F WERE BASED ON EACH ITEM OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT AS A PERCENT AGE OF TOTAL EXPENSES REPORTED IN PART IX OF THIS FORM 990 AS REQUIRED BY THIS FORM 990, SCHEDULE H, PART III, LINE 4, BELOW ARE THE BAD DEBT AND ALLOWANCE FOR DOUBTFUL ACCOUNTS F OOTNOTES FROM THE MOUNT AUBURN HOSPITAL AND AFFILIATE AUDITED FINANCIAL STATEMENTS AS PRE VIOUSLY NOTED IN THIS FORM 990, THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE HOSPI TAL AND ITS AFFILIATES FOR FISCAL YEAR ENDED SEPTEMBER 30, 2017 INCLUDE THE ACCOUNTS OF MO UNT AUBURN HOSPITAL, MOUNT AUBURN PROFESSIONAL SERVICES (MAPS) AND CAREGROUP PARMENTER HOM E CARE & HOSPICE THE MAH FORM 990 IS PREPARED FOR MAH ONLY AND AS SUCH, THE METRICS INCLU DED IN THESE FOOTNOTES WILL NOT TIE TO THE FACE OF THE MAH FORM 990, SCHEDULE H FINANCIAL STATEMENT FOOTNOTES UNCOMPENSATED CARE AND PROVISION FOR BAD DEBTSTHE HOSPITAL PROVIDES CA RE WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES, TO PATIENTS WHO MEET CERT AIN CRITERIA UNDER ITS CHARITY CARE POLICY ESSENTIALLY, THE POLICY DEFINES CHARITY SERVIC ES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED BECAUSE THE HOSPITAL DOES NOT PU RSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE EXCEPT TO THE EXTENT REIMBURSED BY THE STATEWIDE HEALTH SAFETY NET (HSN) THE HOSP ITAL GRANTS CREDIT WITHOUT COLLATERAL TO PATIENTS, MOST OF WHOM ARE LOCAL RESIDENTS AND AR E INSURED UNDER THIRD-PARTY AGREEMENTS ADDITIONS TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS A RE 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 PROVIS ION FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLL ECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN FEDERAL AND STATE GOVERNMENTAL HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS PATIENT ACCOUNTS RECEIVABLE AND RELATED ALL OWANCE FOR DOUBTFUL ACCOUNTSPATIENT ACCOUNTS RECEIVABLE ARE REFLECTED NET OF AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, TH E HOSPITAL ANALYZES ITS PAST COLLECTION HISTORY, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN GOVERNMENTAL AND EMPLOYEE HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS FOR EACH OF ITS MAJOR CATEGORIES OF REVENUE BY PAYOR TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOU BTFUL ACCOUNTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR CATEGORIES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THROUGHOUT THE YEAR, THE HOSPITAL, AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED, WILL WRITE OFF THE DIFFERENCE BETWEEN THE STANDARD RATES (OR DISCOUNTED RATES IF APPLICABLE) AND THE AMO UNTS ACTUALLY COLLECTED AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN ADDITION TO THE RE VIEW OF THE CATEGORIES OF REVENUE, MANAGEMENT MONITORS THE WRITE OFFS AGAINST ESTABLISHED ALLOWANCES TO DETERMINE THE APPROPRIATENESS OF THE UNDERLYING ASSUMPTIONS USED IN ESTIMATI NG THE ALLOWANCE FOR DOUBTFUL ACCOUNTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART VI SUPPLEMENTAL INFORMATION	THE HOSPITAL'S METHODOLOGY FOR VALUING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE REMAINED SUBSTANTIALLY CONSISTENT IN 2017 AND 2016 THE HOSPITAL'S ALLOWANCE FOR DOUBTFUL ACCOUNTS REPRESENTED APPROXIMATELY 17% AND 11% OF PATIENT ACCOUNTS RECEIVABLE NET OF CONTRACTUAL ALLOWANCES IN 2017 AND 2016, RESPECTIVELY 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 (SCHEDULE H, PART V, SECTION A AND SECTION B QUESTION 21)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
MOUNT AUBURN HOSPITAL - CREDIT AND COLLECTION POLICY GUIDING PRINCIPLES	FINANCIAL ASSISTANCE POLICY PURPOSE MOUNT AUBURN HOSPITAL (MAH OR 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 THIS FINANCIAL ASSISTANCE POLICY IS INTENDED TO BE IN COMPLIANCE WITH APPLICABLE FEDERAL AND STATE LAWS FOR OUR SERVICE AREA PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE WILL RECEIVE DISCOUNTED CARE RECEIVED FROM QUALIFYING MAH PROVIDERS THE HOSPITAL DOES 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 FINANCIAL ASSISTANCE POLICY, CREDIT AND COLLECTION POLICY AND EMERGENCY CARE POLICYAS REQUIRED BY IRC SECTION 501(R)(4) AND THE REGULATIONS PROMULGATED THEREUNDER, THE HOSPITAL MAINTAINS A WRITTEN FINANCIAL ASSISTANCE POLICY (FAP) WHICH APPLIES TO ALL EMERGENCY AND OTHER MEDICALLY NECESSARY CARE PROVIDED BY THE HOSPITAL FACILITY (SCHEDULE H PART I QUESTIONS 1A AND 1B) DETAIL RELATED TO EMERGENCY AND OTHER MEDICALLY NECESSARY CARE COVERED BY THE POLICY IS INCLUDED WITHIN THE POLICY AND THE DEFINITION OF EMERGENCY CARE MEETS THE DEFINITION OF THE EMERGENCY MEDICAL TREATMENT AND LABOR ACT (EMTALA), SECTION 1867 OF THE SOCIAL SECURITY ACT (42 USC 1395DD) (SCHEDULE H PART V SECTION B QUESTION 21) THE FAP INCLUDES A LIST OF PROVIDERS OTHER THAN THE HOSPITAL ITSELF, WHICH ARE COVERED BY THE FAP AND SPECIFIES ELIGIBILITY CRITERIA FOR BOTH FREE AND DISCOUNTED CARE THE FAP ALSO INCLUDES THE BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS THE HOSPITAL MAINTAINS A SEPARATE CREDIT AND COLLECTION POLICY AS PERMITTED UNDER THE TREASURY REGULATIONS AND THIS CREDIT AND COLLECTION POLICY IS REFERENCED WITHIN THE FAP AS REQUIRED, ALONG WITH INFORMATION ON HOW TO OBTAIN A FREE COPY OF THE CREDIT AND COLLECTION POLICY (SCHEDULE H PART III SECTION C QUESTIONS 9A AND 9B AND PART V SECTION B QUESTION 17) THE HOSPITAL'S FAP AND CREDIT & COLLECTION POLICY WERE ADOPTED BY THE HOSPITAL'S BOARD PRIOR TO SEPTEMBER 30, 2017 AND THESE DOCUMENTS WERE ALL EFFECTIVE AS OF OCTOBER 1, 2017, THE FIRST DAY OF THE HOSPITAL'S FISCAL YEAR IN WHICH THE HOSPITAL WAS REQUIRED TO BE IN COMPLIANCE WITH THE REGULATIONS PROMULGATED BY THE TREASURY AND RELATED TO IRC SECTION 501(R) FINANCIAL ASSISTANCE POLICY - APPLYING FOR ASSISTANCE THE HOSPITAL'S FAP INCLUDES INFORMATION ON THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE UNDER THE FAP IN ADDITION, THE HOSPITAL'S FINANCIAL ASSISTANCE APPLICATION INCLUDES A LIST OF INFORMATION/DOCUMENTATION REQUIRED AS PART OF A PATIENT'S APPLICATION FOR FINANCIAL ASSISTANCE (SCHEDULE H PART V SECTION B QUESTION 15)

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE POLICY - ELIGIBILITY GUIDELINES	THE HOSPITAL'S FAP USES THE FEDERAL POVERTY GUIDELINES IN DETERMINING ELIGIBILITY FOR FREE AND DISCOUNTED CARE (SCHEDULE H PART I QUESTION 3A AND 3B AND PART V SECTION B QUESTION 13) IN ADDITION, THE HOSPITAL'S FAP PROVIDES FOR FINANCIAL ASSISTANCE BASED ON MEDICAL HA RDSHIP AND ASSET LEVEL (SCHEDULE H PART I QUESTIONS 3C AND 4, PART V SECTION B QUESTION 13 AND PART VI QUESTION 3) FINALLY, THE HOSPITAL UNDERSTANDS THAT NOT ALL PATIENTS ARE ABLE TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION OR COMPLY WITH REQUESTS FOR DOCUMENTATION THERE MAY BE INSTANCES UNDER WHICH A PATIENT/GUARANTOR'S QUALIFICATION FOR FINANCIAL ASSI STANCE IS ESTABLISHED WITHOUT COMPLETING THE APPLICATION FORM OTHER INFORMATION MAY BE US ED BY THE HOSPITAL TO DETERMINE WHETHER A PATIENT/GUARANTOR'S ACCOUNT IS UNCOLLECTIBLE AND THIS INFORMATION WILL BE USED TO DETERMINE PRESUMPTIVE ELIGIBILITY AS OUTLINED IN THE HOS PITAL'S FAP (SCHEDULE H PART I QUESTIONS 3C) FINANCIAL ASSISTANCE - PUBLIC ASSISTANCE PRO GRAMS (SCHEDULE H PART I QUESTION 3C)IN ADDITION TO FINANCIAL ASSISTANCE ELIGIBILITY UNDER THE HOSPITAL'S FAP, FOR THOSE INDIVIDUALS WHO ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL WORK WITH PATIENTS TO ASSIST THEM IN APPLYING FOR PUBLIC ASSISTANCE AND/OR HOSPITAL FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER SOME OR ALL OF THEIR UNPAID HOSPITAL BILLS I N ORDER TO HELP UNINSURED AND UNDERINSURED INDIVIDUALS FIND AVAILABLE AND APPROPRIATE OPTI ONS, THE HOSPITAL WILL PROVIDE ALL INDIVIDUALS WITH A GENERAL NOTICE OF THE AVAILABILITY O F PUBLIC ASSISTANCE AND FINANCIAL ASSISTANCE PROGRAMS DURING THE PATIENT'S INITIAL IN-PERS ON REGISTRATION AT A HOSPITAL LOCATION FOR A SERVICE, IN ALL BILLING INVOICES THAT ARE SEN T TO A PATIENT OR GUARANTOR, AND WHEN THE PROVIDER IS NOTIFIED OR THROUGH ITS OWN DUE DILI GENCE BECOMES AWARE OF A CHANGE IN THE PATIENT'S ELIGIBILITY STATUS FOR PUBLIC OR PRIVATE INSURANCE COVERAGE HOSPITAL PATIENTS MAY BE ELIGIBLE FOR FREE OR REDUCED COST OF HEALTH CA RE SERVICES THROUGH VARIOUS STATE PUBLIC ASSISTANCE PROGRAMS AS WELL AS THE HOSPITAL FINAN CIAL ASSISTANCE PROGRAMS (INCLUDING BUT NOT LIMITED TO MASSHEALTH, THE PREMIUM ASSISTANCE PAYMENT PROGRAM OPERATED BY THE HEALTH CONNECTOR, THE CHILDREN'S MEDICAL SECURITY PROGRAM, THE HEALTH SAFETY NET, AND MEDICAL HARDSHIP) SUCH PROGRAMS ARE INTENDED TO ASSIST LOW-IN COME PATIENTS TAKING INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO THE COST OF H IS OR HER CARE FOR THOSE INDIVIDUALS THAT ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WIL L, WHEN REQUESTED, HELP THEM WITH APPLYING FOR EITHER COVERAGE THROUGH PUBLIC ASSISTANCE P ROGRAMS OR HOSPITAL FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER ALL OR SOME OF THEIR UNPA ID HOSPITAL BILLS THE HOSPITAL IS AVAILABLE TO ASSIST PATIENTS IN ENROLLING INTO STATE HEA LTH COVERAGE PROGRAMS THESE INCLUDE MASSHEALTH, THE PREMIUM ASSISTANCE PAYMENT PROGRAM OP ERATED BY THE STATE'S HEALTH CONNECTOR, AND THE CHILDREN'S MEDICAL SECURITY PLAN FOR THES E PROGRAMS, APPLICANTS CAN SUBMIT AN APPLICATION THROUGH AN ONLINE WEBSITE (WHICH IS CENTR ALLY LOCATED ON THE STATE'S HEALTH CONNECTOR WEBSITE), A PAPER APPLICATION, OR OVER THE PH ONE WITH A CUSTOMER SERVICE REPRESENTATIVE LOCATED AT EITHER MASSHEALTH OR THE CONNECTOR INDIVIDUALS MAY ALSO ASK FOR ASSISTANCE FROM HOSPITAL FINANCIAL COUNSELORS (ALSO CALLED CE RTIFIED APPLICATION COUNSELORS) WITH SUBMITTING THE APPLICATION EITHER ON THE WEBSITE OR T HROUGH A PAPER APPLICATION FINANCIAL ASSISTANCE POLICY - TRANSLATIONS THE HOSPITAL'S FAP, CREDIT AND COLLECTION POLICY AND PLAIN LANGUAGE SUMMARY OF THE FAP (SEE DETAIL BELOW) HAVE ALL BEEN TRANSLATED INTO THE LANGUAGES SPOKEN BY THOSE IN THE HOSPITAL'S COMMUNITY WHO MA Y COMMUNICATE IN A LANGUAGE OTHER THAN ENGLISH THE HOSPITAL HAS TRANSLATED THESE DOCUMENT S INTO THE LANGUAGES OF LIMITED ENGLISH PROFICIENCY (LEP) OF ITS PATIENTS, USING THE HEALT H AND HUMAN SECRETARY GUIDANCE SAFE HARBOR OF 5% OF THE POPULATION OR 1000 PERSONS, WHICHE VER IS LESS BASED ON THE HOSPITAL'S REVIEW OF THIS SAFE HARBOR, THE HOSPITAL HAS TRANSLAT ED THESE DOCUMENTS INTO THE FOLLOWING LANGUAGES SPANISH (SCHEDULE H PART V SECTION B QUE STION 16I)FINANCIAL ASSISTANCE POLICY - WIDELY PUBLICIZING AND AVAILABILITYCOPIES OF THE F AP, CREDIT AND COLLECTION POLICY, FAP SUMMARY AND APPLICATION FOR FINANCIAL ASSISTANCE ARE ALL AVAILABLE IN BOTH ENGLISH AND ALL LEP LANGUAGES AT THE HOSPITAL OR BY MAIL FREE OF CH ARGE AND ON THE HOSPITAL'S WEBSITE AT (SCHEDULE H PART V SECTION B QUESTIONS 16A, 16B, 16C , 16D, 16E, 16H) HTTPS //WWW MOUNTAUBURNHOSPITAL ORG/PATIENTS-VISITORS/BILLING-INSURANCE/B ILLING-POLICIES/ IN ADDITION, THE FAP, CREDIT AND COLLECTION POLICY, FAP SUMMARY AND APPLI CATION FOR FINANCIAL ASSISTANCE ARE ALL AVAILABLE IN THE HOSPITAL'S EMERGENCY DEPARTMENT A ND FINANCIAL COUNSELING OFFICE (SCHEDULE H PART V SECTION B QUESTION 16F AND SCHEDULE H P ART VI QUESTION 3) THE HOSPITAL MAINTAINS SIGNAGE AND CONSPICUOUS PUBLIC DISPLAYS ABOUT FI NANCIAL ASSISTANCE AND THE FAP DESIGNED TO ATTRACT

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE POLICY - ELIGIBILITY GUIDELINES	THE ATTENTION OF PATIENTS AND VISITORS, INCLUDING BOTH THE EMERGENCY DEPARTMENT AND ADMIS SIONS SUCH SIGNAGE IS POSTED BOTH IN ENGLISH AND THE LEP LANGUAGES NOTED ABOVE IN ADDITI ON, FINANCIAL COUNSELING PERSONNEL ROUTINELY VISIT LOCATIONS DESIGNATED FOR SIGNAGE TO ENS URE THAT SUCH SIGNAGE REMAINS VISIBLE TO PATIENTS AND VISITORS AS ATTENDED THE HOSPITAL P ROVIDES INFORMATION ABOUT THE FAP TO PATIENTS BEFORE DISCHARGE AND CONSPICUOUSLY WITHIN BI LLING STATEMENTS INFORMATION PROVIDED TO PATIENTS IN THESE COMMUNICATIONS INCLUDE CONTACT INFORMATION FOR THOSE THAT CAN HELP PROVIDE ADDITIONAL INFORMATION ABOUT THE FAP, INFORMA TION ON THE APPLICATION PROCESS AND THE WEBSITE WHERE THE FAP CAN BE OBTAINED ADDITIONALL Y, A PLAIN LANGUAGE SUMMARY OF THE FAP IS PROVIDED TO PATIENTS AS PART OF THE INTAKE PROCE SS (SCHEDULE H PART V SECTION B QUESTION 16G) FINANCIAL ASSISTANCE POLICY - PLAIN LANGUA GE SUMMARYAS NOTED IN THIS NARRATIVE SUPPORT TO THE FORM 990 SCHEDULE H, THE HOSPITAL HAS A PLAIN LANGUAGE SUMMARY OF ITS FAP THIS IS A WRITTEN STATEMENT DESIGNED TO NOTIFY PATIEN TS AND VISITORS THAT THE HOSPITAL HAS A WRITTEN FAP AND PROVIDES FINANCIAL ASSISTANCE THI S PLAIN LANGUAGE SUMMARY INCLUDES INFORMATION ON FREE AND DISCOUNTED CARE, HOW TO OBTAIN A COPY OF THE FAP POLICY AND APPLICATION, INCLUDING THE WEBSITE ADDRESS, THE LOCATION (INCL UDING THE BUILDING AND ROOM NUMBER) AND PHONE NUMBER OF THE FINANCIAL COUNSELING OFFICE T HE PLAIN LANGUAGE SUMMARY ALSO INCLUDES THE LIST OF LANGUAGES INTO WHICH THE FAP AND SUMMA RY HAVE BEEN TRANSLATED AS WELL AS HOW TO ACCESS INFORMATION ON PROVIDERS NOT COVERED BY T HE FAP AND TO WHICH OTHER RELATED HOSPITALS APPROVAL UNDER THE FAP WILL APPLY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
LIMITATION ON CHARGES - INTERNAL REVENUE CODE SECTION 501(R)(5)	LIMITATION ON CHARGESAS REQUIRED BY IRC SECTION 501(R)(5) AND THE REGULATIONS PROMULGATED THEREUNDER, THE HOSPITAL LIMITS THE AMOUNTS CHARGED FOR ANY EMERGENCY OR OTHER MEDICALLY NECESSARY CARE IT PROVIDES TO A FINANCIAL ASSISTANCE ELIGIBLE PATIENT, TO NOT MORE THAN AMOUNTS GENERALLY BILLED (AGB) AND LIMITS THE AMOUNTS CHARGED TO ANY FINANCIAL ASSISTANCE ELIGIBLE PATIENT FOR ALL OTHER MEDICAL CARE TO LESS THAN GROSS CHARGES AMOUNTS GENERALLY BILLED - LOOK BACK METHODTHE HOSPITAL CALCULATES ITS AGB, USING THE LOOK BACK METHOD, DIVIDING THE TOTAL PAYMENTS RECEIVED FROM ALL COMMERCIAL PLANS AND MEDICARE BY THE TOTAL CHARGES SENT TO THOSE SAME PAYERS FOR THE PREVIOUS FISCAL YEAR CALCULATED AGB IS INCLUDED IN THE HOSPITAL'S FAP AS REQUIRED UNDER THE REGULATIONS DETAILING THE REQUIREMENTS UNDER IRC SECTION 501(R)(5) (SCHEDULE H PART V SECTION B QUESTION 22) PATIENT REFUNDS FOR CHARGES IN EXCESS OF AMOUNTS GENERALLY BILLEDTHE HOSPITAL REGULARLY MONITORS THE FINANCIAL ACCOUNTS OF FINANCIAL ASSISTANCE ELIGIBLE PATIENTS WHERE A PATIENT SUBMITS A COMPLETED APPLICATION FOR FINANCIAL ASSISTANCE AND IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE, THE HOSPITAL REFUNDS ANY AMOUNTS PREVIOUSLY PAID FOR CARE THAN EXCEEDS THE AMOUNT THAT THE PATIENT IS PERSONALLY RESPONSIBLE FOR PAYING WHERE SUCH AMOUNTS ARE EQUAL TO OR EXCEED $5 00 BILLING AND COLLECTIONS - 501(R)(6)EXTRAORDINARY COLLECTION ACTIVITIESTHE HOSPITAL DOES NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIVITIES (ECAS) FOR FINANCIAL ASSISTANCE ELIGIBLE PATIENTS SPECIFICALLY, THE HOSPITAL DOES NOT REPORT TO CREDIT AGENCIES, ENGAGE IN LEGAL OR JUDICIAL PROCESSES OR SELL A PATIENT'S OUTSTANDING AMOUNTS OWED FOR PATIENT CARE IN ADDITION, THIS EXTENDS TO ANY THIRD PARTY CONTRACTED WITH THE HOSPITAL RELATED TO BILLING AND COLLECTIONS (SCHEDULE H PART V SECTION B QUESTIONS 18 AND 19) APPLICATION PERIOD PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME UP TO TWO HUNDRED FORTY (240) DAYS AFTER THE FIRST POST-DISCHARGE BILLING STATEMENT IS AVAILABLE

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 50 INTERNAL MEDICINE INTERNS AND RESIDENTS, 12 RADIOLOGY RESIDENTS, SIX P ODIATRY RESIDENTS, AND THREE UROGYNECOLOGY FELLOWS DURING 2017 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, PSYCHIATRY AND NEUROLOGY SERVICES, AS WELL AS MEDICAL STUDENTS F ROM 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 PRE LIMINARY MEDICINE TRACK THE THREE-YEAR CATEGORICAL TRACK PREPARES RESIDENTS FOR CERTIFICA TION BY THE AMERICAN BOARD OF INTERNAL MEDICINE AND CAREERS THAT COVER THE FULL SPECTRUM O F OPPORTUNITIES IN BOTH GENERAL INTERNAL MEDICINE AND THE MEDICAL SUB-SPECIALTIES RESIDEN TS ARE ABLE TO TAILOR THEIR 36 MONTHS OF TRAINING TO OBTAIN THE KNOWLEDGE, SKILLS, AND INS IGHT REQUIRED TO PURSUE SUBSEQUENT CAREERS IN PRIMARY CARE OR HOSPITALIST MEDICINE, IN ADD ITION, THEY ARE PREPARED TO CONTINUE THEIR TRAINING IN COMPETITIVE SUB-SPECIALTY FELLOWSHI P TRAINING PROGRAMS ACROSS THE COUNTRY MAH SUPPORTS TRAINEES IN THEIR INTENDED CAREER GOA LS THROUGH THE USE OF DEFINED PATHWAYS THESE PATHWAYS, IN PRIMARY CARE, HOSPITALIST MEDIC INE, OR SUB-SPECIALTY MEDICINE, OUTLINE THE MILESTONES THAT THE TRAINEE SHOULD MEET THROUG HOUT THE COURSE 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 INTERNAL MEDICINE, SUCH AS RADIOLOGY, OPHTHALMOLOGY, ANESTHESIOLOGY, RADIATION ONCOLO GY, NEUROLOGY, DERMATOLOGY, PHYSICAL MEDICINE & REHABILITATION, AND OTHERS THIS PROGRAM I S HIGHLY SOUGHT AFTER BY TOP STUDENTS FROM MEDICAL SCHOOLS AROUND THE COUNTRY, AND A MAJOR STRENGTH, AS WELL AS A MAJOR ATTRACTION, IS THE FACT THAT THE YEAR IS VIRTUALLY IDENTICAL IN STRUCTURE AND CONTENT TO THE FIRST YEAR FOR PHYSICIANS WHO TRAIN AT MOUNT AUBURN HOSPI TAL FOR THREE 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 CLINIC DURING THEIR YEAR THE MAH RADIOLOGY RESIDENCY PROGRAM HAS A LONG AND PRO UD HISTORY AS AN ELITE PROGRAM AND EXCEPTIONAL PLACE TO TRAIN RESIDENTS ARE TYPICALLY ASS IGNED IN ONE-MONTH BLOCKS TO ONE OF THE DIFFERENT MODALITIES EARLY IN TRAINING, RESIDENTS ARE EXPECTED TO READ EXTENSIVELY, MASTER ANATOMY, PARTICIPATE IN THE PROTOCOLLING AND INT ERPRETATION OF PATIENT EXAMINATIONS, AND TO PARTICIPATE IN DISCUSSIONS CONCERNING DIAGNOST IC PROBLEMS RESIDENTS ADVANCE TO INCREASED LEVELS OF RESPONSIBILITY, AND SOUND JUDGMENT A S A RADIOLOGIST 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 RATIO OF STAFF RADIOLOGISTS TO RESIDENTS RESULTS IN CLOSE CONTACT BETWEEN THE ST AFF AND RESIDENTS THROUGHOUT THE TRAINING PROGRAM

Form and Line Reference	Explanation
CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS	AFTER THE RESIDENT HAS OBTAINED THE NECESSARY FIRM FOUNDATIONS IN THE FUNDAMENTALS OF RAD IOLOGY, HE OR SHE IS ENCOURAGED TO TAKE INCREASING RESPONSIBILITY IN BOTH ROUTINE AND SPEC IALIZED EXAMINATIONS AND PROCEDURES THE MAJORITY OF OUR RESIDENTS PURSUE SUBSPECIALTY FEL LOWSHIP TRAINING, HOWEVER, THE GOAL OF THE RADIOLOGY RESIDENCY PROGRAM IS TO TRAIN RESIDEN TS TO BE FULLY QUALIFIED IN DIAGNOSTIC RADIOLOGY AND SPECIAL PROCEDURES BY THE TIME THEY H AVE COMPLETED THE FOUR-YEAR PROGRAM GRADUATES HAVE PURSUED CAREERS IN ACADEMIA AND PRIVAT E PRACTICE IN ADDITION TO THE INTERNAL MEDICINE AND RADIOLOGY TRAINING PROGRAMS, MOUNT AUB URN HOSPITAL HAS A NATIONALLY RECOGNIZED TRAINING PROGRAM IN PODIATRY, AND IS A SITE FOR O THER POST-GRADUATE MEDICAL EDUCATION DISCIPLINES IT IS A CORE SITE FOR THE BETH ISRAEL DE ACONESS MEDICAL CENTER SURGICAL TRAINING PROGRAM, AND TWO HARVARD-AFFILIATED EMERGENCY MED ICINE PROGRAMS MAH ALSO WELCOMES ROTATING GERIATRIC FELLOWS FROM THE BETH ISRAEL DEACONES S / HARVARD MEDICAL SCHOOL DIVISION ON AGING PROGRAM, AND PEDIATRIC AND NEONATOLOGY RESIDE NTS FROM MASSACHUSETTS GENERAL HOSPITAL / CAMBRIDGE HOSPITAL PROGRAM DURING THE FISCAL YEA R COVERED BY THIS FILING, MAH HAD NET EXPENDITURES OF $8,149,869 REPORTED ON THIS SCHEDULE H RELATED TO MAH'S TEACHING FUNCTION

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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 HOSPITAL CAMBRIDGE, MA 02138 LICENSE # 2071	X	X		X			X			

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
MOUNT AUBURN HOSPITAL	PART V, SECTION B, LINE 5 FOR DISCLOSURES RELATED TO FORM 990 SCHEDULE H PART V, SECTION B PLEASE SEE SCHEDULE H PART VI SUPPLEMENTAL INFORMATION

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
04-2103606

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHARLES RIVER COMMUNITY HEALTH CENTER 495 WESTERN AVENUE BOSTON, MA 02135	23-7221597		52,500				HEALTH CARE ACCESS
(2) PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1033 MASSACHUSETTS AVE STE 3 CAMBRIDGE, MA 02138	04-2103580		505,233				TO SUPPORT MEDICAL EDUCATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 2

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2,	GRANT FUND USAGE IS MONITORED BY REQUIRING THE SUBMISSION OF REPORTS BY GRANT RECIPIENTS

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" 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 appropiate 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 2016 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 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 CHIEF EXECUTIVE OFFICER/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 BASE COMPENSATION AMOUNTS NOT OTHERWISE SEPARATELY NOTED IN THIS RETURN BUT QUANTIFIED IN BASE COMPENSATION INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS REGULAR WAGES, EMPLOYEE DEFERRALS TO A 401(K) AND/OR 403(B) PLAN 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 - CAREGROUP, INC MR CANEPA DEVOTES, ON AVERAGE, A COMBINED 11 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 - CAREGROUP PARMENTER HOME CARE & HOSPICE MS CLOUGH DEVOTES, ON AVERAGE, A COMBINED 65 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE IN HER POSITIONS AS PRESIDENT AND CHIEF EXECUTIVE OFFICER FOR MOUNT AUBURN HOSPITAL (MAH) AND MOUNT AUBURN PROFESSIONAL SERVICES (MAPS), MS CLOUGH RECEIVES PAYMENTS DIRECTLY FROM MAH AS WELL AS FROM CAREGROUP, THE SOLE MEMBER OF MAH, AN ENTITY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND A SUPPORT ORGANIZATION OF MAH ADDITIONALLY, MS CLOUGH PERFORMS SERVICES FOR BOTH MAH AND MAPS BUT NOT DIRECTLY FOR CAREGROUP MS CLOUGH'S COMPENSATION PAID BY CAREGROUP AND MAH IS REPORTED HERE BASED ON THE SERVICES SHE PROVIDED TO MOUNT AUBURN HOSPITAL AND MOUNT AUBURN PROFESSIONAL SERVICES FOR THE POSITIONS NOTED ABOVE PAYMENTS REPORTED BY MAH BASE COMPENSATION 620,409 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 232,974 DEFERRED COMPENSATION 242,828 NON-TAXABLE BENEFITS 17,348 PAYMENTS REPORTED BY MAPS BASE COMPENSATION 127,072 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 47,718 DEFERRED COMPENSATION 49,736 NON-TAXABLE BENEFITS 3,553 OTHER REPORTABLE COMPENSATION REPORTED BY MAH AND MAPS FOR THE 2016 CALENDAR YEAR INCLUDES RETENTION PAYMENTS OF $204,504 PURSUANT TO MS CLOUGH'S SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) AGREEMENT DEFERRED COMPENSATION REPORTED FOR THE 2016 CALENDAR YEAR ALSO INCLUDES AN INCENTIVE PAYMENT RELATED TO THE SERVICES MS CLOUGH PERFORMED DURING MOUNT AUBURN'S FISCAL YEAR ENDED SEPTEMBER 30, 2016 BUT WHICH WAS NOT PAID TO MS CLOUGH UNTIL AFTER MARCH 15, 2017 IN THE AMOUNT OF $262,500 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 $73,350 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 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 234,407 INCENTIVE COMPENSATION 60,000 OTHER REPORTABLE COMPENSATION 2,688 DEFERRED COMPENSATION 15,000 NON-TAXABLE BENEFITS 15,506 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 156,272 INCENTIVE COMPENSATION 40,000 OTHER REPORTABLE COMPENSATION 1,792 DEFERRED COMPENSATION 10,000 NON-TAXABLE BENEFITS 10,338 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 $20,297

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES	KETTYLE, M D , WILLIAM TRUSTEE - MOUNT AUBURN HOSPITAL TRUSTEE - MOUNT AUBURN PROFESSIONAL SERVICES DR KETTYLE DEVOTES, ON AVERAGE, A COMBINED 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE 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, 10 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 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 23,625 AS REQUIRED BY THIS FORM 990, COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2016 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 STEVENSON, HOWARD H TRUSTEE AND VICE CHAIR - MOUNT AUBURN HOSPITAL MR STEVENSON DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION 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'S TERM ON THE MOUNT AUBURN HOSPITAL BOARD ENDED DECEMBER 20, 2016 MR WAGNER DEVOTED, 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 377,402 INCENTIVE COMPENSATION 98,894 OTHER REPORTABLE COMPENSATION 49,601 DEFERRED COMPENSATION 234,870 NON-TAXABLE BENEFITS 23,770 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2016 CALENDAR YEAR IN THE AMOUNT OF $98,894 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 $47,192 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2016 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $100,870 RELATED TO MR DIIESO'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2016, BUT NOT PAID TO MR DIIESO UNTIL AFTER MARCH 15, 2017 IN ADDITION, DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2016 CALENDAR YEAR INCLUDES AN ACTUARIAL CHANGE IN THE PROJECTED BENEFIT OBLIGATION OF MR DIIESO'S SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) OF $112,800 THE SERP DOES NOT VEST UNTIL MR DIIESO REACHES AGE 60

Part III, Supplemental Information

Return Reference	Explanation
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 267,655 INCENTIVE COMPENSATION 66,924 OTHER REPORTABLE COMPENSATION 11,726 DEFERRED COMPENSATION 136,351 NON-TAXABLE BENEFITS 18,073 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 54,904 INCENTIVE COMPENSATION 13,728 OTHER REPORTABLE COMPENSATION 2,405 DEFERRED COMPENSATION 27,969 NON-TAXABLE BENEFITS 3,707 PAYMENTS REPORTED BY CAREGROUP PARMENTER HOME CARE & HOSPICE BASE COMPENSATION 20,589 INCENTIVE COMPENSATION 5,148 OTHER REPORTABLE COMPENSATION 902 DEFERRED COMPENSATION 10,489 NON-TAXABLE BENEFITS 1,390 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2016 CALENDAR YEAR IN THE AMOUNT OF $85,800 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED FOR THE 2016 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $87,516 RELATED TO MR SULLIVAN'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2016, BUT NOT PAID TO MR SULLIVAN UNTIL AFTER MARCH 15, 2017 IN ADDITION, DEFERRED COMPENSATION REPORTED FOR THE 2016 CALENDAR YEAR INCLUDES AN ACTUARIAL CHANGE IN THE PROJECTED BENEFIT OBLIGATION OF MR SULLIVAN'S SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) OF $74,043 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 257,536 INCENTIVE COMPENSATION 38,956 OTHER REPORTABLE COMPENSATION 1,497 DEFERRED COMPENSATION 67,490 NON-TAXABLE BENEFITS 23,170 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2015 CALENDAR YEAR IN THE AMOUNT OF $38,956 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2016 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $52,982 RELATED TO MS BAKER'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2016, BUT NOT PAID TO MS BAKER UNTIL AFTER MARCH 15, 2017 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 212,278 INCENTIVE COMPENSATION 47,595 OTHER REPORTABLE COMPENSATION 3,264 DEFERRED COMPENSATION 67,097 NON-TAXABLE BENEFITS 24,170 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2016 CALENDAR YEAR IN THE AMOUNT OF $47,595 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2016 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $48,547 RELATED TO MR BRIDGEMAN'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2016, BUT NOT PAID TO MR BRIDGEMAN UNTIL AFTER MARCH 15, 2017 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 290,142 INCENTIVE COMPENSATION 73,414 OTHER REPORTABLE COMPENSATION 3,149 DEFERRED COMPENSATION 93,430 NON-TAXABLE BENEFITS 25,670 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2016 CALENDAR YEAR IN THE AMOUNT OF $73,414 WAS ALSO PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2016 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $74,880 RELATED TO MS BURKE'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2016, BUT NOT PAID TO MS BURKE UNTIL AFTER MARCH 15, 2017 CHEUNG, M D , YVONNE Y CHAIR, QUALITY AND SAFETY - MOUNT AUBURN HOSPITAL DR CHEUNG DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY MOUNT AUBURN HOSPITAL BASE COMPENSATION 269,065 INCENTIVE COMPENSATION 70,002 OTHER REPORTABLE COMPENSATION 1,466 DEFERRED COMPENSATION 79,520 NON-TAXABLE BENEFITS 32,166 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2016 CALENDAR YEAR IN THE AMOUNT OF $70,002 WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN THE PRIOR YEAR FORM 990 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2016 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $71,401 RELATED TO DR CHEUNG'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2016, BUT NOT PAID TO DR CHEUNG UNTIL AFTER MARCH 15, 2017 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 202,055 INCENTIVE COMPENSATION 49,348 OTHER REPORTABLE COMPENSATION 72,118 DEFERRED COMPENSATION 71,536 NON-TAXABLE BENEFITS 25,570 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2016 CALENDAR YEAR IN THE AMOUNT OF $49,348 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 $61,054 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2016 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $50,336 RELATED TO MR O'CONNELL'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 20156, BUT NOT PAID TO MR O'CONNELL UNTIL AFTER MARCH 15, 2017

Part III, Supplemental Information

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 322,749 INCENTIVE COMPENSATION 71,776 OTHER REPORTABLE COMPENSATION 19,787 DEFERRED COMPENSATION 101,838 NON-TAXABLE BENEFITS 23,517 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 80,687 INCENTIVE COMPENSATION 17,944 OTHER REPORTABLE COMPENSATION 4,947 DEFERRED COMPENSATION 25,460 NON-TAXABLE BENEFITS 5,879 AS REQUIRED BY THIS FORM 990, INCENTIVE COMPENSATION FOR THE 2016 CALENDAR YEAR IN THE AMOUNT OF $89,720 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 $21,370 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2016 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $108,748 RELATED TO DR NAUTA'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2016, BUT NOT PAID TO DR NAUTA UNTIL AFTER MARCH 15, 2017 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 340,585 INCENTIVE COMPENSATION 66,400 OTHER REPORTABLE COMPENSATION 21,130 DEFERRED COMPENSATION 182 NON-TAXABLE BENEFITS 19,455 PAYMENTS REPORTED BY MAPS BASE COMPENSATION 69,758 INCENTIVE COMPENSATION 13,600 OTHER REPORTABLE COMPENSATION 4,328 DEFERRED COMPENSATION 37 NON-TAXABLE BENEFITS 3,985 OTHER REPORTABLE COMPENSATION INCLUDES 457(B) DEFERRALS AND THE CHANGE IN THE PLAN'S VALUE WHICH, COMBINED FOR DR STONE, TOTALED $22,848 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 46,970 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 155 DEFERRED COMPENSATION 2,120 NON-TAXABLE BENEFITS 2,317 PAYMENTS REPORTED BY MOUNT AUBURN PROFESSIONAL SERVICES BASE COMPENSATION 422,726 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 1,392 DEFERRED COMPENSATION 19,080 NON-TAXABLE BENEFITS 20,853 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 191,932 INCENTIVE COMPENSATION 48,750 OTHER REPORTABLE COMPENSATION 4,169 DEFERRED COMPENSATION 21,720 NON-TAXABLE BENEFITS 12,979 PAYMENTS REPORTED BY MAPS BASE COMPENSATION 127,954 INCENTIVE COMPENSATION 32,500 OTHER REPORTABLE COMPENSATION 2,779 DEFERRED COMPENSATION 14,480 NON-TAXABLE BENEFITS 8,653 OTHER REPORTABLE COMPENSATION INCLUDES 457(B) DEFERRALS AND THE CHANGE IN THE PLAN'S VALUE WHICH, COMBINED FOR DR SETNIK, TOTALED $1,011 WU, M D , PHILIP CHIEF MEDICAL INFORMATION OFFICER- MOUNT AUBURN HOSPITAL DR WU DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE PAYMENTS REPORTED BY MAH BASE COMPENSATION 305,064 INCENTIVE COMPENSATION 76,502 OTHER REPORTABLE COMPENSATION 1,233 DEFERRED COMPENSATION 78,031 NON-TAXABLE BENEFITS 23,344 DEFERRED COMPENSATION REPORTED BY MOUNT AUBURN HOSPITAL FOR THE 2016 CALENDAR YEAR INCLUDES AN INCENTIVE PAYMENT OF $78,031 RELATED TO DR WU'S PERFORMANCE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2016, BUT NOT PAID TO DR WU UNTIL AFTER MARCH 15, 2017

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1HUANG MD EDWIN TRUSTEE, CHAIR-OB/GYN	(i)	234,407	60,000	2,688	15,000	15,506	327,601	0
	(ii)	156,272	40,000	1,792	10,000	- 10,338	- 218,402	0
1CLOUGH JEANETTE G TRUSTEE (EX-OFF)/PRESIDENT/CEO	(i)	620,409	0	232,974	242,828	17,348	1,113,559	0
	(ii)	127,072	0	47,718	49,736	- 3,553	- 228,079	0
2DIIESO NICHOLAS CHIEF OPERATING OFFICER	(i)	377,402	98,894	49,601	234,870	23,770	784,537	0
	(ii)	0	0	0	0	- 0	- 0	0
3SULLIVAN WILLIAM J VP FINANCE, CFO	(i)	267,655	66,924	11,726	136,351	18,073	500,729	0
	(ii)	75,493	18,876	3,307	38,458	- 5,097	- 141,231	0
4BAKER RN DEBORAH VP, PATIENT CARE SERVICES	(i)	257,536	38,956	1,497	67,490	23,170	388,649	0
	(ii)	0	0	0	0	- 0	- 0	0
5BRIDGEMAN JOHN VP, CLINICAL SERVICES	(i)	212,278	47,595	3,264	67,097	24,170	354,404	0
	(ii)	0	0	0	0	- 0	- 0	0
6BURKE KATHRYN VP, CONTRACTING & BUSINESS DEV	(i)	290,142	73,414	3,149	93,430	25,670	485,805	0
	(ii)	0	0	0	0	- 0	- 0	0
7CHEUNG MD YVONNE Y CHAIR QUALITY & SAFETY	(i)	269,065	70,002	1,466	79,520	32,166	452,219	0
	(ii)	0	0	0	0	- 0	- 0	0
8O'CONNELL MICHAEL L VP, PLANNING & MARKETING	(i)	202,055	49,348	72,118	71,536	25,570	420,627	0
	(ii)	0	0	0	0	- 0	- 0	0
9NAUTA MD RUSSELL CHAIR OF SURGERY	(i)	322,749	71,776	19,787	101,838	23,517	539,667	0
	(ii)	80,687	17,944	4,947	25,460	- 5,879	- 134,917	0
10STONE VALERIE MD, CHAIR DPT OF MEDICINE	(i)	340,585	66,400	21,130	182	19,455	447,752	0
	(ii)	69,758	13,600	4,328	37	- 3,985	- 91,708	0
11ROSENBLATT PETER PHYSICIAN, UROGYNECOLOGY	(i)	46,970	0	155	2,120	2,317	51,562	0
	(ii)	422,726	0	1,392	19,080	- 20,853	- 464,051	0
12SETNIK MD GARY S CHAIR, EMER MED	(i)	191,932	48,750	4,169	21,720	12,979	279,550	0
	(ii)	127,954	32,500	2,779	14,480	- 8,653	- 186,366	0
13WU PHILIP MD, CHIEF MED INFORMATION OFF	(i)	305,064	76,502	1,233	78,031	23,344	484,174	0
	(ii)	0	0	0	0	- 0	- 0	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

2016

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		07-11-2012	49,910,000	REFUND ISSUE DATED 2/11/1998		X		X		X
D	MASS DEVELOPMENT FINANCE AGENCY	04-3431814		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	2,980,000	14,295,000		63,350,000
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	222,053,917	97,328,921		
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	14,042,071	104,024,804	49,541,906	119,989,328
12	Other unspent proceeds				
13	Year of substantial completion	2016			

		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 ▶				0 500 %				
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 ▶				0 300 %				
6	Total of lines 4 and 5				0 800 %				
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, 2017 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 O UTSTANDING PRINCIPAL BALANCE OF THE CAREGROUP SERIES A BONDS BY CREATING AN IRREVOCABLE RE FUNDING TRUST DATED JULY 1,2012 PURPOSES OF CAREGROUP SERIES G BONDS - REFUNDING THE REMA INING PORTION OF THE OUTSTANDING PRINCIPAL BALANCE OF THE CAREGROUP SERIES A BONDS BY CREA TING AN IRREVOCABLE REFUNDING TRUST DATED JULY 1,2012 PURPOSES OF CAREGROUP SERIES F BONDS - REFUNDING OF A PORTION OF THE OUTSTANDING PRINCIPAL BALANCE OF THE CAREGROUP SERIES A BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED SEPTEMBER 1, 2011 PURPOSES OF CAREG ROUP SERIES E BONDS - TO FINANCE OR REFINANCE VARIOUS RENOVATION AND CONSTRUCTION PROJECT S AND CAPITAL EQUIPMENT ACQUISITIONS FOR THE MEDICAL CENTER - TO FINANCE OR REFINANCE CONS TRUCTION, 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 I NCLUDE A NEW SIX-STORY ACUTE CARE FACILITY TO SUPPORT ADDITIONAL CRITICAL CARE AND MEDICA L/SURGICAL BEDS, EXPANDED OPERATING ROOMS AND INTERVENTIONAL RADIOLOGY ROOMS AND A NEW PAR KING GARAGE - TO FINANCE OR REFINANCE CONSTRUCTION, RENOVATION, FURNISHING AND VARIOUS OTH ER CAPITAL ACQUISITIONS FOR NEBH'S MASTER FACILITY PLAN, INCLUDING A NEW ATRIUM OF APPROXI MATELY 2,740 SQUARE FEET, A PRE-OPERATIVE AND POST ANESTHESIA UNIT OF APPROXIMATELY 14, 31 0 SQUARE FEET, CONSTRUCTION OF A CENTRAL STERILE SUPPLY AREA OF APPROXIMATELY 8,290 SQUARE FEET AND CONSTRUCTION OF NEW OPERATING ROOMS OF APPROXIMATELY 18,615 SQUARE FEET, - TO FI NANCE OR REFINANCE CONSTRUCTION, RENOVATION, FURNISHING AND VARIOUS OTHER CAPITAL ACQUISIT IONS FOR BID-NEEDHAM'S NEW AND EXPANDED FACILITIES INCLUDING AN APPROXIMATELY 59,000 SQUAR E FOOT PROJECT ON TWO FLOORS TO RENOVATE AND EXPAND SERVICES IN THE EMERGENCY DEPARTMENT, INPATIENT UNITS, RADIOLOGY DEPARTMENT AND ASSOCIATED SUPPORT SERVICES, - TO REFINANCE $201 ,975,000 OF DEBT PREVIOUSLY ISSUED BY MEMBERS OF THE OBLIGATED GROUP, INCLUDING $138,075,0 00 OF THE CAREGROUP SERIES C B

Return Reference	Explanation
SCHEDULE K, PART 1, COLUMN F - DESCRIPTION OF TAX-EXEMPT DEBT PURPOSE	ONDS DESCRIBED BELOW PURPOSES OF CAREGROUP SERIES D BONDS - REFUNDING OF THE OUTSTANDING PRINCIPAL BALANCE OF THE MAH SERIES B BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DA TED JULY 13, 2004 PURPOSES OF CAREGROUP SERIES C BONDS - REFUNDING OF THE OUTSTANDING PRI NCIPAL BALANCE OF THE BETH ISRAEL HOSPITAL ASSOCIATION SERIES G BONDS BY CREATING AN IRREV OCABLE REFUNDING TRUST 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

2016

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	117,220,000			
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 ▶		0 200 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 100 %						
6	Total of lines 4 and 5		0 300 %						
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

2016

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
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	MOUNT AUBURN HOSPITAL, 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 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 $303,728 THE FEES PAID TO SCHATZKI ASSOCIATES REFLECTED FAIR MARKET VALUE RATES SEE FORM 990 PART VII AND SCH J FOR ADDITIONAL INFORMATION 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 2016 INCLUDE BASE COMPENSATION 94,801 INCENTIVE COMPENSATION 350OTHER REPORTABLE COMPENSATION 3,871DEFERRED COMPENSATION 7,091NON-TAXABLE BENEFITS 8,285ALL 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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	132,742	BANK FEES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	9,437,698	EPIC IMPLEMENTATION AND CONSULTING		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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	4,614,966	HARDWARE/SOFTWARE SERVICES AND EPIC IMPLEMENTATION		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	3,228,989	CAPITAL PROJECTS RENOVATION		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
M SHORTSLEEVE	BUSINESS RELATIONSHIP	303,728	SERVICES		No
K RAFFERTY	FAMILY MEMBER OF J RAFFERTY	114,398	SERVICES		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

2016

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	9	630,666	STOCK MARKET QUOTE
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

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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

2016

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Name of the organization
MOUNT AUBURN HOSPITAL

Employer identification number
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 P URPOSE 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 2017, MOUNT AUBURN HOSPITAL HAD 183 LICENSED MEDICAL/SURGICAL BEDS, AND PROVIDED INPATIENT MEDICAL SERVICES TO 6,574 PATIENTS, AND INPATIENT SURGICAL SERVICES TO 2,197 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 2017, MOUNT AUBURN HOSPITAL PROVIDED OUTPATIENT RADIOLOGY SERVICES TO 83,446 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 PHYSICIAN WHO SPECIALIZES IN THE COMPLICATIONS OF PREGNANCY AND CHILDBIRTH, BECOMES PART OF THE TEAM AND SEES THE WOMAN ON A REGULAR BASIS - NURSERIES, CARING FOR YOUR BABY MOST NEWBORNS SPEND MOST OF THE 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 2017, MOUNT AUBURN HOSPITAL HAD 28 LICENSED OB/GYN BEDS PROVIDING SERVICES TO 2,683 PATIENTS AND 35 BASSINETS PROVIDING INPATIENT SERVICES TO 2,731 NEWBORNS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III LINE 4D - 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 2017, MOUNT AUBURN HOSPITAL HAD 15 LICENSED INPATIENT PSYCHIATRY BEDS, AND PROVIDED INPATIENT PSYCHIATRY SERVICES TO 235 PATIENTS THE HOSPITAL HAS A 24 HOUR EMERGENCY DEPARTMENT THAT SERVICED 36,046 VISITS IN ADDITION, THE HOSPITAL PROVIDED A VARIETY OF OUTPATIENT SERVICES TO MORE THAN 166,000 PATIENTS IN VARIOUS SPECIALTIES LISTED ABOVE, AND CONDUCTED MORE THAN 103,000 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 THE 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 - JOHN BRIDGEMAN, JEANETTE CLOUGH, EDWIN HUANG, BARBARA SPIVAK AND DONNA SMERLAS - 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 11B	FORM 990 REVIEW PROCESS THE FORM 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER OF MOUNT AUBURN HOSPITAL (MAH) AND THE TAX DIRECTOR OF CAREGROUP, WHICH IS THE MEMBER OF MAH DELOITTE TAX, LLP ALSO REVIEWS AND SIGNS THE RETURN 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 AFFILIATES, MOUNT AUBURN PROFESSIONAL SERVICES (MAPS) AND CAREGROUP PARMENTER HOME CARE & HOSPICE (CPHCH) 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	NET ASSETS TRANSFER TO AFFILIATES -26,389,836 CHANGE IN FUNDED STATUS OF EMPLOYEE BENEFIT PLANS 92,440

990 Schedule O, Supplemental Information

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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

2016

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.

See Additional Data Table

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

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) 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									
(2) 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									
(3) 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									
(4) CAREGROUP CLINICAL RESEARCH LLC 109 BROOKLINE AVENUE BOSTON, MA 02215 30-0228711	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA	N/A									
(5) CAREGROUP INVESTMENT PARTNERSHIP LLP 109 BROOKLINE AVENUE BOSTON, MA 02215 04-3278109	INVESTMENT PARTNERSHIP	MA	BETH ISRAEL DEACONESS MEDICAL CENTER	EXCLUDED	2,263,492	104,348,618		No	-22,943		No	10 380 %
(6) PHYSICIAN PROFESSIONAL SERVICES LLP 10 CABOT ROAD MEDFORD, MA 02155 04-3275078	TO PROVIDE MEDICAL BILLING SERVICES	MA	N/A									
(7) NEW ENGLAND BAPTIST ORTHOPEDIC NETWORK LLC 125 PARKER HILL AVE BOSTON, MA 02120 46-5120176	TO PROVIDE ORTHOPEDIC MEDICAL 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
(1)ANESTHESIA FINANCIAL 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	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

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

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

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

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

Part VII **Supplemental Information**

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

Additional Data

Software ID:

Software Version:

EIN: 04-2103606

Name: MOUNT AUBURN HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 375 LONGWOOD AVE BOSTON, MA 02215 32-0058309	TO PROVIDE EMERGENCY MEDICAL SERVICES	MA	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		No
(1) 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 12A, I	HMFP AT BIDMC		No
(2) 330 BROOKLINE AVE BOSTON, MA 02215 04-2776678	INACTIVE CORPORATION	MA	501(C)(3)	LINE 7	N/A		No
(3) 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 12A, I	HMFP AT BIDMC		No
(4) 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 12A, I	HMFP AT BIDMC		No
(5) 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 12A, I	HMFP AT BIDMC		No
(6) 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 12A, I	HMFP AT BIDMC		No
(7) 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 12A, I	HMFP AT BIDMC		No
(8) 148 CHESTNUT ST NEEDHAM, MA 02492 04-3229679	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	LINE 3	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
(9) 330 BROOKLINE AVE BOSTON, MA 02215 04-2103881	THE OPERAION OF A WORLD CLASS ACADEMIC MEDICAL CENTER IN BOSTON, MA	MA	501(C)(3)	LINE 3	CAREGROUP INC		No
(10) 300 LONGWOOD AVE BOSTON, MA 02215 04-3200113	OUTPATIENT AMBULATORY CARE CENTER IN LEXINGTON, MA	MA	501(C)(3)	LINE 12A, I	N/A		No
(11) 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 12A, I	HMFP AT BIDMC		No
(12) 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 12A, I	HMFP AT BIDMC		No
(13) 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 12A, I	HMFP AT BIDMC		No
(14) 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 12A, I	HMFP AT BIDMC		No
(15) 185 PILGRIM ROAD BOSTON, MA 02215 04-3208878	INACTIVE CORPORATION	MA	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		No
(16) 109 BROOKLINE AVE BOSTON, MA 02215 22-2629185	OVERSEE FINCIAL HEALTH OF AFFILIATES	MA	501(C)(3)	LINE 12C, III-FI	N/A		No
(17) 330 BROOKLINE AVE BOSTON, MA 02215 04-3326928	DEVELOP INNOVATIVE PROG AND MODELS FOR TEACHING AND RESEARCH	MA	501(C)(3)	LINE 12A, I	N/A		No
(18) 330 BROOKLINE AVE RABB 2 BOSTON, MA 02215 04-3242952	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		No
(19) 400 HUNNEWELL ST NEEDHAM, MA 02494 04-2810972	OUTPATIENT, PRIMARY CARE AND SPECIALTY SERVICES	MA	501(C)(3)	LINE 10	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	(g) Section 512 (b)(13) controlled entity? No
(21) 330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-2103606	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	LINE 3	CAREGROUP INC		No
(1) 330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-3026897	OFFERING MEDICAL CARE IN GENERAL AND SPECIALIZED PRACTICES	MA	501(C)(3)	LINE 12A, I	MOUNT AUBURN HOSPITAL		No
(2) 125 PARKER HILL AVE BOSTON, MA 02120 04-2103612	ORTHOPEDIC SPECIALTY HOSPITAL	MA	501(C)(3)	LINE 3	CAREGROUP INC		No
(3) 125 PARKER HILL AVE BOSTON, MA 02120 04-3235796	OUTPATIENT MEDICAL SERVICES TO THE VARIOUS COMMUNITIES SERVICED BY NEBH	MA	501(C)(3)	LINE 3	NEW ENGLAND BAPTIST HOSPITAL INC		No
(4) 25 SHATTUCK ST BOSTON, MA 02115 04-3476764	COORDINATE AND PROVIDE STATEGIC PLANNING OPP FOR HMS	MA	501(C)(3)	LINE 12A, I	N/A		No
(5) 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 10	N/A		No
(6) 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
(7) 199 REEDSDALE RD MILTON, MA 02186 04-3243146	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	LINE 3	MILTON HOSPITAL FOUNDATION INC		No
(8) 199 REEDSDALE RD MILTON, MA 02186 22-2566792	PROMOTE HEALTHCARE	MA	501(C)(3)	LINE 12A, I	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
(9) 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
(10) 275 SANDWICH ST PLYMOUTH, MA 02360 04-2103805	PROMOTE HEALTHCARE	MA	501(C)(3)	LINE 7	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No
(11) 275 SANDWICH ST PLYMOUTH, MA 02360 04-3228556	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	LINE 10	JORDAN HEALTH SYSTEMS INC		No
(12) 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 12A, I	HMFP AT BIDMC		No
(13) 330 MT AUBURN ST CAMBRIDGE, MA 02138 47-3111453	HOME CARE & HOSPICE	MA	501(C)(3)	LINE 12A, I	MOUNT AUBURN HOSPITAL		No
(14) 930 W COMMONWEALTH AVE BOSTON, MA 02215 04-3521077	SCIENTIFIC & MEDICAL RESEARCH	MA	501(C)(3)	LINE 7	N/A		No
(15) 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 12A, I	HMFP AT BIDMC		No
(16) 185 PILGRIM ROAD BOST BOSTON, MA 02215 04-3208878	INACTIVE CORPORATION	MA	501(C)(3)	LINE 12A, I	HMFP AT BIDMC		No
(17) 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
(18) 330 BROOKLINE AVE BOSTON, MA 02215 82-2526816	OPERATE A SPECIALTY PHARMACY	MA	501(C)(3)	LINE 12A, I	BETH ISRAEL DEACONESS MEDICAL CENTER INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 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									
(1) 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									
(2) 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									
(3) CAREGROUP CLINICAL RESEARCH LLC 109 BROOKLINE AVENUE BOSTON, MA 02215 30-0228711	TO PARTICIPATE IN A CLINICAL RESEARCH PARTNERSHIP	MA	N/A									
(4) CAREGROUP INVESTMENT PARTNERSHIP LLP 109 BROOKLINE AVENUE BOSTON, MA 02215 04-3278109	INVESTMENT PARTNERSHIP	MA	BETH ISRAEL DEACONESS MEDICAL CENTER	EXCLUDED	2,263,492	104,348,618		No	-22,943		No	10 380 %
(5) PHYSICIAN PROFESSIONAL SERVICES LLP 10 CABOT ROAD MEDFORD, MA 02155 04-3275078	TO PROVIDE MEDICAL BILLING SERVICES	MA	N/A									
(6) NEW ENGLAND BAPTIST ORTHOPEDIC NETWORK LLC 125 PARKER HILL AVE BOSTON, MA 02120 46-5120176	TO PROVIDE ORTHOPEDIC MEDICAL SERVICES	MA	N/A									